Annual review 2015

Raising professional standards, improving sexual and reproductive healthcare for all

The Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians & Gynaecologists
The FSRH is a multi-disciplinary membership organisation of over 15,000 healthcare professionals working across the UK.

Who we are

We exist to:

▶ Develop and maintain high standards of care and training in sexual and reproductive healthcare (SRH), ensuring that all SRH care delivers the best possible services to people at all times.

▶ Encourage improvements in quality through training, standards and guidance.

▶ Provide a voice for healthcare professionals involved in SRH.

▶ Advocate for safe and high quality SRH care to be readily available and delivered consistently and effectively across all settings: in the community, in general practice and within hospitals.
We believe that everyone has a right to expect individualised, holistic sexual and reproductive healthcare throughout their lives.

This means:

▶ Every healthcare professional and member of staff delivering SRH care will treat patients with kindness and respect in a non-judgmental way.

▶ All information provided to individuals will be accurate to people of all sexual orientations, up to date and easily available.

▶ Easily accessible information about local SRH services will be available.

▶ The full range of contraceptive options should be offered.

▶ There should be no fear of harassment or stigma when consulting with healthcare professionals or visiting clinical premises.

▶ Healthcare professionals should work as a team. Where they are not able or qualified to provide a type of care themselves, there should be rapid referral to someone who can.

▶ Patients being given every opportunity to feedback their experiences of care and support, and be confident that this will be listened to and acted upon.

▶ All healthcare professionals, whatever their area of medicine, have an awareness of the impact of their treatment or intervention on a person’s reproductive health.
From our President

“We all know how central good sexual and reproductive healthcare is to all our lives”

This has been another year of change for those of us working in healthcare and in the FSRH itself. I am very pleased that despite the many challenges we face in maintaining standards of care – in primary care and in specialist services – the FSRH has increased its membership and further developed its training, standards and influence in 2015 – supporting healthcare professionals to deliver for patients in spite of the turbulence around them.

We all know how central good sexual and reproductive healthcare is to all our lives and how poor care, or lack of access to care, can impact adversely on people’s lives, those close to them and wider society. So I am very pleased that we were able to publish our ‘vision’ for sexual and reproductive health this year: Better Care, A Better Future – setting out what the FSRH believes good SRH care should look like. We are now building on this vision with ‘implementation plans’ for each of the four countries we work in, with the aim of improving care across the UK.

In addition to its ‘core’ work of providing training and qualifications, standards, guidance and events, the FSRH is increasingly using its voice to influence care and practice. With nearly 16,000 members at the end of 2015, it is in a very good position to do so, and I am delighted that our members are increasingly getting involved with this aspect of our work. In order to ensure that we can truly reflect the views of our members – and provide you with what you need to develop your SRH practice – we are investing in new technology, staff and ways of working to make this desire a reality – as Jane’s report details.

I am very aware that we cannot achieve our vision alone and I would like to thank all the individual members and organisations who have helped us over the last year. Our work relies heavily on the input of more than 200 volunteers – doctors, nurses and lay people who sit on our committees, write our standards, develop our training programmes and oversee our specialty and Membership Exam, as well as providing governance by acting as Officers and Council members. Thank you, once again, for enabling the FSRH to flourish, despite the many other pressures on your time.

Chris Wilkinson
President
I am very pleased that – as this report demonstrates – we are increasingly achieving our aim of ‘modernising’ the FSRH so that we can support our charitable aims of improving standards of care across the full range of SRH activities. This objective was set out very clearly by our Council in our 2020 strategy – setting out their vision for an organisation with the capacity to respond to the fast-changing external environment that could visibly champion the role of our members and our specialty.

I am confident that the investments that the FSRH has made in 2015 – in time, technology, staff, the Clinical Effectiveness Unit (CEU), the Journal and training – will go a long way to ensuring that our work is as relevant as possible to our members and to anyone with an interest in good sexual and reproductive health. With a new ‘brand’ that better reflects the passion of our members and a new website and investment in technology to enable us to communicate more effectively, I believe that the impact of the FSRH will only grow. The information contained in this report provides evidence of this.

I am pleased that we are increasingly working in partnership with others to achieve our goals and I would like to thank all those who have worked with us over the last year to improve standards in sexual and reproductive healthcare, including the Royal College of Obstetricians and Gynaecologists (RCOG) who have given us, as ever, a great deal of support to achieve our goals.

I hope you will take the time to read more about our work in this report. There is no health without sexual and reproductive health.

Jane Hatfield
CEO
Raising standards

Promoting effective standards and pathways in SRH through well-trained, multi-disciplinary teams to sustain high quality outcomes for patients.

Goal: To promote high standards of clinical practice through the provision of quality education and training to healthcare professionals delivering SRH care in the UK and internationally.

In 2015 we successfully piloted a new course, SRH Essentials, designed to provide basic contraception and sexual health training for practice nurses and other nurses working in primary care. Overall, 51 delegates took part.

We recognise that these professionals are often the first point of contact for people with sexual and reproductive health needs. SRH Essentials, which launched in 2016, offers a basic introduction in SRH to support their day to day work.

Training nurses in SRH

In 2014, nurses became eligible to join FSRH by undertaking Faculty Diploma training – the national standard qualification in sexual and reproductive health. Last year marked the first full year of the nurses' diploma (NDFSRH) with 173 nurses successfully achieving the award.

The Diploma (for nurses and doctors) includes an online assessment, a course of five small group assessed workshops, plus clinical experience and assessment.

The success of the first full year of the introduction of the NDFSRH
underlines our commitment to providing nurses with the training they need in sexual and reproductive health and we are committed to further developing our nurse training.

**Goal: To improve standards in SRH.**

**New guidance and statements**

During 2015, four clinical guidance documents were updated and two new ones were initiated, including Problematic bleeding with hormonal contraception, Intrauterine contraception, Barrier methods for contraception and STI prevention and Fertility Awareness Methods.

In addition, 11 statements were written and two new product reviews were prepared and a peer-reviewed commentary was published in the British Journal of Obstetrics and Gynaecology.

The Clinical Studies Group commissioned a Contraception Priority Setting Partnership (PSP) designed to create – by democratic consultation – a ‘Top 10’ priority list of research questions for contraceptive care, put together by patients, their partners and health professionals. The Contraception PSP hopes this ‘Top 10’ will help guide researchers in answering questions that are equally important to all people affected by contraceptive care.

**Putting evidence first**

One of the key benefits to our members is access to the products and services from our Clinical Effectiveness Unit (CEU). Through our Members’ Enquiry Service on the FSRH website, members can ask the CEU to summarise the available guidance and clinical evidence in relation to a particular condition or contraception method. This provides reassurance for members and promotes an evidence-based approach to SRH.

The CEU also updates the FSRH clinical guidance and develops new guidance to keep members fully up-to-date with new research and guidance in sexual and reproductive healthcare.

In addition the CEU produces a newsletter every two months featuring the latest information, plus a section where members can share ideas and best practice from their work.

**Case study:**

Kate Shakeshaft, Clinical Nurse Specialist in Contraception and Sexual Health, took the new nurses’ diploma in 2015.

“What’s important about the diploma is that it standardises and regulates contraception training across the board. For patients this means improved contraceptive choices, consultations and improved access to the different methods available, wherever they live in the UK.

I think it’s essential for nurses to be developed and motivated: it means they can work much more interactively with doctors.

Historically women would have gone to their GP and may only have been offered the pill without much discussion around contraceptive options, one of the reasons for this is the limited amount of time GPs have available. A practice nurse can often have more capacity in the surgery to spend the time required, particularly with young or vulnerable patients, to discuss contraception and sexual health.

I hope nurses will now feel better equipped to take on a lot more of the contraception in general practice especially, as we are now introducing the Nurse Essentials course, and adding another pathway for nurses.

I am extremely fortunate to have recently been invited to sit on the FSRH General Training committee, it’s great to be acknowledged for my skills, and I’ve felt very welcomed. I wouldn’t be where I am today without the support of some great doctors who have recognised the value nurses can add to this field.”
As public funding comes under increased pressure, we believe it is essential that commissioners and policymakers understand the importance of accessible and high quality sexual and reproductive health services.

In 2015, we established a new policy team at the FSRH to amplify members’ voices and make sure their concerns were recognised and acted on. The team is focused on creating an authoritative voice for SRH professionals in England, Scotland, Northern Ireland and Wales.

Our policy team is also building a profile with leading politicians, policymakers and other key influencers across the UK. For example, we met with the Secretary of State for Health to put forward our views and had our messages promoted by the Shadow Public Health Minister through Parliamentary Questions and retweets on social media.

**Influencing the APPG on SRH**

Against an increasingly challenging funding landscape, we provided funding to and worked closely with the All-Party Parliamentary Group (APPG) on Sexual and Reproductive Health’s Planning Committee.

We contributed our members’ views to the content of the group’s report, *Breaking down the Barriers: the need for accountability and integration in sexual health, reproductive health and HIV services in England*, reflecting the need for better accountability in SRH.

In 2015 we also successfully campaigned with public health
partners to preserve the public health ring fence grant for local authorities. Losing this important funding safeguard would have put more SRH services at risk.

Creating a manifesto for change

The 2015 general election gave us a valuable opportunity to influence the policies of all parties.

Together with the Royal College of Obstetricians and Gynaecologists (RCOG), we published a joint manifesto for the general election. Our manifesto called for more initiatives and interventions to ensure girls and women are able to lead healthy lives and urged the UK government to show proper leadership on sexual and reproductive health issues.

Representing FSRH in the media

As well as reaching out to politicians, we informed the public about SRH issues through the media. For example, FSRH Honorary Secretary Kate Armitage took part in a debate on intrauterine device (IUDs) on BBC Radio 4’s Woman’s Hour programme (see opposite).

Challenging SRH myths in the media is vital to ensure the voice of healthcare professionals in SRH is heard and the public is well-informed. We offer media training so that members can use their knowledge to influence ongoing debates in print, television and radio.

We also used the research capacity of the CEU to provide evidence-based positions on new SRH research, or related news stories, as they hit the headlines.

Case study

“It’s vital to have an expert voice in the media”

Kate Armitage, Honorary Secretary at FSRH and a GP in Leeds, was interviewed on BBC Radio 4’s Woman’s Hour about intrauterine devices (IUDs).

“Woman’s Hour contacted the Faculty for an expert, and as I’d done work in this area, I agreed. It was my first time on radio and I was nervous as the segment was live. It was around 10 minutes, but felt like it was over very quickly.

I talked about the fact that although IUD insertion can hurt, there are ways to deal with the pain – and it’s a form of contraception every woman should have the opportunity to choose. That’s what I hoped people listening took away.

Since then, I’ve attended some media training through FSRH which was really useful. We did mock interviews and picked up tips showing how to perform well without much preparation. I’ve subsequently learned that the CEU can also prepare evidence before you speak to the media too.

We can reach out to the people that use our services every day, but on the internet, anyone can publish information that becomes a kind of truth. There are so many myths out there, so it’s vital to have an expert voice to speak about the reality of sexual and reproductive health.”
2015 in figures

Our online presence

- 170,000 articles downloaded from the *Journal of Family Planning and Reproductive Healthcare*
- 201% increase of new visitors to the FSRH website
- 41% increase in Twitter followers
- 15,744 total membership at end of 2015
- 13,905 Diplomate DFSRH
- 150 Nurse Diplomate NDFSRH
- 69 Honorary Fellow
How members use our services

- **264** Member MFSRH
- **299** Fellow FFSRH
- **1,057** Associate
- **250** members volunteered for FSRH committees and Council
- **1,498** people took the e-Knowledge Assessment, the Faculty’s online entry exam
- **62,899** subscribers to The Journal of Family Planning and Reproductive Health Care (JFPRH)
- **251** member enquiries answered by the FSRH’s Clinical Effectiveness Unit (CEU)
- **853** doctors and nurses were awarded the FSRH Diploma
- **1,131** healthcare professionals and others attended FSRH conferences
- **1,668** doctors and nurses were awarded the Letter of Competence in SDI or IUT
Providing events where members can meet, network, learn and connect

Our programme of high quality conferences and events creates opportunities for learning, networking and sharing good practice.
**Holding leading events**

Our flagship annual conferences Current Choices (November), and the Annual Scientific meeting (Spring), bring together experts in the field, to create innovative and informative conference programmes, designed to keep SRH professionals abreast of the latest developments in the sector.

For the last 11 years we have organised a joint conference with The British Association for Sexual Health and HIV (BASHH). This event has a strong tradition of involving existing experts and engaging emerging specialists in sexual and reproductive healthcare. Members come to network, learn and be inspired by new thinking. We also held a bi-annual conference with the Faculty of Public Health bringing together healthcare professionals interested in the public health aspects of SRH. In 2015, 150 FSRH and Faculty of Public Health (FPH) members attended sessions on subjects ranging from strategies on teenage pregnancy to the importance of SRH across the four nations.

**Sharing knowledge, influencing others**

Throughout 2015 FSRH worked with a wide range of other organisations sharing knowledge, influencing their work and supporting SRH overall. Some examples included working with:

- The British Society of Abortion Care Providers and RCOG to improve the quality and consistency of abortion services.
- The All-Party Parliamentary Group on Sexual and Reproductive Health as part of its Planning Committee with British Association of Sexual Health and HIV (BASHH) and the Family Planning Association (FPA).
- RCOG to develop a joint manifesto to highlight the importance of SRH to all parties ahead of the 2015 general election.
- Young people’s health and wellbeing organisation Brook and sexual health charity FPA, to provide evidence-based clinical input to inform leaflets and services.
- The Primary Care Women’s Forum to develop SRH Essentials

**Case study**

**“Vulnerable women face bigger barriers to contraception”**

Anne Connolly, Vice President of Membership and a GP in Bradford.

“Primary care is where 80% of women go for their contraception. But there’s a risk this vital service is falling under the radar. Practices get very little extra money for providing core contraception – and lots of pressure for appointments. Plus, there is no measure of, or drivers to, improve the quality or quantity of contraception consultations.

Alongside this, SRH funding from local authorities is being cut so contraceptive clinics are reduced. In Bradford we’ve gone from 13 specialist SRH clinics to just six. This means that women who don’t have cars, or money for the bus, or someone to mind their children, or who speak English as a second language, have reduced options when they want contraception.

They phone their GP and discover there are no appointments. Then they can’t reach a clinic because they have no way of getting there or the appointment offered is at a time they can’t make. It is increasingly the most vulnerable women, including younger women, that face bigger barriers to get contraception, and are most compromised when clinic access is reduced.

We’ve been working with the RCGP to raise awareness of the risks of reduced access for women, and also the increase in workload the unilateral local authority funding reduction creates. We’ve also worked with the All-Party Parliamentary Group (APPG) to influence policymakers and make sure they hear our members’ concerns.”
The FSRH believe that everyone has the right to expect individualised, holistic sexual and reproductive healthcare throughout their lives. To support this ambition, we consulted with our members to create a new vision for sexual and reproductive healthcare in the UK.

We launched our new vision – Better care, a better future: a new vision for sexual and reproductive healthcare in the UK.

The launch enabled us to promote our vision to healthcare professionals, along with senior attendees from the Department of Health, Public Health England, Faculty of Public Health and the Chair of the All-Party Parliamentary Group on Sexual and Reproductive Healthcare.
The FSRH oversees the Community Sexual and Reproductive Healthcare (CSRH) Specialty Training Programme. The CSRH Programme is one of the routes available to medical practitioners who wish to specialise in the area of SRH.

Previously, the SRH training pathway in the UK was through Obstetrics and Gynaecology as a sub specialty, but in 2009 the UK Parliament recognised SRH as an independent specialty in its own right.

We are committed to ensuring the Specialty is established, recognised and influential in practice. Our CSRH training programme produces medical experts in areas including contraception, medical/office gynaecology, menopause and unplanned pregnancy with knowledge in Genitourinary Medicine (GUM). Our vision is that medical practitioners have the skills and tools to lead and manage the community-based sexual health services of the future and lead large multi-disciplinary teams.

In 2015...

▶ seven trainees were recruited to the FSRH Specialty programme bringing the total number to 29.
▶ three trainees completed the CSRH training programme.

Working in partnership: Developing effective networks and partnerships to deliver better SRH standards.

Establishing the right partnerships helps the FSRH raise standards in sexual and reproductive health, promote members’ professional development and ensure SRH care is accessible for everyone.

In 2015, FSRH was proud to become a full member of the Academy of Medical Royal Colleges (AMRC). As a member with a seat on the Academy council, the FSRH can now better support, inform and benefit from the academy’s work driving improvement in health and patient care through a collective voice of colleges and faculties throughout the UK.

Making connections for members

The AMRC membership complements our key relationships across relevant associations and medical bodies including the RCOG, Royal College of General Practitioners (RCGP) and the Royal College of Nursing (RCN). Working together we can help boost the profile of SRH in the health arena and establish high quality sexual and reproductive health for all.

These relationships also make it easier for members to monitor and drive forward their Continuing Professional Development (CPD).
Developing and delivering a high quality service for our members

Goal: To strengthen and modernise the FSRH.

In 2015 our membership grew to over 15,000 health professionals across the UK.

The FSRH brings these professionals together to maintain standards of SRH care, encourage quality improvements through training, standards and research and provide a voice for healthcare professionals working in the sector.

**Increasing efficiency**

Staff, Council and Officers continued to drive forward the modernisation of the FSRH, including investment in a new database and website to enable improvements in communication and services to members.

We also broadened membership categories to offer retired membership and affiliate membership – open to anyone with an interest in SRH – and developed an updated brand to ensure that the FSRH reflects the passion and interests of its members.

Improved online processes for members led to increased

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**Member benefits include:**

- Access to the latest FSRH clinical guidance, product reviews and clinical statements
- Access to the members' clinical enquiries service
- Full online access to the UKMEC (Medical Eligibility Criteria for Contraceptive Use)
- Online access to (and hard copies) of the quarterly *Journal of Family Planning and Reproductive Healthcare.*
- Regular e-Bulletins, bringing the latest SRH news directly to members
- Discounts to FSRH conferences and events
membership retention in 2015 and maximization of value for money through reviewing contracts, increasing efficiency and reducing paperwork.

**Opportunities for networking and professional development**

As well as connecting online our members come together in person at our events as well, to meet, network and share learning. Our events are very popular: in 2015 demand for places at our Current Choices conference meant upgrading to a bigger venue.

Another professional focus for members are sexual and reproductive healthcare committees. Currently over 250 members contribute to the FSRH committees with roles including developing training programmes, running the Membership Exam, writing standards and running events. The committees also help spread the FSRH’s influence as well as providing a forum for making contacts and maintaining members’ professional development.

"We provide a sense of assurance and confidence to members"

**Dr Eric Chen is a Researcher at the FSRH Clinical Effectiveness Unit (CEU) at the FSRH.**

“It's a good learning experience, as we have the chance to read up a little bit more about where contraception fits in around cases like rare conditions. It makes the whole area of research that much livelier.”

The queries can be really diverse, and I think that we provide a sense of assurance and confidence for members. We also help them to be a bit more critical in their thinking.

"The CEU exists to inform and educate members about evidence-based practice. What we do is take things back one step and really think about where the evidence for what members do comes from, to be a bit critical about what we know.

Through the Members’ Enquiry Service, members submit their questions on the website. Then we go and research the clinical evidence to answer them. We try our very best to do that within 10 working days.

**Case study**
The total income for 2015, taken from the audited accounts, was £2,407,429.

- 68% fees and subscriptions
- 14% conference and events
- 2% Journal
- 7% exam fees (including the e-Knowledge Assessment)
- 2% e-portfolio fees
- 2% other income
- 1% restricted donation for research
- 4% interest and dividends from investments

Expenditure in 2015 totaled £2,051,397

- Conferences and membership 81%
- Journal 13%
- Exams 5%
- Prizes, scholarships and awards 1%

For a full copy of the audited accounts, please go to www.fsrh.org/about-us/articles-annual-review
More from our members

Hear more about our members’ experiences of FSRH.

“The faculty are very supportive”

Dr Najia Aziz, Community Sexual and Reproductive Health Consultant, trained with the FSRH

“I was really keen to join the training programme and become a consultant because I love to improve, and I love having sexual and reproductive health as a specialty. I enjoy challenges too – that’s just my personality!

As a consultant, there are many aspects of sexual health you can work on, and I was attracted to the idea of being able to work on different things rather than doing one sort of clinic day in, day out.

My favourite part of the training was the GUM (genitourinary medicine) work. Now I’m actually training two FSRH doctors in that area.

Throughout the training, I was in regular contact with the Faculty who really motivated me along the way. During my training, and even now I’ve qualified, if I have problems, I send them an email and they’ll reply back as soon as possible. The Faculty are very supportive.”

“Training has been really enjoyable”

Richard Lawrence, recently completed the PGA in Medical Education and became a Faculty Registered Trainer (FRT)

“During my general practice vocational training I was very interested in sexual and reproductive health. I enjoy training and also like a lot of variety in my career, hence I decided to become a faculty-registered trainer. The more knowledge people have the better service we’re going to provide. That was definitely something I thought was important.

Currently we’ve got practice nurses and trainees who are getting the theory aspect covered, in preparation for me to start formally training them and this is county-wide so will be helping peers beyond my practice.

It’s fantastic to be able to pass your knowledge on and bring a different angle to your work. It also keeps you up to date. In any organisation you can become stagnant, so when you’ve got fresh blood coming through I believe that can only have a positive impact.

Training as a whole, and in particular, sexual health training for our practice, has been really enjoyable. Everybody’s got involved with it, which has been really nice.”

Get involved

To find out more about member benefits, hear about our events or get involved in a committee, please visit www.fsrh.org
Our vision – A world where quality sexual and reproductive healthcare is accessible to all.