CONTENTS

President’s Statement 2
Directors and Official Information 4
Directors Report 5
Report of Council 8
Work of the Committees 13
Statement of Trustees’ Responsibilities 32
Independent Report of Auditors 33
Statement of Financial Activities 35
Balance Sheet 37
Notes to the Accounts 38
PRESIDENT’S STATEMENT

In 2013 the FSRH celebrated its 20th anniversary, giving us the opportunity to reflect on our achievements and the enormous contribution made by our members in strengthening the Faculty and sexual and reproductive healthcare as a whole. 2013 was also a year of change both internally and externally. Mr Corin Jones, the Company Secretary, who helped steer the Faculty to its present position of strength retired and was awarded Honorary Fellowship, in recognition of his tremendous contribution to both the health of women and the FSRH.

Some of the biggest changes externally were a result of the restructuring of the health service in England that saw the responsibility move from the NHS to local government for the commissioning of both SRH and GUM services. Effective sexual and reproductive healthcare is important for most individuals and families so establishing a link between this care, local authorities and public health is sensible. However for some, in both general practice and specialist services, the move from NHS to Local Authority commissioning has not been as smooth as one might hope; the biggest risk being a loss of services or skills that are then difficult to build up again. Working closely with other organisations and groups, the FSRH is closely involved in trying to ensure a smooth transition and ongoing delivery of care.

I am conscious of the, maybe disproportionate, amount of time the situation in England has required and a central part of the Faculty governance review taking place in 2014 is to look at how the Faculty links more effectively to the Devolved Nations. I met with the Chief Medical Officer in Northern Ireland to highlight some of the issues professionals working within contraceptive services are facing and this was followed by a meeting with many of the doctors and nurses working in clinics in this part of the UK. The FSRH is delighted that it was agreed to hold the Annual Scientific Meeting in Belfast in April 2014 and intend to continue working towards having consultant led services in Northern Ireland.

Dr Alison Bigrigg, a former President of the Faculty, who sadly passed away earlier in the year, completed a piece of work on the Faculty’s Vision for the future, entitled ‘20:20 Vision’. This was introduced to members at the 20th anniversary celebrations. One of the first recommendations to be taken forward from this was the appointment of a chief executive to take a strategic role in leading the organisation in the future. Jane Hatfield joined the Faculty in June and is already proving a great asset. I am most appreciative of the support she is providing to me, personally, and the officers. Jane will lead on the governance changes recommended in the strategy from whence the other recommendations, including the role of the specialty, international and strategy for the devolved nations, will be planned.

The other very significant project which was completed in 2013 was ‘Quality Training’, taking forward the recommendations from Professor Peile’s independent evaluation of the Faculty’s Diploma and General Training Programme. The FSRH is indebted to the Quality Training Working group who spent many hours examining ways in which these recommendations could be implemented. One of the most important remits of the Faculty is to organise quality training for both generalists and specialists and the FSRH Diploma has long been acknowledged as the ‘gold standard’ for those delivering core contraceptive services. The major recommendation was to make the diploma and additional training of letters of competence for long acting methods (LARCs) more accessible. It is also recognised that nurses increasingly are involved in providing contraceptive care for women but that there is no longer a nationally recognised qualification for nurses delivering this care. The proposed changes required a change in the FSRH’s Memorandum and Articles of Association and an Extraordinary General Meeting was called in November when it was unanimously agreed to
extend the membership of the Faculty to include Nurse Diplomate Members. It is difficult to do justice to the time and effort by so many people in this summary but I would like to place on record the appreciation of the FSRH to all those involved in the Quality Training project.

Other changes to the articles agreed in 2013 were the inclusion of the diplomate class of membership to be eligible to be elected as officers, ensuring that the FSRH membership in general practice is well represented at this level, and that a president is eligible to serve for two three year terms in line with the vice presidents’ terms of office.

The specialty of community sexual and reproductive health now has 28 trainees in the training programme spread across Scotland, England and Wales and the FSRH is indebted to the team who led on this work. It is anticipated that the first two trainees will exit the programme in 2014.

I would also like to pay tribute to Dr Anne Szarewski, the editor in chief of the Journal of Family Planning and Reproductive Healthcare, who sadly died in August 2013. This publication continues to increase its impact factor and be a well-regarded publication both nationally and internationally.

2013 was an extremely busy year for the meetings committee. The year started with a joint meeting between the FSRH and BASHH entitled ‘Myths and Misconceptions in Sexual Health’ which was fully subscribed. Professor John Ashton, the incoming President of the Faculty of Public Health and a Fellow of the FSRH made the opening address at the Annual Scientific Meeting in April at Warwick University which was particularly appropriate with the transition of sexual and reproductive health services to local government and public health. The FSRH was invited to organise a symposium at the first global conference on contraception in Copenhagen. I chaired the symposium, ‘Women’s Lives’ and three excellent presentations were delivered to an international audience covering women’s life course and the different ways SRH services are delivered in the United Kingdom. Finally, the FSRH were honoured to have the newly appointed, Minister for Public Health, Jane Ellison MP to make the opening address at the Current Choices conference. Ms Ellison had a good understanding of the issues and challenges ahead for those working in contraception and reproductive health services and it was useful to meet the Minister so early in her new post.

In last year’s report the theme was collaboration and this continued to be an important theme during 2013. The FSRH has, for the first time, accreditation from the RCGP and RCN for our general training programme, essential with the extension of the training programmes. The Faculty continues to work closely with colleagues from Genitourinary Medicine (BASHH) in standards, guidance and training matters and continues regular dialogue with the Department of Health and those involved in the transitional changes affecting England, as well as with a wide range of other organisations, individuals and groups who share our aims of ensuring high quality sexual and reproductive health across the UK.

Dr Chris Wilkinson
President
COMPANY DIRECTORS AND OFFICIAL INFORMATION

Dr N Acladious
Dr C Armitage
Dr J Barter
Dr A Britton
Dr C Brock
Dr A Connolly (until June 2013)
Dr AJ Elliman (until September 2013)
Dr A Gebbie
Dr J Heathcote
Mrs D Mansour
Dr F Powell (From June 2013)
Dr A Lashford (From June 2013)
Dr A Kasliwal (From November 2013)
Dr N Mullin
Dr K Trewinnard
Dr A Vaughan
Dr CL Wilkinson
Dr J Wilson (until June 2013)

COMPANY SECRETARY
Corin Jones (until June 2013)

CHIEF EXECUTIVE OFFICER
Jane Hatfield (From June 2013)

AUDITORS
BDO LLP
55 Baker Street
LONDON
W1V 7EU

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 2013.

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 2013 was as follows:

Officers
President: Dr Christopher Wilkinson
Vice President: Dr Ailsa Gebbie
Vice President: Dr Alyson Elliman (until Sept 2013)
Vice President: Dr Asha Kasliwal (from November 2013)
Honorary Secretary: Dr Amanda Britton
Honorary Treasurer: Dr 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
Diplomate representative: Dr Jenny Wilson June 2010 2013¹
Diplomate representative: Dr Anne Connolly June 2010 2013¹
Diplomate representative: Dr Nabil Acladious June 2008 2014²
Diplomate representative: Dr Claire Brock June 2011 2014¹
Diplomate representative: Dr Anne Lashford June 2013 2016¹
Diplomate representative: Dr Fenella Powell June 2013 2016¹

RCOG representative (2): Dr Alison Wright
Dr Tony Falconer (until Sept 2013)

Co-opted members: Dr Anne Connolly

Invited members:
Professor Anna Glasier OBE Chair, Clinical Studies Group-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 (to Oct 2013)
Dr Farzana Siddiqui Chair, Workforce Planning Committee (from Oct 2013)
Dr Aisling Baird Chair, Examination and Assessment Committee
Dr Tracey Masters Chair, Curriculum Committee (from Sept 2013)
Dr Asha Kasliwal Chair, Clinical Standards Committee (to Sept 2013)
Dr Jane Dickson Chair, Clinical Standards Committee (from Nov 2013)
Chair is elected member Chair, General Training Committee
Dr Praveen Jayadeva Chair, Trainee Committee (to July 2013)
Dr Megan Griffiths Chair, Trainee Committee (from July 2013)
Dr Alyson Elliman Co-chair, Joint SRH BASHH Integrated Information Group
Ms Wendy Moore Representative, Associate members (from March 2013)
Dr Margaret Gurney Representative Scotland
Dr Kirti Jain Representative, Wales
Dr Olga Elder Representative, Northern Ireland (to Sept 2013)
Dr Heather McCluggage Representative, Northern Ireland (from Nov 2013)
Dr Anne Szarewski Editor In Chief (until Sept 2013)
Dr David Horwell Interim Editor in Chief (from Sept 2013)
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 eligible to stand for re-election to that office for a further 3 year term. 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 2013, 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. This policy will be reviewed in early 2014 with a view to committing more funds to longer term investments.
Risk Review 2013

The risk register sets out 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/CEO undertake the review and report to Council who then review the significant risks.

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. In 2012, the increase in the number of Diplomates not renewing their membership was noted as a risk and this continued to be a concern in 2013. However the number of Diplomates joining/leaving remained at a similar level in 2013 to 2012.

In order to tackle the risk of paying for member’s benefits for the bulk of the year regardless of whether they had paid their subscriptions, an amendment to the Articles was made at the EGM in November 2013 to reduce the numbers of months members have to renew their membership from 9 to 3. It is hoped that this will encourage members to renew their membership more promptly and to reduce the amount of money spent on member benefits to those who do not renew their membership.

A key area of risk to the Faculty was identified as the possible loss of Diploma income as a result of the implementation of the Quality Training project which enabled doctors (and nurses) to do FSRH Letters of Competence (LoC) without the Diploma. Council made a number of decisions to help mitigate against this risk including investing in marketing of the Diploma, introducing a LoC fee for health care professionals not becoming members and charging for the eKA. Council will need to keep a close eye on the impact of these changes on the Faculty income and will need to continue to explore ways to diversify income sources.

Plans to ‘modernise’ the Faculty and its staffing, processes and governance began towards the end of 2013 linked to the appointment of a CEO. This was a key recommendation in Vision 2020. It was recognised that it would be a risk not to carry this out, but that nevertheless there are risks to the organisation in carrying out such significant change. Council is, however, satisfied that this work is being undertaken with sufficient scrutiny and professionalism.

Reserves policy 2013

The Council agreed to make use of general funds to start the implementation of the recommendations arising from the Peile Report (Quality Training Project) and the implementation of Vision 2020 and over 100K was spent on these projects during the year. It was expected that implementation of this work during 2013 might require funding from reserves. This has not proved to be the case, however it is accepted that such significant change – along with a desire to invest in member services and modernisation – is likely to require investment from reserves in 2014 and 2015.

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 £2,410,274 or approximately 15 months of normal running costs. Current net assets are higher than the accepted appropriate general reserve of between 6 months and 1 year of expenditure. Plans have been agreed by Council to commit some of these funds to longer term investment and to use a proportion of them - if it proves necessary - to support the implementation of the changes set out in Vision 2020 and the 2014 plans.
REPORT OF COUNCIL

The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists, is a registered 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 healthcare practitioners and by promoting and maintaining high standards of professional practice. 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 FSRH celebrated its 20th anniversary in 2013 and this was marked by a number of activities, including a reception prior to the Honorary Fellows/Fellows Ceremony followed by a dinner, to celebrate the Anniversary and recognise the newly elected Honorary Fellows and Fellows. This was a happy day, where a range of guests, from the inception of the Faculty to the most newly recruited trainees, mixed and exchanged stories. They reflected on the great advances that have been made in the development of sexual and reproductive health medicine including the establishment of the specialty in 2010. Mr Corin Jones, who was Honorary Secretary from 1993, retired in June and his contribution to both the Faculty and women’s health was recognised by the bestowal of an Honorary Fellowship.

In line with the FSRH objectives, to deliver training and education, and following Professor Peile’s evaluation of the Faculty’s training programme, a significant amount of work was done during the year on the modernisation of the DFSRH (Diploma) and letters of competence. The FSRH Council agreed that a short term working group be formed to implement some of the key recommendations. This was called the Quality Training project and reported into the General Training Committee and Council.

One recommendation was that nurses be eligible to undertake a recognised national training programme run by the FSRH and, on successful completion, would be awarded a diploma. This was approved by Council and the membership who voted unanimously in favour of proposed amendments to the Articles of Association at an EGM held in November 2013. These changes mean that full Faculty membership is now open to nurses who pass the Nurse Diploma and can use the post nominal NDFSRH.

At the same meeting it was agreed that a diplomate member will be eligible to be elected as an officer, acknowledging the fact that diplomates comprise the majority of the FSRH membership. Finally, the membership approved the proposed amendment to allow the post of FSRH President to be extended to a second, three year term, in line with the Vice Presidents.

A number of proposals and expenses were approved by Council relating to the general training programme and a Project Manager was appointed in September to direct and co-ordinate the changes recommended by the Quality Training team in the expectation that the new programme be available to the membership by the end of January 2014.

The entry point for all future FSRH qualifications will be an assessment of knowledge, called the ‘eKA’. The Quality Training Committee requested approval of expenditure to hold a number of question setting events to enable a bank of a minimum of 500 peer reviewed and quality assured questions to be established for this assessment. Council expressed its gratitude to the Quality Training group and all those members who participated in this task for their hard work and commitment.
It was further agreed that doctors and nurses would be able to undertake training for letters of competence (LoCs) without having to hold the Diploma qualification first. Doctors and nurses who did not hold a diploma would have to pass the knowledge assessment test (eKA) before embarking upon such training. This was a key recommendation in the Peile Report.

Dr Alyson Elliman demitted office as Vice President in September and Dr Asha Kasliwal was elected as Vice President, Standards. Council were also asked to nominate an additional Vice President, with the results to be announced in January 2014, and to approve an extra co-option on to Council of an associate member representative. An election was held and Wendy Moore was elected in March.

It was agreed at March Council that all membership subscriptions for 2014 remain at the same rate as in 2013.

Thirteen members were awarded Fellowships of the FSRH, acknowledging their committed service to sexual and reproductive healthcare over a number of years and five Honorary Fellowships were awarded to:

- Professor Johannes Bitzer, President of the European Society of Contraception
- Dr Tony Falconer, President of the RCOG
- Mr Corin Jones, Company Secretary FSRH
- Ms Jane Muller, Deputy Director of Public Health, Cumbria
- Dr Mike Smith, Founder Member of the National Association of Family Planning Doctors and broadcaster and journalist

Council ratified the examination results from the Part II MFSRH and 15 people successfully passed this examination and were awarded Membership in November.

The other major project embarked upon was the implementation of ‘Vision 20:20’ and the recommendations from this work were approved by Council in 2013. Dr Alison Bigrigg led this project and worked with a small committee of representatives from all the Faculty categories of membership. Dr Bigrigg also consulted widely with individuals from a number of stakeholder organisations. The group was tasked to make recommendations in four areas:

- role of the specialty
- governance of the FSRH
- devolved nations
- international work

The draft proposals were presented to the Council in January, where after discussion, it was agreed that the document be finalised and made available for consultation to the full membership, before being launched, as part of the 20th Anniversary Celebrations in June.

A major change which was implemented as a result of the Vision 2020 related to the governance of the FSRH. Mr Corin Jones announced that he was to retire as Company Secretary, a post which had been in existence since the formation of the Faculty in 1993. A proposal was made and approved that a Chief Executive be appointed with a remit to provide leadership to the FSRH including modernisation of staffing and processes and building external relationships. Council approved that a head hunter be engaged to facilitate this appointment and Ms Jane Hatfield was appointed as Interim Chief Executive in June 2013. This was confirmed as a substantive appointment in November.

The officers of the FSRH continued to work with a wide range of organisations, including the RCGP, BASHH, the Department of Health and quarterly meetings were organised between the officers and senior staff of the FSRH and RCOG.
FACULTY STAFFING

Company Secretary/Faculty Secretary: Corin Jones (Left 06/13)
Chief Executive: Jane Hatfield (Joined 06/13)
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: Jacquie Silcott
Clinical Standards/Meetings Secretary: Dilruba Khan
Recertification Administrator: Marilyn Wilson-Cole (Left 04/13)
e-SRH co-ordinator/Recertification Administrator: Laura Nicholson (Took over 04/13)
General Training Assistant: Anna Low (Joined 11/13)
Website Administration/General Training Journal: Maureen Bell-Smith
Subscriptions/Banking administration: Janie Foote
Executive Assistant/PA: Pauline McFarland
Book-keeper: Linda De Klerk (Joined 12/13)

CAS Chartered Accountants

AWARDS

The following awards were made during the year:

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

This award was made to Dr Lazara Dominguez-Garcia, The West London Centre of Sexual Health in Partnership with West London African Women’s Service, for their joint Female Genital Mutilation (FGM) Service.

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 Rowan Oliver for “Contraceptive and Sexual Health Care Issues in Women with Schizophrenia”.

The second prize was awarded to Paul Gray for “A Gay Medical Student’s Experience and Perspective of HIV in Gay Men”.

The third prize was awarded to Sahil Bhandari for “Computer Based Contraception”.

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

Dr Soosan Romel was awarded £465.53 to attend the Critical Appraisal Course: An Introductory Workshop (March 2013).

Dr Megan Hall was awarded £222.52 to attend the British Maternal and Fetal Medicine Society 16th Annual Conference (April 2013).
Dr Vinod Kumar was awarded £915.00 to attend the Global Conference on Contraception, Reproductive and Sexual Health in Copenhagen, organised by the European Society of Contraception and Sexual Health (May 2013).

Ms Katy Lindfield-Butler was awarded £348.70 to attend the FSRH Current Choices Conference (November 2013).
WORK OF THE COMMITTEES

The bulk of the work of the FSRH is carried out by its Committees. These are made up of Faculty members as well as lay people and other experts. They provide their time and expertise on a voluntary basis, without which the FSRH would not be able to fulfill its charitable objectives. A summary of the work of each Committee is set out below.

CLINICAL STANDARDS

Chair: Dr Asha Kasliwal
Vice Chair: Dr Jane Dickson

The Clinical Standards Committee enables the Faculty to play a key role in the provision of high and continuously improving patient centred care. The role of the committee is to support clinical excellence and governance in all services providing sexual and reproductive healthcare.

The objectives of the committee in 2013 were to:

- Review and produce auditable standards to support clinical governance
- Provide guidance on appraisal and revalidation for doctors working in SRH to appropriate regulatory organisations
- Liaise with other colleges and faculties to work towards standardisation of practice and to support standards development in other organisations which are pertinent to SRH services
- Liaise with regulatory and professional organisations on performance procedures
- Ensure up to date information regarding FSRH standards are available on the website

Auditable standards

The committee finalised and published three full standards in 2013:

- Workload
- Medicines Management
- Resuscitation.

The committee was proud to produce the resuscitation standards in association with the UK Resuscitation Council. This led to the formation of updated robust guidance enhancing patient safety within SRH services.

The combined document 'Service Standards for Sexual and Reproductive Healthcare' has been one of the key documents used to develop the new 'Quality Standard for Contraceptive Services'. Members of the committee were actively involved in the production of this set of Quality Standard Statements, written to ensure that excellent contraceptive services are commissioned and appropriately provided for patients.

Work is currently being undertaken to update the service standards in risk management and record keeping and the committee has been asked to formulate a standards document outlining the competences required for consultation skills. This is particularly exciting at a time when the Faculty has changed DFSRH training to allow for nurse diplomates.

Supporting CEU guidance

The committee provided representation in the process of CEU guidance development. In 2013, this included the guidance for contraception for women with cardiac disease, progestogen only implants, intrauterine contraception, progestogen only injectable...
contraception, sterilisation and fertility awareness techniques. One of the committee’s key roles is to provide suitable topics for audit.

Consultation and Representation

A member of the committee represents the Faculty on the BASHH Clinical Standards Committee and contributed to the publication of BASHH Standards for Sexually Transmitted Infection Management. Additionally, the committee contributed to NICE Consultations on ‘One to One’ Interventions; ‘Public Health Topics’ and ‘Guidance for those providing Contraceptive Services to, ‘Under 25s’. The committee also submitted to consultations on menopause, remediation for doctors and the registration of abortion services.

Revalidation

The remit of ‘Guidance for revalidation’ for doctors working in SRH has been incorporated into the work of this committee. The committee developed a tool that doctors providing SRH services can use to support their appraisal and revalidation (whatever their main area of work). This tool includes a template for reflective learning and case reports and will soon be available on the FSRH website and is hoped will be a valuable aid for doctors working in SRH.

CLINICAL EFFECTIVENESS

Chair: Dr Sam Rowlands

The objectives of the committee were to:

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

The CEU received 302 members’ enquiries during 2013.

The CEU produced statements on:

- Update on use of ulipristal (EllaOne) in breastfeeding women
- Update on newer antiepileptic and antiretroviral drugs
- Strengthening of warnings about use of Dianette® and other brands of co-cyprindiol
- Important information pertaining to Cilest®
- Meta-analysis of different combined oral contraceptives and the risk of venous thrombosis
- Response to recommendations of the Pharmacovigilance Risk Assessment Committee in relation to the prescribing of combined hormonal contraception
- Response to news reports of a link between combined oral contraceptive pills and glaucoma
- Labelling of levonorgestrel emergency contraception in Europe: reports of new advice on body weight and efficacy

The CEU produced new product reviews on:

- Estradiol/nomegestrol combined pill, Zoely®
- Subcutaneous depot medroxyprogesterone acetate (Sayana Press®)
The CEU has had a distance-based Fellow in guideline development in post for more than a year and second post has been advertised.

There are several guidance documents, both updates and new products, in the pipeline whose production has taken longer than expected and will be published in 2014.

Work began on the re-tendering process for the CEU contract which will take place during 2014.

GENERAL TRAINING

Chair: Dr Jenny Heathcote  
Vice Chair: Dr Liz Stephens

Quality post-graduate training in Sexual and Reproductive Health is essential to ensure high quality patient care.

The objectives of the committee were to:

- Develop and maintain the training programme and supporting materials for the Diploma and Letters of Competence in IUT and SDI, including updating the eSRH and eKA
- Oversee the quality assurance of the Training Programme
- Develop and maintain recertification requirements for the Training Programme
- Liaise with Keele University regarding the PGA MedEd (SRH) and the accreditation of trainers for FSRH qualifications, and recertification requirements for Faculty registered trainers
- Train and update FSRH trainers and support general training programme directors and deanery advisors.

There were 2 major projects during 2013:

Response to the formal evaluation of the DFSRH and LoC SDI and IUT

The committee worked closely with the Quality Training (QT) Project to implement changes following Professor Peile’s evaluation, to ensure that Faculty qualifications remain the 'gold standard' in SRH training.

Outcomes

- Reviewed the aims and objectives of the DFRSH to ensure these relate to patient care
- Produced a formal curriculum document (at final proof reading stage at end of 2013)
- Achieved RCN and RCGP accreditation for the Diploma and LoCs
- Produced a formal evaluation (quality assurance) process for the training programme with reference to the requirements for accreditation
- Reviewed content and updated the eSRH
- Reviewed e-portfolio to accommodate recommended QT changes
- Inputted into the Faculty website subgroup
- Updated Diploma and LoC guidance and training forms, in the light of the changes made. The format of these forms has been standardised, and their publication on the FSRH website will enable them to be available to patients wishing to identify the level of training of clinicians
- Developed the NDFSRH with the Quality Training Group – opening the Diploma qualification to nurses will increase the availability of clinicians who have a recognised level of training
Implemented LoC pathway independent of Diploma pathway – this is intended to improve access to gold standard training pathways with the intention of improving patient access to LARC methods

Developed the eKA as an entry point assessment for Diploma and LoC training. This will ensure that clinicians have a reasonable level of SRH knowledge before they start their clinical training sessions with patients.

Training the trainers – PGA MEdEd (SRH)

PGA courses have taken place in London, Birmingham and Scotland, building on the launch in 2012. These have been very positively evaluated, and the majority of candidates are following through with the essay and educational portfolio to gain the PGA and work towards Faculty Registered Trainer (FRT) status. This has included nurses and doctors.

A single day course has been piloted for updating current trainers in educational techniques and to enable them to demonstrate the level of updating as specified for an educational supervisor by the GMC and Academy of Medical Educators.

There was a review of the routes to becoming a FRT, with the development of a formal equivalence route for those with postgraduate medical education qualifications other than the PGA MedEd (SRH).

The recertification of FRT status was revised to take into account teaching across the breadth of medical education.

<table>
<thead>
<tr>
<th>FRT Course Cohort</th>
<th>Total students</th>
<th>OVERALL PASS</th>
<th>Withdrawn Or Failed to submit</th>
<th>Nurse Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>May12</td>
<td>32</td>
<td>22</td>
<td>9</td>
<td>3 of 4</td>
</tr>
<tr>
<td>Sept12</td>
<td>23</td>
<td>18</td>
<td>5</td>
<td>2 of 2</td>
</tr>
<tr>
<td>Feb 13</td>
<td>15</td>
<td>10</td>
<td>4</td>
<td>0 of 2</td>
</tr>
<tr>
<td>May13</td>
<td>13</td>
<td>8</td>
<td>4</td>
<td>2 of 3</td>
</tr>
<tr>
<td>Oct 13</td>
<td>23</td>
<td>Data not available at time of press</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This work was led by Dr Liz Nyholm.

The committee was also responsible for 2 highly evaluated conferences; the General Training Programme Directors’ Conference, 1st March and the Deanery Advisors’ meeting, 6th June. These events aim to raise the standards of the medical education training of Faculty trainers and enable this training to be organised locally. Training videos were produced as teaching aids to support the training of Faculty trainers in assessing consultation skills. These are based on patient centred consultations and empowering patient choice, with equality and diversity considerations as a key element.

Liaison with other organisations

The General Training committee hugely valued the support and advice of Dr Amanda Britton, as the officer responsible for the committee. The committee had active participation from a representative from BASHH, Dr Cecilia Priestley. It also had two nurse members, and a cSRH trainee who took a full role in the work of the committee. The RCGP representative seat is currently vacant, but there were three GP members on the committee. Linda Pepper, the consumer representative, from the RCOG Women’s Network, brought an insightful service user perspective to the QT project.

EXAMINATIONS

Chair: Dr Aisling Baird
Vice Chair: Dr Helen Ribbans (until September) Professor Anne McGregor (from September)

The MFSRH examinations and evidence-based commentary (EBC) continued to be robust assessments, aligned with the early years of the new cSRH higher training curriculum. Psychometric analysis of the two Part 1 assessments and the June Part 2 continued to demonstrate the reliability and validity of the examination.

The objectives of the committee were to:
- Produce two Part 1 exams, a Part 2 and an evidence based commentary
- Continue blueprinting the Parts 1 and 2 examinations to align with the new specialist training programme, curriculum and examination syllabus
- Expand the question banks for the Part 1 single best answer question paper. The committee is making progress towards making the Part 1 as comprehensive as the first parts of other membership examinations. The committee identified the size of the question bank as one limiting factor and has started to remedy this
- Align the CPD credits appropriately to reflect the work of examiners
- Train and update examiners to enable their understanding of and use of recent developments in assessment practice that has been introduced into the MFSRH.
- Start to implement a system of examiner performance management. There is now a database that is open to scrutiny and this will be monitored
- Continue to respond to GMC imperatives. Since assuming responsibility for higher specialist training, the GMC has become active in the scrutiny of the performance of examinations, which are linked to higher training programmes (such as the MFSRH).

This was an extremely busy year for the examination and assessment committee. A most successful examiners’ conference was organised. The day included presentations and workshops with senior examiners, and a visitor from the RCOG, in order that we might share best practice. In the afternoon the group divided into sessions which covered question writing, OSCE techniques and marking evidence based commentaries.

The examination OSCE circuits contained a greater proportion of interactive stations compared with previous years. It was thought that this was better use of the OSCE in fulfilling its designed role as a test of practical clinical competence.

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

The psychometric analysis confirmed that the assessments were robust and 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 greatly in the analysis of validity and reliability. All papers now achieve reliability scores significantly higher than is normally recognised as satisfactory in postgraduate medical examinations.

All papers were blueprinted to ensure there was wide coverage of all modules on the cSRH curriculum. The extended matching paper which replaces the short answer question paper continued to run smoothly and in assessment terms is a resounding success.

The MFSRH chair continued as a member of the RCOG Examination and Assessment Committee to which she contributes regularly and from which she is able to share ideas concerning the MFSRH.

During the year there were two diets of the Part 1 examination. In April there were nine successful candidates out of the twelve entrants and in October seven of the thirteen entrants were successful. This reflected pass rates of 75% and 54% respectively.
Twenty five evidence based commentaries were received in 2013 of which twenty one passed giving a pass rate of 81%.

Of the twenty four candidates for the Part 2 examination, fifteen were successful giving a pass rate of 62.5%.

The MFSRH continues to be a highly regarded assessment.

**Benefit to patients**

The examination is one yardstick by which progress of the specialist trainee in c-SRH is assessed and it is not possible for a trainee to progress towards the Certificate of Completion of Training in the absence of success in the assessment. Therefore, it is one way of ensuring the specialists of the future have the necessary knowledge, skills and attitudes to serve patients. The new curriculum in cSRH is designed to this end and will ensure that the trained specialist practices in the best and safest manner. In aligning the MFSRH examination, by blueprinting, to test the curriculum and ensuring that it is robust and fair, the benefit to patient care is paramount.

**BASHH AND FSRH INFORMATION GROUP**

Joint Chairs: Dr Danielle Mercey
Dr Alyson Elliman

The main objectives of the committee were to:

- Recommend strategies for IT implementation, data collection and reporting for sexual health services
- Advise on the type of information to be collected from sexual health services for the purposes of national audit and public health monitoring
- Respond to relevant consultations which affect service provision and data collection in sexual health
- Liaise with HPA, DH, PHE and other interested parties over information issues to achieve best patient outcomes
- Maintain overview of issues relating to information governance (IG) in sexual health
- Receive and respond to queries and concerns from members relating to IT and IG
- Anticipate problems relating to IT and IG from new legislation or other changes which affect sexual health
- Works towards IT solutions for integration of all sexual health services
- Disseminate important information to BASHH/FSRH members via organisation websites and newsletters.

The group has looked at a wide range of issues which affect sexual health services in England, Scotland and Wales. These include matters arising from proposed coding changes for SHRAD, SHHAPT, GUMCAD-3, the BASHH sexual history taking guidelines, issues of data linkage and the chapter on confidentiality in the revised standards for the management of STIs.

The effective collection, use and analysis of data is key to improving services and to future service planning.

**EQUIVALENCE**

Chair: Mr John Eddy
Vice Chair: Dr Stephen Searle

The objectives of the committee were to:
• Evaluate equivalence applications within the statutory time line from the GMC
• Maintain numbers of assessors in readiness for CESR applications
• Organise monthly meetings in preparation for potential applications.

Equivalence was first introduced into the UK by the Medical Act of 2003 and was then known as Article 14. There have been some changes since 2008 when the GMC took over responsibility for this.

An applicant must demonstrate that they have achieved all the competencies laid down in the curriculum and are practicing at the same level as a day 1 CCT holder. From a practical point of view the committee looks at the previous five calendar years of evidence when assessing applications.

Dr Alyson Elliman stood down as the officer member of the committee at the end of 2013 and Dr Asha Kasliwal, Vice President Standards, is the now the officer responsible for equivalence.

The committee had a pending application at the beginning of 2013 and this was successfully completed in April 2013 bringing the total number to two who have successfully completed the CESR process and received recognition on the specialist register.

Two further applications were received during the year and returned to the GMC with recommendations for the applicants to complete before resubmission. At the end of the year there were two submissions pending which will be evaluated on receipt in early 2014.

Dr Jane Dickson, who successfully completed the equivalence process in 2013, submitted an article to the Journal of Family Planning and Reproductive Health Care, ‘Rings of fire: The hoops to jump through for community sexual and reproductive healthcare equivalence’, which prospective applicants may find useful.

JOURNAL OF FAMILY PLANNING AND REPRODUCTIVE HEALTH CARE

Editor: Dr Anne Szarewski (until August)
Dr David Horwell (from September)

The objectives of the committee were to:
• Produce a relevant and forward-looking quarterly Journal of high scientific quality for the improvement of sexual and reproductive health nationally and internationally
• Routinely achieve agreed editorial and production workflow targets and publish all issues on schedule
• Continue to develop the Journal’s online presence with the assistance of the BMJ Publishing Group and to develop web/new media initiatives
• Continue to improve the Journal’s Impact Factor.

The partnership between the Journal editorial team and the BMJ continued to be consolidated and strengthened by means of regular liaison and meetings. In common with other journals in the BMJ’s portfolio, JFPRHC underwent minor redesign to achieve a more contemporary style.

The Journal endeavoured to publish interesting articles that have a broad appeal, with a view to disseminating new developments and good practice in the fields of family planning and sexual and reproductive health to Faculty members and non-Faculty readers, for their information and for their use for the benefit of their patients.

The Journal once again achieved a healthy flow of submitted and accepted manuscripts, such that all four issues in 2013 were published on schedule. In an effort to reduce the
backlog of accepted manuscripts it was agreed that an increased number of pages would be published in 2013 compared to 2012.

The quality of the articles published in the Journal continued to improve. This was once again reflected in the impact factor, which increased from 1.636 to 2.100, a figure that equates to a ranking of 24/77 in the category “Obstetrics and Gynaecology”, and maintains JFPRHC’s position ahead of the European Journal of Contraception and Reproductive Health Care (ranked 38/77).

In 2013 one or two editorial items in each issue attracted publicity or media attention and five podcasts were released, a marked increase on the number in 2011 (2) and 2012 (1).

Two high-profile Editorial Advisory Board (EAB) members were recruited from the UK/USA, and five new Editorial Board (EB) members with backgrounds encompassing nursing, genitourinary medicine, public health and pharmacy. In August 2013 the Journal appointed a Social Media Editor, and there has already been an increase in the number of Facebook and Twitter followers as a result of the actions and enthusiasm of this new recruit. The Journal continues to benefit from regular blogs, and it is envisaged that responsibility for the blogs will eventually pass to the Social Media Editor.

Following Anne Szarewski’s unexpected and untimely death in August 2013 and David Horwell’s subsequent appointment as Acting Editor-in-Chief, the final 4 months of the year were understandably challenging. However, the editorial team, and in particular the Editorial Manager, have worked together to ensure that day-to-day editorial activities have continued to run smoothly, thus ensuring that the Journal will be in excellent shape when a new substantive Editor-in-Chief is appointed in 2014.

MEETINGS

Chair: Dr Marian Everett
Vice Chair: Dr Zara Haider

The main objectives of the committee were to:

- Deliver three national conferences
- Continue supporting the Clinical Effectiveness Unit Expert Advisory Group
- Liaise with the Clinical Effectiveness Unit to write the CPD component of the guidance documents
- Organise ad hoc courses to support Special Skills Modules (SSMs)
- Assess and approve 408 applications
- Award the Margaret Jackson essay prize
- Organise representation at national careers fairs.

The main benefits to patients and clinicians of this committee are providing up to date, relevant and evidence based information on a wide variety of topics so that the attendees can provide the best possible care to their patients.

Profile Productions continued as the FSRH conference organisers in 2013 and did an excellent job of organising conference venues, marketing, liaising with speakers and chairs and coordinating the applications and evaluations.

The eighth joint annual meeting organised by the Faculty and BASHH was held in January 2013 entitled “Myths and Misconceptions in Sexual Health”. The conference was a great success and evaluated well.

The Annual Scientific Meeting was organised in conjunction with the Clinical Studies Group and was held in Warwick in May. The meeting attracted poster and oral presentations of a
The Current Choices meeting was held at the Royal College of Physicians in November 2013. The meeting was, once again, significantly oversubscribed. This has prompted the Faculty to seek a larger venue for future autumn London events. The keynote speaker, Professor Emeritus Jean-Jacques Amy, gave a very entertaining lecture about the life and work of Margaret Sanger, and this was followed by a very enjoyable reception to celebrate the 20th anniversary of the Faculty. The first session on the second day was a joint session with the British Menopause Society. Again, this was an excellent session with high quality speakers and the Faculty hope to continue this collaboration. The Faculty has been invited to organise a reciprocal session at the BMS annual meeting in 2014. There were a series of interactive workshops on the first day and the conference was well evaluated by delegates. The Fellowship and Membership awards ceremonies were incorporated into this meeting.

The committee oversaw the annual award for the Margaret Jackson Prize Essay for medical students and were very impressed with the number of entries; 33 essays were submitted and the judges had a tough job agreeing on the winning entries. The committee reviewed applications for the 4-0-8 fund, awarding monies to enable attendance at relevant conferences.

The committee organised representation on the Clinical Effectiveness Unit (CEU) to assist with the development of clinical guidelines on a number of occasions.

SPECIALTY ADVISORY COMMITTEE (SAC)

Chair: Dr Kate Guthrie

The SAC committee reports into Council. The Curriculum and Examination Committee report to the SAC.

The objectives of the committee were to:

- Contribute to the development of specialist training policy as it affects the specialty, and to supervise the delivery of specialist training to standards set by the Faculty and the GMC
- Improve the quality management of the CSRH Specialty Training Programme in collaboration with other stakeholders
- Approve applications for the award of the Certificate of Completion of Training in CSRH and entry on to the specialist register
- Facilitate the training needs of trainees enabling them to become consultants with a diverse portfolio of skills to serve the health needs of patients and the wider public
- Act as an executive body for the administration of the ARCP process for all trainees in the Training Programme.

The Speciality Advisory Committee undertook a project to bring national recruitment to the specialty, administered jointly by the FSRH and HEE East of England LETB. This involved designing and delivering an enhanced application process on the national model so that the highest calibre and most appropriate applicants are appointed to posts nationwide. The Faculty also participated in the Specialty Selection Test (SST) pilot study for first year applicants to core and specialty training.

The committee continued to support training centres and post development including helping to resolve local issues such as funding and access to training. Shared information and
learning was disseminated to training programme directors, educational supervisors and trainees. Advice was given to centres on the process of receiving accreditation of posts by the GMC.

There is representation from the trainee network on the committee and work was undertaken to increase the voice of trainees across all aspects of FSRH work.

Work was instigated to improve the quality of training for trainees in various ways. The number of centralised FSRH sponsored trainee days was increased to two annually. At the last meeting two barristers, who worked with sexual assault cases, provided courtroom skills training. A reduction in conference and meeting fees was also negotiated for trainees.

A Train the Trainer event was held as a learning and networking event to share best practice.

The SAC also instigated a process of pre-ARCP meetings so that adverse outcomes are not given for issues which can be resolved prior to the ARCP.

CURRICULUM COMMITTEE

Chair: Dr Tracey Masters

The Curriculum committee reports to the Specialty Advisory Committee

The objectives of the committee were to:

- Carry out a systematic and responsive review of all the modules of the curriculum for Specialty Training in Community Sexual & Reproductive Health to ensure that it includes development of all the appropriate skills to serve the health needs of patients and the public
- Work on enhancement of Workplace Based Assessments with the aim of improving their use as assessment tools against the competencies described in the Curriculum.
- Where necessary apply to the GMC for modification of the curriculum and the assessments aligned to it
- Keep the Matrix of Expectation of Educational Progression ST1 to 6 in Community Sexual and Reproductive Health (often simply referred to as “the matrix”) up-to-date and ensure its content is clear and easily understood by the users (trainees and trainers)
- Liaise with the SAC, Examination committee and the RCOG curriculum committee.

The committee proposed the first amendments to the original 2010 curriculum and these were agreed by the GMC in November 2012. The main changes were to allow a longer period of time to develop certain skills, but also a few additional competences were added and some had minor modifications. The GMC decreed that all trainees should be on a single (i.e. the most up-to-date) curriculum, so the committee instigated a transition plan for this.

Feedback from SAC indicated a need for a redesigned structure for the Educational Supervisors report. The committee led on this and a pilot of a revised report structure/pro-forma was piloted in December 2013 and this has now been implemented as standard. The Matrix was amended to increase its clarity for the minimum requirements and also the requirements for peer feedback through the Team Observation reports.

Throughout the year the committee was mindful of the deficiencies of the WBPAs within the original curriculum, which lacked specific WBPAs for some areas. However we were also aware of changes in best practice relating to WBPAs from feedback via the RCOG and the Academy of Medical Royal Colleges. The Committee is now working to introduce amended WBPAs for CSRH in line with these changes.
Work on a patient feedback form continued throughout 2013, with the aim that feedback from patients to our trainees becomes an integral learning tool in their development. This is not currently standard practice within specialty training in any specialities of which we are aware.

Trainee feedback was sought on the length of exposure to obstetrics and the perceived value of including vasectomy as a required skill. Other feedback and discussion identified further changes as desirable but concluded that these were not urgent. However, a priority for this coming year is to develop the knowledge and skills of our educational supervisors and support them with tools (such as easy-to-reference web-pages) to assist in the tasks they perform.

**TRAINEES NETWORK COMMITTEE**

Chair: Dr Praveen Jayadeva *(until September)*  
Dr Megan Griffiths *(from September)*  
Vice Chair: Dr An Vanthuyne

*The objectives of the committee were to:*

- Support doctors in specialty training in community sexual and reproductive health
- Be a channel of communication from the trainees to the Specialty Advisory and other Faculty committees
- Liaise with potential trainees offering career advice and an understanding of the specialty
- Maintain the google group for information discussion among trainees
- Organise regular training sessions for the hard to reach aspects of the curriculum.

An annual training meeting was held in October focusing on court room skills for sexual assault cases. This was followed by a social event to allow informal support networks to develop among trainees and to share both good and not so good experiences relating to SRH training. Work began to organise a second meeting in 2014 with a view to providing mentoring training.

The committee continued to work with the SAC to address the problem of the Educational Supervisor also being the Training Programme Director for a large number of the trainees. This work is still in progress. The chair and vice chair liaised individually with trainees through email and the google group to help support any local issues.

Trainee meetings were also held within the two FSRH conferences in the spring and autumn.

Trainees gave support to the RCOG Careers Fair, providing advice for potential trainees.

**INTERNATIONAL AFFAIRS COMMITTEE (IAC)**

Chair: Mr Ali Kubba  
Vice Chair: Dr Paula Briggs

*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 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 IAC was established by Council in 2012 to recognise that the Faculty has a role in advancing good practice in service delivery and training beyond the UK. The aims of the IAC are to add value to the Faculty’s existing links in Europe and beyond.

The committee successfully recruited additional members. It played a significant role in bringing together the FSRH and European Society of Contraception supported by WHO Europe to develop a model for standardised SRH training in Europe. Several meetings have taken place and an application for initial funding is underway. This will be a five year project, with the objective of producing a certifiable, quality assured training programme for Europe.

The committee will continue to run a training event in Lasi, Romania, in addition to presenting at the 2014 Romanian Society of Obstetrics and Gynaecology Congress.

A first meeting on global health between the FSRH and RCOG officers was held to explore areas of collaboration. The IAC chair was invited to present at the 2014 RCOG International Congress meeting of international representative committee chairs.

The committee continued to engage with a project for safe motherhood in India with partners the Foundation for Research in Community Health, Mumbai and NICE international. A fact finding visit was planned and is due to take place early 2014.

The IAC worked with the FSRH and ESC to plan a joint session at the ESC Congress in Lisbon in 2014 and continued to represent the FSRH at the FP 20:20 stakeholder’s forum which inputs into the DFID sponsored initiative to address the unmet need for contraception in Africa and other low income countries.

The FSRH is now an affiliate member and the IAC chair an executive member of the International Forum of the Academy of Medical Royal colleges and has contributed to the Forum deliberations throughout the year.

SEXUAL AND REPRODUCTIVE HEALTH – CLINICAL STUDIES GROUP

Chair: Professor Anna Glasier

The objectives of the committee were to:

- Build a portfolio of research, 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 to assist people in writing research proposals or grant applications, but will signpost people to potential sources of assistance or collaboration
- Foster interest and enthusiasm for research among FSRH members
- Encourage trainees to become proficient at research methodology
- Liaise with Meetings Committee about the Annual Scientific Meeting (ASM)

By encouraging high quality research in the field of sexual and reproductive health, the FSRH contribute to the evidence base for high quality patient care.

The committee organised a very successful session at the ASM in Warwick on using modern internet based technology to enhance service provision. They also planned the session for the 2014 meeting in Belfast to present the NATSAL3 data.

The committee met on a regular basis by teleconference and developed a number of research proposals on previously agreed priority topics including:

- Bridging from emergency contraception (EC) to on-going contraception
- Evaluation of Long Acting Reversible Contraception 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 completed in Edinburgh and the findings will form the basis for an application to the HTA in 2014 for a large definitive study.

A study on risk taking behaviour and exposure to unintended pregnancy amongst a cohort of teenagers identified from the NATSAL3 survey continues.

Research proposals on obesity, contraceptive use and unintended pregnancy and on delaying childbirth were unsuccessful in obtaining funding.

WORKFORCE

Chair: Dr Anne Bennett
Vice Chair: Dr Farzana Siddiqui

The objectives of the committee were to:
- Publish the 2011-12 Census Report for the FSRH workforce
- Re design data collection for the 2013 census
- Complete a mapping exercise of Lead Clinicians and the newly formed Health and Wellbeing Boards and clinical leads for sexual health in the CCG’s
- Liaise and share data with the Centre for Workforce Intelligence
- Explore the feasibility of a joint census with BASHH on an integrated service model.

The Fifteenth and Sixteenth Census report for the FSRH workforce, 2011-2012 was published in July 2013. The report was widely circulated, including to the newly appointed local council sexual health commissioners in England.

The report highlighted a low response rate which was attributed to the ongoing organisational changes in sexual health services. In order to address this, the committee decided to develop and design an on-line members census to target individuals. Funding was successfully secured for this piece of work and the FSRH members and Fellow census 2013 was launched in January 2014.

Dr Anne Bennett completed her second term as chair and Dr Farzana Siddiqui succeeded her. Drs Jagruti Doshi and Najia Aziz, CSRH trainee, were elected as new committee members and Dr Amanda Britton remains the ex officio representative.

DEVOLVED NATIONS

SCOTLAND

Chair: Dr Maggie Gurney

The objectives of the committee were to:
- Plan shared activity to promote the specialty and services of sexual and reproductive health (SRH) in Scotland
- Support training and education in SRH in Scotland
- Advise Scottish Government, Scottish Parliament, Lead Clinicians for Sexual Health and other organisations, where required, of Scottish perspectives on SRH issues and raise the profile of sexual and reproductive health services
- Establish appropriate data collection for sexual and reproductive healthcare services
The start of the year saw successful lobbying for cSRH posts in Scotland with 3 trainees now in post.

The national educational meeting was held in Perth on March 16th 2013 and was well evaluated. This conference attracted clinicians from across Scotland with 56% of the attendees being GPs.

The committee carried out a Scotland-wide mapping of work with ‘Looked after Children’ in relation to sexual health. This included discussion of barriers and sharing of good practice, in particular about access to services, as well as partnership working with other agencies including social services. A wider discussion about ensuring rapid access to services for clients with priority conditions and from hard to reach groups will be of direct benefit to patients.

NaSH (national electronic patient record) - following a recent review it was felt NaSH was fit for purpose and that various benefits were being realised. In view of recent technical progress, there is consensus that the first step should be to make every attempt to make the system work.

WALES

Chair: Dr Kirti Jain

The objectives of the committee were to:
- Co-ordinate and work more with BASHH
- Share good protocols and good practice across Wales
- Highlight areas with gaps in SRH services
- Professional support for SRH senior clinicians

There were three meetings held during the year in Cardiff, Wrexham and Mid-Wales with telephone conferencing being used when possible. Powys remained the only Health Board without a community service.

A successful joint scientific meeting and audit meeting were held in collaboration with BASHH. There was clinical sharing of protocols and good practice eg implementing LARC and medical abortion.

The committee worked closing with Public Health and there were links and representation with the Sexual Health Advisory Group and All Wales Sexual Health Network.

Abortion services were monitored throughout Wales and this led, in places where service was poor, to senior appointments with abortion care being part of the job description. The repatriation of abortion services in north Wales continued.

A teenage pregnancy initiative, ‘Empower to Choose’, was launched in April 2012 which is a three year project to reduce the incidence of teenage conceptions. This was supported by the distribution of leaflets and posters together with a website. The purpose is to encourage the use of LARC immediately after delivery and post termination. The national audit and monitoring through Public Health Wales continues.

The committee is conscious of providing professional support for sexual and reproductive health clinicians, particularly being aware of many clinicians working in isolated circumstances.

Two c-SRH trainees were recruited and the last sub specialty trainee completed training early 2013.
NORTHERN IRELAND

Chair: Dr Olga Elder (until July)
        Dr Heather McCluggage (September)

The objectives of the committee were to:
- Promote SRH patient wellbeing by close links with O+G and GUM services
- Recruit with FSRH ‘help’ a province wide consultant post in sexual and reproductive health
- Maintain and promote high standards in medical education in SRH.

There were two meetings held during the year both chaired by Dr Eveane Cubbitt.

At the November meeting it was reported that three senior doctors had left SRH services in NI, two through retirement and the third, the untimely death of Dr McFarland. These doctors had carried a significant amount of committee workload in recent years, including attending the NIRCOG committee. The difficulties of maintaining committee work was acknowledged because of the low numbers of doctors working in SRH in Northern Ireland.

There has been an issue regarding recognition of training and the committee is working with the Medical and Dental Training Agency to resolve this.

Two ‘Course of 5s’ were organised with 12 trainees on each all of whom passed the assessments.

The Regulation and Quality Improvement Authority (RQIA) is Northern Ireland’s independent health and social care regulator and has recommended that there be more collaboration between SRH and GUM services.

Dr Wilkinson, FSRH president, visited Northern Ireland in November and met with both the Chief Medical Officer and doctors and nurses working in SRH services. The issue of there being no consultant in SRH was highlighted and it was recognised that there should be a SRH consultant lead in the province.
<table>
<thead>
<tr>
<th>FACULTY DEANERY ADVISORS</th>
<th></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>-------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Dr Gillian Hodgson</td>
<td>(Joint Advisors for Yorkshire)</td>
</tr>
<tr>
<td>Dr Shirley Tabner</td>
<td></td>
</tr>
<tr>
<td>-------------------------</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>-------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Dr Evelyn Kerr</td>
<td>(East Anglia)</td>
</tr>
<tr>
<td></td>
<td></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>-------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Dr Jill Zelin</td>
<td>(Joint Advisors NE Thames)</td>
</tr>
<tr>
<td>Professor Anne MacGregor</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Dr Vivian Iguyovwe</td>
<td>(SE Thames)</td>
</tr>
<tr>
<td>- Election in progress</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Zara Haider</td>
<td>(SW Thames)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Fiona Sizmur</td>
<td>(Wessex)</td>
</tr>
<tr>
<td></td>
<td></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>-------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Dr Clare Seamark</td>
<td>(South West - South)</td>
</tr>
<tr>
<td></td>
<td></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>-------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Dr Melanie Mann</td>
<td>(West Midlands)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Paula Briggs</td>
<td>(Joint Advisors for Mersey)</td>
</tr>
<tr>
<td>Dr Lydia Kingsley</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Dr Tessa Malone</td>
<td>(North Western)</td>
</tr>
<tr>
<td>- Election in progress</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dr Sarah-Jane Bayliss  (North Wales)

Dr Nashwa Bryant  (South Wales)

Dr Pauline McGough  (Scotland West)

Dr Kate Weaver  (Scotland South East)

Dr Laura Jarvis
Dr Jane Reid  (Joint Advisors for Scotland East)

Dr Wendy Knoops
Dr Sarah Wallage  (Joint Advisors for Scotland North East)

Dr Fiona Gibson  (Scotland - Highlands)

Dr Janet Deacon  (Northern Ireland)

Dr Iliana Scopes  (HM Forces)

### MEMBERSHIP STATISTICS

<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>England</td>
<td>76</td>
<td>351</td>
<td>654</td>
<td>14,118</td>
<td>273</td>
</tr>
<tr>
<td>N Ireland</td>
<td>0</td>
<td>11</td>
<td>14</td>
<td>273</td>
<td>5</td>
</tr>
<tr>
<td>International</td>
<td>9</td>
<td>17</td>
<td>9</td>
<td>179</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85</strong></td>
<td><strong>379</strong></td>
<td><strong>677</strong></td>
<td><strong>14,570</strong></td>
<td><strong>278</strong></td>
</tr>
</tbody>
</table>

**Total membership at end of 2013**  15,989
FINANCE

Objectives:

- To ensure wise and prudent use of the Faculty’s resources
- To use resources to support the implementation of Vision 2020
- To review major projects undertaken in 2013 and develop an operational plan for 2014
- To monitor how new and future projects impact on income and staffing
- To financially model the changes in the General Training programme to enable longer term planning
- To keep the investment and reserves policy under review
- To allocate restricted funds held

There were two significant projects implemented by the Faculty this year which incurred additional expenditure and are outlined elsewhere in this report: the Quality Training Project and the implementation of Vision 2020 including the appointment of a temporary project manager for the QT project and the recruitment of a CEO to take forward the Vision 2020. Council had agreed to use reserves if necessary to fund these key initiatives as they are recognised as being important to the long term future of the Faculty. In practice this has not proved necessary in 2013, but is likely to be required in 2014 as the implementation gains momentum and investment in member benefits and communication/marketing is made.

The policy of funding activity from general funds continued but Council recognised the need to ensure membership fees are affordable by keeping Diplomate rates at the 2012 level for 2013 and only increasing Fellow and Members rates by 3%.

Membership renewals increased towards the end of the year when a third reminder was sent to members. The total number of Diplomates who were current members of the FSRH at the end of the period was 14,570 – almost identical to the year before.

Income from the Journal continued to rise and the relationship with BMJ Publishing Group continues to develop, with an ongoing focus on promotion of the Journal and exploring ways to improve efficiency and keep costs down.

Savings were made on the contract to provide the Clinical Effectiveness Unit due to lower staffing levels in the Unit. Further investment will be needed in the future to ensure that the CEU is able to meet the demand for clinical guidance going forward.

Dividends received showed a significant improvement on 2012. The stock market made good progress in 2013 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 is now looking to reallocate some of its term deposits to other forms of long-term investment.

A detailed budget and operational plan have been approved by Council for 2014.
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:

[Signature]

Diana Mansour

Date: 28 April 2014
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 2013 which comprise the Statement of Financial Activities, the Balance Sheet,
and the related notes. 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 charitable company’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 charitable company’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
charitable company and the charitable company’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 Directors' Responsibilities, the trustees (who are
also the directors of the charitable 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 Financial Reporting Council’s (FRC’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 FRC’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 charitable company’s affairs as at 31
  December 2013 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 directors’ 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.

Karen Thompson, senior statutory auditor
for and on behalf of BDO LLP, statutory auditor
London
United Kingdom
Date: 28 April 2014

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 2013</th>
<th>Total Funds 2012</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 1,439,197 - 1,439,197 1,498,954
- Conference income 196,033 - 196,033 239,046
- Examination fees 16,297 - 16,297 24,225
- Sale of Logbooks and CDs 48,904 - 48,904 81,071
- Other income 10,077 - 10,077 21,936

**Activities for generating funds**

Interest and dividends receivable 113,039 2,454 115,493 129,362

**Total incoming resources** 1,903,269 2,454 1,905,723 2,068,623

**Resources expended**

- Cost of generating funds 5,510 - 5,510 6,341

**Charitable expenditure**

Costs of activities in furtherance of the charity's objectives

- Conferences, meetings and other membership support services 1,386,794 113,523 1,500,317 1,396,719
- Journal of Family Planning 232,749 - 232,749 224,478
- Examinations 92,983 - 92,983 100,901
- Awards, prizes and other expenditure 600 612 1,212 500
- Governance costs 5 96,682 - 96,682 102,379

**Total resources expended** 1,815,318 114,135 1,929,453 1,831,318

Net incoming resources before transfers 87,951 (111,681) (23,730) 237,305
### FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE
of The Royal College of Obstetricians and Gynaecologists

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

<table>
<thead>
<tr>
<th>Notes</th>
<th>Unrestricted Funds 2013</th>
<th>Restricted Funds 2013</th>
<th>Total Funds 2013</th>
<th>Total Funds 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Transfers between funds</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Net incoming resources before gains and losses**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2013</th>
<th>2013</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>(£)</td>
<td>(£)</td>
<td>£</td>
</tr>
<tr>
<td>8</td>
<td>87,951</td>
<td>(111,681)</td>
<td>(23,730)</td>
<td>237,305</td>
</tr>
</tbody>
</table>

**Unrealised gains/(losses) on investments**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2013</th>
<th>2013</th>
<th>Total Funds 2013</th>
<th>Total Funds 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>(£)</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>8</td>
<td>161,204</td>
<td>-</td>
<td>161,204</td>
<td>92,207</td>
</tr>
</tbody>
</table>

**Net movement in funds**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2013</th>
<th>2013</th>
<th>Total Funds 2013</th>
<th>Total Funds 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>(£)</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td></td>
<td>249,155</td>
<td>(111,681)</td>
<td>137,474</td>
<td>329,512</td>
</tr>
</tbody>
</table>

**Fund balances**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2013</th>
<th>2013</th>
<th>Total Funds 2013</th>
<th>Total Funds 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>(£)</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Balances brought forward at 1 January 2013</td>
<td>5,249,284</td>
<td>420,949</td>
<td>5,670,233</td>
<td>5,340,721</td>
</tr>
<tr>
<td>Balances carried forward at 31 December 2013</td>
<td>5,498,439</td>
<td>309,268</td>
<td>5,807,707</td>
<td>5,670,233</td>
</tr>
</tbody>
</table>

All amounts derive from continuing activities. All gains and losses in the year are included in the statement of financial activities.
### FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE
of The Royal College of Obstetricians and Gynaecologists

Company number 2804213

<table>
<thead>
<tr>
<th>Notes</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
</tbody>
</table>

#### FIXED ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangible assets</td>
<td>3,485</td>
<td>1,402</td>
</tr>
<tr>
<td>Investments</td>
<td>1,257,410</td>
<td>1,096,206</td>
</tr>
<tr>
<td>Investments: Term deposits</td>
<td>1,827,270</td>
<td>2,491,359</td>
</tr>
</tbody>
</table>

**Total Fixed Assets**: 3,088,165

**Total Fixed Assets**: 3,588,967

#### CURRENT ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debtor</td>
<td>222,536</td>
<td>230,453</td>
</tr>
<tr>
<td>Bank balances and cash in hand</td>
<td>3,032,611</td>
<td>2,427,478</td>
</tr>
<tr>
<td><strong>Net Current Assets</strong></td>
<td>2,719,542</td>
<td>2,081,266</td>
</tr>
</tbody>
</table>

#### CREDITORS

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creditors and accruals</td>
<td>417,525</td>
<td>354,507</td>
</tr>
<tr>
<td>Income received in advance</td>
<td>118,080</td>
<td>222,158</td>
</tr>
<tr>
<td><strong>Total Creditors</strong></td>
<td>535,605</td>
<td>576,665</td>
</tr>
</tbody>
</table>

#### TOTAL ASSETS LESS CURRENT LIABILITIES

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Assets Less Current Liabilities</strong></td>
<td>5,807,707</td>
<td>5,670,233</td>
</tr>
</tbody>
</table>

#### RESERVES

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General fund</td>
<td>5,498,439</td>
<td>5,249,284</td>
</tr>
<tr>
<td>Restricted Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>309,268</td>
<td>420,949</td>
</tr>
<tr>
<td><strong>Total Funds</strong></td>
<td>5,807,707</td>
<td>5,670,233</td>
</tr>
</tbody>
</table>

These accounts were approved and authorised for issue by the Board of Directors on 28 April 2014

Diana 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.
FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE
of The Royal College of Obstetricians and Gynaecologists

NOTES TO THE ACCOUNTS
YEAR ENDED 31ST DECEMBER 2013

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 14 Trustees amounted to £14,267 (2012: £18,261). Professional indemnity insurance paid amounted to £2,649 (2012: £2,437) and includes trustees’ liabilities.

A member of the Trustees, Dr J Heathcote, received fees of £21,841.33 (2012: £2,829) 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 2013 were 11 full-time. (2012: 12 full time). No employee earned more than £60,000 per annum (2012: nil).

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages and salaries</td>
<td>369,376</td>
<td>363,307</td>
</tr>
<tr>
<td>Employer’s NIC</td>
<td>38,109</td>
<td>36,514</td>
</tr>
<tr>
<td>Pension contributions</td>
<td>23,715</td>
<td>24,272</td>
</tr>
<tr>
<td>Other staff costs</td>
<td>50,611</td>
<td>20,265</td>
</tr>
<tr>
<td></td>
<td>481,811</td>
<td>444,358</td>
</tr>
</tbody>
</table>

4 RESOURCES USED

<table>
<thead>
<tr>
<th></th>
<th>Staff costs</th>
<th>Depreciation</th>
<th>Printing</th>
<th>Other</th>
<th>Total 2013</th>
<th>Total 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment management</td>
<td>-</td>
<td></td>
<td></td>
<td>5,510</td>
<td>5,510</td>
<td>6,341</td>
</tr>
<tr>
<td>Conferences, meetings</td>
<td>-</td>
<td></td>
<td>51,198</td>
<td>232,749</td>
<td>232,749</td>
<td>224,477</td>
</tr>
<tr>
<td>Governance</td>
<td>20,637</td>
<td></td>
<td>51,198</td>
<td>96,682</td>
<td>102,397</td>
<td>100,901</td>
</tr>
</tbody>
</table>

|                      | 481,811    | 3,120       | 236,778  | 1,207,744| 1,929,453  | 1,831,317  |
NOTES TO THE ACCOUNTS
YEAR ENDED 31st DECEMBER 2013

5 GOVERNANCE

2013  2012
£    £
Council and committee expenses  70,089  90,713
Audit fee (including VAT)  17,700  10,200
Legal fees  8,893  1,466

96,682  102,379

6 NET INCOMING RESOURCES

Net incoming resources is stated after charging:

2013  2012
£    £
Depreciation  3,120  8,328
Audit fee
  Current year fee  9,000  8,500
  Prior year under accrual  5,750  -
Rentals payable under operating leases:
  Land and buildings  78,813  76,817
  Plant and machinery  5,758  3,969

7 TANGIBLE FIXED ASSETS

Office Equipment

Cost
At 1 January 2013  122,570
Additions  5,203
At 31 December 2013  127,773

Depreciation
At 1 January 2013  121,168
Charge for the year  3,120
At 31 December 2013  124,288

Net book value
At 31 December 2013  3,485
At 31 December 2012  1,402
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 2013</td>
<td>1,095,706</td>
<td>500</td>
<td>1,096,206</td>
</tr>
<tr>
<td>Unrealised gain</td>
<td>161,204</td>
<td>-</td>
<td>161,204</td>
</tr>
<tr>
<td>Market value at 31 December 2013</td>
<td>1,256,910</td>
<td>500</td>
<td>1,257,410</td>
</tr>
<tr>
<td>Cost at 31 December 2013</td>
<td>1,000,061</td>
<td>500</td>
<td>1,000,561</td>
</tr>
<tr>
<td>Cost at 1 January 2013</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 £929,470 invested in the UK Equity Fund for Charities and £327,440 invested in the Bond fund for Charities.

9  DEBTORS AND PREPAYMENTS

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued income</td>
<td>151,214</td>
<td>172,739</td>
</tr>
<tr>
<td>Prepayments</td>
<td>62,571</td>
<td>51,929</td>
</tr>
<tr>
<td>Other debtors</td>
<td>8,751</td>
<td>5,785</td>
</tr>
<tr>
<td></td>
<td><strong>222,536</strong></td>
<td><strong>230,453</strong></td>
</tr>
</tbody>
</table>

10  CREDITORS AND ACCRUALS

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts falling due within one year:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors</td>
<td>402,325</td>
<td>339,307</td>
</tr>
<tr>
<td>Accruals</td>
<td>15,200</td>
<td>15,200</td>
</tr>
<tr>
<td></td>
<td><strong>417,525</strong></td>
<td><strong>354,507</strong></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 fund received in 2008 to develop national recommended training standards for non-medical health care professionals will be 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 (eLiH) work carried out to change the Faculty’s Diploma to an e-learning product which will then be made available to NHS staff. This funding is to pay expenses for Content authors, Module Editors and Clinical Leads.
NOTES TO THE ACCOUNTS
YEAR ENDED 31ST DECEMBER 2013

13 ANALYSIS OF NET ASSETS BY FUNDS

<table>
<thead>
<tr>
<th>Funds</th>
<th>Restricted funds</th>
<th>General funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Consensus Fund</td>
<td>-</td>
<td>3,485</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td>-</td>
<td>3,073,052</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td>-</td>
<td>2,421,902</td>
</tr>
<tr>
<td>Dept of Health Grant Fund (UKMEC)</td>
<td>-</td>
<td>118,354</td>
</tr>
<tr>
<td>David Bromham Memorial Fund</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Four-O-Eight Sheffield Fund</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Restricted funds</strong></td>
<td><strong>11,628</strong></td>
<td><strong>297,640</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>309,268</strong></td>
<td><strong>5,498,439</strong></td>
</tr>
</tbody>
</table>

At 31 December 2013

<table>
<thead>
<tr>
<th>Tangible</th>
<th>£</th>
<th>Investments</th>
<th>£</th>
<th>Net current assets</th>
<th>£</th>
<th>Total</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Properties</td>
<td>3,485</td>
<td>Other</td>
<td>3,073,052</td>
<td>2,421,902</td>
<td>118,354</td>
<td>5,498,439</td>
<td>309,268</td>
</tr>
</tbody>
</table>

14 OPERATING LEASE COMMITMENTS

At 31 December 2012 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>2013</td>
<td>3,316</td>
<td>-</td>
</tr>
<tr>
<td>2012</td>
<td>3,316</td>
<td>-</td>
</tr>
</tbody>
</table>

In more than 5 years

<table>
<thead>
<tr>
<th>Year</th>
<th>Properties</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>67,800</td>
<td>-</td>
</tr>
<tr>
<td>2012</td>
<td>67,800</td>
<td>-</td>
</tr>
</tbody>
</table>

15 FUNDS RECEIVED IN ADVANCE

Balance at 1 January 2013

Balance at 31 December 2013

<table>
<thead>
<tr>
<th>Description</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 January 2013</td>
<td>222,158</td>
</tr>
<tr>
<td>Amount released to incoming resources</td>
<td>(222,158)</td>
</tr>
<tr>
<td>Amount deferred in the year</td>
<td>118,080</td>
</tr>
<tr>
<td><strong>Balance at 31 December 2013</strong></td>
<td><strong>118,080</strong></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.

The College operates a defined benefit pension scheme in the UK. The disclosures set out below are based on calculations carried out as at 31 December 2013 by an independent qualified 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 scheme funding assessment currently in progress as at 1 April 2013, updated to 31 December 2013.

As at 31 December 2013, contributions are payable to the Scheme by the College at the rates set out in the schedule of contributions dated 30 January 2013. The College contributions expected to be made in the year commencing 1 January 2014 are approximately £291,000.

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 £23,715 (2012 - £24,272).
### SUMMARY OF INCOME & EXPENDITURE

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2013</th>
<th>2012</th>
<th>2012</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>1,455,494</td>
<td>1,523,180</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference income</td>
<td>196,033</td>
<td>239,046</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journal of Family Planning</td>
<td>79,722</td>
<td>74,029</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and dividends receivable</td>
<td>113,039</td>
<td>125,754</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income receivable</td>
<td>58,981</td>
<td>103,006</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Unrestricted income</strong></td>
<td>1,903,269</td>
<td>2,065,015</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>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td>2,454</td>
<td>3,608</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Restricted income</strong></td>
<td>1,905,723</td>
<td>2,068,623</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unrestricted expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examinations, meetings and other membership support services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff costs</td>
<td>481,811</td>
<td>444,358</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Council and committee expenses</td>
<td>70,089</td>
<td>90,713</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam committee expenses</td>
<td>51,198</td>
<td>58,902</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher specialist training expenses</td>
<td>122,042</td>
<td>43,779</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference fees and expenses</td>
<td>183,756</td>
<td>149,795</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual general meeting expenses</td>
<td>22,326</td>
<td>24,717</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other meeting expenses</td>
<td>24,104</td>
<td>19,972</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fellowship ceremonies</td>
<td>10,626</td>
<td>1,482</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD ROM expenditure / E-Learning/E-Portfolio</td>
<td>70,092</td>
<td>83,861</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing</td>
<td>42,446</td>
<td>25,010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent, rates and service charges</td>
<td>78,813</td>
<td>76,817</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment maintenance</td>
<td>8,683</td>
<td>4,626</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>3,120</td>
<td>8,328</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photocopying</td>
<td>1,756</td>
<td>2,163</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postage and dispatch</td>
<td>43,656</td>
<td>38,429</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>3,989</td>
<td>3,972</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>12,544</td>
<td>8,191</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stationery &amp; software</td>
<td>69,316</td>
<td>58,140</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit fee</td>
<td>17,700</td>
<td>10,200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional fees</td>
<td>36,991</td>
<td>30,558</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotion of Faculty</td>
<td>78,459</td>
<td>104,653</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal fees</td>
<td>8,893</td>
<td>1,466</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portfolio manager's fees</td>
<td>5,510</td>
<td>6,341</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Officers’ travel expenses</td>
<td>7,363</td>
<td>2,553</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sundry expenses</td>
<td>10,139</td>
<td>8,661</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working parties - Clinical standards</td>
<td>1,083</td>
<td>13,291</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Website</td>
<td>1,713</td>
<td>1,224</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Nurses meeting</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Effectiveness Committee</td>
<td>113,751</td>
<td>214,783</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Unrestricted expenditure</strong></td>
<td>1,581,969</td>
<td>1,536,985</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SUMMARY OF INCOME & EXPENDITURE (cont.)

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2013</th>
<th>2012</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Journal of Family Planning</strong></td>
<td>232,749</td>
<td>224,478</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prizes and awards</strong></td>
<td>600</td>
<td>500</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Restricted expenditure
- D M Memorial Fund: 612
- Department of Health Grant: 111,276, 66,860
- Four-0-Eight fund: 2,247, 2,495

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>114,135</td>
<td>69,355</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net (deficit) / surplus</strong></td>
<td>(23,730)</td>
<td>237,305</td>
</tr>
</tbody>
</table>