

# Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists

## Report and Accounts 2017

Year ended 31 December 2017

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**ANNUAL REPORT AND ACCOUNTS**  
**YEAR ENDED 31 DECEMBER 2017**

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## **PRESIDENT'S STATEMENT**

This has been my first full year as President of the FSRH and it remains an enormous privilege to lead the largest professional membership body working in such important area of health. When I chose to move into the field of sexual and reproductive health from obstetrics and gynaecology, many people advised me against it – it was seen as low status with few jobs. But I could see how important it was – and is – from my experience of treating women. In so many ways it demonstrates what the future of healthcare should be – community based, services built around the patient, interventions based on prevention not just treatment. Our health and social care systems do, however, need to catch up. And I am delighted that the Faculty is playing an increasingly important role in highlighting the importance of access to contraception and SRH for all. We will not see instant results to this work, not least because of the lack of investment in health and social care. But we are increasingly hearing policy makers and commissioners talking about the importance of safe and accessible access to SRH, including abortion care.

This last year saw the FSRH Council consult for the first time the full membership on a policy position – in this case our stance on decriminalisation of abortion. We felt that it was important that Council's decision took into account the range of views held by our members. The vast majority were in favour of Council taking the position that abortion should be taken out of criminal law and regulated through the normal channels of health regulation. We hope by supporting this stance, along with the RCOG, BMA and others, we will encourage our policy makers and politicians to focus on safe medical care for all.

Of course influencing is only one part of what the Faculty does. The majority of our resources are spent on developing guidance and standards along with running and updating our education and training programmes. In 2017, in response to a need among practice nurses in particular, we launched our 'SRH Essentials' training aimed at nurses in primary care. This has been well received and we are looking at how this could be adapted for other healthcare professionals including midwives. We also further developed our Letter of Competence in Sub Dermal Implants, ensuring that those working in abortion services/maternity services could complete an insertion-only portion of the LoC. As I hope these examples make clear, we are working hard to ensure our qualifications and training can keep up with the needs of the workforce, while retaining the core principles of our 'vision' that women and men need to be seen by health care professionals who promote choice and safe care based on recognised national standards.

We are proud that this last year also saw the development of our relationship with the BMJ – our Journal publishers – who are now co-owners with us of the newly titled 'BMJ SRH'. I hope that our members and those who subscribe to the Journal will be pleased with the redesign and the changes being made by our Editor and Editorial team. We have also introduced free webinars for our members based on the application of our excellent FSRH CEU guidance.

Meanwhile we continue to work very hard to improve the efficiency and effectiveness of the Faculty itself and this last year has seen the implementation of a new governance structure. We now have an excellent new Board of Trustees made up of both members and 'externally appointed' candidates. We were delighted with the range and calibre of the people who applied for these roles and I very much look forward to working with them – together with the excellent staff team - to take forward our plans in the coming year. Part of the work of the trustees will be to consider 'what next' for the FSRH – what should we aim to achieve by 2025? We will be 25 years old in 2018. Lots to celebrate and a great deal more to do. I hope you will join in the conversation.

**Asha Kasliwal, President**

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**REFERENCE AND ADMINISTRATIVE DETAILS**

**COMPANY DIRECTORS**

Ms R Aitken	(from Jan 2018)	Dr Z Haider	(from Jul - Dec 2017)
Dr C Armitage	(until March 2017)	Dr J Heathcote	
Dr J Aston	(until Dec 2017)	Dr A Kasliwal	
Dr P Baraitser	(from Jan 2018)	Dr J Kavanagh	(until Dec 2017)
Dr J Barter	(until Dec 2017)	Dr E Kerr	(from Jul - Dec 2017)
Mr M Booth	(from Jan 2018)	Dr U Kumar	(until Dec 2017)
Dr N Bryant	(from July 2017)	Dr A Lashford	(until Dec 2017)
Dr B Choudry	(from July 2017)	Dr D Mansour	
Dr A Connolly	(until Dec 2017)	Dr T Masters	(until Dec 2017)
Dr H Cooling	(until July 2017)	Dr H Munro	(from July 2017)
Dr J Dickson	(until Dec 2017)	Dr M Pillai	(until July 2017)
Dr M Everett	(until July 2017)	Dr E Roberts	(from Jan 2018)
Dr K Guthrie	(from Jan 2018)	Dr T Thamia	(from Jan 2018)

**CHIEF EXECUTIVE OFFICER/COMPANY SECRETARY**

Ms J Hatfield

**AUDITORS**

BDO LLP, 2 City Place, Beehive Ring Road  
Gatwick, West Sussex, RH6 0PA

**BANKERS**

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

**INVESTMENT ADVISORS**

Thomas Miller Investment  
90 Fenchurch Street  
London, EC3M 4ST

**SOLICITORS**

Hempsons  
40 Villiers Street  
London, WC2N 6NJ

## REGISTERED OFFICE

27 Sussex Place  
London, NW1 4RG  
Registered Company Number: 02804213  
Charity Number: 1019969

## DIRECTORS' REPORT

The Trustees (who are also directors for the purposes of Company Law as listed on page 3) of the FSRH have pleasure in presenting their report together with the accounts for the year ended 31 December 2017.

## STRUCTURE, GOVERNANCE AND MANAGEMENT

The Faculty is a registered charity (Charity No.1019969) and company limited by guarantee (Registered in England, No. 02804213). Up to the end of December 2017 it was governed by a Council whose elected members were its trustees. From 1<sup>st</sup> January 2018 a separate Board of Trustees was appointed (see Directors). Membership of Council is as follows:

### Officers

President:	Dr Asha Kasliwal
Vice President:	Dr Anne Connolly <sup>2</sup>
Vice President:	Dr Diana Mansour
Vice President:	Dr Tracey Masters <sup>2</sup>
Honorary Secretary:	Dr Kate Armitage (until March 2017) Dr Anne Lashford (from March 2017)
Vice President General Training:	Dr Anne Lashford (from January 2018)
Honorary Treasurer:	Dr Jane Dickson (to December 2017)
Vice President Strategy:	Dr Jane Dickson (from January 2018)

### Elected members (10)

		<b>Elected</b>	<b>Completes term</b>
Fellow/Member representative:	Dr Janet Barter	June 2012	2018 <sup>2</sup>
Fellow/Member representative:	Dr Hilary Cooling	June 2014	2017 <sup>1</sup> (until July 2017)
Fellow/Member representative:	Dr Marian Everett	June 2014	2017 <sup>1</sup> (until July 2017)
Fellow Member representative:	Dr Zara Haider	July 2017	2020 <sup>1</sup>
Fellow/Member representative:	Dr Jennifer Heathcote	June 2012	2018 <sup>2</sup>
Fellow/Member representative:	Dr Evelyn Kerr	July 2017	July 2020 <sup>1</sup>
Fellow/Member representative:	Dr Usha Kumar	Sept 2016	2019 <sup>1</sup>
Fellow/Member representative:	Dr Helen Munro	July 2016	2019 <sup>1</sup>

Diplomate representative:	Dr Judith Aston	July 2016	2019 <sup>1</sup>
Diplomate representative:	Dr Nashwa Bryant	July 2017	2020 <sup>1</sup>
Diplomate representative:	Dr Bushera Choudry	July 2017	2020 <sup>1</sup>
Diplomate representative:	Dr Jayne Kavanagh	July 2016	2019 <sup>1</sup>
Diplomate representative:	Dr Anne Lashford	June 2013	2016 <sup>1</sup> (until July 2017)
Diplomate representative:	Dr Mary Pillai	June 2014	2017 <sup>1</sup> (until July 2017)

RCOG representative (1):	Professor Lesley Regan	Sept 2016	2019 <sup>1</sup>
	Dr Felicity Ashworth	Sept 2016	2019 <sup>1</sup> (until July 2017)

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Co-opted members: Ms Wendy Moore, nurse member (until February 2017)  
Ms Julie Gallagher, nurse member (from March 2017)

**Membership of Council continued**

Co-opted members: Dr Sue Mann, public health member (from July 2015)  
Dr Nicky Morgan, SAS Lead (from October 2017)  
Dr Amanda Britton, RCGP Rep (from October 2017)  
Mr Robbie Currie, Commissioner (from February 2018)

Term of office: <sup>1</sup> first term <sup>2</sup> second term <sup>3</sup> pending new apt

**Members invited to Council:**

Dr Judith Stephenson	Chair, Clinical Studies Group – SRH (until October 2017)
Dr Rebecca French	Chair, Clinical Studies Group – SRH (from October 2017)
Dr Janet Barter	Chair, Specialty Advisory Committee
Dr Zara Haider	Chair, Meetings Committee (until January 2018)
Drs Janet Michaelis and Ulrike Sauer	Chairs, Events Committee (from January 2018)
Dr Diana Mansour	Chair, Clinical Effectiveness Committee (to January 2018)
Dr Farah Paruk	Chair, Clinical Effectiveness Committee (from January 2018)
Dr Aisling Baird	Chair, Examinations Committee
Dr Catherine Schunmann	Chair, Curriculum Committee
Dr Helen Munro	Chair, Clinical Standards Committee
Dr Kate Armitage	Chair, General Training Committee (to March 2017)
Dr Cindy Farmer	Chair, General Training Committee (from March 2017)
Drs Anne Lashford and Tracey Masters	Chairs, Education Strategy Board
Dr John Eddy	Chair, Equivalence Committee
Dr Pauline McGough	Chair, Scotland Committee
Dr Amanda Davies	Chair, Wales Committee
Dr Roma Caldwell	Chair, Northern Ireland Committee
Dr Paula Baraitser	Chair, International Affairs Committee
Dr Antje Ischebeck	Chair, Special Skills Module Committee
Dr Asha Kasliwal	Co-Chair, Joint FSRH/BASHH Integrated Information Group
Dr Sandy Goldbeck-Wood	Editor-in-Chief, Journal
Ms Linda Pepper	RCOG Consumer forum (to July 2017)
Ms Maya Lane	RCOG Women's Network (from May 2017)

**Election to Council of Management**

The Officers of the FSRH are elected by the Council and the RCOG Council nominates its two 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.

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**

Until January 2018 the Faculty Council was also the Board of Trustees, responsible for the overall direction and charitable activities of the FSRH. Meetings were held six times in 2017. Council delegates aspects of its work to committees and recommendations from these 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 with the CEO. 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. Professional indemnity insurance policies indemnify board members and officers against liability when acting for the charity.

In 2017 the FSRH Council and membership at the AGM agreed to significant changes to the governance of the Faculty. The changes were based on the recommendations from an independently chaired Governance Working Group. As a result, a new Board of Trustees has been recruited which started on 1 January 2018. The role of Council will change to focus on oversight of the education, standards and influencing work of the Faculty and they will make recommendations to the Board of Trustees in each of these areas.

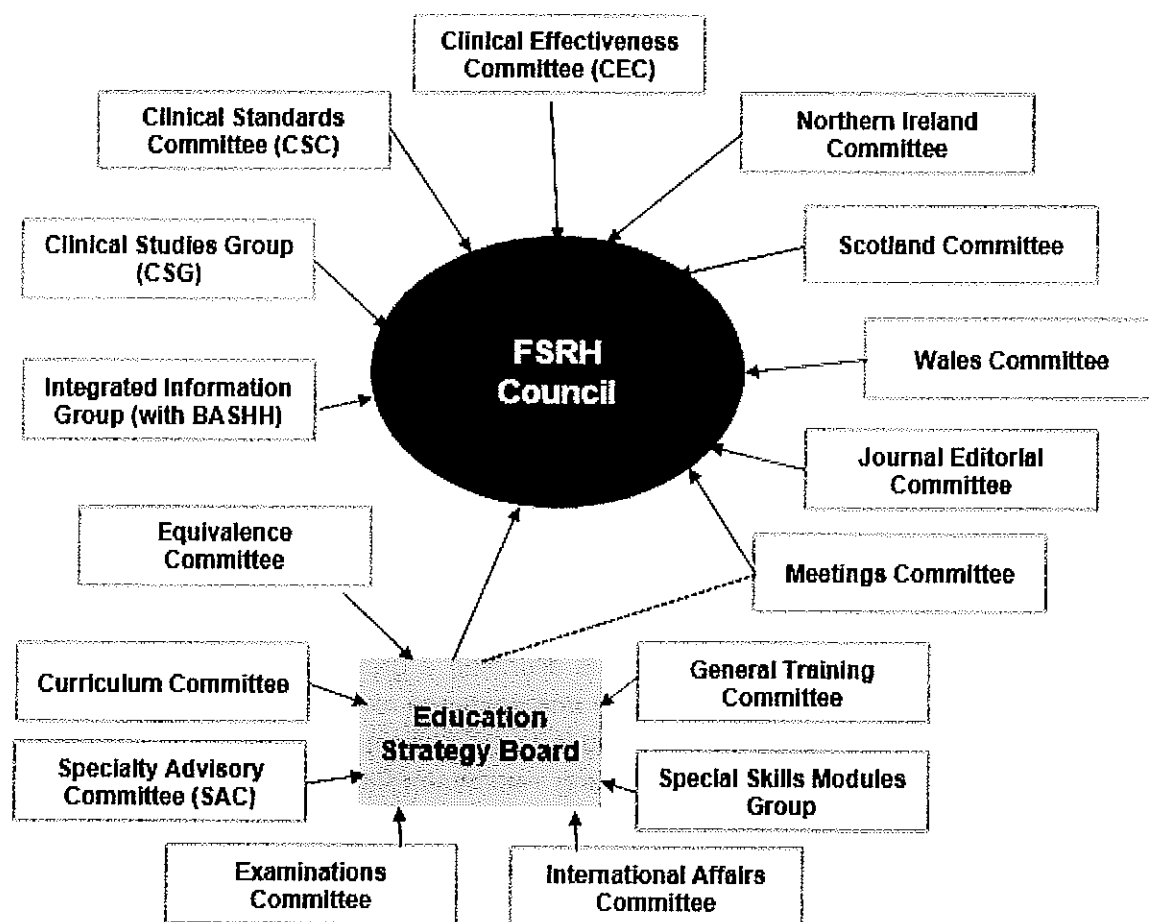
### **Induction of Trustees**

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.

### **Committee Structure**

Much of the work of the FSRH is carried out by the committees that report 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. The Faculty benefits from the contribution of over 400 volunteers who sit on or contribute to committee work.

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### Membership

Category	Members end Dec 2017	Members end Dec 2016	Increase / (Decrease) %
Diplomate DFSRH	13,530	13,767	-1%
Member MFSRH	220	237	-6%
Fellow FFSRH	271	283	-1%
Associate	1,137	958	+22%
Affiliates	153	142	+16%
Retired	53	37	+10%
<b>Paying members</b>	<b>15,364</b>	<b>15,424</b>	<b>0%</b>
Honorary Fellows	79	74	+8%
<b>Total Members</b>	<b>15,443</b>	<b>15,498</b>	<b>0%</b>



Total membership at the end of the 2017 was **15,364** paying members and 79 Honorary Fellows. This was down very slightly from 15,424 paying members and 74 Honorary Fellows at the end of 2016. 2016 numbers have been restated by 155 members since last year (total reported 15,343) as we have data cleansed our membership database during 2017.

Diplomate members are down 1% on 2016 whilst other membership streams are up 11% overall. The decrease in diplomate members is due to a mix of factors: the option to pay a one-off fee for a Letter of Competence (LoC) rather than take up membership; the ongoing impact of cuts to SRH services with more clinicians leaving / retiring than entering the field; NHS pay and increasing pressures on members' budgets.

Diplomate membership remains the largest category of membership with 86% share of members at the end of 2017. This has reduced from 89% share at the end of 2016 due to the growth of newer membership categories of Associate, Affiliate and Retired.

In 2017 FSRH membership income still grew year on year by 2% due to the continuance of the lapsed membership 'back payments' policy.

In 2018 the Faculty has budgeted for the membership to remain flat overall with the continued trend of a small decline in the Diploma mitigated by growth in other membership categories. The Faculty will continue its promotion of the importance of the diploma to commissioners and clinicians. The education and training offering will be updated with a new diploma launch to ensure that it meets the needs of our members.

## **Staffing**

The staffing to support the work of the FSRH continues to be reviewed and developed by the CEO as we respond to the needs of our membership. In 2017 this has included investment in the education and training staff team to enable the Faculty to respond to the changing needs of the SRH workforce.

By the end of 2017 we had 19.9 full time equivalent staff members – up from 15.8 in 2016 although this is a relatively small staff team for the size of the membership.

## **Staff Pay**

The Council Remuneration Committee has responsibility for approving the remuneration package for the CEO and any proposals for increases in pay for the other employees of FSRH. This includes basic salary, bonuses, pensions contributions and other employee benefits, as relevant. It is the stated policy of the FSRH since 2016 that all staff should be placed at the 'median' of their pay bands to be 'average' in the sector by the end of their first year subject to a satisfactory probation outcome. The staff pay bandings were updated in 2016 following a benchmarking exercise. After lengthy discussion by the SMT and Officers, it was decided NOT to introduce performance related pay for staff as, on balance, it was felt that the disadvantages outweighed the advantages in a small team.

## **Fundraising Statement**

Section 162a of the Charities Act 2011 requires charities to make a statement regarding fundraising activities. Although FSRH do not undertake fundraising from the public, the legislation defines fundraising as "soliciting or otherwise procuring money or other property for

charitable purposes.” Such amounts receivable are presented in our accounts as donations (zero in 2017, £1,085 in 2016).

In relation to the above we confirm that all solicitations are managed internally, without involvement of commercial participators or professional fund-raisers, or third parties. The day to day management of all income generation is delegated to the Senior Management team, who are accountable to the trustees.

We have received no complaints in relation to fundraising activities. Our terms of employment require staff to behave reasonably at all times; we do not approach individuals for funds nor do we consider it necessary to design specific procedures to monitor such activities.

## OBJECTIVES AND PUBLIC BENEFIT 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 trustees are satisfied that the primary purpose of the FSRH is to improve and support standards in patient care through the publishing of standards and guidance and by providing training and professional support to health care professionals working in sexual and reproductive health.

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 overall goal of the FSRH for the period 2017-20 is *'to promote effective standards and pathways in sexual and reproductive health through well-trained, multi-disciplinary teams to sustain high quality outcomes for the patient'*.

Council agreed five 'strategic' goals to support this overarching aim for 2017. These were:

**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.

**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.

**Strategic Goal 3:** To improve standards in SRH.

**Strategic Goal 4:** To strengthen and develop leadership in SRH.

**Strategic Goal 5:** To strengthen and modernise the FSRH.

## ACHIEVEMENTS AND PERFORMANCE

The Faculty are continuing to discuss, publish and report on key performance measures and an 'impact' report will be published in June 2018 covering the period January to December 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. Achievements in 2017 included:

- 669 doctors and nurses were awarded the Diploma, down from 732 in 2016.
- 1,415 doctors and nurses were awarded the Letter of Competence in SDI or IUT in line with 2016 awards of 1,420.
- The Essential for Practice Nurses course has been reviewed based on user feedback and changes to the evidence base. We continue to update and improve. 346 delegates attended the course across the UK.
- 584 healthcare professionals and others attended the FSRH conferences.
- 1,369 candidates undertook the eKA with 1,195 passing. In 2016 1,346 candidates took the exam and 1,281 passed.
- 19 candidates undertook the part one exam and 18 passed. 12 submitted an evidence based commentary. 12 were successful (included resubmissions). 14 people sat the part two exam and 7 passed.
- The introduction of the new webinar service for FSRH members has resulted in significant engagement interest from our membership. In 2017, we held our 6 webinars which had a total of 3141 views.

**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. Achievements in 2017 included:

- FSRH continued to promote its Vision throughout its External Affairs output, including via high level meetings with the Minister for Public Health, Parliamentary Private Secretary to Secretary of State for Health, Minister for Health (workforce), Shadow Minister for Public Health, Shadow Women & Equalities Minister, Chairs of the All Party Parliamentary Groups on SRH and Women's Health, Chair of the Women's Parliamentary Labour Party and Convener of the Scottish Cross Party Group on Sexual Health.

Other influencing output included a joint pre-general election manifesto with RCOG, an impactful letter to the Prime Minister regarding abortion policy and the DUP alliance, informing and endorsing RCGP's Time to Act report on SRH, and formalising FSRH's position on decriminalisation of abortion.

- FSRH continued to work closely with the public health leadership and commissioning environment, in particular briefing the English and South West Commissioners Groups on key issues, while also responding and intervening where possible to local member concerns. FSRH worked particularly closely with PHE, feeding in strategically to the Sexual Health Action Plan, Reproductive Health Consensus and State of the Nation processes. FSRH also continued to facilitate and drive the commissioner-focussed

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Sexual Health & HIV eBulletin, delivering 8 issues, and increasing readership by 60% to over 1,000 subscribers.

- FSRH continued to influence the policy output of national statutory bodies through 20 formal consultation responses, including responding to the Department of Health's consultations on the Public Health Ringfence/ Business Rates Retention, and submissions to NICE concerning their draft guidance on topics including Termination of Pregnancy and LARC.
- 2017 has also seen FSRH develop a sustained media presence in the UK, a reflection of the Faculty's growing reputation as an authoritative voice in SRH. Of note is the exclusive coverage by The Times on FSRH's new position on decriminalisation of abortion. Our clinicians have also been featured in national and local print, radio and television such as The Independent; Guardian; BBC's Victoria Derbyshire, Radio 4 Woman's Hour and Radio 5 Live with Phil Williams; Vogue; Cosmopolitan; BuzzFeed as well as medical outlets On Medica, Medscape (paywall) and others.

It is very important for FSRH that our members' own voices reach the public, and in 2017 we published two blogs on BMJ Opinion on pricing and safety of emergency contraception and the falling rates of cervical screening, both signed by members.

Social media engagement also grew in 2017, with MPs, two Health Ministers and other key SRH organisations following and promoting our content; by the end of 2017 the FSRH UK Twitter account was close to reaching 3,000 followers. FSRH also launched the new Scottish Twitter account to increase awareness among policy makers, members and the public about the main SRH challenges in Scotland.

**Strategic Goal 3:** To improve standards in SRH. Achievements included:

- The Clinical Effectiveness Unit (CEU), based at the Chalmers Centre in Edinburgh exists to support FSRH members by providing the scientific evidence base to support high quality clinical practice in the UK.
- During 2017 nine clinical statements were published on FSRH's website.
- Five clinical guidance documents were published including, *Contraception after Pregnancy*, *Emergency Contraception* and *Contraception for Women over 40 Years*. In line with the publication of each document, five Webinars were hosted by FSRH CEU. Two new clinical guidance documents were initiated, with completion due in 2018.

The Contraception After Pregnancy guideline was particularly well received, with formal endorsements from RCOG, RCGP, RCM and RCN, and launched at the All Party Parliamentary Group on SRH, which FSRH helps facilitated as part of its Planning Committee.

- The FSRH CEU responded to evidence requests from 473 members - up from 347 enquires in 2016 - by undertaking a brief systematic review of the published evidence relating to a clinical SRH query.

- In addition, the FSRH CEU produced Choosing Wisely recommendations for FSRH and reviewed 39 documents from external organisations, including one BASHH guideline, eight NICE guidelines, four FPA leaflets and NHS Choices contraception webpages.
- The FSRH CEU also provided liaison with the BASHH Clinical Effectiveness Group and provided input into the MHRA review of recommendations for contraception during use of retinoids.
- The Clinical Standards Committee updated and published two service standards - for Risk Management and Workload in SRH. The committee also assisted FSRH CEU with their submissions to Choosing Wisely.

**Strategic Goal 4:** To strengthen and develop leadership in SRH. Achievements included:

- FSRH worked closely to help influence and plan around future workforce needs including by inputting in to HEE's Sexual Health Workforce Action Planning Task Group, and pathway around the future workforce needs for integrated SRH services.
- As a further crucial step to support local leadership in SRH, FSRH kicked off a workforce mapping exercise to identify where services are located and their respective leads. FSRH will keep working on this project through 2018, and its final output will serve as a powerful tool to gauge potential gaps in leadership in the future.
- FSRH also informed future leadership and workforce needs by responding to several agenda-setting bodies including through the DH's Expansion of Undergraduate Education, and GMC's Undergraduate Outcomes consultations.
- Three successful CESR applicants.
- Three new trainees started in the CSRH specialty programme in 2017

**Strategic Goal 5:** To strengthen and modernise the FSRH. Achievements included:

Our website launched in May 2016 and we can now see the positive impact of this during Jan – Dec 2017. During 2017 we had:

- 22% more page views overall
- 47% increase in homepage visits - 290k for Jan-Dec 2017 vs 197k for the same period in 2016)
- 61% increase in page views to our 'My FSRH' login with 9,966 new login accounts created

Following feedback from members, our standards and guidance section was rebuilt with input from the CEU, officers and our wider membership. This was relaunched in April 2017 with a new layout that included topic headings and sub-sections to make finding specific guidance easier. Feedback has been extremely positive with a 40% increase in visitors between 2016 and 2017.

## **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 provides awards and scholarships throughout the year.

### **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. The FSRH annually awards a prize in her memory to three undergraduates. The prize of £300 for the winner and £100 each for the two runners-up is awarded to students who submit original essays on a topic related to contraceptive and sexual health care.

There were 6 submissions for the 2017 prize. First prize was awarded to Georgeina L Jarman for 'Incentivising contraceptive use: A helping hand or a push in the wrong direction?'. Awards were made to two runners-up: Naomi Joshua for 'A false economy: the impact of current UK commissioning and health economics on women's access to contraception', and Siobhian Moores for 'A hidden population: What are the sexual health needs of women who have sex with women?'.

### **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 three months as a single award or divided between applicants.

Five people made successful applications to the 4-0-8 fund in 2017.

### **Fellowships and Membership**

Ten members were awarded Fellowship of the FSRH in 2017, acknowledging their committed service to sexual and reproductive healthcare over many years and four Honorary Fellowships were awarded to:

- Marge Berer
- Meera Kishen
- Ruth Lowbury
- Simon Gregory

Council ratified the examination results from the Part II MFSRH and seven people successfully passed this examination and were awarded Membership in November 2017.

## **FINANCIAL REVIEW**

### **Finance Objectives**

- To ensure wise and prudent use of the FSRH resources
- To use resources to support the implementation of Vision 2020 and the 2017 operational plan
- To support major projects undertaken in 2017 and develop an operational plan for 2018

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- To monitor how new and future projects impact on income and membership
- To identify additional/diverse sources of income
- To keep the investment and reserves policy under review
- To allocate restricted funds held.

### **Financial result for the year**

The financial results for 2017 show an operational net deficit before gains and losses of £295,735 (compared to a surplus of £49,398 in 2016) which is £39,584 better than the annual budget.

The Faculty's core income stream of member subscriptions was £35,011 (2%) above budget. Membership numbers were in line with budget overall with renewal rates averaging 91%. Due to the continuation of the lapsed membership policy, income was higher than budget despite flat membership. Registration and examination fees were 10% (£36,392) lower than budget driven by fewer eKA sittings and lower numbers of LoCs and e-Portfolios than budget.

Net income from FSRH events was £34,711 below budget overall due to fewer conference attendees and the cancellation of the joint conference with the Faculty of Public Health. Pressure on NHS budgets has given rise to fewer people attending for two days of a conference. The Faculty will continue to review its events strategy for 2018 onwards.

Net income from the Journal was below budget due to the £95,000 BMJ payment for Co-ownership being budgeted in 2017 but recognised in 2018. Excluding this timing difference, the Journal slightly outperformed budget by £5,017.

There were savings on operational expenditure of £67,483 (3%) across several areas including salaries, general training, marketing promotions, policy and influencing and restricted funds expenditure. £142,113 was spent on one-off projects including FSRH governance changes, the eKA new platform costs, funding for the user centred outcome measure project, GDPR consultancy and the membership engagement survey. Overall the spend on one-off projects was £100,847 lower than budget with some of the planned expenditure moving into 2018. Council had agreed to use reserves for these projects in 2017 as they were recognised as being important to the long-term future and sustainability of the Faculty.

Total net movement in funds including unbudgeted investment gains of £194,356 is £101,379, which is £233,940 above budget.

### **Investment policy**

A review of FSRH investment strategy was carried out in 2017 with the newly formed Finance & Investment Committee and external investment consultants advising Trustees. Following this review the Faculty updated their investment policy and opened a new long-term investment portfolio.

The investment objectives are:

- To seek to produce the best financial return within an acceptable level of risk.

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- To maintain a proportion of reserves in long term 'buy and hold' investments with the aim of generating an income to support the ongoing activities of the Faculty. The fund should be diversified and meet the Faculty's ethical criteria. The long-term investment fund objective is to grow at least in line with the rate of inflation.
- To maintain a proportion of reserves in short term investments to preserve the capital value with a minimum level of risk.

FSRH ethical policy avoids direct investment in any company directly involved in alcohol, tobacco, gambling, pornography or arms manufacturing. The Faculty recognises that there is a significant number of companies with only a modest involvement in these areas and that a total exclusion of all such companies would exclude companies which are primarily involved in the supply of products that are not subject to investment exclusions and may be of considerable social benefit and this could conflict with the objective to achieve the best financial return within the level of risk considered to be acceptable.

The Faculty accepts that it may be necessary to apply judgement in these areas, especially in relation to indirect holdings. The Finance & Investment committee will act on best endeavours to apply the ethical policy, both at the time of transaction and on an on-going basis, monitoring information about any changes to investments within the portfolio.

### **Reserves policy**

The FSRH Reserves Policy is to maintain a sufficient level of reserves to enable operating activities to be maintained considering potential risks that may arise. This level has been defined as free reserves of at least 6 months of budgeted expenditure (2017: £1,182,107). In addition, FSRH will hold at least 3 years of any planned extraordinary one-off expenditure to continue with the modernisation of the Faculty.

As at the end of December 2017 total unrestricted and non-designated funds stood at £6,146,897. After deducting the carrying value of fixed assets and investments held to support the Faculty's work in the future, unrestricted free reserves amounted to £2,051,480. Current net assets of £2,399,558 are well above the accepted appropriate general reserve of 6 months budgeted expenditure.

### **Risk Review 2017**

The FSRH 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. Risks and our controls to mitigate against these are discussed by the senior management team and then reported by the Honorary Treasurer to Trustees who then review the risks at each Council meeting.

The Faculty has continued to diversify its funding sources in 2017 so that it is less dependent on the Diploma subscription income however this remains the largest income stream for the Faculty. A key risk is the recognition of the Diploma's value to both commissioners and clinicians which the Faculty are mitigating through:

- The External Affairs and Standards team clarifying and actively promoting the role of the Diploma.
- Investment in the Education and Training project resource during 2017 to review the Diploma along with our other products to ensure they are meeting members' training needs.



- An additional part-time marketing post is also being recruited for 2018 so that we can promote membership and demonstrate value for money.

Council are concerned about the morale of those working in the NHS and in SRH in particular and the impact this is having on care and on membership. We are continuing to work hard to ensure that we can influence commissioning policy in the light of this.

Brexit and financial uncertainty on the stock market remains a key risk. For this reason, the Faculty diversified its investment portfolio in 2017 and is adopting a long term 'buy and hold' strategy for its long-term investments.

Data protection and upcoming GDPR were identified as a risk in 2017 which we are addressing together with a data consultancy who have provided us with a gap analysis of our current data processes and a timeline for us to achieve compliance in key areas by May 2018.

During 2017 RCOG announced that they are moving premises in 2019. The working assumption is that the Faculty will move into their new building. Negotiations are taking place during 2018 and the Faculty is being included in various RCOG move workstreams to consider opportunities for better ways of working.

## **PLANS FOR THE FUTURE**

Council approved 5 strategic goals for the period 2017–20. The new Board of Trustees, informed by the membership, will review the longer-term goals of the Faculty in 2018 to inform the period up to 2025.

**Overall goal to 2020: To promote effective standards and pathways in SRH through well-trained, multi-disciplinary teams to sustain high quality outcomes for the patient.**

### **Strategic Goals 2017–2020 with key element for 2018**

**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. Work in 2018 will include:**

- Reviewing the CSRH Specialty curriculum to GMC agreed timescales
- Positioning FSRH qualifications as 'credentials' in SRH and women's health
- Exploring widening access to FSRH qualifications for healthcare professionals beyond doctors and nurses
- Delivering a revised Diploma that is educationally sound, accessible and relevant to practice
- Developing a training pathway/curriculum for nurses working in integrated services – with BASHH
- Improving support to FSRH members to record CPD
- Increasing the number of SRH Essentials courses to meet demand
- Delivering an events programme that makes a surplus and achieves high ratings
- Embracing digital technology across the organisation for the benefit of members
- Supporting local trainer meetings with materials and, where possible, a speaker.

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

- Communicating the breadth and depth of sexual and reproductive healthcare to commissioners, policy makers, planners and other healthcare professionals through the promotion of the FSRH Vision 'Better Care, a Better Future'
- Providing information and support to commissioners/planners to help improve the quality of SRH commissioning/delivery including on the specialty of CSRH
- Building on the manifesto published in 2015 to increase awareness of SRH related issues among all the main political parties
- Strengthening our approach to influencing in the devolved nations using the country implementation plans based on the vision
- Working to develop stronger partnerships in the public health field
- Delivering and promoting the policy bulletin (6 editions) and increasing the readership
- Improving our understanding of the SRH workforce to support workforce development

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

- Publishing and promoting the use of timely clinical guidance on new topics and updating existing topics (CEU)
- Promoting the use of the UKMEC and developing tools for members based on it
- Producing standards covering all service types mandated by commissioners
- Encouraging high quality research based on implementation of the P Strategic Partnership
- Evaluating the pilot 'audit' programme for members and supporting a roll out if deemed successful
- Lobbying for improvements in the quality and consistency of abortion services – joint work with the RCOG
- Developing an accreditation scheme for products provided by others related to SRH
- Strengthening our approach to patient and public involvement.

**Strategic Goal 4: To strengthen and develop leadership in SRH, including:**

- Promoting the breadth of SRH and its wider benefits (using the Vision)
- Lobbying for an increase in the number of SRH consultants including promoting/processing CESR, lobbying to increase specialty numbers, lobbying of HEE
- Developing joint working with other specialties in response to Shape of Training
- Promoting SRH through membership of the Academy of Medical Royal Colleges
- Working with BHIVA and BASHH to support mentoring of new consultants in CSRH
- Promoting the role and impact of the SRH medical specialist including improving the way the FSRH supports these members
- Reviewing job plans/job descriptions including for consultant roles in integrated services, working with RCP when needed to ensure a joined up approach to these roles.

**Strategic Goal 5: To strengthen and modernise the FSRH, including:**

- Developing a strategic plan based on wide consultation with members, trustees, committee members and staff – to inform 2019 onwards
- Delivering excellent customer service to members – measured via times taken to process new qualifications, customer satisfaction and monitoring of complaints/feedback
- Ensuring the new website is continually improved to meet and support all our goals
- Maximising investment in the new 'CRM' system including ensuring effective communication with different parts of the membership
- Reviewing and strengthening the membership offer including identification and promotion of member benefits inside and outside the UK and increasing retention rates
- Improve (online) processes for members leading to an increase in membership satisfaction and reducing paper-based processes
- Supporting the implementation of the new governance structures to maximise the effectiveness of the new Board, Council and committees
- Maximising income including new sources of income, sponsorship and 'in kind' support
- Maximising value for money through reviewing contracts, increasing efficiency, reducing paperwork
- Ensuring all policies are in place necessary for being fit for purpose and meeting all legal and regulatory obligations including compliance with the GDPR
- Ensuring opportunities are maximised by moving to new offices with the RCOG in 2019

A detailed budget and operational plan was approved by Council for 2018 based on these goals.

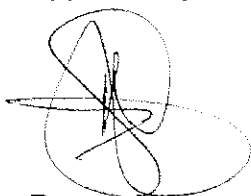
**Provision of Information to the Auditor**

Each of the persons who are directors at the time when this directors' 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.

The annual report and financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

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



**Roopa Aitken**  
**Director, FSRH**

**Date: 24 May 2018**

## TRUSTEES' RESPONSIBILITIES

The Trustees are responsible for preparing the Annual Report and the financial statements of the charitable company in accordance with the Companies Act 2006 and for being satisfied that the financial statements give a true and fair view. The Trustees are also responsible for preparing the financial statements in accordance with United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year that give a true and fair view of the state of affairs of the charitable company and of the income and expenditure of the charitable company for that year. In preparing these financial statements, the Trustees are required:

- to select suitable accounting policies and then apply them consistently;
- to make judgements and estimates that are reasonable and prudent;
- to state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- to prepare the financial statements on a going concern basis, unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that show and explain the charitable company's transactions, 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 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 MEMBERS OF THE FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE OF THE ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS**

### **Opinion**

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 2017, which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

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 2017 and of its incoming resources and application of resources 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.

### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Charitable Company in accordance with the ethical requirements relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Conclusions related to going concern**

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Charitable Company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

### **Other information**

The other information comprises the information included in the Report, other than the financial statements and our auditor's report thereon. The other information comprises of the President's statement report. The Trustees are responsible for the other information.

**Other information continued**

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

**Opinions on other matters prescribed by the Companies Act 2006**

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' Report, which includes the Directors' Report prepared for the purposes of Company Law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Directors' Report, which are included in the Trustees' Report, has been prepared in accordance with applicable legal requirements.

**Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the Charitable Company and its environment obtained in the course of the audit, we have not identified material misstatement in the Strategic report or the Trustee's report.

We have nothing to report in respect of the following matters in relation to which 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 trustees were not entitled to prepare the financial statements in accordance with the small companies regime; or
- were not entitled to take advantage of the small companies' exemptions in preparing the directors' report and from the requirement to prepare a strategic report.

### **Responsibilities of Trustees**

As explained more fully in the Trustees' responsibilities statement, 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, and for such internal control as the Trustees determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the Charitable Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Charitable Company or to cease operations, or have no realistic alternative but to do so.

### **Auditor's responsibilities for the audit of the financial statements**

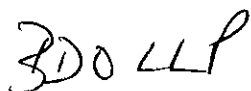
We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's ("FRC's") website at:

<https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.



Fiona Condrón (Senior Statutory Auditor)  
For and on behalf of BDO LLP, statutory auditor  
Gatwick  
Date: 24 May 2018

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).

FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE  
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**STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT)**

	Notes	Un-restricted Funds 2017 £	Designated Funds 2017 £	Restricted Funds 2017 £	Total Funds 2017 £	Total Funds 2016 £
<b>Income from:</b>	1(b)					
<b>Donations</b>		-	-	-	-	1,085
<b>Grants</b>		-	-	30,047	30,047	-
<b>Charitable Activities</b>						
Subscriptions and registration fees		1,670,579	-	-	1,670,579	1,668,672
Conference income		250,097	-	-	250,097	263,715
Journal of Family Planning		58,171	-	-	58,171	52,188
Examination fees		136,061	-	-	136,061	135,183
Other trading activities		38,650	-	-	38,650	39,877
Other income		12,131	-	-	12,131	15,187
<b>Investments</b>						
Interest and dividends receivable		15,619	-	-	15,619	95,336
<b>Total Income</b>	4	<u>2,181,308</u>	-	<u>30,047</u>	<u>2,211,355</u>	<u>2,271,243</u>
<b>Expenditure on:</b>	1(d)					
<b>Raising Funds</b>						
Investment Management costs		-	-	-	-	7,572
<b>Charitable activities</b>						
Conferences, meetings and membership services		2,100,133	-	35,780	2,135,913	1,830,379
Journal of Family Planning		243,262	-	-	243,262	236,266
Examinations		125,558	-	-	125,558	143,562
Awards, prizes and other expenditure		530	-	1,827	2,357	4,066
<b>Total Expenditure</b>	4, 5	<u>2,469,483</u>	-	<u>37,607</u>	<u>2,507,090</u>	<u>2,221,845</u>
<b>Net income before gains and losses</b>		(288,175)	-	(7,560)	(295,735)	49,398
<b>Gains on investments</b>	9	194,356	-	-	194,356	274,443
<b>Net movement in funds</b>		<u>(93,819)</u>	-	<u>(7,560)</u>	<u>(101,379)</u>	<u>323,841</u>
<b>Fund balances</b>						
Balances brought forward at 1 January	13	6,240,716	33,860	251,778	6,526,354	6,202,513
<b>Balances carried forward at 31 December</b>	13	<u>6,146,897</u>	<u>33,860</u>	<u>244,218</u>	<u>6,424,975</u>	<u>6,526,354</u>

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

**BALANCE SHEET**

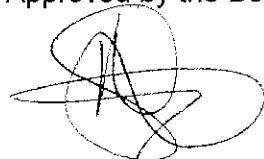
Company no 2804213

**As at 31 December 2017**

	Notes	2017 £	2016 £
<b>FIXED ASSETS</b>			
Intangible assets	7	111,462	182,606
Tangible assets	8	14,674	4,885
Investments	9	3,969,281	1,369,897
		<u>4,095,417</u>	<u>1,557,388</u>
<b>CURRENT ASSETS</b>			
Debtors	10	181,174	152,087
Short term deposits		1,240,691	3,621,016
Cash at bank and in hand		1,673,093	1,794,438
		<u>3,094,958</u>	<u>5,567,541</u>
<b>CREDITORS</b>			
<b>Amounts falling due within one year</b>			
Creditors and accruals	11	(449,054)	(369,449)
Deferred income	16	(246,346)	(167,126)
		<u>(695,400)</u>	<u>(536,575)</u>
<b>NET CURRENT ASSETS</b>		<b>2,399,558</b>	<b>5,030,966</b>
<b>CREDITORS: Amounts falling due after one year</b>	11	<b>(70,000)</b>	<b>(62,000)</b>
<b>TOTAL ASSETS LESS LIABILITIES</b>		<u><b>6,424,975</b></u>	<u><b>6,526,354</b></u>
<b>RESERVES</b>			
<b>Unrestricted funds</b>			
General fund	13, 14	6,146,897	6,240,716
Designated fund	13, 14	33,860	33,860
<b>Restricted Funds</b>	13, 14	<b>244,218</b>	<b>251,778</b>
<b>TOTAL FUNDS</b>		<u><b>6,424,975</b></u>	<u><b>6,526,354</b></u>

The financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2008 relating to small companies.

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



**Roopa Aitken**  
Director, FSRH

**Date: 24 May 2018**

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

**STATEMENT OF CASH FLOWS**

For the year ended 31 December 2017

	Notes	2017 £	2016 £
<b>Cash flows from operating activities</b>			
(Deficit)/Surplus for the year		(101,379)	323,841
Adjustments for:			
Depreciation		112,174	100,286
Gains on investments		(194,356)	(274,443)
Investment management costs		-	7,572
Interest and dividends received		(15,619)	(95,336)
(Increase)/decrease in debtors		(29,087)	137,239
Increase/(decrease) in creditors		166,825	184,052
Net cash from operating activities		<u>(61,442)</u>	<u>383,211</u>
<b>Cash flows from investing activities</b>			
Purchase of fixed assets		(50,819)	(134,044)
Purchase of investments		(3,280,000)	-
Sale of investments		874,972	2,395,539
Interest and dividends received		15,619	95,336
Net cash from investing activities		<u>(2,440,228)</u>	<u>2,356,831</u>
<b>Net (decrease) / increase in cash &amp; cash equivalents</b>		<u>(2,501,670)</u>	<u>2,740,042</u>
Cash & cash equivalents at beginning of year	A	<u>5,415,454</u>	<u>2,675,412</u>
Cash & cash equivalents at end of year	A	<u>2,913,784</u>	<u>5,415,454</u>

**A. COMPONENTS OF CASH AND CASH EQUIVALENTS**

	2017 £	2016 £
Short term deposits	1,240,691	3,621,016
Cash at bank and in hand	1,673,093	1,794,438
	<u>2,913,784</u>	<u>5,415,454</u>

**NOTES TO THE ACCOUNTS  
YEAR ENDED 31 DECEMBER 2017**

**1 ACCOUNTING POLICIES**

**(a) Accounting convention**

The financial statements have been prepared under the historical cost convention in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice (Charities SORP (FRS 102)), applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) and the Companies Act 2006.

**(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 have been apportioned across other expenditure headings in proportion to direct expenditure costs.

**(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. Realised and 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) and intangible fixed assets (website and database development costs) are depreciated by equal instalments over the estimated useful life of the assets, being three years. Depreciation is charged for a full year in the year of acquisition of an asset.

**(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 31 DECEMBER 2017 (CONTINUED)**

**(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. The designated fund of £33,860 was established by Council in 2015 to fund the cost of moving if the existing licence at the RCOG were to be revoked.

**(k) Going concern**

The trustees have considered the budget and cash flow for the next 12 months and are of the opinion that the organisation is a going concern.

**2 EMOLUMENTS OF TRUSTEES**

The trustees of the Faculty received no emoluments for their services during the year. Expenses reimbursed to 18 trustees amounted to £17,879 (2016: 14 – £18,977). These expenses relate to travel and accommodation costs. Professional indemnity insurance paid amounted to £2,876 (2016: £2,825) and includes trustees' liabilities.

A member of the trustees, Dr J Heathcote, received fees of £4,375 (2016: £7,350) for consultancy services in relation to updating the eKA, and Dr Jayne Kavanagh received no fees (2016: £2,750) for consultancy in relation to the development of the SRH Essentials course as allowed by the charity's Memorandum and Articles of Association. No donations from trustees were received in either year.

**3 STAFF NUMBERS AND COSTS**

The average number of permanent persons employed by the company during the year was 20 (2016: 17). One employee earned between £80,000 and £90,000 per annum (2016: one employee earned between £80,000 and £89,000).

	2017	2016
	£	£
Wages and salaries	659,775	550,550
Employer's NIC	68,550	57,141
Pension contributions	66,980	32,770
Other staff costs	62,440	77,401
	<u>857,745</u>	<u>717,862</u>

The organisation's key management comprised the Chief Executive Officer, the Director of Education and Training, the Head of Membership and Marketing, the Head of External Affairs and Standards and the Director of Finance. The aggregate pay of the key management, including social security and pension costs, was £300,323 (2016: £271,323).

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

**NOTES TO THE ACCOUNTS**  
**YEAR ENDED 31 DECEMBER 2017 (CONTINUED)**

**4 PRIOR YEAR COMPARATIVES BY TYPE OF FUND**

The SOFA provides prior year comparatives in total; this note provides prior period comparatives for each of the types of funds.

	Un- restricted Funds	Designated Funds	Restricted Funds	Total Funds
	2016	2016	2016	2016
	£	£	£	£
<b>Income from:</b>				
<b>Donations</b>	-	-	1,085	1,085
<b>Charitable Activities</b>				
Subscriptions and registration fees	1,668,672	-	-	1,668,672
Conference income	263,715	-	-	263,715
Journal of Family Planning	52,188	-	-	52,188
Examination fees	135,183	-	-	135,183
Other trading activities	39,877	-	-	39,877
Other income	15,187	-	-	15,187
<b>Investments</b>				
Interest and dividends receivable	95,336	-	-	95,336
<b>Total income</b>	<u>2,270,158</u>	<u>-</u>	<u>1,085</u>	<u>2,271,243</u>
<b>Expenditure on:</b>				
<b>Raising Funds</b>				
Investment Management costs	7,572	-	-	7,572
<b>Charitable activities</b>				
Conferences, meetings and membership services	1,817,229	-	13,150	1,830,379
Journal of Family Planning	236,266	-	-	236,266
Examinations	143,562	-	-	143,562
Awards, prizes and other expenditure	630	-	3,436	4,066
<b>Total Expenditure</b>	<u>2,205,259</u>	<u>-</u>	<u>16,586</u>	<u>2,221,845</u>
<b>Net income before transfers</b>	64,899	-	(15,501)	49,398
Transfers between funds	-	-	-	-
<b>Gains on investments</b>	274,443	-	-	274,443
<b>Net movement in funds</b>	<u>339,342</u>	<u>-</u>	<u>(15,501)</u>	<u>323,841</u>
<b>Fund balances</b>				
Balances brought forward at 1 January	5,901,374	33,860	267,279	6,202,513
<b>Balances carried forward at 31 December</b>	<u>6,240,716</u>	<u>33,860</u>	<u>251,778</u>	<u>6,526,354</u>

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**5 SUPPORT COST ALLOCATION**

	Staff costs 2017 £	Gover- nance 2017 £	Printing 2017 £	Other 2017 £	Total 2017 £	Total 2016 £
Investment management charges	-	-	-	-	-	7,572
Conferences, meetings membership support	829,730	117,266	11,524	1,177,393	2,135,913	1,830,379
Journal of Family Planning	-	13,583	175,801	53,878	243,262	236,266
Examinations	28,015	7,011	-	90,532	125,558	143,562
Awards, prizes and other expenditure	-	30	-	2,327	2,357	4,066
	<b>857,745</b>	<b>137,890</b>	<b>187,325</b>	<b>1,324,130</b>	<b>2,507,090</b>	<b>2,221,845</b>

**6 NET EXPENDITURE**

Net expenditure is stated after charging:

	2017 £	2016 £
Depreciation	112,174	100,286
Audit fee	15,000	15,000
Rentals payable under operating leases:		
Office rental	85,549	83,870
Office equipment	<b>5,704</b>	<b>5,704</b>

**7 INTANGIBLE FIXED ASSETS**

	Website Develop- ment £	Total £
<b>Cost</b>		
At 1 January 2017	273,910	273,910
Additions	30,240	30,240
At 31 December 2017	<b>304,150</b>	<b>304,150</b>
<b>Depreciation</b>		
At 1 January 2017	91,304	91,304
Charge for the year	101,384	101,384
At 31 December 2017	<b>192,688</b>	<b>192,688</b>
<b>Net book value</b>		
At 31 December 2017	<b>111,462</b>	<b>111,462</b>
At 31 December 2016	<b>182,606</b>	<b>182,606</b>

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**8 TANGIBLE FIXED ASSETS**

	Office Equipment £	Total £
<b>Cost</b>		
At 1 January 2017	154,721	154,721
Additions	20,579	20,579
At 31 December 2017	<u>175,300</u>	<u>175,300</u>
<b>Depreciation</b>		
At 1 January 2017	149,836	149,836
Charge for the year	10,790	10,790
At 31 December 2017	<u>160,626</u>	<u>160,626</u>
<b>Net book value</b>		
At 31 December 2017	<u>14,674</u>	<u>14,674</u>
At 31 December 2016	<u>4,885</u>	<u>4,885</u>

**9 FIXED ASSETS - INVESTMENTS**

	Investment Portfolio £	National Savings £	Total £
Market value at 1 January 2017	1,369,397	500	1,369,897
Purchases	3,280,000	-	3,280,000
Disposals	(874,972)	-	(874,972)
Realised gain	85,812	-	85,812
Unrealised gain	<u>108,544</u>	-	<u>108,544</u>
Market value at 31 December 2017	3,968,781	500	3,969,281
Cost at 31 December 2017	3,760,000	500	3,760,500
Cost at 1 January 2017	1,200,000	500	1,200,500

**10 DEBTORS AND PREPAYMENTS**

	2017 £	2016 £
Accrued income	64,835	75,833
Prepayments	51,541	31,289
Other debtors	64,798	44,965
	<u>181,174</u>	<u>152,087</u>

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11 CREDITORS AND ACCRUALS	2017	2016
	£	£
<b>Amounts falling due within one year:</b>		
Trade creditors	137,170	134,683
Social security and other taxes	63,336	16,300
Other creditors	71,118	52,980
Accruals	177,430	165,486
	<b>449,054</b>	<b>369,449</b>

**Amounts falling due after one year:**

Pension liability	70,000	62,000
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**12 TAXATION**

The company is a charity within the meaning of Para 1 Schedule 6 Finance Act 2010. Accordingly, the Company is potentially exempt from taxation in respect of income or capital gains within categories covered by Chapter 3 of Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

**13 MOVEMENT OF FUNDS**

	Balance b/f £	Incoming resources £	Resources expended £	Gains/ (losses) £	Balance c/f £
<b>Restricted Funds</b>					
HIV Consensus Fund	34	-	-	-	34
Dept of Health Grant Fund (Postgraduate)	2,821	-	-	-	2,821
Dept of Health Grant Fund (Equivalence)	71,134	-	-	-	71,134
Health Education England (formerly DoH)	47,130	-	(5,393)	-	41,737
David Bromham Memorial Fund	9,202	-	-	-	9,202
Four-O-Eight Sheffield Fund	112,547	-	(1,827)	-	110,720
PSP Fund	8,910	-	(7,694)	-	1,216
MAC Aids Fund	-	25,000	(17,743)	-	7,257
ESC Grant	-	5,047	(4,950)	-	97
	<b>251,778</b>	<b>30,047</b>	<b>(37,607)</b>	<b>-</b>	<b>244,218</b>
<b>Unrestricted funds</b>	<b>6,240,716</b>	<b>2,181,308</b>	<b>(2,469,483)</b>	<b>194,356</b>	<b>6,146,897</b>
<b>Designated funds</b>	<b>33,860</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>33,860</b>
	<b>6,526,354</b>	<b>2,211,355</b>	<b>(2,507,090)</b>	<b>194,356</b>	<b>6,424,975</b>



NOTES TO THE ACCOUNTS  
YEAR ENDED 31 DECEMBER 2017 (CONTINUED)

**13 MOVEMENT OF FUNDS continued**

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

The fund received in 2008 to develop national training standards for non-medical health care professionals will be used, after agreement with the Department of Health (DH), to provide postgraduate education.

The brought forward fund balance of £71,134 received from the DH is to be used to address the workforce deficit by increasing numbers of consultants in SRH via 'equivalence'.

The brought forward fund balance of £47,130 received from Health Education England is for e-learning for Health (eLfH) work to support and update 'e-SRH' available to all NHS staff.

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 has the purpose of providing bursaries to doctors and others unable to take part in education and training without 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.

The PSP Fund is to spend on financing a Contraception Priority Setting Partnership which will establish the top research priorities needed in SRH in the UK.

The MAC Aids Fund of £25,000 is to fund the *Sexual Health & HIV Policy eBulletin* which FSRH took over at the start of 2017. 8 bulletins were produced during 2017.

The £5,047 grant from the European Society of Contraception (ESC) is for online learning for contraceptive counselling.

The £33,860 designated fund was established by Council in 2015 to fund the cost of moving if the existing licence at the RCOG were to be revoked.

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**NOTES TO THE ACCOUNTS**  
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**14 ANALYSIS OF NET ASSETS BY FUNDS**

	Tangible and Intangible fixed assets £	Investments £	Net current assets £	Creditors Amounts Falling due after 1 year £	Total £
<b>Restricted funds</b>					
HIV Consensus Fund	-	-	34	-	34
Dept of Health Grant Fund (Postgraduate)	-	-	2,821	-	2,821
Dept of Health Grant Fund (Equivalence)	-	-	71,134	-	71,134
Health Education England (formerly DoH)	-	-	41,737	-	41,737
David Bromham Memorial Fund	-	9,202	-	-	9,202
PSP Fund	-	-	1,216	-	1,216
Four-O-Eight Sheffield Fund	-	-	110,720	-	110,720
Mac Aids Fund	-	-	7,257	-	7,257
ESC Grant	-	-	97	-	97
<b>Total Restricted funds</b>	-	9,202	235,016	-	244,218
<b>Designated Funds</b>	-	-	33,860	-	33,860
<b>General funds</b>	126,131	3,960,079	2,130,682	(70,000)	6,146,897
<b>At 31 December 2017</b>	<b>126,131</b>	<b>3,969,281</b>	<b>2,399,558</b>	<b>(70,000)</b>	<b>6,424,975</b>

**15 OPERATING LEASE COMMITMENTS**

At 31 December 2017 the company had total commitments under operating leases which expire:

	2017		2016	
	Office licence £	Office equipment £	Office licence £	Office equipment £
In second to fifth years inclusive	166,832	20,152	245,121	14,266
In more than 5 years	-	-	-	11,590

**16 DEFERRED INCOME**

	£
Balance at 1 January 2017	167,126
Amount released to incoming resources	(155,221)
Amount deferred in the year	234,441
Balance at 31 December 2017	246,346

**NOTES TO THE ACCOUNTS  
YEAR ENDED 31 DECEMBER 2017 (CONTINUED)**

**17 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.

**18 RELATED PARTY TRANSACTIONS**

Other than those stated in note 2, there was one related party transaction. Diane Chipperfield purchased office plants and provided monthly upkeep to the value of £1,524.

**19 PENSION COSTS**

The Faculty of Sexual and Reproductive Healthcare ("the Faculty") participates in the Royal College of Obstetricians and Gynaecologists Pension Scheme ("the Scheme"), a UK registered trust-based pension scheme providing defined benefits based on service and final pay. The Scheme was closed to new entrants during 2005 and to future accrual of benefits from 1 January 2015. The Trustees are responsible for running the Scheme in accordance with the Scheme's Trust Deed & Rules, which sets out their powers. The Trustees are required to act in the best interests of the Scheme's beneficiaries.

The Scheme is a multi-employer scheme as defined in Financial Reporting Standard 102 (FRS 102), and under the provisions of FRS 102 relating to multi-employer schemes, the Faculty accounts for contributions paid to the Scheme as though it were a defined contribution scheme.

The Trustees of the Scheme are required to carry out an actuarial valuation every three years. The latest completed actuarial valuation of the Scheme was carried out by the Actuary for the Trustees as at 1 April 2016. This valuation revealed a funding shortfall of £5.0 million.

A Recovery Plan, dated 23 March 2017, has been implemented which requires further contributions to the Scheme of £49,600 per month from 1 April 2020 to 31 March 2024 and then £38,250 per month from 1 April 2024 to 31 March 2027. The Faculty has agreed to pay 2.04% of these contributions, paying £1,011.84 per month from 1 April 2020 to 31 March 2024 then £780.30 per month from 1 April 2024 to 31 March 2027.

It is understood that the Scheme is a "last man standing" multi-employer scheme, so that if all of the other participating employers cease to participate, then responsibility for funding the entire Scheme would fall to the Faculty. However, the inclusion of this statement does not mean that it is anticipated that the other participating employers will cease to participate in the Scheme before the Faculty, and in the meantime, all participating employers are making contributions to the Scheme to make good the shortfall in the Scheme. For a participating employer to cease to participate in circumstances where at least one other employer continues to participate, it would be required to pay into the Scheme its share of the shortfall in the Scheme determined on a discontinuance basis

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**NOTES TO THE ACCOUNTS**  
**YEAR ENDED 31 DECEMBER 2017 (CONTINUED)**

**19 PENSION COSTS continued**

The movements in the liability during the year were as follows:

	2017 £'000	2016 £'000
<b>Balance at start of year</b>	<b>62</b>	<b>57</b>
Charge for year	20	-
Finance charge for year	1	1
Contributions paid	(20)	-
Additional funding charge	7	4
<b>Balance at 31 December</b>	<b>70</b>	<b>62</b>

The amount recognised in the statement of financial position is:

	2017 £'000	2016 £'000
Multi-employer scheme liability	70	62

The amount recognised in the Statement of Financial Activities is:

	2017 £'000	2016 £'000
Finance charge for the year	1	1
Charge for the year	20	-
Additional funding charge	7	4
<b>Total</b>	<b>28</b>	<b>5</b>