

**EACH: INTERNATIONAL ASSOCIATION FOR COMMUNICATION IN HEALTHCARE**

**REPORT OF THE TRUSTEES**

**AND**

**STATEMENT OF ACCOUNTS**

**FOR THE YEAR ENDED 31ST DECEMBER 2017**

**CHARITY NUMBER: 1159050**

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**CHARITY NUMBER: 1159050**

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**LEGAL STATUS**

EACH: International Association for Communication in Healthcare (EACH), originally called the European Association for Communication in Healthcare, was established in 2001 as an unincorporated entity and entered into the register of charities on 3rd November 2014 as a Charitable Incorporated Organisation (CIO). On the 14th November 2016 EACH held an AGM where the resolution to change the name of the charity was agreed and passed by the members. The resolution was accepted by the Charity Commission by email on the 9th December 2016.

**TRUSTEES**

Trustees are appointed and removed in accordance with the constitution.

**STRUCTURE, GOVERNANCE AND MANAGEMENT**

The stated aim of the CIO is the relief of sickness and the preservation of health of patients for the public benefit by the promotion of effective evidence-based and patient-centred healthcare communication between patients, relatives and healthcare practitioners throughout the world.

There were 487 members of EACH in 2017, from 45 countries worldwide. Membership fees were £120 including print version of the affiliated journal, *Patient Education & Counselling* (PEC) or £100 with online access only (with reductions for undergraduate and postgraduate students).

EACH is governed by the steering committee and executive committee that have been constituted according to the policies and procedures of the association. All members of the executive and steering committees are trustees of the charity. The activities of the association are chaired by three major committees:

- Research (through the rEACH committee)
- Teaching (through the tEACH committee)
- Policy and Practice (through the pEACH committee)

The steering committee consists of voting National Representatives (NR) of countries with at least five members, non-voting NRs of countries with less than five members, all members of the executive committee, the PEC journal advisor, and a representative of the Academy of Communication in Healthcare (ACH). NRs have a deputy (DNR) who takes the role of the national representative in his/her absence.

There are currently NRs from 21 countries, of which 2 have less than 5 members and are therefore non-voting NRs - South Africa and Nigeria. Only voting NRs and executive members are trustees of EACH.

The Steering Committee (SC), meeting twice a year in venues across Europe, was the highest decision-making body of EACH until December 7<sup>th</sup> making all decisions concerning finances, general strategy, future development etc. On December 7<sup>th</sup> a meeting was held to discuss and vote on a change in the role of the SC within the association.

The new proposal was for the SC to delegate the decision making to an expanded Executive committee and for the Steering committee to be reconstituted as an Advisory Committee (AC).

There were two main reasons to propose this change:

1. The SC had become very large (with 21 National Representatives (NRs) and 15 Deputy National Representatives (DNRs) in 2017) and the size was slowing down decision making and everyday running of the organisation.
2. Meetings were passive with lots of information giving and little interaction or possibility to discuss healthcare communication in the various countries and for NRs to exchange expertise.

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The executive committee will be expanded in 2018 with one NR representative from the AC. It will then consist of the President, President-Elect, Past-President, chair of rEACH, chair of tEACH, chair of pEACH, one NR and the Treasurer.

The executive committee is now the highest decision making body in the association and looks after the daily work and functions of the association including strategic plans, budget planning, and finances. The executive committee meets by videoconference every 4 to 6 weeks. The trustees meet twice a year as the Advisory Committee and at these meetings they check they are happy to continue delegating this decision making to the executive.

A general meeting of the members is held annually in accordance with the association's constitution, this was held on 2nd September 2017 in London.

In all of its activities EACH respects and promotes the fundamental importance of transparency in its:

- mission and values
- governance practices
- internal and public policy practices
- financial information
- financial relationships with funding sources, both public and private
- internal and external financial control by independent audits
- financial relationships with commercial companies

In addition to the public website, there are restricted areas on the website for the membership, advisory committee and executive committee, where information and documents can be posted and essential documents preserved in archives. This enables committee members to work remotely and encourages trustee participation in the charity's decision-making processes.

The general sources of funding for the charity's core activities and specific projects come from a mixture of membership fees, a guaranteed royalty from our publication partner, Elsevier, from conferences and charitable donations. EACH has an agreed policy not to accept funding from the pharmaceutical industry for any of its activities, including meetings and conferences. This is to prevent any potential conflict of interest.

The Trustees give of their time freely and the executive committee members receive only reimbursement for actual costs incurred (such as travel and accommodation).

Management of the association is provided by:

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**STRATEGY**

EACH is a worldwide organisation with the overall aim of improving effective evidence-based patient-centred healthcare communication through the engagement of all who are active in communication research, teaching and policy-making.

Our stated objectives for achieving our overall aim are as follows:

- promoting the development of healthcare research and health professional education to improve the quality of communication in healthcare globally and hence improve the health outcomes of the general public
- enabling the exchange of teaching and research methodologies and resources within the community of healthcare communication researchers and teachers, to enhance the quality of communication in healthcare and thereby improving patients' and relatives' experience
- Influencing policy through the dissemination of knowledge about effective communication between patients, relatives and health professionals, extolling best practices and improvements in education and healthcare organisations to comply with the changing needs of health delivery and increasing moves towards a person-centred approach incorporating shared responsibility and decision making

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The strategy of the association has been carefully constructed to further the public benefit. Almost all members of the public will be patients at some point in their lives or be carers of members of their family who are patients. The quality of the health care that they receive and the subsequent relief of sickness or prevention of illness will strongly depend upon the effectiveness of the communication with their health care providers. Effective healthcare communication between patients, relatives and healthcare practitioners has been demonstrated to affect the health of patients through improvements in patient satisfaction, recall, adherence, resolution of symptoms and disease outcome. Effective health care communication leads to more efficient, accurate and supportive medical care and improves the effectiveness of medical interactions and interventions. Effective health care communication not only leads to better care but to less expensive care with fewer unnecessary medical interventions and reduced inappropriate or futile treatments. Over 30 years of health care communication research has demonstrated that there are many problems in health care communication between professionals and patients and that there are increasingly evidence-based solutions to these problems. These solutions can be taught and the learning from these solutions can be retained and utilised by practitioners in their everyday practice.

In 2017, the executive committee started to develop a strategic plan to expand the reach and influence of EACH. This has led to a document 'TRANSFORMING EACH' setting out a strategy to increase membership and therefore influence around the world. To minimise the risk of such an undertaking, the next step will be market testing. This will include a) an assessment of the potential market; and b) analysis of the membership offer and its pricing (including corporate membership). This step will start in January 2018.

**RISK MANAGEMENT**

The trustees confirm that they have reviewed the major risks to which the Charity is exposed and, where practicable, they have established systems to mitigate those risks. The market testing mentioned above is an additional strategy to minimize risks in the proposed changes to EACH

**ACTIVITIES**

In order to translate the above strategies into practice, EACH continues to undertake the following activities:

- organises major international conferences on health care communication research, teaching, policy & practice to bring together the community of healthcare researchers, educators and practitioners
- provides workshops, courses and meetings on specific research, teaching and policy and practice components of healthcare communication for teachers, researchers and policy makers
- develops and supports active networks of teachers, researchers and policy makers through communication at meetings, via the internet, using web-based conferences, web-based solutions and social media
- provides a dedicated website to raise awareness and share related resources on teaching, research and policy and practice with the wider community of healthcare practitioners, researchers, teachers, practitioners and policy makers
- collaborates with existing networks and associations which have similar purposes
- is affiliated with the scientific journal, Patient Education and Counselling, to disseminate results of research on health care communication
- provides grants to attend courses for researchers and teachers in countries throughout the world without established health care communication research or teaching programmes
- provides grants for young researchers to attend workshops and develop networks
- carries out site visits to establish networks, and train teachers and researchers, in countries around the world without established health care communication research and teaching programmes
- promotes best practice in health care communication to other local and national organisations
- responds to requests from government and their healthcare organisations to review key policy documents from a healthcare communication perspective

Specific committees have been established to promote networks for teaching, research and policy respectively. These committees are composed of leaders in the field and actively promote the various activities provided by the organisation to as wide a group of healthcare researchers, teachers, policy makers and practitioners as possible. Networks are established in individual countries throughout the world. A 'networking person' was appointed in 2017 to help facilitate country-, language-, or discipline based networks and to help coordinate networking activities between subcommittees.

When researchers, teachers, policy makers and practitioners contact the organisation, it attempts to provide bespoke advice and solutions to their teaching or research issues. It is these education, research, policy and practice activities that lead to improvements in health care communication and therefore to public benefit.

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**ACHIEVEMENTS AND PERFORMANCE**

**Conferences and courses**

**International conference:** EACH and the Academy of Communication in Healthcare (ACH) collaborate in organising the annual International Conferences on Communication in Healthcare (ICCH). In the even years, EACH is the main organiser of ICCH and in the odd years, ACH is the main organiser. Over 600 participants attended the last highly successful ACH-organised conference in Baltimore in 2017. This conference was also in partnership with the Health Literacy Annual Research Conference (HARC).

A hallmark of, EACH hosted, ICCH conferences is fostering interaction and exchange among participants. By doing so, the conference provides an excellent opportunity to reach one of the key objectives of EACH: to facilitate the exchange of ideas and products of teaching and research activities across a network of individuals and institutions around the world. EACH hosted, ICCH conferences capture both the research and teaching components of communication in healthcare as well as policy issues, and focus on all health professionals including doctors, nurses, pharmacists, physiotherapists, dentists, etc. The conferences are therefore of interest to trainers, teachers, health care professionals and researchers as well as policymakers. The conferences are a mixture of plenaries, oral paper presentations, workshops, posters, symposia and also include specific networking events and the more playful fringes.

The next EACH hosted ICCH conference will take place in Porto in 2018.

**Summer event:** EACH hosted the second Summer Event from the 4-6 September 2017 at Regent's University in London. The 2-day event attracted 64 attendees of which 11 were rEACH Summer School students. The event was predominantly made up of half-day workshops on important and exciting topics in the field of research, teaching and policy and practice in healthcare communication. As a result of previous event feedback, there were more networking opportunities, a stand-alone poster session, opening and closing plenary session and an evening social event. There was an open call for workshops, of which 12 very high quality half-day workshops were offered to attendees; and 40 poster submissions accepted. The event was sponsored by Occupational English Test and Multilingual Matters.

**The Teaching Committee (tEACH)**

tEACH is the committee of EACH that focuses on providing support, resources and sharing of expertise for communication teachers, whether about teaching, curriculum development or assessment. The aim of tEACH is to be a primary source of help for communication teachers everywhere. Since 2008, tEACH has developed and collected teaching, curriculum and assessment resources, train the trainer courses, and provided support to communication teachers throughout Europe and beyond. The committee meets twice yearly to work together on producing products and resources to support teachers of communication. Bi-annual meetings in the last year have been held in Dublin, Ireland (Spring 2017) and Leicester, UK (Autumn 2017). The committee at the end of 2017 comprised 34 working members representing a variety of health care disciplines and 19 different countries.

In 2015, tEACH established small, time limited working groups focused on developing tangible products that could be especially helpful for communication teachers and had not been previously addressed through prior tEACH efforts. During 2017 tEACH efforts continued to focus on these finalizing these projects as well as continuing the work of the main subgroups in tEACH. Each of these are described in detail below:

**Project groups and aims:**

**Video bank:** While videos of simulated and real patient encounters can be particularly powerful tools in teaching clinical communication skills, communication teachers often have difficulty finding appropriate videos that can be used in their teaching. The aim of this group is to develop a collection of videos that are available to EACH members to be used for communication teaching. This collection includes those videos already being used by communication teachers in their own settings and that they are willing to share. Eventually this group hopes to produce specific videos to address needs identified by communication teachers.

**“Meeting Zone: Finding Colleagues” site for communication teachers:** Many communication teachers have identified wanting to have access to colleagues to assist and advise them in developing and enhancing their communication teaching activities. This group has created a database of people involved in communication teaching and/or assessment who are willing to share their expertise with others. Individual educators can search this database to identify and contact colleagues with specific expertise to help address their educational programme needs. In cooperation with rEACH and pEACH, this site also allows researchers and those involved in policy to submit profiles and search for colleagues willing to share their expertise in these areas.

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**Local courses support:** Many countries do not have established evidence-based teaching programmes for the training of communication in healthcare teachers. tEACH has developed effective and evidence-based teaching courses and through this project group is producing a comprehensive framework for trainers of healthcare communication teachers to help guide the development and delivery of local courses in individual countries by local trainers under the auspices of tEACH.

**Cross cultural communication teaching:** Teaching about cross cultural clinical communication has become increasingly important and challenging due to global migration and complex multi-cultural populations. This group has conducted a needs assessment of communication teachers to identify both how these issues are being addressed in healthcare curriculum and what types of resources and tools could help address challenges in teaching these topics. In response, the group is producing a portfolio and map of cross cultural teaching tools and supportive literature to be available to communication teachers as they develop and enhance curriculum focused on this important topic.

**Workplace based teaching and assessment:** While currently many undergraduate training programs in healthcare have substantial formal communication programmes, studies continue to demonstrate that healthcare students have difficulties in transforming the acquired competences into quality communicative behaviours in real clinical practice. The aim of this group is to collect and develop resources that enhance the transfer of skills from the classroom to the clinical workplace. Initial efforts have focused on collecting teaching tools & strategies, assessment materials and research evidence within the undergraduate teaching context that describe and support the replication and imitation of the reality of clinical practice into the classroom. All quality resources found will be categorized and transformed into an online, accessible database, where teachers and researchers can find the specific resources needed to address the gaps in communication skill development. EACH members have been surveyed to identify both what types of materials would be helpful to them and their suggestions and experiences of particularly useful teaching tools and literature resources. In addition to these project groups, tEACH also has several continuing working subgroups whose efforts support to work of communication teachers. These subgroups and highlights of some of their ongoing work includes:

**Assessment:** The Assessment subgroup continues to collect communication assessment tools to be included in the searchable database as well as providing an annual course on assessment and is working on a summary paper related to the use of written assessment instruments.

**Courses and support for trainers:** This subgroup provides annual “train the trainer” courses on What to Teach, How to Teach, Curriculum Development and Assessment (in collaboration with the Assessment group). The group is now offering a Certificate of In depth Study in Communication Skills Education in which participants apply the skills learnt in tEACH courses to a specific teaching, curriculum or assessment project with mentoring from a tEACH member. In addition, the group has provided local courses on these and related topics in a number of countries in the past year including Norway, Ireland, Poland, Austria, and others.

**Networking:** The aim of this subgroup is to support the establishment and enhancement of networks of communication teachers within individual countries and healthcare disciplines. In addition to resources to support these efforts on the tEACH web pages, this subgroup is working with the research (rEACH) and policy (pEACH) subcommittees to establish mechanisms through which those involved in communication in healthcare can identify one another and share their expertise nationally and within different healthcare disciplines.

**Curriculum:** Ongoing efforts of this subgroup focus on evaluating and expanding the application of the Health Care Professions Core Curriculum (HPCCC), the consensus based objectives for communication curriculum, in several different countries and health care disciplines.

**Teaching tools:** This subgroup has spearheaded the development of the searchable database of teaching tools available on the EACH website. This group will continue to collect teaching tools from communication teachers and refine the functions of this database.

**Broader tEACH activities:**

Here we highlight examples of tEACH “outreach” activities during 2017:

- tEACH members worked together to present or co-present several workshops as part of the EACH summer event in September 2017
- Pairing with colleagues program: Matching 35 “senior” colleagues willing to share their expertise with 45 “junior” colleagues who met together at designated times during the Baltimore ICCH meeting.
- tEACH has continued to initiate partnership projects in several countries to help develop and enhance communication skills curriculum and networking of communication teachers at a national level. As an example, in 2017, tEACH began a cooperative train the trainers project in Vienna, Austria to help enhance communication teaching in workplace based settings throughout the country.

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**Organizational structure**

tEACH committee oversight and strategic planning is conducted by the Core Planning Group, which consists of a chair and deputy chair and the heads of each working subgroup, as chosen by working group members. The current tEACH membership in 2017 included 34 representatives from 19 different countries and a broad range of health care disciplines. In addition, tEACH has tried to develop a tEACH network to allow all interested EACH members to contribute to and benefit from tEACH efforts. Consideration of how this broader network can be expanded, better engaged and utilised will be a primary focus for tEACH in the coming year as well as emphasis on how all EACH members can contribute to and benefit from tEACH. The current tEACH chair will step down in May 2018 and two co-chairs who have been nominated through a standardized process will take over leading the tEACH group with assistance from the deputy chair who will stay on until 2019.

**The Research Committee (rEACH)**

The aim of rEACH is to promote good quality communication research within EACH and to support the development of high quality researchers. These aims can be pursued by promoting networking, quality of research, international research collaboration and encouraging the development of new young researchers.

In 2017 the research committee (rEACH) has consolidated its activity following its radical restructure that was realised through two face to face meetings held in Ghent. Seven new project groups were created in 2016 and these have conducted work which has been finalised or merged into another group :

1. Funding: concerned with providing advice and seeking collaborative funding. This group helps identify funding agencies to apply for research funding to promote the networking of health care communication research. The EU COST Action portfolio has been a specific source of funding that is attractive and appropriate for EACH to target. A proposal has been designed for submission by an active member of this group. This application received a high rating from the EU and required only a single point in addition to be funded. Although disappointing a modified version is being prepared for re-submission.
2. Managing content of Special Interest Groups, SIGS: dealing with approvals of new SIG proposals. The activity of this sub-group is to manage the Special Interest Groups (SIGS) within rEACH and to ensure that each of them maintain a presence with regular reports and demonstration of activity. One of the issues currently is to ensure that all sections of EACH (including tEACH and pEACH) are represented in the development of the SIGs. Some of these special interest groups fit very well into the teaching and training field of healthcare communication and therefore there does need to be a wide dissemination and presence in the EACH organization (principally the website). There are 4 SIGS within rEACH: 1 Psychophysiological research; 2 Verona CoDES; 3 Communication in Oral Healthcare; 4 Language and cultural discordance in healthcare communication. The siting of 'yEACH', the young researchers SIG has now been re-organized with a more centralized location within the EACH website to enable all members (regardless of interest in research, teaching or policy aspects of healthcare communication). yEACH has a 'liaison' with rEACH in the person of Mara van Beusekom. She will be succeeded by Julia Amann from early 2018 on.
3. Communication in Healthcare Research Training: working on exploring the topics, interests and expertise available to instigate training workshops. Specific activity has been focused on developing workshops on research methodology in the healthcare communication field.
4. Database/Sharing Information: designing a searchable database of interests among members. This has been adjusted to work with tEACH to develop a joint facility with the introduction of some additional fields of interest particularly for researchers.
5. Networking: working on establishing methods of enhancing contact between researchers. Now combined with Group 4.
6. House of Research: creating a virtual (or actual) space for researchers to meet. This group has disbanded as the idea is recognised as interesting in theory but currently too resource intensive. New revamped proposal being prepared.
7. Structure: working on the formal procedure to adopt for the election of officers of rEACH, especially the Chair and Co-Chair. This group has been disbanded as mentioned below due to successful completion of task.

All group leads now met with the chair and co-chair via ZOOM conferences approximately every six weeks. The subgroups leads work on their project development and have teleconferences as appropriate. Gerry Humphris stood down as Chair of rEACH for family reasons and the post is now held by Arwen Pieterse. Myriam Deveugele will step down as co-chair during the Porto conference. Two co-chairs have been elected, Mara van Beusekom and Marij Hillen, who will take over in Porto.

There have been 2 further face-to-face meetings in June 2017 and December 2017. These were held in Ghent. The activities of the working groups are being further developed and consolidated. Two more project groups were proposed at the second meeting:



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8. Summer School, led by Mara van Beusekom, who worked on the rEACH summer school for 2017. This School linked to the Summer Event was very successful with a positive evaluation received by the delegates. This group will be maintained to assist planning of a new Summer School for 2019.
9. Coding Tools group that will collate all coding systems used in the observation of healthcare communication and present them in the form of a centralised catalogue with details of each system, current reports of usage and a comments box detailing specific advantages and features. This group has proposed a funding application to EACH to assist in the production of the database. Good progress has been made to identify a good collection of these tools for presentation to the membership in an easily digestible and comparative framework to allow easy selection of suitable tools for a particular research project. It is hoped that this facility will be welcomed by the membership.

**The practice and policy committee (pEACH)**

Current research originating from the field of implementation sciences emphasizes the limited ability of health systems to improve the quality of care by translating research evidence into health care practice and policy. This limitation also concerns the implementation of findings from health communication, a discipline that has successfully identified several health care areas where the improvement of communication and the use of evidence-based communication education can lead to optimal patient-centred care. pEACH is the EACH committee that targets policy-making and clinical practice in health communication. Its specific mission is to foster the application of health communication education and research into healthcare practice, professional educational programs, everyday clinical practice and policy. This mission is pursued through the following main specific activities:

**Networking EACH and its activities:** Knowledge dissemination and implementation are not isolated processes, but they presuppose an integrative exchange between research findings and the different stakeholders, i.e. creators and users of evidence. Engaging in networking activities is an important mechanism for knowledge dissemination as it results in the exchange of views and the creation of synergies for the improvement of professional practice. To prepare EACH for engaging in networking, the first activity of pEACH is to delineate the profile of EACH as the leading International association for promoting effective communication between patients, relatives and health providers, as well as to identify what EACH can offer to enhance health communication at different levels of the health care system.

**Knowledge creation:** The second main activity of pEACH is to create a body of evidence on the value of specific interventions of health communication in relevant areas of health care practice. Scientific publications alone often cannot be directly translated in practice. Knowledge syntheses in a user-friendly format are important to address the needs of end-users. pEACH intends to identify areas of healthcare where communication problems can negatively impact healthcare practice, and illustrate how health communication theories, models and tools (in their multifaceted format) and teaching approaches can be used to help solving these problems. In particular, there are two main projects in progress. The first one, called “bullet point” papers, consists in the production of comprehensive but usable texts based on evidence from key areas of health communication research (e.g. shared-decision making). The second one, called “position papers”, consists in the creating of full text papers that have a policy oriented framework and exploit further the content of the bullet point papers. All together, these texts and proposed publications aim at informing and enhancing policy making in the field and being able to speak to key health stakeholders external to the healthcare communication sector.

**Rapid response:** The fourth activity of pEACH aims to support the translation of evidence from health communication and education into International policy-making through the analysis and dissemination of information. Through an active group of international members, pEACH intends to monitor media events and policy-making that entail problems and solution in the field of health communication, and to inform institutions and policy makers with the latest evidence.

**Social media:** the presence of EACH on social media is a main target for EACH. Social media is an ideal channel to disseminate information on health communication, to promote EACH’s activities and to recruit new members while allowing existing members to network across multiple time zones with greater ease and sophistication. Social media is a key channel for EACH to be represented as a key association in the field and to reach people all over the world. pEACH has started to identify ways to best approach social media. As one of the three committee of EACH it is in the process of developing strategies to assure dissemination of content that target specific core-areas of its work and health communication generally.

**Consumer involvement:**

- pEACH has started to explore the possibility of linking with national umbrella groups in countries within EACH to:
- help us to discover what patients and patient groups are really concerned about in health professional/patient communication and what they would like to see prioritized in the work of EACH
- discover how pEACH and EACH generally might advocate for the implementation of this in their world
- ensure that EACH would be a first port of call for advice and help about communication in their health area
- develop collaborations with patient organisations for our mutual benefit

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National Engagement Pilot Project:

During 2018 we will evaluate the impact of a targeted National Knowledge Translation Project. This aims to target new collaborations and awareness with new groups and organisations by hosting events outside our sector. In particular we wish for the project to attract a wider membership to EACH but more importantly form new links with sectors in that country. This is first being trialed in Italy and requires national members to pull together, under the support and guidance of pEACH, to target where such events would have the biggest impact. A minimum of 2 major events will be held and if successful this may act as a template in how pEACH individualizes this approach country by country to broaden the influence of EACH / pEACH.

Disseminating lessons learnt based on implementation of organisational scale projects.

There is a global paucity of how to embed healthcare communication projects across a whole organisation and it is intended to share the learnings from such projects across EACH through pEACH.

Membership and the new advisory pEACH group:

pEACH initiated this approach by becoming a professional member of National Voices in the UK and has built a highly successful relationship with them. Members of pEACH are in the advanced stages of a focused project to explore how a consultation should be structured from a consumer perspective.

pEACH is currently composed of 31 members from ten countries and is growing rapidly. It has formed a new small advisory group to assist in setting its strategic priorities and to grow its presence at the international conferences. New areas being currently explored are new collaborations with National Quality & Safety bodies and how best to encourage investment in healthcare communication by determining the health economic sequelae of quality improvement initiatives in this area.

**Development of Special Interest Groups (SIGs)**

EACH updated the way in which SIGs are positioned in EACH and improved the process for applying to set up a new SIG. SIGs now report to any of the three sub-committees or the EACH executive, depending on what is most appropriate for the group. It is also possible for a SIG to report to more than one sub-committee. The EACH website was updated to reflect this change, by creating a stand-alone menu for SIGs. There is also an online application form together with a clear process for how to apply to set up a new SIG and how to report on SIG activities. SIGs currently active are: VR-CoDES – Network of Sequence Analysis, Psychophysiological research in EACH; Research in Medical Education; Communication In oral healthcare; Language and cultural discordance in healthcare communication; yEACH for early career researchers and teachers.

**Administrative infrastructure and website**

The administrative infrastructure of the association has continued to thrive under our management company - SAS Events & Association Management. SAS provide full financial administration, membership administration, project management, event management, governance and procedure advice, meeting administration and communication with members.

Developments in administration over 2017 have been as follows:

- further improvements of our website with much clearer information available to the public, potential members and current members.
- negotiations have continued with our publisher Elsevier to maintain our existing relationship with increasing membership numbers which enables more funds to be available for our various projects and tasks.
- a regular quarterly Presidential newsletter for members as well as dedicated EACH pages within the journal PEC with regular articles provided by EACH every 2 months.
- tEACH video resources
- Find a colleague searchable database
- pEACH pages update
- VR-CoDES manual updated

**Donation fund**

A donation fund was established in 2014, enabling members to provide financial assistance for people to attend EACH activities including conferences and workshops. Members have been able to donate to this fund during the annual reapplication process for membership and when booking onto events and the fund stands approximately at £1,340 at the end of 2017. The beneficiaries of this fund will be applicants who would otherwise find it difficult financially to participate in EACH activities. This might include people from less-developed countries, countries in financial difficulties and students.

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**Project funding**

EACH offered the project funding allocated through the official sub-committees of EACH in 2017. This year there were 10 applications. The following were accepted as projects to take place in 2017/2018:

pEACH committee

- Follow-up of the 2016 project to continue making links with patient groups in a variety of countries to explore their perspective of the need for effective healthcare communication and to discover how we might advocate for the implementation of this in their world
- Organisation of a series of seminars on healthcare communication, beginning with one pilot seminar in an Italian location. (Seminars to take place in 2018)

rEACH committee

- Creating the infrastructure to build an online catalogue of coding instruments for health communication research (funding to be used in 2018)
- Develop a 3-day research writing workshop organised by yEACH (early career individuals within EACH) aimed at early career investigators (workshop to take place in 2018)

tEACH committee

- Translation of main EACH web pages (funding to be used in 2018)
- Grant money for up to 10 EACH members to help attendance at the tEACH Train the Trainers courses
- Deliver a series of Train the Trainer courses in Moscow (courses to take place in 2018)
- Video translation and subtitling for communication teaching resources (funding to be used in 2018)
- Funding to enable a networking position within EACH, to facilitate country, language and discipline based relationships within the association (funding to be used in 2018).

**FUTURE PLANS**

**Consolidating changes**

Over 2018, the association will continue to consolidate the changes that have been initiated in 2017. The Strategic plan, currently under discussion, needs to be finalized and approved first. This will help EACH to take the next steps to implement the actions set out there. The new configuration of the executive and the advisory committees will be tried out and reviewed. All three sub-committees tEACH, rEACH and pEACH will continue to progress current projects and start new ones. pEACH will particularly focus on forming new relationships with new external stakeholders who influence policy.

The chairs of the three subcommittees will meet together at least twice a year to make sure they collaborate with tasks aimed at achieving EACH aims.

**Networking**

The development of country networks of members will continue and experiences will be exchanged with support of the appointed networking person. This will help with the exchange of successful examples and stimulate members to establish a network in their countries as well.

**Provision of conferences and courses**

EACH will continue to provide a major international conference every 2 years with an intervening summer event in the fallow year. It will also continue to develop courses and workshops on research, teaching and policy. These courses are aimed at our membership and others in the healthcare communication community. A particular area for development will be outreach to other specific countries following the successful Poland project. Local courses are being actively planned in Russia and Austria. A policy will be developed for budgeting these courses and on how to manage the increasing number of requests that the association now receives for speakers and workshop providers to external events.

Planning for the 2018 EACH conference in Porto, Portugal will continue via a highly active planning and scientific committee. This conference will occur in September 2018 and we hope to attract over 600 participants, similar to the Heidelberg conference. For the first time, EACH will take on the financial risk for the conference rather than secure guaranteed income from the hosts. The conference organisation will be led and facilitated by SAS Event and Association Management.

**Project funding**

Current projects will be carried out and evaluated. Depending on the outcome of the Strategic Planning market testing (risk assessment) which now has priority, we hope to be able to allocate a small amount of money for projects to be spent through the official standing committees to be further EACH's work. The amount of money EACH will spend will be carefully considered and all projects will be assessed formally as in 2017.

**EACH: INTERNATIONAL ASSOCIATION FOR COMMUNICATION IN HEALTHCARE**  
**REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31ST DECEMBER 2017**

**Membership drive and communicating with members**

The association will continue its membership drive to try and increase our worldwide presence and the number of countries that we represent and how best to make in-roads for a range of countries at diverse stages of evolution concerning Healthcare communication and show a bigger commitment to county benefit.

A new strategy under discussion is more active representation at relevant conferences. We are continuously discussing how we can increase membership, by becoming an attractive association that offers products that matter to members and this is also one of the subjects under discussion in the Strategic plan. We will also continue to use the existing methods of talking to the membership including newsletters, the development of the PEC pages, and make more use of other methods, for example on social media.

**Special interest groups**

The association will continue supporting the existing special interest groups and encourage the development of new ones and ensure an improved organizational structure as well as visibility on the website.

**FINANCIAL REVIEW**

The association generated income of £158,725 (2016: £184,292) in the year. This reduction is largely because the previous year included £78k income from the conference, which is hosted bi-annually. This was offset by a successful Summer event that generated £38k of income.

Expenditure was £164,214 (2016: £105,051). Most of this increase related to additional training and funding of project work through the annual activities fund.

As a result, the association recorded a deficit in 2017 of £5,489 (2016: Surplus of £79,241). Net assets at the year-end were £150,721, down from £156,210 at the end of 2016.

EACH's reserve's policy is to hold £90,000 in reserve to ensure the association is able to continue its basic functions in the event of loss of income for one year.

**Accounting and reporting responsibilities**

Charity law requires the trustees to prepare accounts for each financial year which give a true and fair view of the state of affairs of the charity and of its financial activities for that period.

In preparing those accounts the trustees are required to:

select suitable accounting policies and then apply them consistently;

make judgements and estimates that are reasonable and prudent;

follow applicable accounting standards, subject to any material departures disclosed and explained in the accounts;

prepare the accounts on the going concern basis unless it is inappropriate to assume that the charity will continue to function.

The trustees are responsible for keeping adequate accounting records which disclose with reasonable accuracy at any time the financial position of the charity and to enable it to ensure that the accounts comply with the Charities Act 2011, all current statutory requirements, the charities governing document and the requirements of the revised statement of recommended practice. The trustees are responsible for taking reasonable steps for the prevention and detection of fraud or other irregularities.

Signed on behalf of the trustees

  
.....  
Evelyn Van Weel-Baumgarten

Date: June 14<sup>th</sup>, 2018

**INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF**  
**EACH: INTERNATIONAL ASSOCIATION FOR COMMUNICATION IN HEALTHCARE**

I report to the trustees on my examination of the accounts of EACH: International Association for Communication in Healthcare (the Charity) for the year ended 31 December 2017, which are set out on pages 13 to 22.

Responsibilities and basis of report

As the charity trustees of the Trust you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011('the Act').

I report in respect of my examination of the Trustees' accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

- (1) accounting records were not kept in respect of the Trust as required by section 130 of the Act; or
- (2) the accounts do not accord with those records; or
- (3) the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair view' which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Signed:

Geoffrey Thomas FCA  
Chartered Accountant  
Fletcher & Partners  
Crown Chambers  
Bridge Street  
Salisbury  
SP1 2LZ  
Date:

**EACH: INTERNATIONAL ASSOCIATION FOR COMMUNICATION IN HEALTHCARE**  
**STATEMENT OF FINANCIAL ACTIVITIES**  
**FOR THE YEAR ENDED 31ST DECEMBER 2017**  
**CHARITY NUMBER: 1159050**

		<u>Unrestricted</u>	<u>Restricted</u>		
	<u>Notes</u>	<u>TOTAL</u> <u>2017</u> £	<u>TOTAL</u> <u>2017</u> £	<u>TOTAL</u> <u>2017</u> £	<u>TOTAL</u> <u>2016</u> £
<b>Income and endowments from:</b>					
Donations and legacies	2	53,465	1,340	54,805	52,477
Charitable activities	3	91,063	-	91,063	119,726
Investments	4	12,857	-	12,857	12,089
<b>Total income</b>		<u>157,385</u>	<u>1,340</u>	<u>158,725</u>	<u>184,292</u>
<b>Expenditure on:</b>					
Charitable activities	5	164,244	-	164,244	105,051
<b>Total</b>		<u>164,244</u>	<u>-</u>	<u>164,244</u>	<u>105,051</u>
Net income (expenditure) for the year and net movement in funds in the year		(6,859)	1,340	(5,519)	79,241
Total funds brought forward		<u>154,993</u>	<u>1,217</u>	<u>156,210</u>	<u>76,969</u>
Total funds carried forward	12	<u>£148,134</u>	<u>£2,557</u>	<u>£150,691</u>	<u>£156,210</u>

The notes on page 16 to 21 form part of these accounts

The accounts have been prepared in GBP £.

**EACH: INTERNATIONAL ASSOCIATION FOR COMMUNICATION IN HEALTHCARE**  
**BALANCE SHEET**  
**FOR THE YEAR ENDED 31ST DECEMBER 2017**

**CHARITY NUMBER: 1159050**

	<u>Notes</u>	<u>2017</u> £	<u>2016</u> £
<b>Fixed Assets</b>	8	6,090	6,230
<b>Current assets</b>			
Debtors	9	12,099	35,680
Cash at bank and in hand	10	171,991	137,637
		<u>184,090</u>	<u>173,317</u>
<b>Liabilities</b>			
Creditors: Amounts falling due within one year	11	39,489	23,337
Net current assets		144,601	149,980
Total assets less current liabilities		<u>£150,691</u>	<u>156,210</u>
<b>Funds</b>			
Restricted Funds	12	2,557	1,217
Unrestricted Funds	12	148,134	154,993
		<u>£150,691</u>	<u>£156,210</u>

Signed on behalf of the Trustees:

Evelyn Van Weel-Baumgarten - President

Approved by the trustees on

The notes on page 16 to 21 form part of these accounts

The accounts have been prepared in GBP £.

**EACH: INTERNATIONAL ASSOCIATION FOR COMMUNICATION IN HEALTHCARE**  
**STATEMENT OF CASHFLOWS**  
**FOR THE YEAR ENDED 31ST DECEMBER 2017**

	<u>Note</u>	<u>2017</u> £	<u>2015</u> £
<b>Cash provided by operating activities</b>	14	22,330	41,851
<b>Cash flows from investing activities</b>			
Royalty income and bank interest		12,857	12,089
Purchase of tangible fixed assets		<u>(833)</u>	<u>-</u>
<b>Cash provided by (used in) investing activities</b>		12,024	12,089
Increase (decrease) in cash and cash equivalents in the year		34,354	53,940
Cash and cash equivalents at 1 January 2017		137,637	83,780
Total cash and cash equivalents at 31 December 2017	10	<u>171,991</u>	<u>137,720</u>

The notes on page 16 to 21 form part of these accounts

The accounts have been prepared in GBP £.



**EACH: INTERNATIONAL ASSOCIATION FOR COMMUNICATION IN HEALTHCARE**  
**NOTES TO THE ACCOUNTS**  
**FOR THE YEAR ENDED 31ST DECEMBER 2017**

## **1 ACCOUNTING POLICIES**

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

### **a Basis of accounting**

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)) and the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

The International Association for Communication in Healthcare meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy notes.

### **b Preparation of the accounts on a going concern basis**

The accounts are prepared on a going concern basis, in the opinion of the trustees the charity will be able to operate for the foreseeable future.

### **c Income**

Income is stated net of VAT. Income is only recognised when the charity has entitlement to the funds, any performance conditions attached to the item(s) of income have been met, it is probable that the income will be received and the amount can be measured reliably.

Income from grants or donations for specific purposes are accounted for as receivable and are treated as forming restricted funds.

Membership subscriptions are recognised in the financial year that they relate to.

Donations are recognised when the charity is satisfied that it is entitled to receive the donation.

Training income is recognised in the period that the course takes place. Income received for courses occurring in future periods is deferred and recorded as a liability.

Investment income is recognised when it is receivable.

### **d Donated services and facilities**

In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised in the accounts. On receipt, donated professional services and donated facilities are recognised as income on the basis of the value of the gift to the charity which the charity would be willing to pay to obtain services or facilities of equivalent economic benefit on the open market. A corresponding amount is then recognised in expenditure in the period of receipt.

**EACH: INTERNATIONAL ASSOCIATION FOR COMMUNICATION IN HEALTHCARE**  
**NOTES TO THE ACCOUNTS**  
**FOR THE YEAR ENDED 31ST DECEMBER 2017**

**e Expenditure and irrecoverable VAT**

Expenditure is recognised when there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity heading:

Expenditure on charitable activities includes the costs of delivering training courses and events undertaken to further the purposes of the charity and their associated support costs.

Expenditure includes any VAT which cannot be fully recovered, and is reported as part of the expenditure to which it relates.

**f Allocation of support costs**

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. These costs, including governance costs, are allocated to expenditure on charitable activities.

**g Fixed assets**

All assets costing over £1,500 are capitalised. Tangible fixed assets are depreciated on a straight line basis at the following rates:

Computer equipment and software	10% per annum
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**h Fund Accounting**

Unrestricted funds

These are funds which can be used, at the discretion of the trustees, in accordance with the charitable objects of the charity.

Restricted funds

These are donations and grants that have been given for a particular purpose and expenditure must be in accordance with the purpose of the fund.

**i Foreign Currency**

Transactions are carried out primarily in euros and pounds sterling. The accounts have been prepared in GBP, as this is the functional currency of the charity. Foreign currency balances at the year end are translated into GBP at the rate ruling on the balance sheet date. Transactions in currencies other than GBP are translated at the actual rate on the day of the transaction.

**EACH: INTERNATIONAL ASSOCIATION FOR COMMUNICATION IN HEALTHCARE**  
**NOTES TO THE ACCOUNTS**  
**FOR THE YEAR ENDED 31ST DECEMBER 2017**

<b>2 VOLUNTARY INCOME</b>	<u>2017</u> £	<u>2016</u> £
Donations	1,340	2,317
Membership subscriptions	53,465	50,160
	54,805	52,477

<b>3 CHARITABLE ACTIVITIES</b>	<u>2017</u>	<u>2016</u>
Training income	52,203	41,458
Summer event income	38,420	-
Conference income	440	78,268
	91,063	119,726

<b>4 INVESTMENT INCOME</b>	<u>2017</u>	<u>2016</u>
Royalties	12,857	12,089
Bank interest	-	-
	12,857	12,089

**5 ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES**

	<u>2017</u>		<b>Total</b>
	<b>Membership Benefits</b>	<b>Research, Teaching Events and Courses</b>	
Professional subscription	12,000	-	12,000
Training and research courses costs, including events/conferences	-	98,866	98,866
Governance costs	151	1,351	1,502
Support costs	-	51,876	51,876
	12,151	152,093	164,244

	<u>2016</u>		<b>Total</b>
	<b>Membership Benefits</b>	<b>Research, Teaching Events and Courses</b>	
Professional subscription	9,670	-	9,670
Training and research course costs, including events/conferences	-	49,534	49,534
Governance costs	161	1,089	1,250
Support costs	1,611	42,986	44,597
	11,442	93,609	105,051

**EACH: INTERNATIONAL ASSOCIATION FOR COMMUNICATION IN HEALTHCARE**  
**NOTES TO THE ACCOUNTS**  
**FOR THE YEAR ENDED 31ST DECEMBER 2017**

**6 NET INCOME/(EXPENDITURE) FOR THE YEAR**

This is stated after charging:

	<u>2017</u>	<u>2016</u>
	£	£
Depreciation	890	844
Independent examiners fee	1,502	1,249
	<u>1,502</u>	<u>1,249</u>

**7 ANALYSIS OF GOVERNANCE AND SUPPORT COSTS**

The charity initially identifies the costs of its support functions. It then identifies those costs which relate to the governance function. Having identified its governance costs, the remaining support costs together with the governance costs are apportioned between the two key charitable activities undertaken (see note 5) in the year. Refer to the table below for the basis for apportionment and the analysis of support and governance costs.

**Analysis of support and governance costs**

	<u>General</u>	<u>Governance</u>	<u>Total</u>	<u>Basis of</u>
	<u>Support</u>	<u>Function</u>		<u>apportionment</u>
Outsourced administration	41,995	-	41,995	Time spent
General office	9,881	-	9,881	Time spent
Accountancy services	-	1,502	1,502	Governance
Total	<u>51,876</u>	<u>1,502</u>	<u>53,378</u>	

**8 TANGIBLE FIXED ASSETS**

	<u>2017</u>
	£
Cost	
As at 31 December 2016	8,900
Additions	833
	<u>9,733</u>
As at 31 December 2017	<u>9,733</u>
Amortisation	
As at 31 December 2016	2,670
Charge for the year	973
	<u>3,643</u>
As at 31 December 2017	<u>3,643</u>
Net book value as at 31 December 2017	<u>£6,090</u>
Net book value as at 31 December 2016	<u>£6,230</u>

**EACH: INTERNATIONAL ASSOCIATION FOR COMMUNICATION IN HEALTHCARE**  
**NOTES TO THE ACCOUNTS**  
**FOR THE YEAR ENDED 31ST DECEMBER 2017**

<b>9 DEBTORS</b>	<u>2017</u>	<u>2016</u>
Trade debtors	10,443	35,602
Other debtors	1,656	78
	<hr/> £12,099 <hr/>	<hr/> £35,680 <hr/>

<b>10 CASH AND CASH EQUIVALENTS</b>	<u>2017</u>	<u>2016</u>
Cash at bank and in hand	£171,991	£137,637
	<hr/> <hr/>	<hr/> <hr/>

<b>11 CREDITORS AMOUNTS FALLING DUE WITHIN ONE YEAR</b>	<u>2017</u>	<u>2016</u>
Trade creditors	4,520	3,389
Other creditors	1,975	1,891
Accruals and deferred income	32,994	18,057
	<hr/> £39,489 <hr/>	<hr/> £23,337 <hr/>

<b>12 FUNDS</b>	Balance			Funds	
	1 January 2017	Income	Expenditure	31 December 2017	
Unrestricted funds	154,993	157,385	(164,244)	148,134	
Restricted funds	1,217	1,340	-	2,557	
	<hr/> £ 156,210	£ 158,725	£ (164,244)	£ 150,691 <hr/>	

**Unrestricted funds**

These are funds which can be used, at the discretion of the trustees, in accordance with the charitable objects of the charity.

**Restricted funds**

Specific donations collected from members can be used to assist people who may require financial assistance to attend EACH activities.

**13 TRUSTEES REMUNERATION AND EXPENSES**

A number of trustees are involved in the delivery of training and have been paid for their services and received out of pocket expenses. The constitution of the charity enables trustees to be paid for providing services to the charity.

Services provided: 3 trustees paid £1,400 in total (2016: 3 trustees £9,594) .

Expenses received for accommodation, travel and subsistence: 12 trustees paid £18,195 in total. (2016: 5 trustees £6,852).

**EACH: INTERNATIONAL ASSOCIATION FOR COMMUNICATION IN HEALTHCARE**  
**NOTES TO THE ACCOUNTS**  
**FOR THE YEAR ENDED 31ST DECEMBER 2017**

**14 RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW  
FROM OPERATING ACTIVITIES**

	<u>2017</u>	<u>2016</u>
Net movement in funds	(5,519)	79,241
Add back amortisation	973	973
Less investment income	(12,857)	(12,089)
Decrease (increase) in debtors	23,581	(10,202)
Effect of currency movements	-	(1,868)
Increase (decrease) in creditors	<u>16,152</u>	<u>(14,204)</u>
<b>Net cash provided by operating activities</b>	<u>£22,330</u>	<u>£41,851</u>

**EACH: INTERNATIONAL ASSOCIATION FOR COMMUNICATION IN HEALTHCARE**  
**DETAILED INCOME & EXPENDITURE**  
**FOR THE YEAR ENDED 31ST DECEMBER 2017**

	<u>2017</u>	<u>2016</u>
	£	£
<b>INCOME</b>		
Membership subscriptions	53,465	50,160
Donations to Restricted Fund	1,340	706
Other income (including Vasella Fund)	-	1,611
Training income	52,203	41,458
Royalties	12,857	12,089
Summer event	38,420	-
Conference income	440	78,268
Interest receivable	-	-
	<hr/>	<hr/>
Total income	158,725	184,292
<b>EXPENDITURE</b>		
Training courses	29,766	34,421
Summer event	46,014	-
Restricted fund expenditure	-	1,161
Conferences	825	2,040
Elsevier publishing	12,000	9,670
Jozien Bensing award	-	1,885
Teaching award	-	527
Annual Activities Fund	3,605	967
Website expenses	134	521
Depreciation	973	844
Insurance	392	358
Travel and subsistence	-	161
Postage, stationery and printing	520	281
Telephone and internet	48	122
Computer software	144	773
PR - Literature and brochures	3,878	117
Executive committee	16,343	5,356
Steering committee	2,313	3,016
Bank charges	2,701	2,036
Currency charges	(1,410)	(4,343)
Outsourced administration	41,995	43,172
Professional fees	2,501	-
Independent examiners fee	1,502	1,250
Bad debts	-	716
	<hr/>	<hr/>
	164,244	105,051
	<hr/>	<hr/>
(Deficit) / Surplus in the year	(5,519)	79,241
	<hr/>	<hr/>