PRESIDENT’S STATEMENT

The aims of the Faculty are to promote high quality women’s healthcare through setting standards, clinical guidance and training. When I came into post in June 2011 much of the direction and work programmes for the year had been set in place by my predecessor Dr Christine Robinson; now looking back at the year, it is evident to me that the Faculty continues to make significant advances in line with its aims and is becoming increasingly influential both nationally and internationally. Without the hard work and generosity of our members, and many others, the Faculty’s achievements in 2011 would be a shadow of what they actually were.

At the end of 2011 the Faculty’s membership, which crosses speciality boundaries, stands at 16,271. With members from Sexual & Reproductive health, Genitourinary Medicine and Obstetrics & Gynaecology, a large proportion of the FSRH membership are General Practitioners. In Dr Amanda Britton, Honorary Secretary, we have a GP as a Faculty Officer and Council, and its committees’ currently have good representation from GPs. Regular meetings with the RCGP are being held with a view to increasing joint working in the future. We also continued to have close working relationships with our parent College, the RCOG, and with the British Association for Sexual Health and HIV.

One of the major challenges in 2011, which will continue into 2012, is responding to the English NHS Health and Social Care Bill, whilst we have concerns at the extent of change proposed and its impact on training and the quality of SRH care, we have endeavoured to work with the Department of Health (DH) and Government to achieve the best outcome in this respect. This work included responding to many consultations, the Future Forum and personal meetings with DH and Ministers. The Faculty’s Scottish and Welsh Committees continue to provide Faculty leadership in the devolved Nations and expect to appoint the first trainees in the new specialty of Community SRH in 2012. Northern Ireland is a slightly different story and is an area that we should focus on in the future.

At the international level there is interest in the eSRH e-learning programme and other training programmes. The International Working Group achieved Committee status its projects include work with China and the Foundation for Medical Research in Mumbai and NICE International.

2011 saw the first trainees appointed into the new specialty training programme of Community Sexual & Reproductive Healthcare. The Faculty 6 year programme is designed to train specialists in women’s health working predominantly in the community. The new programme remains a specialty under the RCOG umbrella and for new entrants, has replaced the previous O&G subspecialty of SRH. This programme is supported by FSRH Membership examination which had a pass rate of 61%. We need to raise the profile of the new CSRH training programme at all levels. The Diploma training programme continued to progress, there were 2 major initiatives which will have an impact on the future of this qualification. The first being an in-depth independent external academic review of the Diploma and the Letter of Competence qualifications. The objectives of this review included how the training fits into the needs of trainees and those of the men and women they care for. Importantly the review will also cover how accessible the training is for those who wish to take it. The second initiative for General Training is a revision of the Loc MEd qualification in medical education which will be launched in 2012.

Clinical guidance and service standards are core work for the FSRH. The Clinical Effectiveness Unit continued to publish updated guidance and covering the subjects of drug interactions, emergency contraception and combined hormonal contraception. The FSRH Guidance was also awarded NICE Accreditation as recognition of the rigorous and sound
process the CEU has established for developing FSRH Clinical Guidance. The Clinical Standards Committee completed standards on consent and Service Standards for Sexual & Reproductive Health Services. In addition all FSRH Standards were published as a single book which was distributed to all relevant commissioners and Directors of Public Health and other relevant parties across the UK.

The FSRH is keen to support its members working in the UK through the Clinical Guidance, the members’ enquiries service and the highly rated conferences and meetings held during the year. One other area of support is through The Journal of Family Planning & Reproductive Healthcare which had a successful move of publishing house to the BMJ Group which brings with it a whole range of online and new media opportunities.

Staffing remained fairly constant during 2011 with a very low staff turnover. An important new post of Educational Project Officer was established to support the development of the new specialty. I am indebted to the staff of the FSRH who ensure that the organisation runs smoothly and efficiently. Much of the work of the Faculty is delivered by members and others in either their own time or time allocated by their employers. This dedication and commitment to the work of the FSRH is a mark of the importance of the role of the Faculty and is worthy of high commendation.

Dr Chris Wilkinson
President
COMPANY DIRECTORS AND OFFICIAL INFORMATION

Dr N Acladious
Dr C Armitage  (Appointed 10 June 2011)
Dr AEM Britton
Dr C Brock  (Appointed 10 June 2011)
Dr A Connolly
Miss M Davies
Dr P Dewart  (Resigned 24 March 2011)
Dr AJ Elliman
Dr A Gebbie
Dr L Massey
Dr JT McVicker
Dr N Mullin  (Appointed 10 June 2011)
Mr A Parsons  (Resigned 9 June 2011)
Dr C Robinson  (Resigned 9 June 2011)
Dr K Trewinnard
Dr L Turner  (Resigned 9 June 2011)
Dr A Vaughan  (Appointed 10 June 2011)
Dr CL Wilkinson
Dr J Wilson

SECRETARY
Mr C Jones

AUDITORS
PKF (UK) LLP
Farringdon Place
20 Farringdon Road
LONDON
EC1M 3AP

BANKERS
Cater Allen
9 Nelson Street
BRADFORD
BD1 5AN

INVESTMENT ADVISORS
JP Morgan Asset Management (UK) Ltd
Finsbury Dials
20 Finsbury Street
London
EC2Y 9AQ

SOLICITORS
Hempsons
40 Villiers Street
LONDON
WC2N 6NJ

REGISTERED OFFICE
27 Sussex Place
LONDON
NW1 4RG
DIRECTORS' REPORT
The directors of the Faculty have pleasure in presenting their report together with the accounts for the year ended 31 December 2011.

STRUCTURE, GOVERNANCE AND MANAGEMENT
The Faculty is a registered charity (Charity Number: 1019969) and company limited by guarantee (Registered in England No: 2804213) governed by a Council whose elected members are its trustees. Membership of its Council at the end of 2011 was as follows:

Officers
President:    Dr Christopher Wilkinson
Vice President:    Dr Ailsa Gebbie
Vice President:    Dr Alyson Elliman
Honorary Secretary:    Dr Amanda Britton
Honorary Treasurer:    Dr James McVicker

Elected members (10):
Fellow/Member representative:    Vacant
Fellow/Member representative:    Dr Karen Trewinnard June 2008    2014²
Fellow/Member representative:    Dr Louise Massey June 2009    2012¹
Fellow/Member representative:    Dr Catherine Armitage June 2011    2014²
Fellow/Member representative:    Dr Nicola Mullin June 2011    2014¹
Fellow/Member representative:    Dr Alison Vaughan June 2011    2014¹
Diplomate representative:    Dr Jenny Wilson June 2010    2013¹
Diplomate representative:    Dr Anne Connolly June 2010    2013¹
Diplomate representative:    Dr Nabil Acladious June 2008    2014²
Diplomate representative:    Dr Claire Brock June 2011    2014¹
RCOG representative (2):    Miss Melanie Davies
Dr Tony Falconer/Mr Ric Warren³

Co-opted members:    Nil

Other Trustees serving during 2011:
Dr Christine Robinson    Mr Anthony Parsons
Dr Lynda Turner    Dr Paul Dewart

Invited members:
Professor Anna Glasier OBE    Chair, CSG-SRH
Dr Kate Guthrie    Chair, Specially Advisory Committee
Dr Marion Everett    Chair, Meetings Committee (Feb 2011)
Dr Nicola Mullin    Chair, Education (now Meetings) Committee
Dr Sam Rowlands    Chair, Clinical Effectiveness Committee
Dr Elizabeth Kennedy    Chair, Workforce Planning Committee
Dr Anne Bennett    Chair, Workforce Planning (April 2011)
Dr Aisling Baird    Chair, Examination and Assessment Committee
Dr Asha Kasliwal    Chair, Clinical Standards Committee
Dr Jenny Heathcote    Chair, General Training Committee
Dr Gillian Flett    Representative Scotland
Dr Margaret Gurney    Representative Scotland (May 2011)
Dr Caroline Scherf    Representative, Wales
Dr Maureen Howie MBE    Representative, Northern Ireland
Dr Anne Szarewski    Editor-In-Chief
Dr Sarah Randall    Chair, Associate Members Working Group
Mr Ali Kubba    Chair, International Working Group
Ms Toni Belfield    RCOG Consumer Forum
Ms Linda Pepper    RCOG Consumer forum (Sep 2011)

Term of office:    ¹ first term    ² second term    ³ pending new appt
Election to Council of Management

The Officers of the Faculty are elected by the Council and the RCOG Council nominates its representatives. The President holds office for a three-year term and is not eligible for re-election to that office. The Vice Presidents hold office for three years and are eligible for re-election to that office for a further three-year term. The Honorary Secretary and Honorary Treasurer are appointed for a term of five-years and are not eligible for re-election to their respective office. The Editor of the Journal is appointed by Council for such a period as shall be considered appropriate.

There are ten Elected Members of Council, this is comprised of six Fellows/Members and four Diplomates who are elected to Council by their respective membership groups. Each Elected Member of the Council shall hold office for a term of three years and is eligible to stand for re-election for a further term. In addition Council may co-opt up to four additional members, for a specified period, subject to the maximum number of Council members being twenty. Co-opted members have no voting rights for the election of Officers.

Council and organisational structure

Faculty Council is the Council of Management and is responsible for the activities of the Faculty. The Articles of Association require the Council (subject as required by law) to act at all times within the policy of the College. Meetings are usually held six times each year. Recommendations from the committees are submitted to Council for discussion and ratification, with each committee submitting a work plan for the forthcoming year for approval in the preceding September.

The Officers group, on behalf of Council, oversees matters of routine business and monitors financial activity. Each Officer is allocated a group of committees which they attend as ex-officio members providing advice and guidance on the views of the Council. The Officers group is also responsible for reviewing the work-plans of the committees, and recommending them to Council for agreement before setting of the annual budget.

Induction of Trustees

New, elected, members of Council who act as the trustees are provided with details of their responsibilities as Charity Trustees. The Articles and Memorandum of Association and current byelaws, current Council minutes, and contact details of the other Council members. In addition to giving Council the benefit of their experience and knowledge from their area of work members are encouraged to take an active part in the work of a committee. Where members require clarification on an item they are encouraged to contact the relevant Officer and/or committee chair. All members of Council and committees are required to complete a formal declaration of personal interests and to ensure that these are current. Members are able to access further training as required with provision now being made for them to attend a trustee training course.

Investment policy

In 2011, because of the uncertainty of the markets, the Faculty has continued with its policy of not committing additional funds to long-term investments. This policy is now under active review and that review will take into account the latest guidance published by the Charity Commission. For the year reported the policy remained to retain the long term investments in an equity fund investing in a broad range of UK companies and in a bond fund which is constructed to have a slight long duration stance and a longer spread duration stance. The majority of reserve cash was placed in deposit based investments as it was felt these presented less of a risk and did provide some returns.
RISK REVIEW 2011

This annual review of all risks looks at present and possible future areas that might affect or impact on the work of the Faculty, its income and/or staffing. The Honorary Treasurer and Company Secretary undertake the review and report to Council.

The main risk continues to be the Faculty’s income from new Diplomate subscriptions and the renewal subscriptions of all members. This is the source of the majority of the income to support the work of the Faculty. During the year reported although new joiners exceeded expectations, because of the Amnesty, and renewals remained healthy this risk remains to the fore and is closely monitored. The position on the revised Diploma has improved over the past 12 months and the numbers enrolled on the programme has increased to levels similar to the old syllabus. However, the numbers completing the programme is an area that needs careful monitoring.

The issue of payment for the time of members working in committees remains as a note although it has not come to the fore. The risk that has previously been associated with the Journal – loss of advertising and subscriptions – has been reduced by moving the publication to the BMJG. This arrangement has taken time to settle down and although costs increased significantly for this year this was a known factor and it is expected that income will improve in 2012. Whilst there were no significant staff issues there was a need to increase numbers to provide dedicated support for the specialty programme, trainers and trainees. In 2012 it also planned to increased staff numbers in the area of examination and assessment.

A new area of focus has been the structure of the Diploma and LoC training programmes and Council identified the need to undertake a review of these programmes. As the Diploma is a very important item, it was agreed that external expertise was required to inform that process. An external evaluation of the programmes was commissioned but the final report was not available by the end of the year. Once this report has been considered it can then be included in the assessment for 2012. Although this review of risks is undertaken annually and Council remains satisfied that the major risks have been identified, it also recognises that the systems in place cannot always provide total assurance that every major risk has been adequately managed. As a membership organisation Council continues to focus on the importance of increasing and providing a variety of educational activities and sources and to enter into collaboration with other organisations to minimise risk in these projects.

Reserves policy 2011

The only major project put in place in 2011 was the e-portfolio for the speciality and, as the number of trainees involved was small, it was agreed to fund this from general funds.

When Council commissioned an evaluation of the DFSRH and the LoCs in mid-2011 it was planned that this would be available before the end of the year and thus allow discussion on what work was required to implement the recommendations. Initial indications are that the evaluation recommendations, if adopted, will require significant new work and this cannot be met from within the Faculty’s current staffing or expertise. As a result there will be a requirement to use reserves to take this project forward with external consultants. Whether this report will also impact on the numbers of staff required to deliver any changes to the training programme cannot, at this time, be calculated. After deducting the carrying value of fixed assets and investments held to support the Faculty’s work in the future, unrestricted general funds amounted to £1,010,537 or approximately 7 months of normal running costs. The Council believe it is appropriate to hold a general reserve of between 6 months and 1 year of expenditure and is content that the current reserve held is within this range.
Faculty of Sexual and Reproductive Healthcare of The Royal College of Obstetricians and Gynaecologists

Faculty Committee Structure

Key:
- AMWG = Associate Member's Working Group
- CEC = Clinical Effectiveness Committee
- IWG = International Working Group
- SAC = Specialist Advisory Committee
- Trainee
FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE
of The Royal College of Obstetricians and Gynaecologists

Faculty Staffing

Company Secretary/Faculty Secretary   Corin Jones
Equivalence/CSG-SRH/Press Relations   Diana Halfnight
CSRH Specialty     Michael Yates
General Training Secretary   Deborah Roberts
Exam and Assessment Secretary   Denise Pickford
Clinical Effectiveness/International Working Group Secretary   Jacquie Silcott
Clinical Standards/Meetings/AMWG   Dilruba Khan
Recertification Administrator   Marilyn Wilson-Cole
Website Administration/General Training   Maureen Bell-Smith
Journal Management   Janie Foote
e-SRH co-ordinator   Laura Nicholson
Subscriptions/Banking administration   Pauline McFarland
Book-keeper     Oscar Mir

REPORT OF COUNCIL

FSRH is a faculty of the Royal College of Obstetricians and Gynaecologists, a company limited by guarantee (company number 02804213), and a registered charity (registered number 1019969), whose main function is to provide public benefit by advancing medical knowledge in contraception and sexual and reproductive health care, by advancing the education and training of registered medical practitioners and by promoting and maintaining high standards of professional practice in the field. The trustees have given due regard to the guidance by of the Charity Commissions on the subject of public benefit.

The income and property of the company is applied solely towards the promotion of the company’s objects as set out in the Memorandum of Association.

The main items of work undertaken in 2011 were:

• The introduction of an ‘amnesty’ arrangement for doctors who had allowed their membership/qualification to lapse giving them the opportunity to bring up to date obsolete qualifications
• The commissioning of a complete overview of the newly introduced Diploma (January 2010), as it was considered that sufficient time had elapsed to enable this work to be undertaken
• To continue to work with the RCGP regarding Faculty SRH qualifications and the training requirements of the general practitioner in SRH
• To commence work on a review of the Faculty’s training qualifications (LoCMEd)
• To continue working with the RCOG and AORMC on development of a programme to address the revalidation needs of members
• To review the Faculty’s website design, content and future development
• To ensure the smooth transition of the Journal of Family Planning to the BMJ group, and improving the access to an on-line facility
• To recruit the full complement of trainees into available Community Sexual and Reproductive Health (CSRH) specialty training posts throughout England and ensure that all centres were fully familiar with all the necessary requirements. To also liaise with colleagues in Scotland and Wales to establish specialty training centres
• To establish an Equivalence Committee to assess applications from those seeking recognition for entry onto the Specialist Register in Community Sexual and Reproductive Health
To work with NICE to obtain its recognition for the Faculty’s published clinical guidance and clinical standards

To ensure that a single Clinical Standards document, capturing all the Faculty’s published standards, was produced and distributed to SRH commissioners and organisations working in sexual health

To continue to increase the Faculty’s profile with the Government/Department of Health and have involvement in decision making in issues around sexual health such as standards, commissioning, and training

To review the Faculty’s international representation

2011 was a very busy year for general training with a number of initiatives relating to this part of the Faculty’s work and these are detailed below.

FSRH circulated an invitation to all Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) in January requesting that details of the amnesty invitation were cascaded down to their individual doctors. This amnesty was primarily aimed at those that had previously held a Diploma or other recognised qualification. This was in response to information, that in some areas, commissioners were requesting that doctors who fitted long acting methods of contraception (LARCs) held a Faculty letter of competence (LoC). To be eligible to apply for any LoC an applicant must be a current member of the Faculty and hold an up to date primary qualification (DFSRH or MFSRH/FFSRH). The Faculty was overwhelmed by the enormous response to this initiative to assist ‘lapsed members’ update their qualifications. Council agreed that the amnesty was to be for a finite period and the deadline was 31st July but applicants were allowed up to the 31st December to have any required observations for the LoC IUT.

A full external review of the DFSRH was commissioned from Professor Ed Peile, Professor Emeritus (Medical Education) at the University of Warwick, to review the Diploma now that sufficient time had elapsed since the qualification had been completely revamped. The Diploma now consists of three parts, the theoretical component (e-SRH) completed through an electronic learning programme, which precedes a Course of 5 (C5) a learning and assessment day which is undertaken before the applicant proceeds to the practical clinical assessments. Successful completion of the programme leads to the award of the Diploma (DFSRH). This review was due to be completed in December with additional time being required to prepare the report of the evaluation. Council will have the opportunity to discuss the recommendations early in 2012. Regular meetings were held between the FRSH and the RCGP throughout 2011 to explore potential ways of working together and to consider the training needs of the general practitioner. As these discussions are linked into the evaluation they would continue on completion of Professor Peile’s review and recommendations.

The General Training Committee had also been tasked to evaluate/review the letter of competence in Medical Education (LoC Med). Dr Liz Nyholm was invited to present a proposal to November Council which could potentially change the way in which Faculty trainers were trained. This would involve the Faculty linking with an external organisation/university which would provide members with an external and nationally recognised postgraduate qualification. This work is on-going into 2012 and it is envisaged that further discussions will take place in the first quarter of the year.

Talks also continued throughout the year and were reported back to Council regarding revalidation and its implications for the Faculty and the individual member. Dr Karen Trewhinard is the Faculty lead for this project and has been liaising with both the RCOG and the Academy of Royal Medical Colleges. This is important work and will have huge implications for both the Faculty and its membership. As part of this process the FSRH/MFSRH and CSRH CPD programme was updated.
In January Council supported the nomination of Dr Christopher Wilkinson as the next President. This would be from the date of the Annual General Meeting in June for a tenure of three years.

In March Council considered membership subscriptions and it was agreed that in 2012 the Diplomate rate would increase by 5% and the membership/fellowship by 10%. This was considered to represent good value and Council and committees were also tasked to look at ways in which they could give added value to members. Two Honorary Fellows nominations were also supported by Council, Professor Sir Sabaratnam Arulkumaran (outgoing President of the RCOG) and Professor Willard Cates, President of Research, Family Health International, USA. The awards were made at the Faculty’s autumn conference.

At the end of 2010 work had started on the redesign of the Faculty website to provide better access and refresh its appearance. Initial work was undertaken, to amend layout and include a Members-only area but it was decided to delay a major revamp until 2012.

The final contract was signed with the BMJ publishing group for the publication of *Journal of Family Planning and Reproductive Health*. The Journal’s impact factor continued to grow and now stands at 1.243 from 1.047. This has been aided by the change of category from Social Sciences into the Science (obstetrics and gynaecology) category.

In 2011 the Specialty was in the position to recruit its first tranche of trainees. 17 trainees are now in post at varying levels throughout England. At the present time there are no trainees in Northern Ireland, Scotland or Wales, but negotiations are in place with the relevant bodies in the devolved nations. With establishment of the specialty (CSRH) the Faculty also needed to establish an Equivalence Committee and a group of 20 consultants have been trained to assess any applications. This committee is under the guidance of Mr John Eddy, who previously chaired the RCOG Equivalence Committee. There was just one application received by the GMC and assessed by the committee at the end of 2011 but it is anticipated that a number of others will apply during 2012.

Council agreed that the availability of the Faculty’s Clinical Standards should be brought to the attention of commissioners and other organisations working in sexual health. It was proposed to bring all published standards together in one document which would be launched at the Faculty’s autumn conference in November and to invite commissioners of public health, members of the DH and parliamentarians with an interest in sexual health. The compilation of the single standard document would also be a starting point for NICE to consider recognition of FSRH’s standards.

In December NICE gave their endorsement to the FSRH clinical guidelines process which gives great credence to present and any future guidelines as being recognised by this organisation.

Mr Ali Kubba, chair of the International Working Group, was invited to present a plan from his group on the options to take international initiatives forward. Council supported that the Working Group should now work as a Committee and Mr Kubba had been requested to prepare terms of reference and a work plan for 2012.
AWARDS

The following awards were made during the year:

The David Bromham Annual Memorial award – awarded for work, which through inspiration, innovation or energy has furthered the practice of sexual and reproductive healthcare in any way and in any setting.

This award was made to Dr Alison Bigrigg, NHS Greater Glasgow and Clyde, in recognition of her vision, leadership and tirelessness in improving access to the service for the public and supporting and complementing the role of primary care.

The Margaret Jackson Prize Essay – awarded to undergraduates who write the 3 best essays on a topic related to sexual and reproductive healthcare. The first prize is £300 followed by £100 each for the 2 runners-up

The first prize was awarded to Nic Robertson for ‘Not such a different world: providing contraception services in Lesotho’

The second prize was awarded to Eleanor De Sausmarez for ‘Who’s the Daddy? Consent, Conception and child support’

The third prize was awarded to Francesca Eddy for ‘Is the Internet the key to improving sexual health in young people?’

The 4-0-8 Sheffield Fund - awarded to individuals from any professional group working in the field of SRH to assist them in attending scientific meetings, or other learning and updating events that they would not otherwise attend due to lack of funding.

Dr Rachel Westwick was awarded £400 to attend the ‘Transvaginal Ultrasound Workshop’ organised by the MedaPhor on 24-26th March 2011.

Dr Carlotta Susanna was awarded £400 to attend the ‘Transvaginal Ultrasound Workshop’ organised by the MedaPhor on 24-26th March 2011.

Mrs Dierdre Thajam was awarded £500 to attend the ‘ICM 29th Trienniel Congress 2011’ organised by the International Confederation of Midwives on 19-23rd June 2011.

Dr Najia Aziz was awarded £500 to attend the ‘BASHH 2011 Spring meeting’ organised by BASHH on 11-13th May 2011.
MEMBERSHIP STATISTICS

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WORK OF THE COMMITTEES

CLINICAL GOVERNANCE AND STANDARDS

CLINICAL STANDARDS COMMITTEE

The objectives of the committee were to:

- Provide guidance on clinical governance in the form of auditable standards.
- Review and update all FSRH Clinical Standards documents.
- Review and offer guidance on all aspects of appraisal and revalidation as laid down by appropriate regulatory and professional organisations, e.g. NHS Executive, General Medical Council.
- Liaise with other colleges and faculties to work towards standardisation of practice.
- Liaise with appropriate regulatory and professional organisations on performance procedures and other related matters.
- Respond to national consultations and documents on behalf of the Faculty when appropriate.
- Ensure that the committee’s website entry is up to date.
- Prepare a single document incorporating all published clinical standards.

In 2011 the committee organised the publication of the FSRH standards into a single document. This was initiated in order to highlight the Faculty’s standards and bring these to the attention of Directors of Public Health and those commissioning sexual health services in the reorganised NHS. The ‘Standards' were launched at an evening reception at the Royal College of Physician's to which a number of dignitaries were invited.

The following documents were completed and published (or were in final stages) during the year:

- Service Standards on Obtaining Consent in Sexual Health Services
- Service Standards for Sexual and Reproductive Health Services
- All Service Standards as a single document

During the year other work undertaken was:

- To respond to GMC consultation: ‘Review of Good Medical Practice': defining the scope and issues.
- To respond to GMC consultation: ‘Reform of the fitness to practise procedures at the GMC' - changes to the way we deal with cases at the end of an investigation.
- To respond to GMC consultation: ‘Protecting children and young people: the responsibilities of all doctors.’
- To respond to the DH consultation: ‘Proposed Changes to Regulations to Care Quality Commission Registration’
- To support the CEU in developing guidance e.g. Emergency Contraception, CHC including development of auditable outcomes.
- To organise the initial work for recognition by NICE accreditation for standards.
- To write to the Faculty journal regarding developing the ‘Standards on Resuscitation’
- To respond to various enquiries directed to the committee.
WORKFORCE PLANNING COMMITTEE

The main objectives of the committee during 2011 were to:

- Analyse and publish the 2009/10 workforce census report
- Inform the DH, RCOG and the membership on recruitment and staffing issues in SRH

The Thirteenth and Fourteenth Census (2009/10) was published as a hard copy in June 2011 and distributed to all services and other interested bodies. It is also available on the Faculty website.

During the year the committee has also collected data for the 2011 census with a questionnaire being sent to all heads of service in May 2011. This data has been published on the website and will eventually be collated with 2012 census data. The census questionnaire underwent various changes during 2011 and the committee has decided to make no further changes in 2012.

The list of SRH consultants is maintained by the committee and regularly updated.

In order to make comparisons from year to year it is important to have as complete a census return rate as possible and the committee would like to thank everyone who completed the forms and gave data. It would encourage those who were unable to provide data in 2011 to do so in future. This information needs to be as complete as possible to allow the Faculty to draw meaningful conclusions.

In February 2011 Dr Liz Kennedy resigned after 12 years as a committee member and 6 years as the chair. Kate Davis, the Associate Member also resigned. Dr Amanda Britton remains as the Officer Representative and the Committee is currently seeking two new members.

The Workforce Planning Committee is keen to work alongside other Faculty Committees to ensure workforce issues can be addressed.

TRAINING

SPECIALTY ADVISORY COMMITTEE (SAC)

The objectives of the committee were to:

- Write, monitor and update the specialty training curriculum (in line with GMC standards) taking account of developments in the specialty and the needs of patients, the service, trainees and educators
- Set the standards for training and assessment in the specialty
- Participate in the CCT process by enrolling and supporting trainees, monitoring their progress, to recommend, on an occasional basis, customised programmes of training for Less than Full Time Trainees, processing requests for Out of Programme Experience (OOPE), including research and making recommendations to the GMC for the award of CCT/CESR
- Contribute to the quality management of postgraduate training, liaising between Deaneries and the FSRH and facilitating the provision of external advice for training programmes
• **Provide an annual specialty report (ASR) to the GMC, including a summary of notable practice and key issues, based on examination results, external reports and specialty reports from Educators/Training Programme Directors**

• **Work closely with other organisations (Deaneries, Royal Colleges, Faculties, and Specialist Societies) in relation to training issues and workforce and selection planning**

The membership structure of the SAC is dictated by the GMC and comprises Dr Kate Guthrie who chairs the committee, the lead Dean from the East of England Deanery, the FSRH President, representatives from specialty training centres in London, out of London, and the devolved nations, the RCOG, RCP, Faculty of Public Health, SAS doctors, trainees committee and consumer representation.

The committee is tasked to collect information regarding the content and delivery of the curriculum from both the trainees and trainers perspective with any issues fed back to the committee and communicated to the GMC through the Annual Specialty Report.

A major issue during 2011 has been the electronic portfolio both in terms of gaining access and ensuring trainers are familiar with the system.

The specialty’s first Annual Review of Competence Progression (ARCP) is to be held in February 2012 and this is to be held centrally rather than in the individual deaneries.

The committee also oversees Career Grade Training and Special Skills Training Modules (SSMs) (previously the remit of the Higher Training Committee now dissolved) and during 2011 the following SSM certificates were awarded:

11 for Local Anaesthetic Vasectomy Module  
15 for the Basic Menopause Care Module  
1 for the Advanced Menopause Care Module  
8 for the Abortion Care Module  
9 for the Ultrasound Module  
1 for the Foundation Sexual Problems Module

To date 67 doctors have been awarded the Faculty certificate of completion of Career Grade Training, with 2 doctors completing the training programme in 2011.

Work by this committee has been undertaken to both collect information on the experiences of both trainees and trainers in delivering the new curriculum and ensuring quality management. Through feedback at the SAC work has been undertaken to resolve such issues that have arisen. These issues will be discussed in the Annual Speciality Report to be submitted to the GMC. One of the major issues where progress has been made, though there is still work to be done, is on the e-portfolio system both in terms of gaining access and training trainers who are using this for the first time. The specialty’s inaugural ARCP will be held on 29 February 2012 at the RCOG for all 17 CSRH trainees and work on logistics and appropriate assessment tools have been undertaken by the Committee with assistance from the East of England Deanery. Other problems inherent in setting up a speciality for the first time have been resolved, for example ensuring trainees are on the correct training route (CCT/CESR((CP)) as well as setting up processes and documentation suitable to be used for assessment at the ARCP. Since a good number of trainees have entered above ST1 work has been undertaken to ensure satisfactory previous competencies have been attained before entry on to the Specialty.
SRH TRAINEES COMMITTEE

The objectives of the committee were to:

- Provide support for trainee doctors which includes CSRH Specialty Trainee, SRH Subspecialty Trainee and SRH Career Grade Trainee
- Provide a formal mechanism for SRH doctors in training to exchange views, discuss problems and support each other
- Represent SRH doctors in training and communicate their views within and outside the Faculty
- Promote involvement and representation of SRH doctors in training in all relevant areas of Faculty activity
- Liaise with other medical Royal Colleges and professional bodies on issues of mutual interest

Achievements in 2011:

- Initiatives to improve communication, discuss problems, facilitate exchange of ideas and encourage active involvement of the trainees in the FSRH.
- Representation of trainees at the Speciality Advisory Committee
- Developed initial links with RCOG and BASHH trainee’s representatives with a view to learn from well-established networks and help each other
- Organised successful trainee weekend away which involved media training with good feedback from trainees
- Discount in registration fee for SRH trainees to encourage attendance at Faculty conferences
- CSRH Trainees Meetings during FSRH Faculty conferences
- Providing information and advice to doctors interested in a career in CSRH
- Establishment of a “CSRH Trainees Register”

EQUIVALENCE COMMITTEE

The objectives of the committee were to:

- Recruit and train a pool of assessors in readiness for applications to be assessed for the GMC Specialist Register in Community Sexual and Reproductive Health (CSRH)
- Respond to the GMC within the given time frame regarding applications for CSRH equivalence recognition

Mr John Eddy, who previously chaired the RCOG’s Equivalence Committee, kindly agreed to chair the FSRH committee group through the initial stages with Dr Stephen Searle deputising. Just over 20 consultants have been recruited to participate in the equivalence process and two training days were organised, the second day having representation from the GMC. The application process is rigorous and detailed and the GMC’s input was invaluable informing members of the procedure.
The application process for equivalence through the CESR route is that the applicant submits his/her application to the GMC, where an initial assessment is made, before it is passed on to the relevant College/Faculty. The Faculty has to return the assessment with recommendations, within a seven week period to the GMC. This is a legal requirement, and the GMC ultimately informs the applicant of its decision. Monthly meetings were arranged during 2011, alternating between Wednesdays and Fridays in readiness for applications and members of the committee volunteered for between 2 and 3 meetings.

There was one application received in November 2011 and this was completed and returned to the GMC within the required time frame.

**GENERAL TRAINING COMMITTEE**

The objectives of the committee were to:

- Maintain standards for the Diploma (DFSRH) and Letters of Competence (LoCs)
- Administer and complete all amnesty applications by the ultimate deadline
- Organise a complete review of the DFSRH
- Oversee issues relating to recertification of FSRH qualifications
- Prepare a FSRH CPD programme for revalidation
- Develop a postgraduate teaching qualification

This has been another busy year for the General Training Committee (GTC).

FSRH Council agreed an ‘amnesty’ which would be advertised in January with a six month deadline. The purpose of this initiative was in response to an increasing number of requests from doctors who needed to obtain letters of competence to comply with local commissioning requirements but had allowed their diploma qualification to lapse. To be eligible for any LoC a member must have their basic qualification in date. The amnesty generated a huge response with 840 approved applications for the Diploma, 694 for the letter of competence in intra-uterine techniques (LoC IUT) and 444 for the letter of competence in sub-dermal implants (LoC SDI). In addition to the amnesty there were 1299 DFSRH awards made in 2011 through the standard training programme. The requirements for LoC IUT and SDI were updated to include e-SRH and to enable LoC IUT to be completed contemporaneously with DFSRH as is the case with LoC SDI.

During the second half of 2011 a formal evaluation of DFSRH was carried out by Professor Ed Peile, Professor Emeritus (Medical Education) at the University of Warwick. The results of the review will be published in early 2012 and the interpretation of the results and implementation will constitute a major piece of work for the committee.

Another of the committee’s projects has been working on the development of a qualification which will in time replace the LoC MEd as being the main route to becoming a Faculty Registered Trainer (FRT). This work is being led by Dr Liz Nyholm, who is a Faculty Trainer and a GP in Birmingham, and who has been working closely with Keele University to develop this new qualification which will be known as the Postgraduate Award in Medical Education - (Sexual and Reproductive Healthcare). The purpose of this new qualification is to further strengthen training resources of the FSRH to produce sexual and reproductive health teachers of an excellent standard that meet both GMC requirements and attain accreditation by a reputable body of medical educationalists.

This year the FSRH recertification programme for FFSRH and MFSRH was updated in line with the Academy of Medical Royal Colleges guidelines for CPD programmes and is now on the website for members to use as their CPD programme for revalidation and appraisal. Dr Karen Trewinnard was elected to the RCOG revalidation committee in order to work with our
parent college leading up to revalidation. The main areas of work are to give specialty advice and guidance for appraisal for those revalidating in the field of CSRH. Due to the level of work carried by the General Training Committee a sub-group has been formed to support Dr Trewinnard as lead for CPD/recertification/revalidation.

Dr Cecilia Priestley took over as BASHH representative in 2011 and Dr Miranda Farmer continues to represent RCGP.

During the year there were several working party meetings between the GTC chair, Faculty Officers and RCGP officers to discuss closer working and training between the two organisations.

Wendy Moore continues to act as the nurse representative on the committee and she has been collating evaluations received for Faculty Nurse Registered Trainers (FNRTs). Very positive feedback has been reported from both nurse trainers and doctors undergoing this training and since it’s introduction, towards the end of 2008, there have been 40 applications with 16 completed. The paperwork has been re-written to make it more streamlined without reducing standards. Wendy’s contribution to GTC has highlighted the importance of having nurse representation to provide this perspective.

Finally, the committee has hosted two national conferences, both receiving very positive feedback. The first, a national conference in February for General Training Programme Directors provided an opportunity to reflect on the DFSRH one year on and secondly the Deanery Advisor’s Conference in June provided an update on the progress of the new DFSRH and a review of the role of Deanery Advisor.

ASSOCIATED MEMBER’S WORKING GROUP

The main objectives were to:

- Represent the interests of non medical members: mainly nurses
- Ensure representation of non medical personnel on relevant Faculty committees
- Provide input into other work streams where non medical input is required
- Detail the benefits of becoming an Associate member

The group has continued to work with General Training regarding nurses being recognised as Faculty trainers for the LoC Subdermal Implants. Sixteen nurses have trainer status. Work has started on the revalidation process for these Associate members such that it can mirror the medical education revalidation of Faculty Instructing Doctors.

There has been correspondence with the Workforce committee regarding collection of data on the number, grading and role of nurses in sexual health settings. The latest data collection form has been amended accordingly.

The AMWG has representation from England, Wales and Scotland and has used this expertise to keep abreast of changes in regulations regarding sexual health provision and country specific publications. It has continued to work closely with the Royal College of Nursing especially in connection with the two training modules on sub-dermal implants and intrauterine devices and also with two competency documents on pelvic examination and long acting methods of contraception.

Through one of our members, we have had access to publishing appropriate items in the Practice Nurse newsletter. This is an excellent opportunity to share with this professional group.
AMWG worked with Clinical Standards committee on a joint statement on bradycardia following intra uterine device insertion.

Access to the Faculty’s e-learning programme has proved difficult for some nurses and the group has kept nurses aware of the changing access procedures.

The issue around nurse education in sexual health continues to be addressed.

EDUCATION AND KNOWLEDGE

EXAMINATION AND ASSESSMENT COMMITTEE

The main objectives for the MFSRH examination were to:

• Continue to produce questions for the MCQ and EMQ banks that reflect the CSRH training programme
• Ensure that the various parts of the exam were blueprinted to be representative of the CSRH training programme
• Appoint new examiners and to arrange induction and training for them
• Appoint two new external examiners
• Introduce psychometric analysis to achieve a statistical verification of the reliability and reproducibility of the exam

2011 was an extremely busy year for the examination and assessment committee. The year commenced with a call for new examiners and we had an extremely pleasing response, appointing 10 new examiners. This was followed by our first ever induction training day which we made compulsory for all examiners and was well received.

Two new external examiners were also appointed who both have extensive medical education background which includes assessment. A significant change has been to widen their roles to include all aspects of the examination rather than just Part 2: we are asking them to scrutinise all papers prior to the exams and the committee chair now signs off the papers.

A psychometric analysis was introduced for the first time in 2011 which ensures that the committee can be confident in the fact that assessments are robust and it was used very successfully in this year’s Parts 1 and 2 in order to modify the exam as marking was in progress and to increase the reliability of the assessment. The committee is indebted to Dr Patricia Revest and Professor Olywn Westwood both from Bart’s and the London School of Medicine and Dentistry who have helped us greatly this year in the introduction of this. They have appointed as honorary psychometrician and educational consultant adviser.

All papers were blueprinted to ensure there was wide coverage of all modules on the CSRH curriculum. The Extended Matching Paper which replaces the Short Answer Question Paper had its first outing in Liverpool in June. It ran smoothly and in assessment terms it was a resounding success.

During 2011 there were two diets of the Part 1 examination, in April 10 of the 24 entrants were successful and in October 19 of the 24 entrants were successful, pass rates of 41.7% and 76% respectively.

The committee received 38 Evidence Based Commentaries of which 29 were passed a pass rate of 76%.

Of the 23 candidates for the Part 2 examination 14 were successful, a pass rate of 60.9%.
The MFSRH continues to be a highly regarded assessment and external examiner reports have been favourable.

MEETINGS COMMITTEE

The main objectives of the committee were:

- To deliver three national conferences
- To continue supporting the CEU Expert Advisory Group
- To liaise with the CEC writing the CPD component of the guidance documents
- To organise ad hoc courses to support SSMs
- To organise representation at the European Society of Contraception
- To assess and approve 408 applications
- To award the Margaret Jackson essay prize
- To organise representation at national careers fairs

The FSRH conference organisers until the end of 2012 are Profile Productions and they continue to do an excellent job of organising conference venues, dealing with the marketing, liaising with speakers and chairs and coordinating the applications and evaluations.

The sixth joint annual meeting organised by the FSRH and BASHH in January 2011 was held at the RSM and was entitled “Common Issues in Sexual Health”. It was agreed to have both doctors and nurses on the organising committee to more fully reflect, not only the integrated working of both organisations but also the importance of working as a team.

The Annual Scientific Meeting was organised in conjunction with the Clinical Studies Group and was held in Liverpool in May. The meeting attracted poster and oral presentations of a very high standard. An excellent joint session on paediatric gynaecology was held on day 2 in conjunction with the British Society for Paediatric and Adolescent Gynaecology and this session was so successful that we plan to run it again in 2012 in Edinburgh. The International Scholarship presentation was made at this meeting.

The Current Choices meeting was held at the Royal College of Physicians in November 2011 and the meeting was fully subscribed with 313 delegates attending. The keynote speaker was Professor Willard Cates, President of Research Family Health International, USA, who was also a recipient of an Honorary Fellowship together with Professor Sir Arulkumaran. As in recent meetings the Fellowship and Membership awards ceremonies were incorporated into this conference.

The committee oversaw the annual award for the Margaret Jackson Prize Essay for medical students and reviewed applications for the 4-0-8 fund awarding monies to enable attendance at relevant conferences.

The committee also organised representation on the CEU to assist with the development of clinical guidelines and continues to set the multiple choice questions and the discussion points for each topic.
CLINICAL EFFECTIVENESS COMMITTEE

The objectives of the committee were to:

- Raise the standard of guideline development
- Achieve NHS Evidence accreditation

The Clinical Effectiveness Committee oversees the Clinical Effectiveness Unit currently located in Glasgow. The CEU improved further its process of guideline development and was successful in its application for NHS Evidence accreditation for Faculty guidance products.

The CEU published updated guidance on

- Drug Interactions with Hormonal Contraception
- Missed Pills and Emergency Contraception
- Along with new guidance on Combined Hormonal Contraception

The Committee also took part in the NICE national quality board engagement exercise on Quality Standards.

JOURNAL OF FAMILY PLANNING AND REPRODUCTIVE HEALTH CARE

The objectives of the Journal Management Board and the editorial board were to:

- Effect a successful transition to the journal’s new commercial publisher, the BMJ Publishing Group
- Develop the journal’s online presence with the assistance of the BMJ Publishing Group
- Continue to improve the Impact Factor

This has been an extremely important year for the Journal, in which the prime objective was to achieve a successful transition to the journal’s new commercial publisher, the BMJ Publishing Group. This involved a considerable amount of work in changing over publishing templates, transferring to a new online manuscript tracking system (Manuscript Central’s Scholar One™) and liaising with many departments (e.g. sales and marketing, publicity, advertising sales, production, etc.) and staff at the BMJG. Although the first 6 months of 2011 was a challenging period for all concerned, with many new BMJG workflows/processes to assimilate, overall the transition has been a successful one.

After further concerted lobbying of Thomson Reuters/ISI by the BMJG on our behalf, in August 2011 we finally received the long-awaited news that the Journal had been successful in its bid to move from the Social Sciences (Family Studies) into the Science (Obstetrics & Gynaecology) category.

On an on-going basis the quality of the articles published in the Journal continues to improve, and this was once again reflected in the impact factor for 2010, which increased from 1.047 to 1.243.

A key objective of the collaboration with the BMJG is the development of new media marketing and publicity activities (e.g. blogs, podcasts) and the development of appropriate social networking initiatives. As regards the former, podcasts were developed to coincide with the January and October 2011 Journal issues. As far as social networking initiatives are
concerned, the Journal had a presence on Facebook™ and Twitter™ by summer 2011. The appointment of a new e-Media Editor in August 2011 has resulted in the generation of weekly blogs on the Journal website, and will undoubtedly have a positive bearing on the Journal's electronic/social networking initiatives going forward.

SEXUAL AND REPRODUCTIVE HEALTH - CLINICAL STUDIES GROUP

The committee’s objectives were to:

- **Build a portfolio of research in the area, either developed and undertaken by the CSG, or to encourage its members to develop and undertake projects**
- **Be responsive when CSG members suggest research ideas. The SRH-CSG does not have the capacity or expertise to assist people in writing research proposals or grant applications but is keen to signpost people to potential sources of assistance of collaboration**

The SRH-CSG liaises with the Meetings Committee agreeing programmes for the Scientific Meeting and European Conference. In May 2011 the CSG organised a session on current research in contraceptive use for the Liverpool meeting and has planned a session on abortion for the April 2012 meeting in Edinburgh together with one on myths and misconceptions about intrauterine contraceptives for the Athens ESC meeting.

The SRH-CSG has continued to meet on a regular basis by teleconference and has been developing a number of research proposals on previously agreed priority topics.

- Bridging from EC to on-going contraception
- Evaluation of LARC methods
- Evaluation of the Chlamydia testing programme
- Research of unintended pregnancy and obesity

A feasibility study on bridging from EC to on-going contraception will start in Edinburgh in early 2012 hoping to form the basis for a research grant application in 2013.

A study on risk taking behaviour and exposure to unintended pregnancy among a cohort of teenagers identified from the 2010 NATSAL Survey has started. A research proposal on obesity, contraceptive use and unintended pregnancy is in the early stages of development using a similar methodology. A proposal on delaying childbirth has been submitted to the ESRC.

In 2012 the Executive Committee of the SRH-CSG proposes adding new members with expertise in clinical trial methodology, pharmacy interventions and an interest in abortion. Professor Phil Hannaford has stepped down from the committee.
| FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE  
of The Royal College of Obstetricians and Gynaecologists |
|------------------------------------------------------|
| FACULTY DEANERY ADVISORS  
(December 2011) |
| Dr Janet Gallagher  
Dr Diana Mansour  
(Joint Advisors Northern Region) |
| Dr Anne Bennett  
Dr Myra Holbrook  
(Joint Advisors for Yorkshire) |
| Dr Antje Ischebeck  
Dr Simone Reuter  
(Joint Advisors for Trent) |
| Dr Lynne Gilbert  
(East Anglia) |
| Dr N Hampton  
Dr L Nyman  
(Joint Advisors NW Thames) |
| Dr J O Arayomi  
(NE Thames) |
| Dr Jane Dickson  
(SE Thames) Election in progress |
| Dr Ritu Varma  
(SW Thames) |
| Dr Karen Trewinnard  
(Wessex) |
| Dr Judith Felton  
Dr Elizabeth Vincent  
(Joint Advisors for Oxford) |
| Dr S Gray  
(South West (South)) |
| Dr Hilary Cooling  
Dr Theresa Laverty  
(Joint Advisors for South West (North)) |
| Dr A Kundu  
(West Midlands) |
| Dr L Hawkesford  
Dr N Mullin  
(Joint Advisors for Mersey) |
| Dr Tessa Malone  
(North Western) |
| Dr Sarah-Jane Bayliss  
(North Wales) |
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<td>Dr Lesley Craig</td>
<td>(Joint Advisors for Scotland North East)</td>
</tr>
<tr>
<td>Dr Susie Logan</td>
<td></td>
</tr>
<tr>
<td>Dr Fiona Gibson</td>
<td>(Scotland - Highlands)</td>
</tr>
<tr>
<td>Dr P M Laverick</td>
<td>(Northern Ireland)</td>
</tr>
<tr>
<td>Dr C A Bodley-Scott</td>
<td>(Joint Advisors for HM Forces)</td>
</tr>
</tbody>
</table>
REPRESENTING THE INTERESTS OF MEMBERS

Objectives:

- To promote Faculty training, standards and guidance inside and outside of the UK
- To continue liaising with the CfWI and DH on issues relating to recruitment to the specialty and the planning of the future workforce
- To work with the GMC and partners to ensure that the CSRH specialty training programme remains fit for purpose

INTERNATIONAL WORKING GROUP

The group’s objectives were to:

- Promote Faculty resources such as CEU guidance and the Journal of Family Planning and Reproductive Health Care for use in developed and developing countries outside the UK
- Define a role for the FSRH in advocacy and promotion of sexual and reproductive health care worldwide through partnerships in global Sexual and Reproductive Healthcare
- Focus the Faculty’s role in specified geographical and technical assistance fields through adapting Faculty and other resources and/or developing specific training packages to meet identified need
- Explore the use of remote/web based training modules backed by direct teaching/mentoring and assessment to ensure cost effectiveness

The International Working Group, established in mid-2008, made good progress in 2011 on a number of its objectives and in November was given full committee status

In 2010 Dr Anne Connolly, Dr Karin Piegsa and Dr Simone Reuter were appointed for a three year term.

The Faculty hosted another delegation from China which was made up of managers of provincial family planning services. The visit consisted of a presentation on the features and challenges in SRH services in the UK and a profile of the work of the FSRH and exchange of views on the challenges in China and the UK.

The IWG was invited to join a project for Safe motherhood in India. The partners are the Foundation for Medical Research, Mumbai, India and NICE International. Two strategy meetings were held and implementation phase starts in the spring 2012. The Faculty’s role is to provide SRH training for the pilot in one Indian state, the training being tailored to the needs of the local population.

The most important achievement in 2011 was the development of an options appraisal paper which was discussed with the Officers and presented to Council in November 2011. The preferred option was accepted by Council. The IWG will work to implement the 2012 business plan. The highlight of the plan is to upgrade the working Group to a committee, continue the partnership with the RCOG Eurovision, and work on the India training partnership.

The IWG would like to thank Dr Alyson Elliman who represented the Officers at IWG giving our work robust support.
DEVOLVED NATIONS COMMITTEES

Northern Ireland

Sexual health provision continues to be a challenge in Northern Ireland. There has been a change in the administration of services in Northern Ireland. This has led to the amalgamation of several Trusts, leading to the establishment of 5 larger Trusts throughout the Province. It is hoped that this might give further opportunity to encourage the establishment of a Regional SRH service with a view to having consultant led services and training posts for community sexual and reproductive health.

At present there can be no Specialty Training Posts in Northern Ireland as it is the only Region without a consultant led service.

There had been an increase in IT provision in the clinics, although this is still sporadic. It should be recognised as important that this should be implemented throughout NI for effective recording of data and also so that the trainees doing revamped diploma would not be disadvantaged by having difficulties in completing the e-portfolio. Work continues on this.

The posts of deanery advisor, general training programme and chair of NI instructing doctors had historically been held by the same person. The person in these posts had now completed her tenure and it was agreed that these tasks would now be split. Two of the posts have been filled so far, but a Deanery Advisor has still to be appointed. In matters relating to the DFSRH a number of delegates had completed the theoretical e-learning component of the Diploma and successful courses of 5 have been held.

The committee continues to try to raise the profile of the speciality and to be recognised by the NI Assembly to help establish the importance of the Contraceptive part of Sexual Health in the Province and increase its place in the health agenda. The difficulties in legislation regarding abortion continue, and the DH is still trying to write guidelines that would be acceptable to all.

Wales

Three meetings were held in 2011, two of these as part of a joint BASHH / FSRH national meeting in mid-Wales. The group had first proposed two joint meetings per year in 2008 and this is the first year we have achieved it.

Committee membership is open to all senior S&RH clinicians in Wales and invitations / minutes / papers are circulated to all with plenty of e-mail discussion on specific subjects. The Committee would like to express thanks to council for the on-going financial support of our meetings.

There is very high quality national networking by committee members with national stakeholders, see work Programme for 2011/12 and minutes of meetings.

Clinical support is given through the committee by sharing of S&RH protocols (PAS & SERAF in 2011)

The Welsh Assembly government has asked the Public Health Wales to design a new integrated national data-collection system based on the SHRAG in England. The first draft of the new Data-sheet is now out for consultation.

A new Task & Finish group has been started by WAG including two committee members which addresses teenage pregnancy reduction programmes in particular. This group’s
ambitious plans are being put into practice, currently focussing on structured follow-up of teenagers after a pregnancy.

In 2011 the attendance at committee meetings was poor due to several short notice apologies. This has been addressed by the chair over the past year and may result in a reduction of overall number of meetings.

Joint working with BASHH Wales has developed further:

There was a joint scientific meeting as in the previous two years. For the first time we had a second joint (National Audit) meeting this year. However, the two organisations continue to work towards a suitable platform to present themselves jointly to the Welsh Assembly Government.

Scotland

Dr Gillian Flett completed her three year tenure as the Scottish representative to Council and Dr Maggie Gurney was nominated as the succeeding representative to Council and Chair of the Scottish Committee. The group has continued to meet twice per year in October 2011 and March 2012.

The Scottish Government’s Sexual Health and Blood Borne Virus (BBV) framework 2011-2015 has been published and the Scottish committee contributed to the formal consultation. The government is keen for BBV, STI and SRH services to work closely together but there have been challenges in adopting this approach in some boards and strategic input will be needed to achieve this.

It was raised as a matter of concern that the National IT system (NaSH) did not fulfil its proposed benefits and Scotland’s e-learning health team is addressing this through an external national review.

It was disappointing that the anticipated training posts for community sexual and reproductive health (CSRH) were not approved and the committee are to write to the Cabinet Secretary to restate the importance of these posts in succession planning. It was also noted that the GU posts had been drastically reduced.

The RCGP ICSH (Introductory certificate in sexual health) has been introduced and this was acknowledged as being very basic but as this was mandatory for GP trainees it is hoped that it will stimulate interest in the DFSRH. The committee organised a meeting in March in Stirling and NHS Lothian had been the lead Board for this.

General concern was expressed at the fact that services were increasingly coming under great financial pressure and it was particularly important for more cooperative working with primary care to be able to deliver the services outlined in the Scottish Sexual Health Strategy, Respect and Responsibility.

The CMO Chlamydia testing recommendations and the recommendations for Scottish Sexual Health Service Priorities are still being considered by the Scottish Government.
FINANCE

Objectives:

- To ensure wise and prudent use of the Faculty’s resources
- To review the major projects undertaken in 2011 and prioritise those to be undertaken in 2012/13
- To complete the introduction of computerised accounting records
- To monitor how new and future projects impact on accommodation and staffing
- To keep the investment and reserves policy under review
- To review restricted funds held

Funding for all work undertaken during the year was provided from general funds. The largest piece of work was the introduction of an arrangement (time limited) to allow experienced practitioners, who had allowed their qualification to lapse, to reactivate their membership. This required many staff hours and, because of the nature of the work, it was not possible to utilise temporary staff as originally proposed. This opportunity was accepted by a higher than expected number of doctors who also sought recognition of their skills in intrauterine techniques and sub dermal contraceptive implants.

Renewals of membership subscriptions remained strong and, together with the small rise in membership fees of 3.5%, and the income from the arrangement mentioned above, subscription and registration fees income increased by 8.6%. This is reflected in the number of new members attracted during the year increasing from 1540 to over 2140.

Attendances at the conferences, and other educational events organised, remained strong with each event being very well subscribed and Current Choices attracting 313 delegates. These events are run by the Faculty to provide education at a fair price and costs are kept under control to make them available to as many members as possible. In addition where members do have difficulty in attending events they are encouraged to apply for financial support, if appropriate, from the 4-0-8 Fund.

Interest and dividends did show a slight increase and with the long term investments, over the year, the UK Equity Fund delivered a return of -4.7% against a UK market return of -3.5%. The Bonds fund over 2011 showed a return of 11.6% against a benchmark of 10.7%. In July the fund moved from a benchmark of 100% government bonds to 50% government and 50% non-government bonds, which it is anticipated will provide a long-term yield advantage and better investment opportunities.

During the year we undertook a review of the restricted funds held on behalf of the DH and it was decided to again look at recruiting appropriately qualified post-CCT doctors to undertake a 12 month ‘top-up’ training programme in SRH. Two appointments were made and would take up post in 2012 - funds have been allocated.

At the end of 2010 we had moved our Journal to the BMJ Group and this contract commenced with the January 2011 issue. At the time of signing the contract it was recognised that the delay in the process could have handicapped the BMJ in achieving all the aims set for 2011. As such it was recognised that costs in Year 1 would be much higher than in previous years. However, as previously stated, FSRH considers this a five-year project.

Staffing was increased in 2011 to provide dedicated support the SAC committee, the CSRH trainers and trainees and to provide a point of contact for them, the GMC and the Deaneries. In addition expenditure on e-portfolio increased (there are two for CSRH and DFSRH) but the majority of these funds are met in the form of registration fees from trainees. It was also
agreed to approve a small increase to continue the work of the Clinical Effectiveness Unit. Some small adjustments were made to the website to include a members-only area and this will be further developed. For 2012 the main focus will be on discussion and implementation of the report on the Evaluation of the Diploma and Letters of Competence.

ADDITIONAL SECTIONS

A resolution to reappoint PKF (UK) LLP as auditors will be made at the Annual General Meeting.

So far as each of the Directors is aware at the time the report is approved:

- There is no relevant audit information of which the company’s auditors are unaware, and
- The Directors have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Approved by the Board of Directors and signed on its behalf:

C Jones
Secretary

29 March 2012
STATEMENT OF TRUSTEES’ RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The trustees (who are also directors of the company for the purposes of company law) are responsible for preparing the trustees’ annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year that give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the net income or expenditure, of the charity for the year. In preparing those financial statements the trustees are required to:

• Select suitable accounting policies and then apply them consistently;
• observe the methods and principles in the Charities SORP;
• make judgments and estimates that are reasonable and prudent;
• prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for keeping accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.
INDEPENDENT AUDITOR’S REPORT TO THE MEMBERS OF THE FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE

We have audited the financial statements of the Faculty of Sexual and Reproductive Healthcare for the year ended 31 December 2011 which comprise Balance sheet Statement of financial activities. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's members, as a body, in accordance with Chapter 3 of part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charity’s members those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

As explained more fully in the statement of trustees' responsibilities, the trustees (who are also directors of the company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. We have been appointed as auditor under the Companies Act 2006 and report in accordance with that Act. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board’s Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charity's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Annual report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:
• give a true and fair view of the state of the charity's affairs as at 31 December 2011 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
• have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
• have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the trustees’ annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.
INDEPENDENT AUDITOR’S REPORT TO THE MEMBERS OF THE FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE (CONTINUED)

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept in respect of the charity, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements do not accord with the accounting records; or
- certain disclosures of trustee’s remuneration specified by law are not made; or
- any information or explanation to which we are entitled has not been afforded to us.

Karen Thompson (Senior statutory auditor)
for and on behalf of PKF (UK) LLP, Statutory auditor

Farringdon Place
20 Farringdon Road
London
EC1M 3AP

2nd April 2012
STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT)

<table>
<thead>
<tr>
<th>Notes</th>
<th>Unrestricted Funds</th>
<th>Restricted Funds</th>
<th>Total Funds</th>
<th>Total Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(b)</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
</tbody>
</table>

Activities in furtherance of the charity’s objectives

Subscriptions and registration fees 1,622,612 - 1,622,612 1,361,028
Conference income 214,733 - 214,733 154,021
Journal of Family Planning 42,916 - 42,916 118,935
Examination fees 20,575 - 20,575 22,350
Sale of Logbooks and CDs 96,157 - 96,157 126,878
Department of Health Grant - 20,000 20,000 49,000
Other income 6,744 - 6,744 2,848

Activities for generating funds

Interest and dividends receivable 109,590 3,085 112,675 107,696

Total incoming resources 2,113,327 23,085 2,136,412 1,942,756

Resources expended

Cost of generating funds
Investment management costs 6,042 - 6,042 6,900

Charitable expenditure
Costs of activities in furtherance of the charity’s objectives

Conferences, meetings and other membership support services 1,274,286 5,521 1,279,807 1,279,992
Journal of Family Planning 221,500 - 221,500 181,501
Examinations 96,700 - 96,700 111,029
Awards, prizes and other expenditure 500 477 977 2,400
Governance costs 5 89,889 - 89,889 109,087

Total resources expended 1,688,917 5,998 1,694,915 1,690,909

Net incoming resources before transfers 424,410 17,087 441,497 251,847
FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE
of The Royal College of Obstetricians and Gynaecologists

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT) (cont.)

<table>
<thead>
<tr>
<th>Notes</th>
<th>Unrestricted Funds 2011</th>
<th>Restricted Funds 2011</th>
<th>Total Funds 2011</th>
<th>Total Funds 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
</tbody>
</table>

Transfers between funds

Net incoming resources before gains and losses

Unrealised (losses)/gains on disposals of investment

Net movement in funds

Fund balances

Balances brought forward at 1 January 2011

Balances carried forward at 31 December 2011

<table>
<thead>
<tr>
<th></th>
<th>£</th>
<th>£</th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4,476,131</td>
<td>469,609</td>
<td>4,945,740</td>
<td>4,603,718</td>
</tr>
<tr>
<td></td>
<td>4,854,025</td>
<td>486,696</td>
<td>5,340,721</td>
<td>4,945,740</td>
</tr>
</tbody>
</table>

Unrestricted
Restricted
Total
Funds
Funds
Funds

424,410
17,087
441,497
251,847

7
(46,516)
-
(46,516)
90,175

377,894
17,087
394,981
342,022

98

109
## FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE
of The Royal College of Obstetricians and Gynaecologists

### Fixed Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangible assets</td>
<td>6</td>
<td>9,680</td>
</tr>
<tr>
<td>Investments</td>
<td>7</td>
<td>1,003,999</td>
</tr>
<tr>
<td>Investments: Term deposits</td>
<td></td>
<td>2,849,836</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>3,863,515</td>
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</table>

### Current Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debtors</td>
<td>8</td>
<td>199,513</td>
</tr>
<tr>
<td>Bank balances and cash in hand</td>
<td></td>
<td>2,014,073</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2,213,586</td>
</tr>
</tbody>
</table>

### Creditors

- **Amounts falling due within one year**
  - Creditors and accruals
    - 2011: 332,148
    - 2010: 127,006
  - Income received in advance
    - 2011: 404,232
    - 2010: 334,448

<table>
<thead>
<tr>
<th>Description</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>736,380</td>
</tr>
</tbody>
</table>

### Net Current Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1,477,206</td>
</tr>
</tbody>
</table>

### Total Assets Less Current Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5,340,721</td>
</tr>
</tbody>
</table>

### Reserves

#### Unrestricted funds
- **General fund**
  - 2011: 4,854,025
  - 2010: 4,476,131

#### Restricted Funds
- 2011: 486,696
- 2010: 469,609

### Total Funds

<table>
<thead>
<tr>
<th>Description</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5,340,721</td>
</tr>
</tbody>
</table>

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D Mansour  
Director
1 ACCOUNTING POLICIES

(a) Accounting convention

The financial statements have been prepared under the historical cost convention on a going concern basis, as modified by the inclusion of fixed asset investments at market value, and in accordance with the accounting standards and follow the recommendations in ‘Accounting and Reporting by Charities: Statement of Recommended Practice’ issued in 2005.

(b) Income

Donations are accounted for as received. Income received from subscription and registration fees, grants for research, and other income, including that derived from conferences, the sale of logbooks and exam fees, is accounted for in the accounting period to which it relates. Amounts invoiced in excess of the amount earned during the period are recognised as income in advance.

(c) Investment income

Investment income and interest on bank deposits are accounted for on an accruals basis.

(d) Expenditure

Expenditure is recognised on an accruals basis. Staff costs are allocated between cost headings according to the function of each employee. All other costs are allocated on a specific basis. Activities in furtherance of the charity’s objects include costs relating to conferences, meetings and members support services. Governance costs include specific overhead costs relating to the governance of the charity.

(e) Research and education grant expenditure

Expenditure on research and education grants is accounted for at the time at which the relevant grant becomes a committed liability of the Faculty.

(f) Investments

Investments have been valued at mid market value at the balance sheet date. Unrealised gains and losses on revaluation are included in the Statement of Financial Activities.

(g) Depreciation

Individual fixed assets costing £1,000 or more are capitalised at cost. The cost of tangible fixed assets (office equipment) is depreciated by equal instalments over the estimated useful life of the assets, being three years.

(h) Pensions

The cost of providing pension benefits is charged to the income and expenditure account over the period benefiting from the employee service.

(i) Operating lease rentals

Expenditure in respect of operating leases is accounted for in the period to which it relates.
1 ACCOUNTING POLICIES (cont.)

(j) Funds

Restricted funds are unexpended cash balances and donations held on trust to be applied for specific purposes.

Unrestricted funds comprise the accumulated surplus or deficit from the Statement of Financial Activities which are not restricted. They are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity.

2 EMOLUMENTS OF TRUSTEES

The directors of the Faculty received no emoluments for their services during the year. Expenses reimbursed to 18 Trustees amounted to £10,959 (2010: 17 - £15,069). Professional indemnity insurance paid amounted to £2,408 (2010: £2,231) and includes trustees’ liabilities.

3 STAFF NUMBERS AND COSTS

The numbers of permanent persons employed by the company during the year ended 31 December 2011 were 11 full-time. (2010: 11 full time). No employee earned more than £60,000 per annum (2010: nil)

\[
\begin{array}{cccccc}
\text{Wages and salaries} & 311,503 & 313,311 \\
\text{Employer’s NIC} & 31,012 & 30,789 \\
\text{Pension contributions} & 21,884 & 23,367 \\
\text{Other staff costs} & 61,105 & 39,129 \\
\end{array}
\]

\[
\begin{array}{cccccc}
\text{Total} & 425,504 & 406,596 \\
\end{array}
\]

4 RESOURCES USED

\[
\begin{array}{ccccccc}
\text{Staff costs} & \text{Depreciation} & \text{Printing} & \text{Other} & \text{Total} & \text{Total} \\
\text{2011} & \text{2011} & \text{2011} & \text{2011} & \text{2011} & \text{2010} \\
\text{£} & \text{£} & \text{£} & \text{£} & \text{£} & \text{£} \\
\text{Investment management} & - & - & - & 6,042 & 6,042 & 6,900 \\
\text{Conferences, meetings} & 370,887 & 9,377 & 29,841 & 869,701 & 1,279,806 & 1,279,992 \\
\text{and other membership} & 2,694 & - & 168,682 & 50,125 & 221,501 & 181,501 \\
\text{support services} & 41,148 & - & 79,114 & 89,889 & 109,087 & 111,029 \\
\text{Journal of Family Planning} & - & - & - & 977 & 977 & 2,400 \\
\text{Examinations} & 10,775 & - & - & 79,114 & 89,889 & 1,694,915 & 1,690,909 \\
\text{Governance} & \text{425,504} & \text{9,377} & \text{198,523} & \text{1,061,511} & \text{1,694,915} & \text{1,690,909} \\
\end{array}
\]
5 GOVERNANCE

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council and committee expenses</td>
<td>78,406</td>
<td>96,107</td>
</tr>
<tr>
<td>Audit fee</td>
<td>10,400</td>
<td>10,093</td>
</tr>
<tr>
<td>Legal fees</td>
<td>1,083</td>
<td>2,887</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>89,889</strong></td>
<td><strong>109,087</strong></td>
</tr>
</tbody>
</table>

6 TANGIBLE FIXED ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Office</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>At 1 January 2011</td>
<td>118,412</td>
<td>4,108</td>
</tr>
<tr>
<td>Additions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 31 December 2011</td>
<td>122,520</td>
<td></td>
</tr>
</tbody>
</table>

| Depreciation                   | £      | £         |
| At 1 January 2011              | 103,463 | 9,377    |
| Charge for the year            |         |           |
| At 31 December 2011            | 112,840 |           |

| Net book value                 | £      | £         |
| At 31 December 2011            | 9,680 |           |
| At 1 January 2011              | 14,949 |           |

7 FIXED ASSETS - INVESTMENTS

<table>
<thead>
<tr>
<th>Investment Portfolio</th>
<th>National Savings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market value at 1 January 2011</td>
<td>1,050,515</td>
<td>500</td>
</tr>
<tr>
<td>Unrealised (loss)</td>
<td>(46,516)</td>
<td>-</td>
</tr>
<tr>
<td>Market value at 31 December 2011</td>
<td>1,003,999</td>
<td>500</td>
</tr>
<tr>
<td>Cost at 31 December 2011</td>
<td>1,000,061</td>
<td>500</td>
</tr>
<tr>
<td>Cost at 1 January 2011</td>
<td>1,000,061</td>
<td>500</td>
</tr>
</tbody>
</table>

The investment portfolio held with JP Morgan comprises listed investments, unit trusts and deposits.
## NOTES TO THE ACCOUNTS
### YEAR ENDED 31ST DECEMBER 2011

### 8 DEBTORS AND PREPAYMENTS

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued income</td>
<td>130,720</td>
<td>73,483</td>
</tr>
<tr>
<td>Prepayments</td>
<td>66,099</td>
<td>52,446</td>
</tr>
<tr>
<td>Other debtors</td>
<td>2,694</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>199,513</strong></td>
<td><strong>125,929</strong></td>
</tr>
</tbody>
</table>

### 9 CREDITORS AND ACCRUALS

**Amounts falling due within one year:**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creditors</td>
<td>318,648</td>
<td>111,595</td>
</tr>
<tr>
<td>Accruals</td>
<td>13,500</td>
<td>13,500</td>
</tr>
<tr>
<td>VAT</td>
<td>-</td>
<td>1,911</td>
</tr>
<tr>
<td></td>
<td><strong>332,148</strong></td>
<td><strong>127,006</strong></td>
</tr>
</tbody>
</table>

### 10 TAXATION

The company is a registered charity and therefore is not liable to Corporation Tax and Capital Gains Tax by virtue of various exemptions available to registered charities.
NOTES TO THE ACCOUNTS
YEAR ENDED 31ST DECEMBER 2011

11 MOVEMENTS OF FUNDS

<table>
<thead>
<tr>
<th>Restricted Funds</th>
<th>Balance b/f £</th>
<th>Incoming resources £</th>
<th>Transfer £</th>
<th>Resources expended £</th>
<th>Investment gains/losses £</th>
<th>Balance c/f £</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Consensus Fund</td>
<td>34</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>34</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td>18,237</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>18,237</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td>291,969</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>291,969</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td>27,837</td>
<td>20,000</td>
<td>-</td>
<td>(2,521)</td>
<td>-</td>
<td>45,316</td>
</tr>
<tr>
<td>Dept of Health Grant Fund (UKMEC)</td>
<td>1,866</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,866</td>
</tr>
<tr>
<td>David Bromham Memorial Fund</td>
<td>12,717</td>
<td>-</td>
<td>-</td>
<td>(477)</td>
<td>-</td>
<td>12,240</td>
</tr>
<tr>
<td>Four-O-Eight Sheffield Fund</td>
<td>116,949</td>
<td>3,085</td>
<td>-</td>
<td>(3,000)</td>
<td>-</td>
<td>117,034</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unrestricted funds</th>
<th>Balance b/f £</th>
<th>Incoming resources £</th>
<th>Transfer £</th>
<th>Resources expended £</th>
<th>Investment gains/losses £</th>
<th>Balance c/f £</th>
</tr>
</thead>
<tbody>
<tr>
<td>469,609</td>
<td>23,085</td>
<td>-</td>
<td>(5,998)</td>
<td>-</td>
<td>486,696</td>
<td></td>
</tr>
<tr>
<td>4,476,131</td>
<td>2,113,327</td>
<td>-</td>
<td>(1,688,917)</td>
<td>(46,516)</td>
<td>4,854,025</td>
<td></td>
</tr>
</tbody>
</table>

4,945,740 | 2,136,412 | - | (1,694,915) | (46,516) | 5,340,721 |

The HIV Consensus fund consists of money donated for the publication of the outcomes of the HIV Consensus Conference.

The David Bromham Memorial fund is for a prize acknowledging a significant contribution in the field of Family Planning, in particular in the fields of clinical practice, education and ethics.

The Four-O-Eight Sheffield Fund was established in 2001, following a large donation from an organisation with similar objects for the purpose of providing fellowships and bursaries to doctors and others who may be unable to take part in education and training courses without some financial help. The interest, and an amount not exceeding 5% of the capital per annum can be used, to fund the core activities of the Faculty.

Funds received in 2008 to develop national recommended training standards for non-medical health care professionals (£18,237) are still held pending a decision by the Department of Health on how to progress the work.

The fund balance of £291,969 received from the Department of Health is to be used, working through PCTs and Regions, to address the workforce deficit by increasing numbers of subspecialty trainees in SRH.

The fund balance of £45,316 received from the Department of Health is for e-learning for Health (eLfH) work carried out to change the Faculty's Diploma to an e-learning product which will then be made available to NHS staff. This funding is to pay expenses for Content authors, Module Editors and Clinical Leads.
NOTES TO THE ACCOUNTS
YEAR ENDED 31ST DECEMBER 2011

12 ANALYSIS OF NET ASSETS BY FUNDS

<table>
<thead>
<tr>
<th>Funds</th>
<th>Tangible fixed assets</th>
<th>Investments</th>
<th>Net current assets</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Consensus Fund</td>
<td></td>
<td></td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td></td>
<td></td>
<td>18,237</td>
<td>18,237</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td></td>
<td></td>
<td>291,969</td>
<td>291,969</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td></td>
<td></td>
<td>45,316</td>
<td>45,316</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td></td>
<td></td>
<td>1,866</td>
<td>1,866</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(UKMEC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>David Bromham Memorial Fund</td>
<td></td>
<td>12,240</td>
<td></td>
<td>12,240</td>
</tr>
<tr>
<td>Four-O-Eight Sheffield Fund</td>
<td></td>
<td></td>
<td>117,034</td>
<td>117,034</td>
</tr>
<tr>
<td>Total Restricted funds</td>
<td>-</td>
<td>12,240</td>
<td>474,456</td>
<td>486,696</td>
</tr>
<tr>
<td>General funds</td>
<td>9,680</td>
<td>3,841,595</td>
<td>1,002,750</td>
<td>4,854,025</td>
</tr>
<tr>
<td>At 31 December 2011</td>
<td>9,680</td>
<td>3,853,835</td>
<td>1,477,206</td>
<td>5,340,721</td>
</tr>
</tbody>
</table>

13 OPERATING LEASE COMMITMENTS

At 31 December 2011 the company had annual commitments under operating leases which expire:

<table>
<thead>
<tr>
<th></th>
<th>2011 £</th>
<th>Other £</th>
<th>2010 £</th>
<th>Other £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Properties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within one year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In second to fifth years inclusive</td>
<td>-</td>
<td>3,316</td>
<td>-</td>
<td>3,316</td>
</tr>
<tr>
<td>In more than 5 years</td>
<td>67,800</td>
<td>-</td>
<td>67,800</td>
<td>-</td>
</tr>
</tbody>
</table>

14 FUNDS RECEIVED IN ADVANCE

<table>
<thead>
<tr>
<th>Component</th>
<th>Amount (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 January 2011</td>
<td>334,448</td>
</tr>
<tr>
<td>Amount released to incoming resources</td>
<td>(334,448)</td>
</tr>
<tr>
<td>Amount deferred in the year</td>
<td>404,232</td>
</tr>
<tr>
<td>Balance at 31 December 2011</td>
<td>404,232</td>
</tr>
</tbody>
</table>
15 STATUS OF COMPANY

The company is limited by the guarantee of its members, the guarantee of each member being restricted to £1. The company is a registered charity, registration number 1019969.

16 PENSION COSTS

The Royal College of Obstetricians and Gynaecologists operates a pension scheme which provides defined benefits based on final pay in which the Faculty participates. The assets of the scheme are held separately from those of the College and are invested in exempt investment funds. Due to the increasing cost of employers’ contributions the scheme was closed to new entrants during 2005.

The defined benefit pension scheme is a multi-employer scheme as defined in Financial Reporting Standard number 17 (FRS 17) “Retirement Benefits” and under the provision of FRS 17 relating to multi-employer schemes the Faculty accounts for contributions paid to the scheme as though it were a defined contribution scheme. In addition, the College has agreed that it is responsible for any deficit in relation to the scheme.

The College participates in a defined benefit pension scheme in the UK. The disclosures set out are based on calculations carried out as at 31 December 2011 by a qualified independent actuary.

The Scheme’s assets are held in a separate trustee-administered fund to meet long-term pension liabilities to past and present employees. The trustees of the scheme are required to act in the best interest of the scheme’s beneficiaries. The appointment of members of the trustee board is determined by the trust documentation.

The liabilities set out in this note have been calculated based on the preliminary actuarial valuation at 1 April 2010, updated to 31 December 2011.

As at 31 December 2011, contributions are payable to the scheme by the College at the rates set out in the schedule of contributions dated 30 June 2011. The college contributions expected to be made in the year commencing 1 January are approximately £330,000.

In October 2004 the College opened a defined contribution scheme, which is open to all Faculty staff. The cost to the Faculty of providing pensions for the year was £21,884 (2010 - £23,367).
### FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE  
of The Royal College of Obstetricians and Gynaecologists

**SUMMARY OF INCOME & EXPENDITURE**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2011</th>
<th>2010</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unrestricted income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriptions and registration fees</td>
<td>1,643,187</td>
<td>1,383,378</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference income</td>
<td>214,733</td>
<td>154,021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journal of Family Planning</td>
<td>42,916</td>
<td>118,935</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and dividends receivable</td>
<td>109,590</td>
<td>105,011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income receivable</td>
<td>102,901</td>
<td>129,726</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,113,327</td>
<td>1,891,071</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restricted income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Health Grants</td>
<td>20,000</td>
<td>49,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td>3,085</td>
<td>2,685</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>213,412</td>
<td>1,942,756</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unrestricted expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examinations, meetings and other membership support services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff costs</td>
<td>425,504</td>
<td>406,596</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Council and committee expenses</td>
<td>78,406</td>
<td>96,107</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam committee expenses</td>
<td>55,552</td>
<td>71,734</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher specialist training expenses</td>
<td>24,856</td>
<td>9,746</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference fees and expenses</td>
<td>165,261</td>
<td>144,026</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual general meeting expenses</td>
<td>34,470</td>
<td>14,064</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other meeting expenses</td>
<td>19,178</td>
<td>57,046</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fellowship ceremonies</td>
<td>115</td>
<td>1,689</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD ROM expenditure / E-Learning/E-Portfolio</td>
<td>98,307</td>
<td>24,012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing</td>
<td>29,841</td>
<td>16,223</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent, rates and service charges</td>
<td>69,524</td>
<td>67,800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment maintenance</td>
<td>60</td>
<td>7,391</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>9,377</td>
<td>11,475</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photocopying</td>
<td>5,259</td>
<td>5,708</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postage and dispatch</td>
<td>30,323</td>
<td>50,369</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>3,536</td>
<td>4,269</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>9,394</td>
<td>10,237</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stationery &amp; software</td>
<td>33,561</td>
<td>33,015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit fee</td>
<td>10,400</td>
<td>10,093</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional fees</td>
<td>49,549</td>
<td>60,753</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotion of Faculty</td>
<td>68,000</td>
<td>84,691</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal fees</td>
<td>1,082</td>
<td>2,887</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portfolio manager's fees</td>
<td>6,042</td>
<td>6,900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Officers’ travel expenses</td>
<td>2,552</td>
<td>2,527</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sundry expenses</td>
<td>7,092</td>
<td>4,553</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working parties - Clinical standards</td>
<td>10,975</td>
<td>1,253</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Website</td>
<td>12,907</td>
<td>10,895</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Nurses meeting</td>
<td>3,272</td>
<td>2,757</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Effectiveness Committee</td>
<td>202,521</td>
<td>174,489</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,466,916</td>
<td>1,393,305</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td>2011</td>
<td>2010</td>
<td>2010</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Journal of Family Planning</td>
<td>221,501</td>
<td>153,271</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prizes and awards</td>
<td>500</td>
<td>2,400</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restricted expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D M Memorial Fund</td>
<td>477</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Health Grant</td>
<td>2,521</td>
<td>139,278</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four-0-Eight fund</td>
<td>3,000</td>
<td>2,655</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,998</td>
<td></td>
<td>141,933</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net surplus</strong></td>
<td>1,694,915</td>
<td>1,690,909</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>441,497</td>
<td>251,847</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Report and Accounts 2011

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Fax: 020 7723 5333
Website: www.fsrh.org

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