Faculty of Sexual and Reproductive Healthcare
of the Royal College of Obstetricians and Gynaecologists
Setting standards in contraception - improving sexual health for all

Report and Accounts 2014
& Annual General Meeting
Year ended 31 December 2014
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Looking back over 2014 I am taken aback by the speed of change – both at the Faculty and in healthcare as a whole. While many of these changes have been very positive – for the Faculty at least – there is no question that we have to ‘up our game’ if the FSRH is to continue to make improvements in sexual and reproductive health care. There are many threats to progress including the increasing fragmentation of service delivery and commissioning in England, the financial pressures facing Local Authorities (who now commission SRH services and some aspects of GP contraception provision in England) and the more general financial pressures facing the health service – and indeed many individuals – across the UK.

My vision is that the Faculty can play an increasingly influential role in ensuring that women – and men – receive the sexual and reproductive health care they need, when they need it and in a way that maximises their health and the quality of their lives. Women consistently say that contraception is the ‘invention’ of the 20th Century that has most transformed their lives. Women are in danger of the innovations in contraception being taken for granted in healthcare systems that still do not reward prevention and health promotion – and perhaps do not prioritise women either. This must change and the Faculty will play a role in changing it through the development of the ‘vision’ for SRH, which will be published in 2015.

I am confident that the steps the FSRH has taken in 2014 will go a long way towards ensuring provision of training, clinical guidance and standards and the influences required to ensure sustainable and effective SRH care, wherever it is provided.

This was the year when the FSRH finally admitted nurses as Diplomate members and I am delighted that 62 nurses achieved the NDFSRH over the year. The FSRH is pleased to welcome them into the Faculty and look forward to nurses having a greater role in the organisation. This was also the year when key recommendations from the Peile Report were implemented, which included enabling doctors and nurses to undertake Letters of Competence training in LARC methods separately from the Diploma. The hard work that went into these developments and into the introduction of the on-line knowledge assessment (the eKA) was recognised when the Quality Training project was shortlisted in the UK Sexual Health Awards.

The FSRH also made great strides during 2014 to modernise itself – based on the recommendations set out in Vision 2020 and taken forward by the Officers, Council and CEO with great energy and commitment. This has included a staff restructure, the employment of additional staff to strengthen the support and training provided to membership, a thorough review of our governance (kindly overseen by Simon Blake, CEO of Brook) and investment in a new website and database – the results of which members will see in 2015. I believe that we have also – rightly in my view – become more outward facing over the last 12 months, investing in important partnerships with a range of organisations who share the Faculty’s interest in sexual and reproductive health and in women’s health. The FSRH will continue to do so.
Once again a series of popular and very successful conferences have been organised, the impact factor of the Journal has increased again and the Faculty is increasingly being asked to participate in groups and activities which help to ensure that the voice of those delivering SRH care is being heard.

I was privileged to be elected for a second term as President of the FSRH in 2014 and was delighted that this was also the year that the FSRH became a member of the Academy of Medical Royal Colleges. I believe this is an important step for the Faculty and for sexual and reproductive health and I welcome the engagement and involvement of all our members in our work over the coming years.

Chris Wilkinson, President
REFERENCE AND ADMINISTRATIVE DETAILS

COMPANY DIRECTORS
Dr C Armitage
Dr J Barter
Dr A Britton
Dr A Connolly
Dr H Cooling
Dr M Everett
Dr J Heathcote
Dr A Kasliwal
Dr A Lashford
Dr D Mansour
Dr T Masters
Dr N Mullin
Dr M Pillai
Dr F Powell
Dr H Wheeler
Dr C Wilkinson
Dr A Wright

CHIEF EXECUTIVE OFFICER/COMPANY SECRETARY
Jane Hatfield

AUDITORS
BDO LLP, Pannell House, Park Street,
GUILDFORD, Surrey, GU1 4HN

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
Registered Number: 02804213
Charity Number: 1019969
DIRECTORS' REPORT

The directors of the FSRH have pleasure in presenting their report together with the accounts for the year ended 31 December 2014.

STRUCTURE, GOVERNANCE AND MANAGEMENT

The Faculty is a registered charity (Charity No.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 during 2014 was as follows:

Officers
President: Dr Christopher Wilkinson
Vice President: Dr Anne Connolly (from January 2014)
Vice President: Dr Asha Kasliwal
Vice President: Dr Alisa Gebbie (to July 2014)
Vice President: Dr Tracey Masters (from June 2014)
Honorary Secretary: Dr Amanda Britton
Honorary Treasurer: Dr Diana Mansour

Elected members (10):
Fellow/Member representative: Dr Catherine Armitage June 2011 2017¹
Fellow/Member representative: Dr Janet Barter June 2012 2015¹
Fellow/Member representative: Dr Hilary Cooling June 2014 2017¹
Fellow/Member representative: Dr Marian Everett June 2014 2017¹
Fellow/Member representative: Dr Jennifer Heathcote June 2012 2015¹
Fellow/Member representative: Dr Nicola Mullin June 2011 2017¹
Fellow/Member representative: Dr Karen Trewinward June 2008 2014²
Fellow/member representative: Dr Alison Vaughan June 2011 2014¹

Diplomate representative: Dr Claire Brock June 2011 2014¹
Diplomate representative: Dr Nathan Acladious June 2009 2014²
Diplomate representative: Dr Anne Lashford June 2013 2016¹
Diplomate representative: Dr Mary Pillai June 2014 2017¹
Diplomate representative: Dr Fenella Powell June 2013 2016¹
Diplomate representative: Dr Helen Wheeler June 2014 2017¹

RCOG representative (2): Dr Alison Wright, Vacancy

Co-opted members: Ms Wendy Moore, nurse member

Members invited to Council (not Directors):
Professor Anna Glasier OBE Chair, CSG-SRH (to April 2014)
Dr Judith Stephenson Chair, CSG-SRH (from April 2014)
Dr Kate Guthrie Chair, Specialty Advisory Committee
Dr Marian Everett Chair, Meetings Committee
Dr Sam Rowlands Chair, Clinical Effectiveness Committee
Dr Farzana Siddiqui Chair, Workforce Planning Committee
Dr Aisling Baird Chair, Examinations Committee
Dr Tracey Masters Chair, Curriculum Committee (to Sept 2014)
Dr Pauline McGough Chair, Curriculum Committee (from October 2014)
Dr Jane Dickson Chair, Clinical Standards Committee
Dr Jennifer Heathcote Chair, General Training Committee
Dr Megan Griffiths Chair, Trainee’s Committee
Dr Asha Kasliwal Co-chair, Joint BASHH Integrated Information Group
Dr Margaret Gurney Chair, Scottish Committee
Dr Kirti Jain Chair, Welsh Committee
Dr Heather McCluggage Chair, Northern Irish Committee
Mr David Horwell Acting Editor-In-Chief (until Dec 2014)
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 and Vice Presidents hold office for a three-year term 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.

There are ten elected members of Council, this is comprised of six Fellows/Members and four Diplomates who are elected to Council by their respective membership group. Each elected member of the Council holds 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. 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 Autumn.

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 recommendations on these to Council for agreement before the setting of the annual budget.

Induction of Trustees

New, elected, members of Council who act as trustees are provided with details of their responsibilities as charity trustees, the Articles and Memorandum of Association and current byelaws, Council minutes, and contact details of the other Council members. In addition to giving Council the benefit of their experience and knowledge, members are encouraged to take an active part in the work of a committee. All members of Council and committees are required to complete a declaration of personal interests and to ensure that these are current.
OBJECTIVES AND ACTIVITIES

The main function of the FSRH 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 of the charity 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.

Key Achievements

There were three overarching objectives for 2014 with a detailed work programme setting out aims for each one. The objectives were:

1. Strengthening and promoting the Faculty training programmes.
2. Strengthening and modernising the Faculty.
3. Providing leadership and influence in SRH services.

Achievements included the ‘go live’ of the changes to the General Training programme, as a result of the independent evaluation of the programme by Professor Peile. By the end of January 2014, nurses were able to undertake the FSRH Diploma for the first time and by the end of the year over 60 nurses had been awarded the NDFSRH and become full Diplomate members of the FSRH. January also saw the introduction of the eKA or on-line knowledge assessment, which must be passed before any doctor or nurse can undertake a Faculty qualification. This has proved a robust initial assessment that enables the Faculty to ensure that any healthcare professional undertaking a FSRH qualification has the necessary knowledge of sexual and reproductive health to underpin their Diploma or Letter of Competence training. The significance of the work of the ‘Quality Training’ Working Group was externally acknowledged when it was shortlisted in the UK Sexual Health Awards. This work is designed to support the charity’s objective to deliver training and education in sexual and reproductive health and will help to strengthen the delivery of SRH care wherever it is provided. The eKA proved to be more expensive to develop than originally envisaged, however it will provide an income stream for the Faculty to help recover its costs.

In addition, this year saw the introduction of the Letter of Competence (LoC) – only route for any doctor or nurse who wishes to fit LARCs, but who may not need or want to do the full FSRH Diploma. As part of this development, the RCN decided to stop its LARC accreditation and a legal agreement was signed to enable the FSRH to recognise the RCN LARC accredited nurses as FSRH LoC accredited and they were all offered Associate membership of the Faculty. In addition, the RCN and RCGP now accredit both the FSRH Diploma and Letters of Competence.

A number of proposals and expenses were approved by Council relating to the modernisation of the Faculty itself, based on the recommendations set out and agreed by the membership in the Vision 2020. This included investment in a new staffing structure and 3 additional posts, designed to improve the way the Faculty works towards its charitable objectives and improving the way it supports its members. These changes were made under the direction of the Officers and Council and overseen by the CEO and the results have already started to have impact, both in terms of increasing efficiency and reducing some costs. Council also agreed to
investment in refurbishment of the Faculty offices, which has transformed the quality of the accommodation that staff and Officers work in and has encouraged team-working. In addition, investment was approved in the appointment of a project manager to oversee the replacement and redesign of the website and database which are no longer fit for purpose.

Council started work on its ‘vision’ for sexual and reproductive (SRH) health care, working with an external agency (Incisive Health) to set out how SRH should and could look if it were to be delivered effectively to women and men across the UK. This work will be published in 2015, alongside implementation plans for each of the four nations. This initiative has been taken partly in response to the impact of commissioning and funding changes in SRH which has resulted in some reductions in the number and accessibility of some services. Council is increasingly inclined to take the view that the Faculty should influence such changes, which are impacting across primary care and specialist services. Council took the view that SRH needs to be championed in the medical community and among policy makers and felt that the time was right for the Faculty to apply to be a member of the Academy of Medical Royal Colleges – this application was approved at the end of the year, with support from the RCOG. Investment in ‘influencing’ to uphold standards in SRH was an important strand of work throughout the year alongside the on-going work in providing education and clinical guidance.

Dr Ailsa Gebbie demitted office as Vice President in July and Dr Tracey Masters was elected as Vice President, Specialty. Council were also asked to nominate an additional Vice President, with the election of Dr Anne Connolly as Vice President, Membership, in January 2014. This means that there now 6 Officers, of whom 2 are currently GPs. Dr Chris Wilkinson was unanimously re-elected as President for a second three-year term in June 2014.

It was agreed at March Council that all membership subscriptions for 2014 remain at the same rate as in 2013 if paid by direct debit, but would increase by £5 if paid by cheque or bank transfer - to reflect the additional costs of processing these payments.

Seven members were awarded Fellowships of the FSRH, acknowledging their committed service to sexual and reproductive healthcare over a number of years and 4 Honorary Fellowships were awarded to:

- Audrey Simpson, Director, Family Planning Association, Northern Ireland
- Kathy French, independent nurse advisor, SRH
- David Horwell, Acting Editor in Chief of the Journal of Family Planning and Reproductive Health
- Dona Milne, Deputy Director of Public Health, NHS Lothian.

Council ratified the examination results from the Part II MFSRH and 24 people successfully passed this examination and were awarded Membership in November.

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

The Work of the FSRH Committees

Much of the work of the FSRH is carried out by the Committees that feed into Faculty Council. Committee members provide their time and expertise on a voluntary basis, without which the FSRH would not be able to fulfil its charitable objectives. A summary of the work of each Committee is set out below:
REPORTS OF THE COMMITTEES

CLINICAL EFFECTIVENESS COMMITTEE

Chair: Dr Sam Rowlands

The objectives of the committee are to:
- Oversee the functions of the Clinical Effectiveness Unit (CEU)
- Provide a members enquiry service
- Deliver guidance products using NICE approved processes
- Comment on NICE guidance and other products.

Key achievements in 2014:
- The CEU answered more than 250 members’ enquiries in 2014
- The new CEU was selected, based in Edinburgh
- Publication of guidance documents on contraceptive choices for women with cardiac disease and male and female sterilisation
- Production of new product reviews on Caya and Jaydess
- Production of statements on VTE and hormonal contraception, OCs and MS, progestogen-only methods and HIV, St John's Wort, COC and mood and COC and breast cancer.

CLINICAL STANDARDS COMMITTEE

Chair: Dr Jane Dickson

The objectives of the committee are to:
- Review and produce auditable standards to support clinical governance
- Provide guidance on appraisal and revalidation for doctors working in SRH
- Liaise with regulatory and professional organisations on performance procedures
- Ensure up to date information on FSRH standards are available via FSRH web site.

Key achievements in 2014:
- Input into key consultations including those from the GMC and NICE. Contributions to consultations on ‘One to One’ interventions, Quality Standards for Fertility, Continence, Hepatitis and Guidance on Sexual Health Services for Under 25s. This has led to requests from NICE for the Faculty to endorse some of their key new guidance
- Production of ‘Quality Standards for Contraceptive Services’ outlining the six quality statements to guide and support providers, professionals and commissioners
- Completion of auditable standards including updated versions of record keeping standards, risk management, medicines management and a new support tool for appraisal and revalidation
- Representation on BASHH CSU for Production of Service Standards for STIs
- Submissions to consultations on menopause, remediation and registration of abortion services.

CURRICULUM COMMITTEE

Chair: Dr Tracey Masters until September 2014
Dr Pauline McGough from October 2014

The Curriculum committee reports to the Specialty Advisory Committee (SAC).
The objectives of the committee are to:

- Carry out a systematic review of all modules of the curriculum for Specialty Training in Community Sexual & Reproductive Health (CSRH) to ensure that it includes 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 CSRH (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.

Key Achievements in 2014

- In line with changes to Work-Based Place Assessments (WBPAs) in other aligned specialties, the committee made a Curriculum Advisory Group submission to the GMC for revision of the WBPAs in April 2014. These were approved and are now available via the FSRH website. The website has been revised – and negotiations with the NHS e-portfolio provider (NES) about the required revisions are overdue and ongoing
- The national report on Shape of Training (Greenaway Report) has been discussed and provisional plans for further substantial review of the curriculum modules are on hold
- Better trainee and trainer educational supervisor information and support from the FSRH website had been identified as a priority and an ongoing project is in place to input into the wider FSRH website update/upgrade. An Educational Supervisor from the Southwest was commissioned to collate instructions/advice and also ideas for the relevant web-pages
- The work on integrating patient feedback into CSRH trainee’s assessment continued throughout 2014, with further refinement of the form and piloting of this with many of our trainees. This is not currently standard practice within other specialty training of which we are aware – and so is somewhat ground-breaking work
- Additionally the Specialty Training committees were involved in the FSRH Working Party addressing Conscientious Objection and developing guidance for trainees and trainers.

EXAMINATIONS COMMITTEE

Chair: Dr Aisling Baird

The objectives of the committee are to:

- Produce two Part 1 exams, a Part 2 and evidence based commentary (EBC)
- Align the CPD credits to appropriately reflect the work of examiners
- Train and update examiners to enable their understanding of and use of recent developments
- Implement a system of examiner performance management.

Key achievements in 2014:

- Training in best practice for existing and new examiners undertaken
- Successful question writing day to enhance the Part 1 question bank undertaken
- Three exam diets produced
- Three exam diets marked, standard set and ratified
- EBC produced and marked.
EQUIVALENCE COMMITTEE

Chair: Mr. J.W. Eddy

The objectives of the committee are to:
- Maintain CSRH assessors
- Assess doctors who wish to go on the specialist register CESR (Equivalence Article 9)
- Provide the GMC with statutory guidelines
- Work to GMC guidance and process all applications within 7 weeks.

Key achievements in 2014:
- FSRH have complied with the GMC’s written decision within 7 weeks for the 3 years the Committee has sat
- There have not been any appeals against the committee decisions
- Twelve people were trained in the assessments of applications
- Four people were successful being awarded CESRs.

GENERAL TRAINING COMMITTEE

Chair: Dr Jenny Heathcote

The objectives of the committee are to:
- Develop and maintain the FSRH 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 FSRH Training Programme
- Develop and maintain recertification for the FSRH Training Programme
- Train and update FSRH trainers and support General Training Programme Directors and Faculty Regional Training Advisors.

Key achievements in 2014:
- First Nurse Diploma Faculty Sexual Reproductive Healthcare (NDFSRH) was awarded
- First Faculty Register Nurse Trainers (FRNTs) awarded via Post Graduate in Medical Education – SRH (PGA Med Ed)
- Three successful PGA courses (Birmingham, Glasgow, Keele)
- eSRH team with new terms of reference
- Restructuring of GTC with project specific Vice Chairs.

INTERNATIONAL AFFAIRS COMMITTEE

Chair: Mr Ali Kubba

The objectives of the committee are to:
- Promote Faculty resources such as CEU guidance and the Journal of Family Planning and Reproductive Health Care (JFPPRH) for use in countries outside of 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
- Collaborate with the European Society of Contraception to develop a training curriculum.
Key achievements in 2014:

- Supported collaborative work with the European Society of Contraception (ESC) securing a commitment from ESC to work on a European training pilot
- Collaborated with the Royal College of Obstetricians and Gynaecologists (RCOG) Global Health Unit (GHU) in supporting International Women's Day and accepting invitation to develop the contraception module for the Basic Gynaecology Skills project
- Promoted faculty resources in India.

JOURNAL OF FAMILY PLANNING AND REPRODUCTIVE HEALTH CARE

Acting Editor-in-Chief: Mr David H Horwell FRCOG MFSRH

The Objectives of the Editorial Board are 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.

Key achievements in 2014:

- Timely publication of four quarterly issues of the Journal, with a broad range of articles. These covered advances in the fields of family planning and sexual and reproductive health care, the results of relevant current research for the improvement of practice both nationally and internationally, and topics of interest to Faculty members and non-Faculty readers
- The continuing improvement in the quality of articles published in the Journal was once again reflected in the Impact Factor, which increased from 2.100 to 2.326, maintaining the JFPRHC’s position ahead of the European Journal of Contraception and Reproductive Health Care
- The annual number of submissions (original and commissioned articles) once again increased. Two new Associate Editors were appointed and four members retired or resigned because of other commitments. The Social Media Editor’s activities, which include writing interesting and relevant blogs, expanded and enhanced the Journal’s social media presence

2014 was necessarily a year of consolidation following the death of Anne Szarewski in August 2013. David Horwell took on the role of Acting Editor-in-Chief and held the Journal on a steady course. The editorial team, and in particular the Editorial Manager, worked consistently, collaboratively and tirelessly to assure the efficient administration of the day-to-day editorial activities until Sandy Goldbeck-Wood assumed the role of Editor-in-Chief on 1 January 2015.

MEETINGS COMMITTEE

Chair: Dr Marian Everett

The objectives of the committee are to:

- Deliver three national conferences
- Organise courses to support Special Skills Modules (SSMs)
- Improve CPD support for all members
- Support the Clinical Effectiveness Unit Expert Advisory Group.
FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE
of The Royal College of Obstetricians and Gynaecologists

Key achievements in 2014:
- Joint BASHH and FSRH meeting was fully subscribed and highly evaluated
- Annual Scientific Meeting (ASM) was held for first time in Belfast, Northern Ireland
- One off nurses only conference was held at the RCOG and highly evaluated
- Current Choices fully subscribed, hosted at award winning Kings Place for the first time.

SPECIAL SKILLS GROUP

Chair: Dr Antje Ischebeck

The objectives of the group are to:
- Develop the new deep implant removal module, tasking individuals with specific actions, which are to be delivered in a specified time
- Find and task interested and competent specialists to develop and run new paediatric and adolescents gynaecology course
- Develop a deep implant removal module
- Review the foundation in sexual problems.

Key achievements in 2014:
- New guardians found for special skills modules on Ultrasound and Vasectomy, logbooks being reviewed
- Menopause and Abortioncare logbooks updated and completed
- Abortioncare logbook update completed
- Abortioncare DVD has been updated, currently being filmed
- New Adolescent Sexual Health Module being developed after group newly established.

SPECIALTY ADVISORY COMMITTEE (SAC)

Chair: Dr Kate Guthrie

The objectives of the SAC 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 set 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.

Key Achievements in 2014:
- National recruitment to the speciality ran for the second year, administered jointly by the FSRH and HEE East of England LETB. The speciality had the highest competition ratio for 2014 entry of any training programmes (with 87 applications for 4 posts) in 2014
- The committee continues to support training centres and their Educational Supervisors (and Training Programme Directors) through an annual one-day meeting – held on 28th November 2014
Trainee representation on the various committees across the Faculty was supported to further increase the voice of trainees across all aspects of FSRH work.

The SAC also continues to be intimately involved in running the ARCP process for all trainees.

TRAINEES COMMITTEE

Co-Chair: Dr Megan Griffiths
Co-Chair: Dr An Vanthuyne

Key Achievements in 2014

- A training meeting was held in May with a view to providing Mentoring training. Pairing a junior with a more senior trainee will increase informal support outside the educational supervisor relationship.
- A second training meeting was held in November addressing curriculum subjects in GUM and psychosexual problems as well as abortion care and media skills. Both training days received excellent feedback.
- The Chairs have liaised individually with trainees through email, the Google group and telephone contact to support with regard to local issues.
- Prospective trainees are able to contact the Chairs via the Faculty website for advice on the Specialty. Much of this work is also carried out at a local level through trainees themselves and the Chair often acts as a conduit for contacts.
- The Faculty has been represented by trainees at the RCOG Careers Fair and provided career advice for potential trainees. This was facilitated by the committee.

WORKFORCE PLANNING COMMITTEE

Chair: Dr Farzana Siddiqui

Workforce planning needs must remain a priority amidst plans to integrate and restructure sexual health services in the UK.

The committee is looking at different ways of collecting data that will be meaningful and fit for purpose in line with the FSRH vision for SRH. Currently there are major gaps and variations in the way the data is being collected. The aim is to improve the quality of data in order to be able to forecast supply and demand for consultants and lead clinicians in SRH.

The Committee wants to explore the opportunity to work jointly with BASHH and others on the benefits of data sharing and surveys to support integrated models of service.

CLINICAL STUDIES GROUP

Chair: Professor Anna Glasier OBE (to April 2014)
Dr Judith Stephenson (from April 2014)

During 2014 the objectives of the committee were under review with a new Chair coming into post in April 2014. The committee met in December 2014 to discuss the potential for the new remit and pending this decision the committee will move forward in 2015 with renewed objectives to support excellence in SRH-related research.
INTEGRATED INFORMATION GROUP (FSRH/BASHH JOINT GROUP)

Co-chairs: Dr Asha Kasliwal (FSRH)  
Dr Danielle Mercey (BASHH)

This is a liaison group between the FSRH, BASHH, HPA, PHE, DH and IT providers.

The objectives of the Group are:

- To recommend strategies for information technology (IT) implementation, data collection and reporting for contraception and sexual health services.
- To respond to relevant consultations affecting service provision and data collection.
- To maintain overview of issues pertaining to Information Governance (IG)
- To receive and respond to queries and concerns from members relating to IT/IG
- To anticipate problems relating to IT and IG from new legislation or other changes which affect contraception and sexual health.
- To disseminate relevant information to BASHH/FSRH members.

Key Achievements in 2014:

- Involved in consultation and amendments to SHRAD and GUMCAD.
- Response to DH consultation ‘Protecting Health and Care Information: A consultation on proposals to introduce new Regulations’.
- Represented FSRH on the DH and BASHH group on sexual health and confidentiality.

DEVOLVED NATIONS

SCOTTISH COMMITTEE

Chair: Dr Margaret Gurney

The objectives of the group are to:

- Contribute to the development of the next 5 year phase of the Scottish Government’s Combined Sexual Health and BBV Framework.
- Contribute to a national patient satisfaction survey to identify any gaps or potential areas of improvement from the service user viewpoint.
- Take part in a national (Scottish) review of the skills of the workforce and sharing on how the workforce can be improved to improve services.
- Advise the Scottish Government, Scottish Parliament, Lead Clinicians for Sexual Health and other organisations where required of Scottish perspective on SRH issues to raise the profile of sexual and reproductive health services.

Key achievements in 2014:

- Audit of skin cleansing agents pre implant procedure.
- Clarification and resolution of Scottish Ambulance Service patient transport issues.
- Input to the national smear leaflet.
- Sharing of good practice including management of sexual assault.
- Contributed to the implementation of the Scottish Government Chief Executive Letter CEL (1) 2012 Action 18.6 in order to ensure that, prior to discharge from maternity services, all women aged 16-50 are advised of their contraception options.
WELSH COMMITTEE

Chair: Dr Kirti Jain

The objectives of the group are to:
- Co-ordinate and work with BASHH in Wales
- Share good protocols and good practice across Wales
- Highlight areas with gaps in SRH services
- Provide professional support for SRH senior clinicians.

Key achievements in 2014:
- Provided professional support for SRH senior clinicians
- Collaborated with BASHH on successful joint scientific meeting held in July
- Joint BASHH/FSRH audit meeting held in March
- Highlighted abortion care - now included in job descriptions for senior appointments
- cSRH Training - there are two cSRH trainees in post.

NORTHERN IRISH COMMITTEE

Chair: Dr Heather McCluggage

The objectives of the group are to:
- To maintain and promote high standards in medical education in SRH
- To promote SRH patient wellbeing by close links with O&G and GUM services
- To influence to establish a province wide consultant post in SRH

Key achievements in 2014:
- Belfast hosted the 2014 FRSH Annual Scientific meeting – feedback was favourable
- Two successful Course of Fives have been held
- Deanery Advisors have been re-named Regional Training Advisors
MEMBERSHIP STATISTICS

<table>
<thead>
<tr>
<th></th>
<th>Hon Fellows</th>
<th>Fellows</th>
<th>Members</th>
<th>Diplomates</th>
<th>Associates</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>76</td>
<td>340</td>
<td>275</td>
<td>14,186</td>
<td>809</td>
</tr>
</tbody>
</table>

Total membership at end of 2014: 15,686

FACULTY STAFFING

Over the last year, there have been some significant changes and a completely new staffing structure established to support the work of the FSRH overseen by the CEO, Jane Hatfield.

The new staffing structure has included the implementation of clearly defined teams within the Faculty each overseen by a senior member of staff:

**Executive Office**
This team includes the Chief Executive, Executive Assistant and Finance and Office management. The team supports the governance of the FSRH (including Council and Officers) and deals with all aspects of finance and accountability to the Charity Commission and Companies House, strategic planning, budgeting and use of resources and management of senior staff.

**Membership and Marketing**
This team is led by the Head of Membership/Deputy Chief Executive and is responsible for all aspects of supporting the FSRH membership including processing of new applications, promotion and marketing of membership, organising conferences/events and dealing with general enquiries.

**Education and Training**
This team is led by the Head of Education and Training and deals with all aspects of the Faculty's qualifications and training including processing of new applications for the Diploma and Letters of Competence, Membership exam, Specialty training programme and recertification of qualifications.

**Policy and Standards**
This is a new team, led by the Head of Policy and Standards, established to promote clinical and policy standards in the field of sexual and reproductive healthcare and to ensure that the Faculty has a key influencing role in the setting and use of such standards and guidance.

AWARDS

To highlight and show recognition for the innovative and inspirational work that is carried out by our members and future members/students with an interest in SRH, the FSRH provide awards and scholarships throughout the year.

**The David Bromham Annual Memorial award**
David Bromham was the first Chairman of the FSRH. Sadly, halfway through his second term of office he became ill and in 1996 he died. David was an energetic and inspirational man. Throughout his successful career, he set up and assisted a number of sexual and reproductive healthcare programmes and carried out an extensive programme of research. The award is a
prize for a piece of work which through inspiration, innovation or energy has furthered the practice of family planning and reproductive health care in any way and in any setting.

The successful recipient of the Award in 2014 was the Sexual Health Team at the Community Drug and Alcohol Team at Guys and St Thomas, London proposed by Dr Rudi Pittroff for their collaborative work providing services for patients with severe drugs and alcohol problems.

**The Margaret Jackson Essay Prize**

Dr Margaret Jackson was a distinguished pioneer in the field of family planning who helped set up the first birth control clinic in England in 1930. Dr Jackson practised as a doctor for 53 years and was a founder member of the Family Planning Association and an Honorary Fellow of the Royal College of Obstetricians and Gynaecologists. The FSRH annually award a prize in her memory to three undergraduates. The prize of £300 for the winner and £100 each for two runners-up is awarded to students who submit original essays on a topic related to contraceptive and sexual health care.

Two first prizes were awarded this year: to Ruth Harris for her essay entitled “Complexities and challenges of transition to adult services in adolescents with vertically transmitted HIV infection”; and to Kundun Iqba for her essay entitled “The impact of romance novels on women’s sexual and reproductive health”.

The second prize was awarded to Miriam Hillyard for her essay, “What is normal anyway? – Changing perspectives on female sexual dysfunction”.

Third prize was awarded to Ben Chisnall for “Another pill scare – The environmental impact of the combined oral contraceptive pill”.

**The 4-0-8 Sheffield Fund**

In 2001, the 4-0-8 Young People's Consultation Centre Ltd in Sheffield made a donation to the FSRH for the purpose of funding training for healthcare professionals. Approximately £1,000 is allocated every 3 months as a single award or divided between applicants.

2014 recipients were:

Dr Najia Aziz - awarded £950 to attend the 13th European Society of Contraception Congress in Lisbon (May 2014).

Dr Jane Dickson - awarded £430 to attend the EUROPAG Meeting in London (Sept 2014).

Dr Rachel Turner - awarded £614 to attend the Annual Scientific Meeting (ASM) in Belfast (April 2014).

Dr Souria Azizi - awarded £631 to attend the ASM in Belfast (April 2014).

Dr Rachel Westwick – awarded £200 to attend the ASM in Belfast (April 2014).


Dr Clare Heggie - awarded £234 to attend Current Choices in London (November 2014)
FINANCIAL REVIEW

FINANCE

Objectives:

- To ensure wise and prudent use of the Faculty’s resources
- To use resources to support the implementation of Vision 2020 and the 2014 operational plan including modernisation plans
- To review major projects undertaken in 2014 and develop an operational plan for 2015
- To monitor how new and future projects impact on income and membership
- To model and monitor the changes in the General Training programme to enable longer term planning
- To begin to explore additional sources of income
- 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. 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 and sustainability of the Faculty. In addition, promotion of the work of the Faculty and using its influence to improve standards in sexual and reproductive health were key objectives and this was reflected in expenditure during the year – increasing the ability of the Faculty to respond to the changing, and more challenging, external environment. However it proved possible to invest in these areas without drawing on reserves in part due to reducing some costs as a result of modernisation.

The policy of funding activity from general funds continued but Council recognised the need to ensure membership fees were affordable by keeping membership rates at the 2013 levels if paid by direct debit. Membership rates will be reviewed by Council early in 2015.

Membership renewals increased after a third (electronic) reminder was sent to members.

Income from the Journal dropped this year, mainly as a result of a reduction in reprint income. Expenses increased and there will now be a focus on exploring ways to improve efficiency and keep costs down, as well as increasing income with the BMJ Publishing Group.

There was a successful re-tender for the Clinical Effectiveness Unit (CEU) at a slightly increased cost per annum, linked to an increase in outputs for 2015-2017.

Further funds were committed to long-term investments late on in the year, following agreement by Council and confirmation of the policy of excluding funds invested in tobacco.

Investment policy

Council reviewed its investment policy in 2014 and agreed to commit more of its cash reserves to longer term investment, subject to ensuring exclusion of investment in tobacco products. Additional funds were therefore submitted at the end of the year to an existing 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. Some reserves remained in deposit based investments which whilst providing lower returns did present less of a risk. Given the low levels of interest rates available in such deposit based investments, additional funds will be allocated to medium term investment in early 2015, subject to a satisfactory balance between exposure to risk and reasonable return.

Risk review 2014

The Faculty risk register sets out present and possible future issues that might affect or impact on the work of the Faculty, its income and/or staffing. The Honorary Treasurer and CEO undertake the review and report to Council who then review the risks at each Council meeting.

The main risk continues to be the Faculty’s dependence on income from new and existing Diplomate subscriptions and the number of renewal subscriptions of all members. In 2014, the number of new Diplomates fell slightly compared to the previous year. The number of members joining/leaving remained at a similar level to 2013 but the bulk of the income was received earlier in the year as a result of changes to subscription rules made in 2013.

A key area of risk to the Faculty was the anticipated 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. These mitigating effects appear to be working based on the results of 2014, but this will continue to be closely monitored.

It has been apparent over the year that an additional risk is the impact of changes to commissioning in England which appear to be impacting on the number of GPs taking Faculty qualifications. Council has kept a close eye on the impact of these changes and will need to continue to explore ways to diversify income sources and influencing commissioning.

Risks associated with the planned changes to ‘modernise’ the Faculty set out in the 2020 Strategy have been actively managed by the CEO and Officers and Council is satisfied that this work is being undertaken with sufficient scrutiny and professionalism and are pleased with progress made so far.

Reserves policy 2014

The Council agreed to make use of general funds (if it proved necessary) to invest in one-off expenditure in modernisation of the Faculty and the continuing development of the General Training Programme. It was pointed out in the annual report last year that this would be 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 £2,283,433. Current net assets are just above the accepted appropriate general reserve of between 6 months and 1 year of expenditure. These funds are lower than last year as some have been committed to longer term investment.
PLANS FOR THE FUTURE

Council have considered the longer term plans of the FSRH and approved the following overall goal for the period 2015-17:

To promote effective standards and pathways in SRH through well-trained, multi-disciplinary teams to sustain high quality outcomes for the patient.

Proposed Strategic Goals 2015-2017

Strategic Goal 1: To promote high standards of clinical practice through the provision of quality education and training to healthcare professionals delivering SRH care in the UK and internationally, including:

- Promote FSRH qualifications and the Membership Exam
- Continue to support and run the Specialty training programme to a high standard
- Position FSRH qualifications as part of ‘credentialing’ in SRH
- Explore widening of FSRH qualifications to HCPs beyond doctors and nurses
- Quality improve current qualifications
- Develop training pathways for nurses and doctors to progress before and after the FSRH Diploma
- Improve support to FSRH members to record CPD and revalidation (where applicable)
- Continue to run a high quality events/Meetings programme
- Define the MDT in good SRH care.

Strategic Goal 2: To increase recognition among policy makers and commissioners/planners of the importance of SRH to women and men over their life course, including:

- Communicate the breadth and depth of SRH to commissioners, policy makers, planners and other healthcare professionals across the UK including through the promotion of the FSRH Vision ‘Better Care, a Better Future’
- Use the FSRH Vision and country-specific implementation plans to engage commissioners, planners, members, policy makers and patients to improve care
- Provide information and support to commissioners/planners to help improve the quality of SRH commissioning/delivery
- Influence to bring about re-integration of commissioning in England
- Publish a manifesto focused on SRH to influence all political parties in the run up to the 2015 General Election
- Develop a longer term FSRH Policy and Influencing strategy.

Strategic Goal 3: To improve standards in SRH, including:

- Clinical Guidance (CEU) – increase efficiency of review process, measure impact and introduce patient summaries
- Publish the UKMEC and secure funding to widen access to this
- Produce clinical standards covering all service types mandated by commissioners
- Encourage more high quality research via the Clinical Studies Group
- Explore and cost the role of FSRH in carrying out audits and implement if agreed
- Influence to improve the quality and consistency of abortion services – with the RCOG
• Explore and cost the role of the FSRH in the accreditation or recognition of standards in practices/services and training
• Develop mechanisms to strengthen the voice of members in improving standards and influencing for change
• Develop mechanisms for consumer involvement in standards work.

Strategic Goal 4: To strengthen and develop leadership in SRH, including:
• Publish the FSRH Vision Better Care, A Better Future: A New Vision for Sexual and Reproductive Health Care and engage all relevant stakeholders/partners in a conversation about using and implementing the vision
• Develop and publish implementation Plans for each country based on the FSRH Vision
• Promote the breadth of SRH and its wider benefits (using the Vision)
• Work to increase the number of places on the Specialty training programme
• Continue to support and promote Equivalence to achieve specialist registration
• Review approach to workforce planning to ensure there is the data to make the case for the right number of consultants, nurses, GPs
• Develop joint working with other specialties in response to Shape of Training
• Promote SRH through membership of the Academy of Medical Royal Colleges
• Develop partnerships with others to achieve these goals
• Work with the Faculty of Medical Leadership and Management to support development of leadership skills in SRH
• Promote the role and impact of the SRH medical specialist and review job plans to ensure they are fit for purpose.

Strategic Goal 5: To strengthen and modernise the FSRH, including:
• Launch new website driving increased usage and reduced telephone enquiries
• Review and strengthen the membership offer and widen membership categories
• Communicate refreshed brand and implement brand guidelines to ensure a consistent look and feel to FSRH communications
• Publish a clear mission, vision and values statement
• Improve (online) processes for members
• Establish the Board of Trustees and related Committees
• Maximise income including identifying potential new sources of income
• Maximise value for money through reviewing contracts, increasing efficiency
• Provide opportunities for ‘consumers’ to influence the work of the FSRH
• Increase new membership (targets to be included in the membership strategy), including international membership and increase retention rate
• Continue to improve communication with membership
• Explore and cost the option of developing ‘special interest groups’ for members
• Ensure all policies are in place necessary for being fit for purpose and meeting all legal and regulatory obligations.

A detailed budget and operational plan have been approved by Council for 2015 based on these goals.
ADDITIONAL SECTIONS

Provision of Information to the auditor

Each of the persons who are directors at the time when this director’s report is approved has confirmed that:

- So far as that director is aware, there is no relevant audit information of which the company’s auditor is unaware, and
- That director has taken all the steps that ought to have been taken as a director in order to be aware of any information needed by the company’s auditor in connection with preparing his report and to establish what the company’s auditor is aware of that information.

As permitted by the Companies Act 2006, no strategic report has been prepared on account of the fact that the company is a small company.

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

Dr Diana Mansour
Director

Date: 24.4.2015
TRUSTEES’ RESPONSIBILITIES

The trustees (who are also directors of the company for the purposes of company law) are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations.

Company and Charity law requires the trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company and charity 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 charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period.

In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Make judgements and accounting estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- 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 charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Charities Act 2011 and regulations made thereunder and with the requirements of the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.
INDEPENDENT AUDITOR’S REPORT TO THE MEMBERS OF THE FACULTY OF
SEXUAL AND REPRODUCTIVE HEALTHCARE OF THE ROYAL COLLEGE OF
GYNAECOLOGISTS AND OBSTETRICIANS

We have audited the financial statements of the Faculty of Sexual and Reproductive Healthcare of the Royal College of Gynaecologists and Obstetricians for the year ended 31 December 2014 which comprises 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 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 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 company and the 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 auditors

As explained more fully in the Trustees’ Responsibilities, the trustees 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 2014 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;

• Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and

• Have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matters prescribed by the Companies Act 2006

In our opinion the information given in the trustees’ report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

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

• Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
• The financial statements are not in agreement with the accounting records and returns; or
• Certain disclosures of directors' remuneration specified by law are not made; or
• We have not received all the information and explanations we require for our audit; or
• The directors have taken advantage of the exemption from the requirement to prepare a strategic report and were not entitled to do so.

BDO LLP

Richard Faulkner (senior statutory auditor)
For and on behalf of BDO LLP, statutory auditor
Guildford
Date 24.4.2015

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).
STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT)

<table>
<thead>
<tr>
<th>Notes</th>
<th>Un-restricted Funds</th>
<th>Restricted Funds</th>
<th>Total Funds</th>
<th>Total Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(b)</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Incoming resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities in furtherance of the charity’s objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>-</td>
<td>40,000</td>
<td>40,000</td>
<td>-</td>
</tr>
<tr>
<td>Subscriptions and registration fees</td>
<td>1,520,531</td>
<td>-</td>
<td>1,520,531</td>
<td>1,439,197</td>
</tr>
<tr>
<td>Conference income</td>
<td>275,032</td>
<td>-</td>
<td>275,032</td>
<td>196,033</td>
</tr>
<tr>
<td>Examination fees</td>
<td>120,458</td>
<td>-</td>
<td>120,458</td>
<td>16,297</td>
</tr>
<tr>
<td>Sale of Logbooks and CDs</td>
<td>46,877</td>
<td>-</td>
<td>46,877</td>
<td>48,904</td>
</tr>
<tr>
<td>Other income</td>
<td>35,348</td>
<td>-</td>
<td>35,348</td>
<td>10,077</td>
</tr>
<tr>
<td>Activities for generating funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and dividends receivable</td>
<td>68,447</td>
<td>2,041</td>
<td>70,488</td>
<td>115,493</td>
</tr>
<tr>
<td>Total incoming resources</td>
<td>2,121,995</td>
<td>42,041</td>
<td>2,164,036</td>
<td>1,905,723</td>
</tr>
<tr>
<td>Resources expended</td>
<td>1(d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of generating funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment management costs</td>
<td>6,180</td>
<td>-</td>
<td>6,180</td>
<td>5,510</td>
</tr>
<tr>
<td>Charitable expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs of activities in furtherance of the charity’s objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conferences, meetings and other membership support services</td>
<td>1,619,985</td>
<td>77,471</td>
<td>1,697,456</td>
<td>1,500,317</td>
</tr>
<tr>
<td>Journal of Family Planning</td>
<td>249,903</td>
<td>-</td>
<td>249,903</td>
<td>232,749</td>
</tr>
<tr>
<td>Examinations</td>
<td>73,990</td>
<td>-</td>
<td>73,990</td>
<td>92,983</td>
</tr>
<tr>
<td>Awards, prizes and other expenditure</td>
<td>-</td>
<td>1,381</td>
<td>1,381</td>
<td>1,212</td>
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<tr>
<td>Governance costs</td>
<td>5</td>
<td>135,967</td>
<td>-</td>
<td>135,967</td>
</tr>
<tr>
<td>Total resources expended</td>
<td>1,619,985</td>
<td>77,471</td>
<td>1,697,456</td>
<td>1,500,317</td>
</tr>
<tr>
<td>Net incoming resources before transfers</td>
<td>35,970</td>
<td>(36,811)</td>
<td>(841)</td>
<td>(23,730)</td>
</tr>
</tbody>
</table>
## 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>Un-restricted Funds 2014</th>
<th>Restricted Funds 2014</th>
<th>Total Funds 2014</th>
<th>Total Funds 2013</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>£</th>
<th>£</th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfers between funds</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

| Net incoming resources before gains and losses | 35,970 | (36,811) | (841) | (23,730) |

| Unrealised gains/(losses) on investments | 10,118 | 10,118 | 161,204 |

| Net movement in funds | 46,088 | (36,811) | 9,277 | 137,474 |

<table>
<thead>
<tr>
<th>Fund balances</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Balances brought forward at 1 January 2014</td>
<td>5,498,439</td>
</tr>
<tr>
<td>Balances carried forward at 31 December 2014</td>
<td>5,544,527</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.
### BALANCE SHEET
As at 31 December 2014

Company number 2804213

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Tangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>11,838</td>
<td>3,485</td>
</tr>
<tr>
<td>Investments: Term deposits</td>
<td>2,261,348</td>
<td>1,257,410</td>
</tr>
<tr>
<td></td>
<td>1,218,355</td>
<td>1,827,270</td>
</tr>
<tr>
<td></td>
<td>3,491,541</td>
<td>3,088,165</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Debtors</td>
<td>237,851</td>
<td>222,536</td>
</tr>
<tr>
<td>Bank balances and cash in hand</td>
<td>2,554,502</td>
<td>3,032,611</td>
</tr>
<tr>
<td></td>
<td>2,792,353</td>
<td>3,255,147</td>
</tr>
<tr>
<td><strong>CREDITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling due within one year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors and accruals</td>
<td>324,198</td>
<td>417,525</td>
</tr>
<tr>
<td>Income received in advance</td>
<td>142,712</td>
<td>118,080</td>
</tr>
<tr>
<td></td>
<td>466,910</td>
<td>535,605</td>
</tr>
<tr>
<td><strong>NET CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2,325,443</td>
<td>2,719,542</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
<td>5,816,984</td>
<td>5,807,707</td>
</tr>
<tr>
<td><strong>RESERVES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General fund</td>
<td>5,544,527</td>
<td>5,498,439</td>
</tr>
<tr>
<td>Restricted Funds</td>
<td>272,457</td>
<td>309,268</td>
</tr>
<tr>
<td><strong>TOTAL FUNDS</strong></td>
<td>5,816,984</td>
<td>5,807,707</td>
</tr>
</tbody>
</table>

These accounts were approved and authorised for issue by the Board of Directors on 24.4.2015.

Dr 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 bid price at the balance sheet date. Unrealised gains and losses on revaluation are included in the Statement of Financial Activities.

(g) Depreciation

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

(h) Pensions

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

(i) Operating lease rentals

Expenditure in respect of operating leases is accounted for in the period to which it relates.
NOTES TO THE ACCOUNTS
YEAR ENDED 31ST DECEMBER 2014

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 trustees of the Faculty received no emoluments for their services during the year. Expenses reimbursed to 21 trustees amounted to £24,504 (2013: 14 - £14,267). Professional indemnity insurance paid amounted to £2,663 (2013: £2,649) and includes trustees’ liabilities.

A member of the trustees, Dr J Heathcote, received fees of £5,296.05 (2013: £21,841.33) 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 2014 were 15 full-time. (2013: 11 full time). One employee earned between £70,000 and £80,000 per annum (2013: nil).

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages and salaries</td>
<td>470,882</td>
<td>369,376</td>
</tr>
<tr>
<td>Employer’s NIC</td>
<td>50,945</td>
<td>38,109</td>
</tr>
<tr>
<td>Pension contributions</td>
<td>38,293</td>
<td>23,715</td>
</tr>
<tr>
<td>Other staff costs</td>
<td>44,875</td>
<td>50,611</td>
</tr>
<tr>
<td></td>
<td>604,995</td>
<td>481,811</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</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>charges</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td>6,180</td>
<td>6,180</td>
</tr>
<tr>
<td>Conferences, meetings</td>
<td>553,339</td>
<td>6,803</td>
<td>13,861</td>
<td></td>
<td>1,123,453</td>
<td>1,697,456</td>
</tr>
<tr>
<td>and other membership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>support services</td>
<td>2,895</td>
<td>-</td>
<td>170,639</td>
<td></td>
<td>76,369</td>
<td>249,903</td>
</tr>
<tr>
<td>Examinations</td>
<td>18,760</td>
<td>-</td>
<td>-</td>
<td></td>
<td>55,230</td>
<td>73,990</td>
</tr>
<tr>
<td>Awards, prizes and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other expenditure</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td>1,381</td>
<td>1,381</td>
</tr>
<tr>
<td>Governance</td>
<td>30,000</td>
<td>-</td>
<td>-</td>
<td></td>
<td>105,967</td>
<td>135,967</td>
</tr>
<tr>
<td></td>
<td>604,994</td>
<td>6,803</td>
<td>184,500</td>
<td></td>
<td>1,368,580</td>
<td>2,164,877</td>
</tr>
</tbody>
</table>

32
## GOVERNANCE

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council and committee expenses</td>
<td>117,148</td>
<td>70,089</td>
</tr>
<tr>
<td>Audit fee (including VAT)</td>
<td>11,562</td>
<td>17,700</td>
</tr>
<tr>
<td>Legal fees</td>
<td>7,257</td>
<td>8,893</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>135,967</td>
<td>96,682</td>
</tr>
</tbody>
</table>

## NET INCOMING RESOURCES

Net incoming resources is stated after charging:

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation</td>
<td>6,803</td>
<td>3,120</td>
</tr>
<tr>
<td>Audit fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current year fee</td>
<td>11,562</td>
<td>9,000</td>
</tr>
<tr>
<td>Prior year under accrual</td>
<td></td>
<td>5,750</td>
</tr>
<tr>
<td>Rentas payable under operating leases:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land and buildings</td>
<td>81,335</td>
<td>78,813</td>
</tr>
<tr>
<td>Plant and machinery</td>
<td>5,685</td>
<td>5,758</td>
</tr>
</tbody>
</table>

## TANGIBLE FIXED ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office Equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 January 2014</td>
<td>127,773</td>
<td></td>
</tr>
<tr>
<td>Additions</td>
<td>15,156</td>
<td></td>
</tr>
<tr>
<td><strong>At 31 December 2014</strong></td>
<td><strong>142,929</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Depreciation**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 1 January 2014</td>
<td>124,288</td>
<td></td>
</tr>
<tr>
<td>Charge for the year</td>
<td>6,803</td>
<td></td>
</tr>
<tr>
<td><strong>At 31 December 2014</strong></td>
<td><strong>131,091</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Net book value**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 31 December 2014</td>
<td>11,838</td>
</tr>
<tr>
<td>At 31 December 2013</td>
<td>3,485</td>
</tr>
</tbody>
</table>
8 FIXED ASSETS - INVESTMENTS

<table>
<thead>
<tr>
<th></th>
<th>Investment Portfolio</th>
<th>National Savings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Market value at 1 January 2014</td>
<td>1,256,910</td>
<td>500</td>
<td>1,257,410</td>
</tr>
<tr>
<td>Purchases</td>
<td>1,000,000</td>
<td>-</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Unrealised gain</td>
<td>10,118</td>
<td>-</td>
<td>10,118</td>
</tr>
<tr>
<td>Investment fees</td>
<td>(6,180)</td>
<td>-</td>
<td>(6,180)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Market value at 31 December 2014</td>
<td>2,260,848</td>
<td>500</td>
<td>2,261,348</td>
</tr>
<tr>
<td>Cost at 31 December 2014</td>
<td>2,000,061</td>
<td>500</td>
<td>2,000,561</td>
</tr>
<tr>
<td>Cost at 1 January 2014</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 £1,344,030 invested in the UK Equity Fund for Charities and £656,031 invested in the Bond fund for Charities.

9 DEBTORS AND PREPAYMENTS

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Accrued income</td>
<td>98,568</td>
<td>151,214</td>
</tr>
<tr>
<td>Prepayments</td>
<td>128,884</td>
<td>62,571</td>
</tr>
<tr>
<td>Other debtors</td>
<td>10,399</td>
<td>8,751</td>
</tr>
<tr>
<td></td>
<td>237,851</td>
<td>222,536</td>
</tr>
</tbody>
</table>

10 CREDITORS AND ACCRUALS

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Amounts falling due within one year:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade creditors</td>
<td>213,536</td>
<td>402,325</td>
</tr>
<tr>
<td>Social security and other taxes</td>
<td>14,606</td>
<td>-</td>
</tr>
<tr>
<td>Other creditors</td>
<td>59,393</td>
<td>-</td>
</tr>
<tr>
<td>Accruals</td>
<td>36,663</td>
<td>15,200</td>
</tr>
<tr>
<td></td>
<td>324,198</td>
<td>417,525</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.
## 12 MOVEMENTS OF FUNDS

<table>
<thead>
<tr>
<th>Restricted Funds</th>
<th>Balance b/f £</th>
<th>Incoming resources £</th>
<th>Transfer £</th>
<th>Resources expended £</th>
<th>Investment gains/losses £</th>
<th>Balance c/f £</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Consensus Fund</td>
<td>34</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>34</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td>15,837</td>
<td>-</td>
<td>-</td>
<td>(11,965)</td>
<td>-</td>
<td>3,872</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td>134,029</td>
<td>-</td>
<td>-</td>
<td>(56,061)</td>
<td>-</td>
<td>77,968</td>
</tr>
<tr>
<td>Health Education England (formerly DoH)</td>
<td>29,386</td>
<td>40,000</td>
<td>-</td>
<td>(6,017)</td>
<td>-</td>
<td>63,369</td>
</tr>
<tr>
<td>David Bromham Memorial Fund</td>
<td>11,628</td>
<td>-</td>
<td>-</td>
<td>(1,381)</td>
<td>-</td>
<td>10,247</td>
</tr>
<tr>
<td>Four-O-Eight Sheffield Fund</td>
<td>118,354</td>
<td>2,041</td>
<td>-</td>
<td>(3,428)</td>
<td>-</td>
<td>116,967</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>309,268</td>
<td>42,041</td>
<td>-</td>
<td>(78,852)</td>
<td>-</td>
<td>272,457</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unrestricted funds</th>
<th>Balance b/f £</th>
<th>Incoming resources £</th>
<th>Transfer £</th>
<th>Resources expended £</th>
<th>Investment gains/losses £</th>
<th>Balance c/f £</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>5,498,439</td>
<td>2,121,995</td>
<td>-</td>
<td>(2,086,025)</td>
<td>10,118</td>
<td>5,544,527</td>
</tr>
</tbody>
</table>

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.

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 brought forward fund balance of £134,029 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 brought forward fund balance of £29,386 received from the Department of Health is for e-learning for Health (eLfH) work carried out to change the Faculty’s Diploma to an e-learning product which will then be made available to NHS staff. This funding is to pay expenses for content authors, module editors and clinical leads.
13 ANALYSIS OF NET ASSETS BY FUNDS

<table>
<thead>
<tr>
<th></th>
<th>Tangible fixed assets</th>
<th>Investments</th>
<th>Net current assets</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Restricted funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Consensus Fund</td>
<td>-</td>
<td>-</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td>-</td>
<td>-</td>
<td>3,872</td>
<td>3,872</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td>-</td>
<td>-</td>
<td>77,968</td>
<td>77,968</td>
</tr>
<tr>
<td>Dept of Health Grant Fund</td>
<td>-</td>
<td>-</td>
<td>63,369</td>
<td>63,369</td>
</tr>
<tr>
<td>David Bromham Memorial Fund</td>
<td>-</td>
<td>10,247</td>
<td>-</td>
<td>10,247</td>
</tr>
<tr>
<td>Four-O-Eight Sheffield Fund</td>
<td>-</td>
<td>-</td>
<td>116,967</td>
<td>116,967</td>
</tr>
<tr>
<td><strong>Total Restricted funds</strong></td>
<td>-</td>
<td>10,247</td>
<td>262,210</td>
<td>272,457</td>
</tr>
<tr>
<td><strong>General funds</strong></td>
<td>11,838</td>
<td>3,499,456</td>
<td>2,063,233</td>
<td>5,544,527</td>
</tr>
<tr>
<td><strong>At 31 December 2014</strong></td>
<td>11,838</td>
<td>3,479,703</td>
<td>2,325,443</td>
<td>5,816,984</td>
</tr>
</tbody>
</table>

14 OPERATING LEASE COMMITMENTS

At 31 December 2014 the company had annual commitments under operating leases which expire:

<table>
<thead>
<tr>
<th></th>
<th>Properties</th>
<th>Other</th>
<th>Properties</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>In second to fifth years inclusive</td>
<td>-</td>
<td>1,752</td>
<td>-</td>
<td>3,316</td>
</tr>
<tr>
<td>In more than 5 years</td>
<td>83,205</td>
<td>-</td>
<td>67,800</td>
<td>-</td>
</tr>
</tbody>
</table>

15 FUNDS RECEIVED IN ADVANCE

<table>
<thead>
<tr>
<th></th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 January 2014</td>
<td>118,080</td>
</tr>
<tr>
<td>Amount released to incoming resources</td>
<td>(118,080)</td>
</tr>
<tr>
<td>Amount deferred in the year</td>
<td>142,712</td>
</tr>
<tr>
<td>Balance at 31 December 2014</td>
<td>142,712</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 RELATED PARTY TRANSACTIONS

Other than those stated in note 2, there are no related party transactions.

18 PENSION COSTS

Defined contribution scheme:

In October 2004, the College opened a defined contribution scheme, which is open to all Faculty staff once they have passed their probation. The cost to the Faculty of providing pensions for the year was £21,293 (2013 - £23,714).

Defined benefit scheme:

The Royal College of Obstetricians and Gynaecologists (the College) 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 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 Scheme is a non-segregated multi-employer scheme and as a result it is not possible in the normal course of events to identify on a reasonable and consistent basis the share of the assets belonging to individual participating employers. The assets are co-mingled for investment purposes and the benefits are paid out of total Scheme assets. The scheme has 142 active and deferred members, and pensioners, of which only 2 are former Faculty staff.

The Trustees of the Scheme commission a formal scheme funding assessment every three years. The main purpose of the scheme funding assessment is to determine the financial position of the Scheme in order to address the level of future contributions required so that the Scheme can meet its pension obligations as the fall due.

A scheme funding assessment as at 1 April 2013 was carried out for the Trustees of the Scheme by a qualified independent actuary. The fair value of the Scheme assets was £16,056,000 and the present value of funded obligations was £19,002,000 giving a deficit for the Scheme as a whole of £2,946,000 as at 1 April 2013. During the year the employers entered negotiations with the Trustees about the assumptions underlying the valuation of the liabilities and the structuring of a recovery plan. The Faculty’s share of the deficit is estimated to be 2% of the total and during the year contributions of £17,000 (2013: nil) were paid to the Scheme by the Faculty towards eliminating this shortfall.