PRESIDENT'S STATEMENT

Collaboration was the key word in 2012 and it has been more important than ever to liaise with those working in other disciplines and to that end I have had regular meetings with government ministers, the department of health team, RCOG, RCGP, FPHM, BASHH and those working in local government.

We have contributed to the RCOG’s report *Tomorrow’s Specialist* and are working in collaboration on some aspects of commissioning services and abortion care. On the issue of commissioning sexual health services in England we have worked jointly with Janet Wilson, President of BASHH, and have managed to influence the transition. This has focussed on ensuring choice, maintenance of open access services, irrespective of age or place of residence and importantly the benefit of using tariffs as a funding mechanism for SRH services. The FSRH has worked with Munro and Forster (Public Relations) for a number of years and they have provided invaluable assistance organising many key meetings in 2012 and providing briefings and following up where necessary.

The Faculty’s specialty training programme, called Community Sexual & Reproductive Healthcare (cSRH) is designed to train specialists in women’s health, working predominantly in community services. Additional training numbers were agreed in England, Scotland and Wales, and we are working with colleagues and the administration in Northern Ireland to support the development of SRH in Northern Ireland. Underpinning the development of the specialty is the work of the Specialty Advisory Committee and the Examinations Committee.

The review of diploma and letter of competence training that reported in early 2012 has formed the basis for the Quality Training (QT) in SRH project which started work in November 2012 and aims to deliver its changes to these qualifications late in 2013. This should see streamlining of training pathways and added flexibility for learners to focus on specific areas at any one time. Key partners in this work are the RCGP and BASHH. The review has also been tasked to explore implementation of a national qualification for nurses.

With so much going on I am mindful to mention other key areas of FSRH work that continue to deliver to a high level, these include the Clinical Effectiveness Committee and Unit, the Clinical Standards Committee, and the Journal of Family Planning & Reproductive Health Care; the latter has seen its impact factor increase yet again.

The FSRH has achieved much in its first 20 years and now has a firm foundation and reputation on which to build for the next 20 years. With training and lay representation in the work of council being reviewed, a proposal to conduct a Strategic Review, ‘2020 Vision’, was agreed by Council to look at the role of the specialty of cSRH, corporate governance, FSRH work in devolved nations and our international presence. The review will be published mid - 2013.

Dr Chris Wilkinson
President
Faculty Committee Structure (2011)

Key:
CEC = Clinical Effectiveness Committee
IAC = International Affairs Committee
SAC = Specialist Advisory Committee
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 Affairs  Secretary          Jacqui 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
Accounts                                      CAS Chartered Accountants

REPORT OF COUNCIL

The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists, is a company limited by guarantee (Company number 02804213), and registered charity (Registered number 1019969) whose main function is to provide public benefit by advancing medical knowledge in contraception 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 of contraception and reproductive healthcare. The trustees have given due regard to the guidance issued by the Charity Commission 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 2012 were to:

• Complete the review by Professor Peile on the DFSRH and letter of competence training programme
• If accepted, to appoint a project working group to implement the relevant recommendations from the ‘Peile’ review. This would include a Project Working Group and a Stakeholder Group
• Continue to work with the RCOG, RCGP, BASHH, Faculty of Public Health and nursing organisations to ensure the DFSRH meets the needs of doctors working in this and related fields
• Implement the pilot study for post graduate teaching qualification (PGA Med Ed (SRH) with Keele University to replace the Letter of Competence in Medical Education (LoC MEd)
• Continue to work through the AORMC on revalidation requirements for FSRH members
• Process equivalence applications as they were submitted to GMC timelines
• Ensure that specialty trainees were progressing through their training programme satisfactorily by organising the first Annual Review of Competence Progression (ARCP) and subsequent reviews
• Continue with the review of the website
• Liaise with NICE to obtain recognition for the Faculty’s published clinical standards, specifically to develop a quality standard (QS) on contraception
• Continue membership of the APPG to help inform policy makers and increase the profile of SRH
• Work with the Department of Health (DH) on the transition arrangements for sexual health services to be delivered by local authorities and communicate with regional Public Health Directors on service delivery issues
• To begin a strategic review of the Faculty focussing on the role of the new specialty, governance of the organisation, ensuring that the devolved nations were well represented and to increase the FSRH’s international profile
• Continue working with workforce groups across the UK to address the needs of the specialty and to ensure that specialty training numbers meet future workforce requirements

The President continued to invite presentations on specific topics to be presented prior to Council proceedings. These included a survey led by Dr Anne Connolly into the benefits GPs felt they should secure from the FSRH. Ms Linda Pepper, the consumer representative, made an excellent presentation at the May meeting on FSRH User Involvement which was particularly relevant to ensure that the FSRH upheld their charitable responsibilities to the public. Revalidation was the topic covered at the July meeting, this being a process which would have an impact on all doctors licensed to practice in the UK, and the Director of the Clinical Effectiveness Unit presented an overview on the work of the unit paying particular attention to media enquiries. There were presentations on the two major FSRH projects, that of ‘Quality Training’ by Claire Tyler from MEDFASH, who gave a comprehensive explanation of the work and time table to which the group was working and finally Dr Alison Bigrigg who updated Council on the work completed, to date, on the Strategic Plan (2020 Vision).

Dr Diana Mansour’s appointment as Honorary Treasurer was ratified at the February meeting as were the terms of reference for the International Affairs Committee (formerly International Working Group).

Increase of membership subscriptions were approved for 2013 with the’ Diplomate’ rate remaining unchanged.

The independent evaluation of the Diploma (DFSRH) and Letter of Competence programmes was discussed extensively at the March meeting with three main areas highlighted, that of how the structure worked, how the Faculty supports its applicants, and what the interactions were with external organisations. Agreement was reached that the FSRH should look to appoint external consultants to assess the recommendations of the evaluation, bring together and manage a working group to make recommendations on how to progress, and draw up a time table to implement these. A major recommendation was to explore the introduction of a formal nursing qualification. MedFASH was appointed to lead this work, in view of their strong history of working with a number of relevant stakeholder groups. This project, which is known as, ‘Quality Training’ will continue into 2013. Following advertisement, Council also approved the appointment of Dr Jenny Heathcote as the Medical Advisor to the Working Group.

The RCGP and FSRH Councils were asked to approve a working paper which would form the basis for a future working relationship between the two organisations for joint working. This was approved at February Council and was the first formal agreement between the two organisations.

The spirit of working together with other organisations was also illustrated in the proposal to establish a Joint FSRH/BASHH data group. It is understood that both Scotland and Wales have their own data groups. Council approved this expenditure which would involve up to five members with appropriate experience attending four meetings annually.

The British Menopause Society had restructured itself and Dr Marian Everett, the FSRH guardian for the joint menopause SSM, had been invited to join an educational sub-committee to explore future development of the programme.

The first pilot course of the PGA (SRH) Med Ed was organised in May with a further course in September, both were held at the University of Keele, and it was agreed that this
qualification would be jointly badged. The qualification will eventually replace the letter of Competence in Medical Education but for a time the qualifications would run in tandem.

The specialty, cSRH, reviewed the first in-take of specialty trainees’ progress at an assessment day (ARCP) organised on behalf of the East of England Deanery. During the year Council was pleased to be advised that additional training numbers were approved in England, Scotland and Wales. FSRH Council also approved the appointment of Dr Zara Haider to work with Michael Yates, the Education Project Officer, to undertake a review of the SRH curriculum and to prepare a submission of amendments to the GMC for approval.

There were two applications for equivalence during the year the first of which was approved on the second submission and the second application also required the applicant to provide additional evidence; this was expected to be completed early 2013.

There was one nomination for Honorary Fellowship and Council approved Mr John Eddy for his invaluable and continued contribution in establishing the equivalence process.

The RCOG invited the FSRH to join its Revalidation Committee and Dr Trewinnard represented the FSRH. There is guidance provided by the GMC and the NHS Revalidation Support team (RST) and this is available to all members through links on the website. The FSRH contributed to a joint publication with the RCOG detailing specialty specific guidance and would be sharing a help line, funded by the GMC, with the College where all advice dispensed would be generic.

Council was asked to consider a proposal for a major piece of work, that of conducting a Strategic Review of the FSRH, specifically looking at the role of the specialty in the future NHS, governance through the structure of the administration and of both the officer group and Council, the development of global initiatives, and lastly ensuring good representation of the devolved nations. Training, for both the specialty and general qualifications are being looked at separately as is the subject of consumer representation. This review will provide a reference framework for Council when deciding where future resources should be invested. The proposal was approved at September Council and Dr Alison Bigrigg appointed to lead this review.

It was agreed to hold a Quality Standard meeting with the remit of developing a quality standard in contraception, and this was held in September. A number of stakeholder groups were invited including the fpa, Brook, DH, BASHH, RCOG, nurse specialists and representation from general practice. A draft mapped area of care was presented and the intended outcome of the meeting was to develop a standard outlining what a patient should expect from a service contact and to produce evidence and measurements to support the standard. This work would continue into 2013.

Dr Jim McVicker, Dr Louise Massey, Dr Maureen Howie, and Miss Melanie Davies were thanked for their contribution to Council over the past three years and Dr Janet Barter and Dr Jenny Heathcote were elected as member representatives. Dr Olga Elder was invited to represent Northern Ireland, Dr Kirti Jain to represent Wales with Dr Praveen Jayadeva to represent the interests of cSRH trainees.
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.

Not awarded in 2012.

The Margaret Jackson Essay Prize – awarded to undergraduates for 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 John J Reynolds Wright for ‘The Moral and Philosophical Importance of Abortion’

The second prize was awarded to Kier Pickard for ‘Stemming the Tide of Sexually Transmitted Infection of Older People: with Age Comes Responsibility’

The third prize was awarded to Anna Mattinson for ‘There is no “I” in Team’

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.

Mrs Nikki Noble was awarded £450.00 to attend FIAPC Conference on the subject of Unwanted Pregnancy a fact of life (October 2012).

Francesca Latham was awarded £412.95 to attend a FIAPC Conference on the subject of Unwanted Pregnancy a fact of life (October 2012).

Dr Elaine Monaghan was awarded £299 to attend the FSRH annual scientific meeting (April 2012).

Dr Richard Ma awarded £395 to attend the BASHH / ASTDA spring meeting (June 2012).

Dr Cochrane was awarded £295 to attend the attending conference “Pills in practice: is abortion and contraception policy meeting women’s needs?” (May 2012).

Dr Janine Simpson was awarded £314 to attend the FSRH annual scientific meeting (April 2012).
<table>
<thead>
<tr>
<th>Country</th>
<th>Hon Fellows</th>
<th>Fellows</th>
<th>Members</th>
<th>Diplomats</th>
<th>Associates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>53</td>
<td>0</td>
</tr>
<tr>
<td>Bahamas</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Bahrain</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Belgium</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Botswana</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Canada</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Cayman Islands</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Chile</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>China</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Cyprus</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Egypt</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Falkland Islands</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>France</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Germany</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Greece</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>HM Forces</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>India</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Ireland</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>34</td>
<td>0</td>
</tr>
<tr>
<td>Jamaica</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Kenya</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kuwait</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Country</td>
<td>Hon Fellows</td>
<td>Fellows</td>
<td>Members</td>
<td>Diplomats</td>
<td>Associates</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
<td>---------</td>
<td>---------</td>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td>Malaysia</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Malta</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mauritius</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Myanmar</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Netherlands</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>New Zealand</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Norway</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Pakistan</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Poland</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Qatar</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Singapore</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>South Africa</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Spain</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Sudan</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sweden</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Switzerland</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>USA</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
<td><strong>21</strong></td>
<td><strong>8</strong></td>
<td><strong>223</strong></td>
<td><strong>1</strong></td>
</tr>
</tbody>
</table>
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, eg. NHS Executive, General Medical Council
- Liaise with other colleges and faculties to work towards standardisation of practice
- Liaise with the appropriate regulatory and professional organisations on performance procedures and other related matters
- Respond to national consultations and documents on behalf of the FSRH when appropriate
- Ensure that the committee’s website entry is up to date.

Documents completed and published or in final stages:

- Service Standards on Confidentiality
- Service Standards on Resuscitation – co-badged with Resuscitation Council
- Service Standards on Workload

Supporting the CEU in developing guidance including auditable outcomes:

- Barrier Contraception
- Progestogen-only implant
- Management of vaginal discharge in non-GUM settings
- Contraception in women with cardiac disease

Development of Quality Standards for NICE accreditation

Other work undertaken:

- Response to DOH consultation: Proposed Changes to Regulations to Care Quality Commission Registration
- Response to GMC consultation: Review of Good Medical Practice
- Response to BSSVD consultation: Standards of care for women with a vulval condition
- Response to BASHH CEG Consultation on Sexual History Taking
- Response to BHIVA online consultation on Standards of care for people living with HIV in 2012
- Ad hoc papers as requested eg ‘Clinically invasive procedures in SRH'
- Responses to several queries directed to the committee
WORKFORCE COMMITTEE

The objectives of the committee were to:

- Publish the key data from the 2011 workforce census on the website
- Collect data for the 2012 census
- Continue to update the list of SRH consultants

The data from 2011 was reviewed and is available on the faculty website at http://www.fsrh.org/pages/Workforce.asp

The questionnaire for the 2012 census was sent to all heads of service in May 2012. The census questionnaire underwent some changes in 2011, and the committee decided to make no further changes for the 2012 census.

The consultant list was updated and reformatted.

It is important to have as complete a census return rates as possible so that comparisons can be made from year to year and meaningful conclusions made. The committee thanks all those who completed forms and submitted data.

Dr Tonye Wokoma and Mrs Fiona Dickson joined the committee and Dr Amanda Britton remains the ex officio representative.

To reduce time away from the workplace two of the committee meetings were held as teleconferences.

TRAINING

SPECIALTY ADVISORY COMMITTEE (SAC)

The objectives of the committee were to:

- Be responsible for the overall structure of the Community and Sexual and Reproductive Health training programme
- Oversee the progress of trainees through the specialty training programme
- Approve applications for the award of the Certificate of Completion of Training (CCT)
- Roll out curriculum revisions to the trainees ensuring appropriate mechanisms are in place for transitional arrangements.
- Oversee the Quality Management of the Training Programme

The SAC promotes the training of CSRH trainees towards their award of a CCT and entry on to the specialist register. The SAC has representation from all parts of the UK in order to improve the training experience of the CSRH trainees. There is also trainee and related specialities representation, such as GUM and Obstetrics and Gynaecology as well as public health. The programme is intended that when trainees complete their training they become professional, appropriately well-trained consultants as they enter the work-place and can serve the health needs of patients and the wider public. The SAC also has a consumer representative.

The SAC liaises closely with the examinations and curriculum committees to run the assessment systems of the speciality and where necessary make appropriate changes to the curriculum. If changes need to be made to address the changing needs in healthcare, these will be presented and discussed at the SAC.
In 2012 a panel was formed from members of the SAC for the first Annual Review of Competence Progression (ARCP) at which all the trainees in the speciality were initially assessed. SAC is responsible for putting in place a programme to manage the ARCPs. This allows any issues which are raised at the ARCPs to be referred directly to the SAC for action.

Progress was made with the inception of an ARCP matrix and improvements made on the e-portfolio. During the year the SAC looked at improving access to training in hard to reach areas of the curriculum and some of these issues were addressed through the first annual trainees meeting.

The committee had substantial input into the process of recruiting more trainees to the CSRH programme. During 2012 two new trainees were recruited to Wales bringing the total in the programme to 19. It is anticipated that in 2013 there will be two new trainee posts in London, three more in the rest of England, and three additional posts in Scotland.

A submission was made to the GMC to make substantive amendments to the curriculum to reflect innovations in medicine and the changing needs of patients. These were approved and the committee was commended on its submission. As a result of those changes new assessments were added into the curriculum and in 2013 it is planned to pilot another ‘Work Place Based Assessment’.

The SAC negotiated CSRH trainee’s access to the RCOG’s on line resource, StratOG.

The committee sent a questionnaire to all trainees to address quality training needs and promote examples of good practice. During the year the SAC also organised with the Trainees Network the first annual trainees meeting.

The committee also oversees Career Grade and Special Skills training. During 2012 the following SSM certificates were awarded:

- 9 for the Menopause Basic module
- 5 for the Menopause Advanced module
- 6 for the Abortion module
- 6 for the Ultrasound module
- 12 for the Vasectomy module

In addition 2 doctors completed the Career Grade Training programme.

**SRH TRAINEES NETWORK**

*The objectives of the committee were to:*

- Become a forum for discussion on issues relevant to training in SRH
- Become a channel for communication between current and potential trainees and the relevant FSRH committees
- Organise two to three training days a year for members aimed at covering those hard to reach areas of the SRH syllabus.

*Achievements:*

- Developed links with RCOG Trainee’s Committee and Doctors in Training (GUM) BASHH Group
- Trainee representation on council and other committees
- CSRH Google forum set up to discuss training issues among the trainees
• Educational afternoon session for trainees in Edinburgh in April before the Annual Scientific Meeting

• Providing trainee representation for the Faculty at the RCOG Careers Fair and providing career advice for potential trainees.

• Organised a training day for the network members at the RCOG which was well evaluated.

EQUIVALENCE COMMITTEE

The objectives of the committee were to:

• Maintain numbers of assessors in readiness for CESR applications
• Organise monthly meeting in preparation for applications
• Respond to the GMC within the statutory timelines

The process for application for CESR is highly complex and although the committee understands there are a number of doctors within the specialty working towards applications only two were submitted to the GMC. The first was actually submitted at the end of 2011 and received final approval in February 2012 the second is still within the process. Committee evaluations for both applications were submitted within the statutory time frames.

Mr John Eddy, chair of the committee, was awarded an Honorary Fellowship for his contribution and continuing contribution to the work of this group.

GENERAL TRAINING COMMITTEE

The objectives of the committee were to:

• Liaise with MEDFASH, who have been contracted to conduct a ‘Quality Training Project in SRH’. This project requires examining the recommendations from the previous year’s ‘Peile’ report on the evaluation of the DFSRH
• Maintain the standards for the Diploma and Letters of Competence awarded by the Faculty
• Maintain the standards for recertification of these qualifications
• Deliver a conference for the General Training Programme Directors (GTPD)
• Continue to develop the requirements for revalidation from a FSRH perspective
• Prepare the Faculty’s CPD programme for revalidation
• Oversee a sub group tasked to look at the development of the FSRH website
• Continue to work together and establish good relations with other organisations
• Develop a new teaching qualification, the PGA Med Ed (SRH)

The DFSRH training programme had been evaluated by Professor Peile (‘Peile’ report) and published early in the year. It was agreed to appoint the Medical Foundation for AIDS and Sexual Health (MEDFASH) to undertake a review of the ‘Peile’ recommendations. This project would be known as ‘Quality Training in SRH’ and would look at developing new pathways of education in SRH including a re-development of the DFSRH. The work started in 2012 but will not be complete until 2013. The project seeks to enable more clinicians access to FSRH standard training which will improve service delivery across the UK. A Project Working Group was appointed and a Stakeholder Group which included representation from consumers.
The committee arranged another successful national conference for the training programme directors and co-hosted the annual deanery advisors conference in 2012. These events both received positive feedback. The GTPD conference had a two-fold aim, that of networking and sharing of good practice and a training component in medical education theory and practice to support the delivery of the DFSRH and LoC training programmes.

Dr Karen Trewinnard led the work on revalidation for the FSRH with a remit to ensure that it is ready to advise and support, both those wishing to revalidate in the new speciality of community sexual and reproductive health (cSRH) and those whose scope of work includes SRH. This work continues in conjunction with the RCOG revalidation and CPD committee with input also from the clinical standards committee. A joint RCOG/FSRH helpline has been set up initially funded by the DH. During the year seven doctors, including an officer, from the FSRH and the company secretary attended a training day to become specific FSRH advisers who would be able to respond to queries from members. The details for revalidation have been posted on the FSRH website.

The committee appointed a sub group to follow up the ‘Peile’ report recommendation that the website should be reviewed. This work is being led by Dr Evelyn Kerr. Feedback was sought from website users to inform its redevelopment in 2013. The FSRH website is primarily for SRH clinicians but the group were asked that it be presented in such a way that it would be ‘user friendly’ for consumers.

The FSRH continued to work with colleagues from both the RCGP and BASHH and both these organisations are represented on the project working group of the ‘Quality Training in SRH’ initiative.

A number of meetings were held with the RCGP to discuss joint working which led to a joint statement being published in the autumn and the committee would like to acknowledge the contribution by both Dr Amanda Britton and Dr Anne Connolly to achieve this. There is representation from both the RCGP and BASHH on the committee and reciprocally the chair of GTC has been invited onto the STIF Steering Group.

The role of the nurse has been widely recognised in the delivery of SRH services and an additional nurse representative was invited on to the committee. There is also nurse representation on the Quality Training Project committee in recognition of the importance to increase training opportunities within FSRH programmes for nurses.

It is acknowledged that good medical care of patients relies on good training of the clinicians who deliver that care. A new training programme for SRH trainers, closely aligned to the academy of Medical Educators Professional Standards framework, was developed with Keele University to supersede the LoC MedEd. This was launched and the first pilot course held at Keele University in May, followed by a further course in September, the latter being led purely by FSRH tutors. In total 55 delegates attended and the delegates were from a variety of backgrounds, including, existing LoC MedEd holders, GPs, consultants and associate specialist grades in SRH, GUM, O&G, and SRH nurses. The feedback from the courses has been excellent and those who attended the May course have now submitted essays, as part of the practical component of the PGA. The FSRH funded a number of places with priority being given to those who had organised previous LoC MedEd theory courses. Dr Liz Nyholm led this work and has now been tasked to look at how medical teachers in the FSRH can be supported in their work, through the development of a programme of recertification and CPD, in order to enable Faculty Registered Trainers (FRTs) to demonstrate their competence as medical educators as part of the appraisal and revalidation process. LoC MedEd holders continue to be recognised as FRTs as will those who are already on the Loc MedEd training programme.
ASSOCIATE MEMBER’S WORKING GROUP (AMWG)

The AMWG was dissolved in September and its functions are to be assimilated into other FSRH committees. It was also agreed that an Associate member be elected to Council. A ballot was held with the result to be announced in January 2012. This is a non-voting role but will allow the associate member’s a voice on Council through their elected representative.

The main remit for this working group had been that of developing a nationally recognised training programme in SRH for nurses which would include training in the provision of long acting contraceptives (LARCs). This will be finally achieved when the ‘Quality Training’* review is completed as it is tasked to recommend a training pathway for nurses which will include LARC training. A nationally recognized training programme for nurses was the raison d’être of the group and represents a major achievement.

The General Training Committee held its first post graduate medical education course (PGA) at Keele University and two AMWG nurse members attended. This was well evaluated. The AMWG welcomed the introduction of this new course which is open to both nurses and doctors and will enable them to achieve a university endorsed training qualification.

Nurses are continuing to be trained as FSRH registered nurse trainers to help with the training of doctors for the LoC in sub-dermal implants. Nineteen nurses have now achieved trainer status. Work has been completed on a revalidation process for associate members. This will mirror the medical education revalidation of FSRH instructing doctors. The General Training Committee will take responsibility for these issues and an additional associate member has been invited on to this committee.

There has been on-going correspondence with the workforce committee regarding collection of data on the number, grading and role of nurses in SRH settings.

There will remain an associate member’s area on the FSRH website where the interests of non-medical members, mainly nurses, will be represented. It will also detail the benefits of associate membership and include articles which have been written or contributes to by the AMWG.

The group had representation from all the devolved nations which ensured knowledge of the different regulations in different countries. This role will become the responsibility of the elected Council representative.

The group continued to work closely with the Royal College of Nursing and advised on the publication of a revised version of the document on pelvic examination. The AMWG also contributed to a further document entitled ‘Genital examination in women: a resource for skills development and assessment’ which will be published early 2013.

EDUCATION AND KNOWLEDGE

EXAMINATION COMMITTEE

The objectives of the committee were to:

- Continue to produce questions for the MCQ and EMQ banks that reflect the cSRH training programme
- Complete the blueprinting of various parts of the exam to be representative of the cSRH training programme and its curriculum, and to ensure that each module is examined by appropriate assessments.
- Continue to develop all examiners (including new ones) by arranging induction and training, consistent with best assessment practice.
- Continue to work with the external examiners in reviewing all parts of the MFSRH, as introduced in 2010/2011,
• Develop further psychometric analysis to achieve a statistical verification of the reliability and reproducibility of the exam (as introduced in 2010/2011), working with the newly appointed psychometric advisor.

• Work to align the comprehensiveness of the part 1 with other membership examinations

• Implement plans to reduce the proportion of the structured viva in the part two OSCE in favour of testing practical clinical competence.

• Introduce better candidate feedback on their performance

This was an extremely busy year for the examination and assessment committee.

A most successful examiners’ conference and training day was organised with presentations and workshops by consultant assessment advisors on ‘Hawkes, Doves and why candidates fail (how examiners can influence the marks awarded) and how to write the perfect single best answer question. The head of the firm supplying the surrogate patients for the OSCE gave a report on his perceptions of the exam as a whole and the various stations at which actors were used.

The OSCE circuits contained a greater proportion of interactive stations compared with previous years when there were a greater number of static stations. This is better use of the OSCE, fulfilling its designed role as a test of practical clinical competence.

There are two external examiners, who both have extensive assessment backgrounds, they continued with their wider roles to include all aspects of the examination, rather than just part 2. This was very successful and the external examiner reports continued to be complimentary.

The psychometric analysis introduced in 2011 confirmed that the assessments were robust. This was used 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. Dr Patricia Revest and Professor Olywn Westwood (honorary psychometrician and educational consultant adviser both from Barts and the London School of Medicine and Dentistry) helped us greatly again in the analysis of validity and reliability.

All papers now achieve reliability scores significantly higher than is normally recognised as satisfactory in high stakes, postgraduate medical examinations. Professor Anne MacGregor was appointed as a second vice-chair (statistics) she will further develop and oversee this work.

All papers this year 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 continues to run smoothly and in assessment terms is a resounding success.

The MFSRH chair is now a member of the RCOG Examination & Assessment Committee to which she contributes regularly and from which she is able to develop ideas concerning the MFSRH.

During 2012 there were two diets of the part 1 examination. In April there were 9 successful candidates out of the 16 entrants and in October twenty of the twenty five entrants were successful. This reflected successful pass rates of 56% and 80% respectively.

Twenty five evidence based commentaries were received in 2011 of which 17 passed giving a pass rate of 68%.

Of the nineteen candidates for the part 2 examination ten were successful giving a pass rate of 52.6%.

The MFSRH continues to be a highly regarded assessment.
MEETINGS COMMITTEE

The main objectives of the committee were to:

- Deliver three national conferences
- Continue supporting the CEU Expert Advisory Group
- Liaise with the CEC writing the CPD component of the guidance documents
- Organise ad hoc courses to support SSMs
- Plan representation at the European Society of Contraception congress
- Assess and approve 4-0-8 Fund applications
- Assess and award the Margaret Jackson essay prize
- Make arrangements for FSRH participation at national careers fairs

Profile Productions continued as the conference organisers and maintained an excellent standard of facilitating conference venues, dealing with the marketing, liaising with speakers and chairs and coordinating the applications and evaluations.

The seventh joint FSRH/BASHH annual meeting was held in January 2012 at the RSM and was entitled “Recurring Issues in Sexual Health. This was a great success and well evaluated. This event was organised jointly by the FSRH and the BASHH.

The programme for the Annual Scientific Meeting was developed in conjunction with the Clinical Studies Group (CSG) and held in Edinburgh during April. The meeting attracted poster and oral presentations of a high standard. The committee, once again, invited the British Association of Paediatric and Adolescent Gynaecology (BritSPAG) to present the first session on the second day and again this was appreciated by the delegates and well evaluated.

The ESC invited the FSRH to present at its 12th Congress in Athens. The conference theme was ‘Myths and misconceptions versus evidence on contraception’. FSRH President, Dr Chris Wilkinson chaired the session, entitled ‘Intrauterine contraceptive myths and misconceptions among providers and potential users’ and Professor Anna Glasier and Dr Ailsa Gebbie were the speakers.

The final meeting of the year, Current Choices was once again held at the Royal College of Physicians at the end of November. The meeting was fully subscribed by the early bird booking deadline and unfortunately some applications were not successful. The committee collaborated with the British Menopause Society who presented the first session on the second day and again this was of a particularly high standard and the committee hopes that this collaboration will continue. Professor John Studd delivered the keynote speech on ‘19th Century attitudes to female sexuality and its portrayal in literature, art and music’. There were a series of interactive workshops which provided more personal interaction. The Fellowship and membership awards ceremony was 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 has continued to send representation to the CEU to assist with the development of clinical guidelines and currently sets the multiple choice questions and the discussion points for each topic.
CLINICAL EFFECTIVENESS COMMITTEE

The main objectives of the committee were to:

• Oversee the various functions of the Clinical Effectiveness Unit
• To deliver guidance products using a process approved by NHS Evidence
• To provide a Members’ Enquiry Service
• To develop new product reviews
• To produce FSRH statements as needed
• Provide evidence-based support for FSRH Officers
• Provide input into FSRH e-Learning
• Represent the FSRH on the BASHH CEG
• Meet annually with BNF staff
• Comment on NICE guidance and other products

The CEU published updated guidance on

• Management of vaginal discharge in non-genitourinary medicine settings (jointly with BASHH)
• Barrier methods for contraception and STI prevention

The CEU produced statements on:

• Streptococcal infection and intrauterine contraception
• Drug interactions between hormonal contraception and ulipristal acetate: ellaOne and Esmya
• Risk of VTE in users of non-oral hormonal contraception
• Prolactinoma

The Unit produced new product reviews on ‘Mirena EvolInserter’ and ‘Zoely’. The CEU started work on production of a CPD package for Faculty members associated with each new or revised guideline. The CEU has developed a proposal for a one-year distance based fellowship in guideline development.

The CEU accepted transfer of the male and female sterilisation guideline from the RCOG. The unit appointed a new researcher on a one-year contract to focus mainly on producing a new version of the guideline on sterilisation.

JOURNAL OF FAMILY PLANNING AND REPRODUCTIVE HEALTH CARE

The objectives of the committee were to:

• Consolidate new working practices with the Journal’s 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

The Journal made a successful transition to the BMJG in the latter half of 2011, and during 2012 the editorial team have worked hard to become familiar with the Scholar One manuscript tracking system.

The quality of the articles published in the Journal has continued to improve which was reflected in the impact factor for 2011, which increased from 1.243 to 1.636, a figure that puts JFPRHC above the European Journal of Contraception and Reproductive Health Care (1.456). This is the Journal’s first year in the category ‘Obstetrics and Gynaecology’ (as opposed to ‘Family Studies’) and this impact factor equates to a ranking of 42/79 journals.
Several papers published during 2012 received considerable publicity/media attention, in particular the re-evaluations of the pivotal HRT studies by Syd Shapiro and colleagues, which were widely reported in the media. A paper on cervical screening in women who have been sexually abused, by Cadman et al. in the October 2012 issue, was featured on ‘Woman’s Hour’ (UK Radio 4), and in the USA was selected as a key paper by Medscape Ob/Gyn & Women's Health MedPulse Newsletter and Journal Watch Women's Health Alert (Stanford University).

The committee is working towards achieving the BMJG objective for their portfolio of journal titles of routinely publishing articles online within 22 days of them being accepted for publication. Notwithstanding production delays during June-August 2012 which resulted from the BMJG moving all their journals to a new typesetter, online publication times of approximately 30 days were being achieved for the majority of articles.

Seven new Editorial Advisory Board (EAB) members have been appointed from Europe/Canada/USA, which should boost the international profile. During 2012 the Editorial Board (EB) was strengthened by the recruitment of three new Associate Editors with experience/expertise in STI/GUM, public health and SRH/menopause/migraine.

The appointment of an e-Media Editor in August 2011 has resulted in the generation of weekly blogs on the Journal website, which have been well received. This will undoubtedly have a positive bearing on the Journal's electronic/social networking initiatives going forward. There has been a podcast linked to the Cadman et al. paper in the October issue.

SEXUAL AND REPRODUCTIVE HEALTH - CLINICAL STUDIES GROUP (SRH-CSG)

The objectives of the committee were to:

- **Build a portfolio of research in the area, developed and undertaken by the CSG, or by encouraging its members to develop and undertake projects.**
- **Respond 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 will signpost people to potential sources of assistance or collaboration.**

By encouraging high quality research in the field of SRH the Faculty hopes to contribute to the evidence base for high quality effective patient care.

The SRH-CSG also liaised with the Meetings Committee and agreed programmes for the Scientific Meeting and European Conference. In April 2012 the CSG organised a session on abortion for the Annual Scientific Meeting in Edinburgh meeting and planned a session on using modern technology to enhance service provision for the April 2013 meeting in Warwick.

The executive committee of the SRH-CSG added new members with expertise in clinical trial methodology, pharmacy interventions and an interest in abortion. Professor Phil Hannaford stepped down from the committee and has been replaced by a GP researcher.

The SRH-CSG met on a regular basis by teleconference and developed 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 was undertaken in Edinburgh with the results being available late 2012. This will 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 is on-going. A research proposal on obesity, contraceptive use and unintended pregnancy using a similar methodology will be submitted for funding in early 2013. A proposal on delaying childbirth has been submitted to the ESRC.

### FACULTY DEANERY ADVISORS

<table>
<thead>
<tr>
<th>Advisor</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Vivienne O'Sullivan</td>
<td>(Joint Advisors Northern Region)</td>
</tr>
<tr>
<td>Dr Susanna Leung</td>
<td></td>
</tr>
<tr>
<td>Dr Anne Bennett</td>
<td>(Joint Advisors for Yorkshire)</td>
</tr>
<tr>
<td>Dr Myra Holbrook</td>
<td></td>
</tr>
<tr>
<td>Dr Antje Ischebeck</td>
<td>(Joint Advisors for Trent)</td>
</tr>
<tr>
<td>Dr Simone Reuter</td>
<td></td>
</tr>
<tr>
<td>Dr Evelyn Kerr</td>
<td>(East Anglia)</td>
</tr>
<tr>
<td>Dr Lorraine Nyman</td>
<td>(Joint Advisors NW Thames)</td>
</tr>
<tr>
<td>Dr Loma Estreich</td>
<td></td>
</tr>
<tr>
<td>Dr Joseph O Arayomi</td>
<td>(NE Thames)</td>
</tr>
<tr>
<td>Dr Jane Dickson</td>
<td>(SE Thames)</td>
</tr>
<tr>
<td>Vacant - Election in progress</td>
<td>(SW Thames)</td>
</tr>
<tr>
<td>Dr Fiona Sizmur</td>
<td>(Wessex)</td>
</tr>
<tr>
<td>Dr Judith Felton</td>
<td>(Joint Advisors for Oxford)</td>
</tr>
<tr>
<td>Dr Elizabeth Vincent</td>
<td></td>
</tr>
<tr>
<td>Dr Clare Seamark</td>
<td>(South West (South))</td>
</tr>
<tr>
<td>Dr Hilary Cooling</td>
<td>(Joint Advisors for South West (North))</td>
</tr>
<tr>
<td>Dr Theresa Laverty</td>
<td></td>
</tr>
<tr>
<td>Dr Melanie Mann</td>
<td>(West Midlands)</td>
</tr>
</tbody>
</table>
Dr Paula Briggs (Joint Advisors for Mersey)
Dr Lydia Kingsley

Dr Tessa Malone (North Western)

Dr Sarah-Jane Bayliss (North Wales)

Dr Nashwa Bryant (Joint Advisors for South Wales)
Dr Ruth Frazer

Dr Pauline McGough (Scotland West)

Dr Kate Weaver (Scotland South East)

Dr Elizabeth Cockburn (Joint Advisors for Scotland East)
Dr Dianna Reed

Dr Lesley Craig – Election in progress (Scotland North East)

Dr Fiona Gibson (Scotland - Highlands)

Dr Janet Deacon (Northern Ireland)

Dr Caroline A Bodley-Scott (Joint Advisors for HM Forces)
Dr Iliana Scopes

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 DoH 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 AFFAIRS COMMITTEE

The IAC was established by Council in 2012 from the International Working Group in recognition that the FSRH has a role in advancing good practices in service delivery and training beyond the UK. The aims of the IAC are to add value to the FSRH’s existing links in Europe and beyond.

The objectives of the committee 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.
- Explore the use of remote/web based training modules backed by direct teaching/mentoring and assessment to ensure cost effectiveness.

The International Affairs Committee, made good progress during the year on a number of its objectives.

Committee membership; elected Paula Baraitser as vice chair and also advertised for a trainee representative. A position paper was submitted recommending expanding the associate membership category. This will be considered as part of the on-going FSRH strategic review.

The partnership continued with the RCOG Eurovision and the FSRH took part in the Eurovision conference in Turkey, where the Faculty team contributed to the plenary session and organised a highly valued workshop. Contacts were made to follow-up this initiative.

The RCOG organised an ‘Egypt day’ which was supported with a stand and a contribution to the plenary programme.

There was continued engagement with a project for safe motherhood in India. The Foundation for Medical Research Mumbai and NICE International are the partners in this project. A further meeting took place in London. The implementation phase start date was delayed and it is hoped that when it goes live the FSRH will take a more active role.

A first grant application was submitted to Merck forMother Charity which, although not successful, provided good experience in the preparation of future grants.

Work continues with FSRH officers and members to make new and develop existing contacts with international stakeholders. To that effect meetings have taken place with colleagues in Australia, Pakistan, Singapore and UAE. It is planned to take the lead in organising a meeting in 2013 of major players in SRH training in eastern Europe.

It was agreed that the FSRH join the International Forum of the Academy of Medical Royal Colleges as an affiliate member from 2013.
DEVOLVED NATIONS

Scotland

The Scottish Government Combined Sexual Health and BBV framework is in the 2nd year of implementation and each Board has received its annual combined visit which was a bit more rigorous than in the past. There were some concerns regarding the role of the SRH lead in some of the visits.

Boards continued to implement the Quality Improvement Scotland (QIS) (now Healthcare Improvement Scotland (HIS) sexual health standards.

The two specialty training posts promised for Scotland did not initially materialise. Funding was however, later identified for two posts in the West of Scotland and one in Lothian; discussions continued to establish additional posts.

It was reported that there had been issues with the National Electronic Patient Record (NaSH) but that a review had shown improvement in benefits in some of the Boards who were in the early adoptive phase. NaSH will continue to be used for the foreseeable future.

The committee also looked at sexual health and addiction services, scoping links with a view to improving joint working

Northern Ireland

The committee met twice and reported that because of small numbers working in SRH there continued to be challenges within services.

Munro & Forster was tasked with reporting on SRH matters in NI so that appropriate support could be offered to the committee.

Dr Elder was elected as the representative for NI and attended a ‘Network sub group’ forum tasked to look at the sexual health of young people. She also attended a meeting of the RCOG NI committee where it was reported that the NI Audit Office was to look at including information from the Northern Ireland MATernity System (NIMATS) in its report to the Assembly.

Members highlighted problems with data collection systems – where services entering data still encountered difficulty in extracting meaningful information. FSRH stressed the importance of the need to invest in data collection systems.

NI remains the only country without a consultant led service and there is still no provision for specialty training in cSRH.

The issue of employers placing time-constraints on individuals becoming involved in national work was also reported. FSRH, as a national organisation, felt it important to ensure the membership in the devolved nations were able to participate equally in national networking groups.

Wales

The committee met on three occasions and Dr Kirti Jain, the new chair, took office in September.
Implementation of the Sexual Health & Wellbeing Plan was overseen by Public Health Wales through a new committee ‘Advisory Group for Sexual Health and Wellbeing’ where the FSRH committee was represented.

Powys remains the only Health Board without a community service.

Areas of Involvement:

- Collaboration with BASHH Wales: A successful joint conference was held in July. There is regular collaboration between the two groups with joint audits.

- Clinical: sharing of protocols is established and continues, examples: implementing LARC, managing deep contraceptive Implants, medical abortion

- Clinical Standards: the committee has written to Health Boards advising about national Governance structures for supplying LARCs. This has resulted in a dialogue with the BMA’s General Practitioner committee which the committee will follow up.

- Abortion services: monitoring service throughout Wales.

- The Teenage Pregnancy Initiative ‘Empower to Choose’ was launched in April and is a three year project designed to reduce the incidence of teenage conceptions and supported by the distribution of leaflets and posters together with a website. The objective is to encourage increased uptake of LARC immediately after delivery and post termination. Public Health Wales will undertake monitoring and a National Audit.

- The committee provides professional support for SRH senior clinicians, particularly in view of isolated working environment.

- The excellent collaboration with O&G colleagues resulted in two cSRH training posts being approved with the trainees having started their programme in August.
COMPANY DIRECTORS AND OFFICIAL INFORMATION

Dr N Acladious  
Dr C Armitage  
Dr J Barter  (Appointed 8 June 2012)  
Dr AEM Britton  
Dr C Brock  
Dr A Connolly  
Dr AJ Elliman  
Dr A Gebbie  
Dr J Heathcote  (Appointed 8 June 2012)  
Mrs D Mansour  (Appointed 20 February 2012)  
Dr N Mullin  
Dr K Trewinnard  
Dr A Vaughan  
Dr CL Wilkinson  
Dr J Wilson

SECRETARY
Mr C Jones

AUDITORS
BDO LLP  
Farringdon Place  
20 Farringdon Road  
LONDON  
EC1M 3AP

BANKERS
CAF BANK  
25 Kings Hill Avenue  
Kings Hill  
West Malling, Kent  
ME19 4JQ

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 2012.

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: Mrs Diana Mansour

Elected members (10):
Fellow/Member representative: Dr Janet Barter June 2012 2015¹
Fellow/Member representative: Dr Karen Trewinnard June 2008 2014²
Fellow/Member representative: Dr Jennifer Heathcote June 2012 2015¹
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
Diplomat representative: Dr Jenny Wilson June 2010 2013¹
Diplomat representative: Dr Anne Connolly June 2010 2013¹
Diplomat representative: Dr Nabil Acladious June 2008 2014²
Diplomat representative: Dr Claire Brock June 2011 2014¹

RCOG representative (2): Miss Melanie Davies
Dr Tony Falconer/Dr Ian Currie³

Co-opted members: Nil

Other Trustees serving during 2012, resigning 7 June 2012:
Miss Melanie Davies Dr Louise Massey
Dr James McVicker

Invited members:
Professor Anna Glasier OBE Chair, CSG-SRH
Dr Kate Guthrie Chair, Specialty Advisory Committee
Dr Marion Everett Chair, Meetings Committee
Dr Sam Rowlands Chair, Clinical Effectiveness Committee
Dr Anne Bennett Chair, Workforce Planning Committee
Dr Aisling Baird Chair, Examination and Assessment Committee
Dr Asha Kasliwal Chair, Clinical Standards Committee
Chair is elected member Chair, General Training Committee
Dr Margaret Gurney Representative Scotland
Dr Caroline Scherf Representative, Wales
Dr Kirti Jain Representative, Wales (July 2012)
Dr Maureen Howie MBE Representative, Northern Ireland
Dr Olga Elder Representative, Northern Ireland (April 2012)
Dr Anne Szarewski Editor-In-Chief
Dr Sarah Randall Chair, Associate Members WGp (to Sep 2012)
Mr Ali Kubba Chair, International Affairs Committee
Ms Linda Pepper RCOG Consumer forum

Term of office: ¹ first term ² second term ³ pending new apt
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 Diplomats 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 overseeing the appointment of committee chairs, reviewing the work-plans of the committees, and making recommendation on these 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
For the year 2012 the Faculty looked at its policy of not committing additional funds to long-term investment. 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 but to not commit any further funds. The majority of reserves remained in deposit based investments which whilst providing lower returns did present less of a risk. With the
move of the current account to a new provider it was decided to look at other options for investment provided by the new hosting bank and its affiliates.

**Risk Review 2012**

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 number of renewal subscriptions of all members. This is the main source of income to support the work of the Faculty. During 2011 new joiners exceeded expectations, this was mainly a result of the Amnesty, and renewals remained healthy. In 2012, however, there was an increase in the number of Diplomates not renewing their membership. This had been noted as a potential risk and would be monitored into 2013. The numbers applying for the Diploma, having completed the ‘old’ programme had fallen, as expected, and this would enable improved monitoring of the new programme.

Whilst the issue of payment for the time of members working in committees remains as a note it did not come to the fore during the year. As expected the risk previously associated with the Journal – loss of advertising and subscriptions – has been reduced with the move to the BMJG and income has improved over the year. During the year work started on a strategic review and whilst there were no significant staff issues it was recognised that there was a need to consider future short and long term requirements as part of that process.

A new area of focus in 2011/12 had been the structure of the Diploma and LoC training programmes and Council had identified the need to undertake a review of these programmes. As the Diploma is a very important item, it had been agreed that an external evaluation was required. Following that external evaluation a contractor was appointed to assist with the development of that work. This work is in its early stages and will also look at the links between eSRH, C5, the clinical experience element and the e-portfolio and will assess any associated risks with the revision of the programmes.

Whilst 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 is being fully managed. As a membership organisation Council continues to focus on the importance of increasing access to its training programmes, providing a variety of educational activities for members, and to collaborate with other organisations to improve these projects and develop new areas.

**Reserves policy 2012**

The main project put in place in 2012 was the evaluation of the Diploma and LoCs and the development of that work. Recognising the importance of that work Council committed an initial £100K to the QT project. The other main large item would be the Strategic Review which would run from 2012 and be submitted to Council in 2013. Initial funding for this work will come from general funds but any work emanating from that review that requires major funding will come from reserves.

When Council commissioned the evaluation of the DFSRH and the LoCs it recognised that this could require significant new work which could not be met from within the Faculty current staffing or expertise. This work, known as the QT project, is being funded as shown but until the work enters its next stage, in 2013, it is not clear whether significant additional funds will be required to implement the outcomes. 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 £2,172,557 or approximately 14 months of normal running costs. This situation has arisen with the change of main bank and the maturity of investments with the former provider. Towards the end of the year only some of those maturing funds were committed to investment and, as a result, current net assets are higher than the accepted appropriate general reserve of between 6 months and 1 year of expenditure. These funds will be committed to long term investments in 2013.

FINANCE

Objectives

- To ensure wise and prudent use of the Faculty's resources
- To review the major projects undertaken in 2012 and prioritise those to be undertaken in 2013
- To monitor how new and future projects impact on accommodation and staffing
- To keep the investment and reserves policy under review
- To allocate restricted funds held

During the year a number of new activities were commenced, some being one-off projects such as a survey of the membership on the NHS Health and Social Care Bill, and others that were to take forward work started in 2011 or were new items.

The policy of funding activity from general funds continued and Council recognised the need to control fees by only increasing Fellow and Members rates by 6% and Diplomate rates by 5%. This policy is being extended into 2013 where the rates will be increased by 3% for Fellows/Members and held at the 2012 level for Diplomates. There were also small increases in the Associate rates.

Whilst renewals of membership remained strong the number of new members fell slightly on those joining in 2010, the last comparable year. However, the total number of Diplomates who were current members of the FSRH at the end of the period had risen to 14,620.

As in 2011 attendance at conferences was strong with events being over-subscribed. There was also excellent support for the joint annual venture with BASHH which continues to go from strength to strength. The success of these events does help in allowing us to hold smaller events such as Critical Appraisal Workshops which are costed to break even on minimal numbers.

Our joint venture with the BMJ Publishing Group has seen an increase in subscriptions during its second year, this was mainly in consortia sales, but other revenue items contributed to an overall increase in income over budgeted revenue. In addition the BMJG managed to reduce direct operating costs, despite the higher than expected paper and reprint costs. However, the paper and printing costs were still lower than in 2011.

Interest and dividends received showed an improvement on 2011. The stock market had made good progress over the second half of 2012 and the investment policy of the UK Equity Fund for Charities was to invest in a portfolio of attractively valued, high quality UK companies. Although further funds were not committed to the long-term investments in the year the Faculty, bearing in mind the changes to the market, is now looking to review its position and give consideration to reallocating some of its term deposits to other forms of long-term investment.

In taking forward the ‘Peile’ evaluation of the Diploma and LoC training programmes Council earmarked an initial £100K for this work. External consultants were appointed to assist with this task and bring together the Working and Stakeholder Groups. Some of these funds have been included in the year but the majority will not be committed until 2013. In ‘promoting’ the Faculty there are a number of items which include the on-going support,
briefings and press reviews provided by Munro & Forster, a survey of the membership with regards to the NHS Health and Social Care Bill (a one-off item), a share of the administrative support for the All Party Parliamentary Group (APPG) on Sexual and Reproductive Health in the UK (also supported by the fpa and BASHH) in which we include the costs for 2011 and 2012, other small items. Another main item commenced during the year was the Strategic Review of the work of the FSRH. It was decided to allocate funds for this project to allow the strategic lead to consult widely with members from all parts of the UK. Whilst the funds initially committed to this work are not high it cannot be judged at this time what the cost will be of implementing any recommendations made and this will need to be considered in the coming year. In the year we also used restricted funds, provided by the Department of Health, to support two doctors undertaking ‘top-up’ training. This programme will run again in 2013 with support for a further two fellowships.

In 2013 we will continue with the Quality Training Project and the Strategic Review both of which are then due to report.

ADDITIONAL SECTIONS

A resolution to reappoint BDO 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

Date:
STATEMENT OF TRUSTEES’ RESPONSIBILITIES

The trustees 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. Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including its income and 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 accounting 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 adequate accounting records that are sufficient to show and explain the charity's transactions and 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 requirements of 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.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charity’s website. Legislation in the United Kingdom governing the preparation and dissemination of the financial statements and other information included in annual reports may differ from legislation in other jurisdictions.
INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE FACULTY OF
SEXUAL AND REPRODUCTIVE HEALTHCARE OF THE ROYAL COLLEGE OF
OBSTETRICIANS AND GYNAECOLOGISTS

We have audited the financial statements of the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists for the year ended 31 December 2012 which comprise the Statement of Financial Activities, the Balance Sheet, and the notes to the accounts. 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 the 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.

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

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council’s website at www.frc.org.uk/auditscopeukprivate.

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 2012 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 matters prescribed by the Companies Act 2006

In our opinion the information given in the trustees’ report for the financial year for which the financial statements are prepared is consistent with the financial statements.
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, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees’ remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the directors’ report.

Karen Thompson, Senior Statutory Auditor
for and on behalf of BDO LLP, Statutory Auditor
London
United Kingdom
Date:

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127)
## FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE
of The Royal College of Obstetricians and Gynaecologists

### 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>

#### Incoming resources

Activities in furtherance of the charity's objectives

- Subscriptions and registration fees
  - 1,498,954 - 1,498,954 - 1,622,612
- Conference income
  - 239,046 - 239,046 - 214,733
- Journal of Family Planning
  - 74,029 - 74,029 - 42,916
- Examination fees
  - 24,225 - 24,225 - 20,575
- Sale of Logbooks and CDs
  - 81,071 - 81,071 - 96,157
- Department of Health Grant
  - - - 20,000
- Other income
  - 21,936 - 21,936 - 6,744

#### Activities for generating funds

- Interest and dividends receivable
  - 125,754 3,608 129,362 112,675

Total incoming resources

- 2,065,015 3,608 2,068,623 2,136,412

#### Resources expended

- Investment management costs
  - 6,341 - 6,341 6,042

Charitable expenditure

Costs of activities in furtherance of the charity's objectives

- Conferences, meetings and other membership support services
  - 1,327,364 69,355 1,396,719 1,279,807
- Journal of Family Planning
  - 224,478 - 224,478 221,500
- Examinations
  - 100,901 - 100,901 96,700
- Awards, prizes and other expenditure
  - 500 - 500 977
- Governance costs
  - 5 102,379 - 102,379 89,889

Total resources expended

- 4 1,761,963 69,355 1,831,318 1,694,915

Net incoming resources before transfers

- 303,052 (65,747) 237,305 441,497
STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT) (cont.)

<table>
<thead>
<tr>
<th>Notes</th>
<th>Unrestricted Funds 2012 £</th>
<th>Restricted Funds 2012 £</th>
<th>Total Funds 2012 £</th>
<th>Total Funds 2011 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfers between funds</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Net incoming resources before gains and losses 303,052 (65,747) 237,305 441,497

Unrealised gains/(losses) on investments 8 92,207 - 92,207 (46,516)

Net movement in funds 395,259 (65,747) 329,512 394,981

Fund balances

Balances brought forward at 1 January 2011 4,854,025 486,696 5,340,721 4,945,740

Balances carried forward at 31 December 2011 5,249,284 420,949 5,670,233 5,340,721

All amounts derive from continuing activities. All gains and losses in the year are included in the statement of financial activities.
### Fixed Assets

<table>
<thead>
<tr>
<th>Notes</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>7</td>
<td>1,402</td>
</tr>
<tr>
<td>Investments</td>
<td>8</td>
<td>1,096,206</td>
</tr>
<tr>
<td>Investments: Term deposits</td>
<td></td>
<td>2,491,359</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>3,588,967</td>
</tr>
</tbody>
</table>

### Current Assets

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Debtors</td>
<td>9</td>
<td>230,453</td>
</tr>
<tr>
<td>Bank balances and cash in hand</td>
<td></td>
<td>2,427,478</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>2,657,931</td>
</tr>
</tbody>
</table>

### Creditors

<table>
<thead>
<tr>
<th>Amounts falling due within one year</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creditors and accruals</td>
<td>10</td>
<td>354,507</td>
</tr>
<tr>
<td>Income received in advance</td>
<td>15</td>
<td>222,158</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>576,665</td>
</tr>
</tbody>
</table>

### Net Current Assets

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,081,266</td>
<td>1,477,206</td>
</tr>
</tbody>
</table>

### Total Assets Less Current Liabilities

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,670,233</td>
<td>5,340,721</td>
</tr>
</tbody>
</table>

### Reserves

#### Unrestricted funds

<table>
<thead>
<tr>
<th>Fund</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>General fund</td>
<td>5,249,284</td>
<td>4,854,025</td>
</tr>
</tbody>
</table>

#### Restricted Funds

| 12                   | 420,949   | 486,696  |

### Total Funds

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>5,670,233</td>
<td>5,340,721</td>
</tr>
</tbody>
</table>

These accounts were approved and authorised for issue by the Board of Directors on

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 directly to activities. 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.
NOTES TO THE ACCOUNTS
YEAR ENDED 31st DECEMBER 2012

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 17 Trustees amounted to £18,261 (2011: £10,959). Professional indemnity insurance paid amounted to £2,437 (2011: £2,408) and includes trustees’ liabilities.

A member of the Trustees (Dr J Heathcote) received fees of £2,829 (2011: £nil) for consultancy services in relation to supporting the revision of the DFSRH and LoC (IUT and SDI) curriculum, as allowed by the charity’s Memorandum and Articles of Association and the Charities Act.

3 STAFF NUMBERS AND COSTS

The numbers of permanent persons employed by the company during the year ended 31 December 2012 were 12 full-time. (2011: 11 full time). No employee earned more than £60,000 per annum (2011: nil)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>363,307</td>
<td>311,503</td>
</tr>
<tr>
<td>Employer’s NIC</td>
<td>36,514</td>
<td>31,012</td>
</tr>
<tr>
<td>Pension contributions</td>
<td>24,272</td>
<td>21,884</td>
</tr>
<tr>
<td>Other staff costs</td>
<td>20,265</td>
<td>61,105</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>444,358</td>
<td>425,504</td>
</tr>
</tbody>
</table>

4 RESOURCES USED

<table>
<thead>
<tr>
<th></th>
<th>Staff costs 2012</th>
<th>Depreciation 2012</th>
<th>Printing 2012</th>
<th>Other 2012</th>
<th>Total 2012</th>
<th>Total 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment management charges</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6,341</td>
<td>6,341</td>
</tr>
<tr>
<td>Conferences, meetings and other membership support services</td>
<td>386,438</td>
<td>8,328</td>
<td>25,010</td>
<td>976,943</td>
<td>1,396,719</td>
<td>1,279,806</td>
</tr>
<tr>
<td>Journal of Family Planning</td>
<td>3,184</td>
<td>-</td>
<td>83,268</td>
<td>138,025</td>
<td>224,477</td>
<td>221,501</td>
</tr>
<tr>
<td>Examinations</td>
<td>42,000</td>
<td>-</td>
<td>-</td>
<td>58,901</td>
<td>100,901</td>
<td>96,700</td>
</tr>
<tr>
<td>Awards, prizes and other expenditure</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>500</td>
<td>500</td>
<td>977</td>
</tr>
<tr>
<td>Governance</td>
<td>12,736</td>
<td>-</td>
<td>-</td>
<td>89,643</td>
<td>102,379</td>
<td>89,889</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>444,358</td>
<td>8,328</td>
<td>108,278</td>
<td>1,270,353</td>
<td>1,831,317</td>
<td>1,694,915</td>
</tr>
</tbody>
</table>
NOTES TO THE ACCOUNTS
YEAR ENDED 31ST DECEMBER 2012

5  GOVERNANCE

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council and committee expenses</td>
<td>90,713</td>
<td>78,406</td>
</tr>
<tr>
<td>Audit fee</td>
<td>10,200</td>
<td>10,400</td>
</tr>
<tr>
<td>Legal fees</td>
<td>1,466</td>
<td>1,083</td>
</tr>
</tbody>
</table>

**NET INCOMING RESOURCES**

6

Net incoming resources is stated after charging:

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation</td>
<td>8,328</td>
<td>9,377</td>
</tr>
<tr>
<td>Audit fee</td>
<td>10,200</td>
<td>10,400</td>
</tr>
<tr>
<td>Rentals payable under operating leases:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land and buildings</td>
<td>76,817</td>
<td>76,817</td>
</tr>
<tr>
<td>Plant and machinery</td>
<td>3,969</td>
<td>3,969</td>
</tr>
</tbody>
</table>

7  TANGIBLE FIXED ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Office Equipment £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td></td>
</tr>
<tr>
<td>At 1 January 2012</td>
<td>122,520</td>
</tr>
<tr>
<td>Additions</td>
<td>50</td>
</tr>
<tr>
<td>At 31 December 2012</td>
<td>122,570</td>
</tr>
</tbody>
</table>

**Depreciation**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 1 January 2012</td>
<td>112,840</td>
<td></td>
</tr>
<tr>
<td>Charge for the year</td>
<td>8,328</td>
<td></td>
</tr>
<tr>
<td>At 31 December 2012</td>
<td>121,168</td>
<td></td>
</tr>
</tbody>
</table>

**Net book value**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 31 December 2012</td>
<td>1,402</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 31 December 2011</td>
<td>9,680</td>
</tr>
</tbody>
</table>
8  FIXED ASSETS - INVESTMENTS

<table>
<thead>
<tr>
<th></th>
<th>Investment Portfolio £</th>
<th>National Savings £</th>
<th>Total £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market value at 1 January 2012</td>
<td>1,003,499</td>
<td>500</td>
<td>1,003,999</td>
</tr>
<tr>
<td>Unrealised gain</td>
<td>92,207</td>
<td>-</td>
<td>92,207</td>
</tr>
<tr>
<td>Market value at 31 December 2012</td>
<td>1,095,706</td>
<td>500</td>
<td>1,096,206</td>
</tr>
<tr>
<td>Cost at 31 December 2012</td>
<td>1,000,061</td>
<td>500</td>
<td>1,000,561</td>
</tr>
<tr>
<td>Cost at 1 January 2012</td>
<td>1,000,061</td>
<td>500</td>
<td>1,000,561</td>
</tr>
</tbody>
</table>

The investment portfolio held with JP Morgan comprises £749,700 invested in the UK Equity Fund for Charities and £346,006 invested in the Bond fund for Charities.

9  DEBTORS AND PREPAYMENTS

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued income</td>
<td>172,739</td>
<td>130,720</td>
</tr>
<tr>
<td>Prepayments</td>
<td>51,929</td>
<td>66,099</td>
</tr>
<tr>
<td>Other debtors</td>
<td>5,785</td>
<td>2,694</td>
</tr>
<tr>
<td></td>
<td>230,453</td>
<td>199,513</td>
</tr>
</tbody>
</table>

10  CREDITORS AND ACCRUALS

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts falling due within one year:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors</td>
<td>339,307</td>
<td>318,648</td>
</tr>
<tr>
<td>Accruals</td>
<td>15,200</td>
<td>13,500</td>
</tr>
<tr>
<td></td>
<td>354,507</td>
<td>332,148</td>
</tr>
</tbody>
</table>

11  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.
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.

Following discussions with the Department of Health the £15,837 Funds received in 2008 to develop national recommended training standards for non-medical health care professionals are being used to provide postgraduate education.

The fund balance of £236,789 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 and post-CCT holders training in SRH.

The fund balance of £36,036 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.
13 ANALYSIS OF NET ASSETS BY FUNDS

<table>
<thead>
<tr>
<th>Fund</th>
<th>Restricted funds</th>
<th>General funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tangible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fixed assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>£</strong></td>
<td><strong>£</strong></td>
<td><strong>£</strong></td>
</tr>
<tr>
<td>HIV Consensus Fund</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dept of Health Grant Fund (UKMEC)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>David Bromham Memorial Fund</td>
<td>-</td>
<td>12,240</td>
</tr>
<tr>
<td>Four-O-Eight Sheffield Fund</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Restricted funds</strong></td>
<td>-</td>
<td>12,240</td>
</tr>
<tr>
<td><strong>£</strong></td>
<td><strong>£</strong></td>
<td><strong>£</strong></td>
</tr>
<tr>
<td>At 31 December 2012</td>
<td>1,402</td>
<td>3,575,325</td>
</tr>
</tbody>
</table>

14 OPERATING LEASE COMMITMENTS

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

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

15 FUNDS RECEIVED IN ADVANCE

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 January 2012</td>
<td>404,232</td>
</tr>
<tr>
<td>Amount released to incoming resources</td>
<td>(404,232)</td>
</tr>
<tr>
<td>Amount deferred in the year</td>
<td>222,158</td>
</tr>
<tr>
<td>Balance at 31 December 2012</td>
<td>222,158</td>
</tr>
</tbody>
</table>
16 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.

17 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 below are based on calculations carried out as at 31 December 2012 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 of the defined benefit scheme are measured by discounting the best estimate of future cash flows to be paid out of the scheme using the projected unit method. The projected unit method is an accrued benefits valuation method in which the scheme’s liabilities make allowance for projected earnings.

The liabilities set out in this note have been calculated based on the most recent full actuarial valuation at 1 April 2010, updated to 31 December 2012.

As at 31 December 2012, 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 2013 are approximately £300,000.

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 (2011 - £21,884).
### SUMMARY OF INCOME & EXPENDITURE

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2012</th>
<th>2011</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Unrestricted income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriptions and registration fees</td>
<td>1,523,180</td>
<td>1,643,187</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference income</td>
<td>239,046</td>
<td>214,733</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journal of Family Planning</td>
<td>74,029</td>
<td>42,916</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and dividends receivable</td>
<td>125,754</td>
<td>109,590</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income receivable</td>
<td>103,006</td>
<td>102,901</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Unrestricted income</strong></td>
<td>2,065,015</td>
<td>2,113,327</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>-</td>
<td>20,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td>3,608</td>
<td>3,085</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Restricted income</strong></td>
<td>3,608</td>
<td>3,085</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Unrestricted expenditure</strong></td>
<td>2,068,623</td>
<td>2,136,412</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Examinations, meetings and other membership support services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff costs</td>
<td>444,358</td>
<td>425,504</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Council and committee expenses</td>
<td>90,713</td>
<td>78,406</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam committee expenses</td>
<td>58,902</td>
<td>55,552</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher specialist training expenses</td>
<td>43,779</td>
<td>24,856</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference fees and expenses</td>
<td>149,795</td>
<td>165,261</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual general meeting expenses</td>
<td>24,717</td>
<td>34,470</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other meeting expenses</td>
<td>19,972</td>
<td>19,178</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fellowship ceremonies</td>
<td>1,482</td>
<td>115</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD ROM expenditure / E-Learning/E-Portfolio</td>
<td>83,861</td>
<td>98,307</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing</td>
<td>25,010</td>
<td>29,841</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent, rates and service charges</td>
<td>76,817</td>
<td>69,524</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment maintenance</td>
<td>4,626</td>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>8,328</td>
<td>9,377</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photocopying</td>
<td>2,163</td>
<td>5,259</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postage and dispatch</td>
<td>38,429</td>
<td>30,323</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>3,972</td>
<td>3,536</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>8,191</td>
<td>9,394</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stationery &amp; software</td>
<td>58,140</td>
<td>33,561</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit fee</td>
<td>10,200</td>
<td>10,400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional fees</td>
<td>30,558</td>
<td>49,549</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotion of Faculty</td>
<td>104,653</td>
<td>68,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal fees</td>
<td>1,466</td>
<td>1,082</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portfolio manager's fees</td>
<td>6,341</td>
<td>6,042</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Officers' travel expenses</td>
<td>2,553</td>
<td>2,552</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sundry expenses</td>
<td>8,661</td>
<td>7,092</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working parties - Clinical standards</td>
<td>13,291</td>
<td>10,975</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Website</td>
<td>1,224</td>
<td>12,907</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Nurses meeting</td>
<td>-</td>
<td>3,272</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Effectiveness Committee</td>
<td>214,783</td>
<td>202,521</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Restricted expenditure</strong></td>
<td>1,536,985</td>
<td>1,466,916</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These pages represent supplementary financial information and do not form part of the audited financial statements
### SUMMARY OF INCOME & EXPENDITURE (cont.)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2012</th>
<th>2011</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Journal of Family Planning</td>
<td>£224,478</td>
<td>£221,501</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prizes and awards</td>
<td>500</td>
<td>500</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Restricted expenditure

<table>
<thead>
<tr>
<th>Fund</th>
<th>2012</th>
<th>2012</th>
<th>2011</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>D M Memorial Fund</td>
<td>£-</td>
<td>£477</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Health Grant</td>
<td>£66,860</td>
<td>£2,521</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four-0-Eight fund</td>
<td>£2,495</td>
<td>£3,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>69,355</th>
<th>5,998</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Restricted Expenditure</strong></td>
<td><strong>69,355</strong></td>
<td><strong>5,998</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>1,831,318</strong></th>
<th><strong>1,694,915</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net surplus</strong></td>
<td>£237,305</td>
<td>£441,497</td>
</tr>
</tbody>
</table>

*These pages represent supplementary financial information and do not form part of the audited financial statements*