British Association for Sexual Health and HIV
Established 2003 through the merger of MSSVD (est.1922) and AGUM (est.1992)

A REGISTERED CHARITY
No. 1099301

Annual Report of the Charity Trustees
incorporating the Financial Accounts for the
Financial Period ended 31 July 2010

Approved by the Trustees 10/12/10

Address registered with the Charity Commission:

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Chartered Certified Accountants
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London, SW17 8HH

This Report and the Accounts are a public document, which should be read as one to obtain the correct view of the operation of the Charity during the year under report. Copies of this document may be obtained from the Royal Society of Medicine.

Readers’ comments to the BASHH Secretariat at the Royal Society of Medicine on the Format and Content of this Report would be appreciated.
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Introduction from the President

It gives me great pride to introduce the latest BASHH annual report. It is a record of considerable achievement by many people across a broad range of activities, and we should all be very pleased to have such a strong and vibrant professional association representing our specialty.

The activities of BASHH fall into three broad categories:

1) **Standards** – this work is supported by the national guidelines produced by the Clinical Effectiveness Group, national audits produced by the National Audit Group, and the wider activities of the Clinical Governance Committee with its regional structure. As President I am pleased to have been able to establish a new Clinical Standards Unit with the remit of further developing and promulgating the first-ever national STI management standards launched early in 2010, a project which was the brainchild of my predecessor Immy Ahmed. The statement on our new membership cards (which I hope you are carrying in your wallet or purse as you read this) is: “Raising standards in sexual health and HIV medicine.” At a time of ever more turbulent change in the NHS, I believe that it has never been more important for the voice of the professionals to be heard, clearly and consistently arguing for ever higher standards for our patients.

A matter which has been long discussed and postponed, is that of consultant revalidation. I have co-opted Mark FitzGerald onto the Board as the BASHH lead on this, and once the final proposals become clear I am determined that BASHH will do everything in its power to assist our consultant members in coping with this new challenge.

2) **Education** – co-ordinated by our Education Committee, BASHH continues to provide a startling array of high-quality educational events, as detailed elsewhere in this report. Our core educational events remain the Ordinary General Meetings in London, and the annual Spring Meeting, but these are supplemented by a plethora of other educational activities put on both by our special interest groups, and also on an ad hoc basis in alliance with other organisations.

An important initiative has been the re-branding of STIF as “The STI Foundation”, which is to be the training arm of BASHH providing a range of competency-based training and assessment packages for clinicians working outside mainstream GU medicine. One of the things that has become increasingly clear to me since I became President is the importance of providing quality training in sexual health to nurses. This applies not only to nurses working in the community, or in reproductive health clinics, but indeed to our own nurses working in GU medicine clinics. For a number of years now the role of nurses in GU medicine clinics has been steadily increasing, to the undoubted benefit of the service and our patients, but it is striking to me that there is no nationally accepted training or qualifications available to them. This is something I am personally trying very hard to address, but it is proving a tough nut to crack given that there needs to be engagement by the nursing profession nationally for this to succeed, and it is currently unclear how this is to be achieved. In the year ahead I will redouble my efforts and I hope that, by the time of the next annual report, there will be progress to report on this front.
3) **Influencing** – it is important for BASHH to try to influence the national health policy agenda. One of the things that has been very pleasing to me as President is to realise the considerable respect that professionals, civil servants and politicians alike, have for our association. I know that all Fellows and Members of BASHH care greatly about their specialty, and want its importance to be reflected when national health policy is drawn up. Since I became President we have of course had a change of government, and the new coalition has embarked on an extremely ambitious programme of reform for the NHS, coupled to ushering in an age of austerity. Supported by our Media Group chaired by Peter Greenhouse, with the oversight of Janet Wilson as Vice-President, and with the expert professional advice of our communications company Munro & Forster, I am making great efforts to try to exert such influence. In addition, I also believe it is important to develop useful alliances with other professional groups, and I am pleased to say that I have had regular meetings with the Chair of the British HIV Association Ian Williams, and with the President of the Faculty of Sexual and Reproductive Health (FSRH), Christine Robinson. BASHH has held extremely successful joint meetings with both these organisations in the past year, and we continue to collaborate actively on other meetings, policy statements and position papers. BASHH and the FSRH are actively working together to try to advance nurse education in sexual health as alluded to above, and both BASHH and FSRH are co-funders (together with the Family Planning Association) of the All-Party Parliamentary Group on Sexual Health. This latter is chaired by Baroness Gould who has long been a fierce supporter of sexual health nationally.

During my term as President I am also the Chairman of the Joint Specialty Committee in GU Medicine at the Royal College of Physicians (RCP). This is giving me an opportunity to gain a better understanding of the RCP, and I am pleased to be able to report that the college is a very active supporter of our specialty.

To close, I would like to thank all the many people who have contributed actively to the activities of our association, all unpaid and in their precious free time on top of considerable clinical, administrative, teaching or research commitments. As ever, I am extremely impressed by the strength in both width and depth of our membership. Although we are without doubt going to be going through a difficult time in the next few years, with such a wealth of talent at our disposal I have little doubt that we will survive, and indeed in the longer term flourish once again.

My personal thanks go to all the officers, without whose constant and unstinting support the job of President would be impossible.

Dr Keith Radcliffe
President
Vice-President’s Report

My principal role as Vice-President has been to support the President, Keith Radcliffe, and to deputise for him so ensuring that BASHH is appropriately represented externally. The recent change in Government, and the planned changes to the health service, has meant the need for active engagement with politicians, civil servants and sexual health partners to ensure that sexual health remains a high public health priority. On behalf of BASHH, I would like to thank Keith for his hard work and deep commitment to our specialty and for his strong leadership that is steering us through these times of change that can be so unsettling.

The Education Committee and SIGs continue to produce excellent educational meetings and courses which are responsive to the needs of our members. Attending the Clinical Governance Committee has given me more insight into the large amount of work taking place in the regions and the issues affecting our individual members. As a Trustee I have more understanding of charitable governance and the financial processes of BASHH. Also, working closely with the media group, to advise on BASHH strategy for public health messages and engagement with other health professionals, I have learnt a great deal about the amount of “behind-the-scenes” activity the media group delivers on behalf of BASHH, sexual health and HIV in general, and for the general public.

It has been a great pleasure and honour to work with our President and other Officers. I remain totally impressed and proud of the enthusiasm, productivity and quality of the work produced on behalf of BASHH by our Fellows and Members, all of course in addition to their day-jobs. It is this continuing commitment that ensures we remain an active and effective organisation.

Dr Janet Wilson
Vice-President
General Secretary’s Report

In my third report as General Secretary of BASHH, and I am pleased to report the Association has seen growth in our external profile and expansion in the range of activities this year. We continue to attract new members and Fellows and our membership at August 2010 stood at 1118, with 55 resident outside the United Kingdom.

The past year has seen active evolution of the administration of the Association, with migration of the provision of technical elements of our finance and membership database into specialist offices at the RSM. We have close scrutiny over the central business functions provided to BASHH through regular contact with senior RSM managers. Excellent professional services from the RSM team in the BASHH secretariat have been crucial to the smooth running of the central business functions, and I would like to extend my personal thanks to the salaried staff involved, especially to Liz Odette.

The wide scope of our educational, political and media work activities is well described in the following Report. We have seen the development of new specialist groups focused on patient and public involvement, on common interests with colleagues in pharmacy and for monitoring the impact of our clinical standards in community STI services. These and all the other special interest groups continue to be complemented by the active involvement of BASHH in governmental consultation exercises and collaborative discussion with sister societies and academic colleges. Our political profile continues to grow through our financial support of the All-Party Parliamentary Group for Pro-choice and Sexual Health and our other lobbying activity. The role of the Media Group to provide spokespeople and expert commentary, often at very short notice, to influential newspapers, TV and radio programmes has provided BASHH with a growing external profile in this time of turmoil in the NHS.

The selfless support of members running all the BASHH groups and regions and delivering educational events is gratefully acknowledged. We have all benefited from their expertise and dedication.

We can look forward to the next year with confidence that BASHH is continuing to respond to the changing educational and political environment in a time of very rapid change.

Dr Jan Clarke
General Secretary
Conference and Communication Secretary’s Report

The Spring meeting was held jointly with BHIVA from 20-23 April 2010 at the Manchester Central Convention Complex; with 1052 registered delegates it was the largest HIV/STI meeting ever held in the UK. Plenary sessions included HIV and swine flu; testing for STIs and new perspectives in HIV treatment. Dr James Bingham gave the Harrison Lecture on ‘Fear, prostitution, comfort and rape’. There were 48 oral presentations and 302 poster presentations.

The prize for the best oral presentation was awarded to Dr Derval Harte for her presentation ‘Recall of men who have sex with men diagnosed with bacterial STIs for retesting: a feasible and effective strategy?’ The best poster presentation prize was awarded to Dr Bhanu Williams for her poster ‘Pregnancy outcomes in women growing up with HIV acquired perinatally or in early childhood’. The best SpR case presentations prize was awarded jointly to Dr Rachael Neale “Chronic hepatitis in HIV and Dr Vanessa Apea for ‘Cirrhosis: a revealer of truths’. Dr Gary Brook was awarded the Maggie Godley Prize for 2 posters ‘The effect of EPR on the time taken to treat patients with genital Chlamydia infection and ‘The influence of different versions of the Roche Taqman TM assay on the rates of HIV viral load >50 copies/ml on patients on ART’.

On 29 January 2010 another successful collaborative meeting was held with the Faculty of Family Planning and Reproductive Health on common issues and on 24 June 2010 a joint meeting between the Royal College of Physicians and BASHH was held at the College on ‘Horizons in Sexual Health and HIV’.

A new BASHH column is now a regular feature in the journal ‘Sexually Transmitted Infections’. So far an article has been published on the new STI standards by Dr Immy Ahmed, the new curriculum for medical trainees by Dr Raj Patel and an update on STI education by Drs Karen Rogstad, Penny Goold and Nick Theobald.

Dr Elizabeth Foley
BASHH Conference & Communications Secretary
Report from the Education Committee

The Education committee continues to deliver a diverse, well attended programme of OGMs and a Focus meeting over the year, as well as the Annual Spring Meeting and joint ventures with other Specialist Societies.

As a result of the review the previous year, the number of OGMs was changed to 4 per year, plus one HIV Focus meeting per year. The evening meetings now finish at 7pm, but with no reduction in CPD credits. All programmes now have learning objectives to meet the CPD requirements of the RCP.

Committee members have contributed to National Consultations run by Government and Professional Bodies including NICE. A joint Conflict of Interest Policy for presentations at meetings has been agreed with BHIVA.

The re-vamped STI Foundation was launched to provide a comprehensive training and assessment package for providers of sexual health services, and there is work underway on competencies for nurses. In the next few months, copies of OGM slide presentations will be available through the BASHH website. The Staff Grade and Associate Specialist Meeting and Doctors in Training Meeting were well attended with excellent feedback, and their success reflects the enormous effort of the organising bodies. Members of the Education Committee, and the groups reporting through it, continue to provide educational, and advisory roles in BASHH. As SPAs allowed for such activities is reduced by employers, work is increasingly undertaken in members’ own time. Members of the Education Committee/groups reporting through it have continued their invaluable contribution to the Society despite this to ensure that not only has activity been maintained but has increased.

Dr Karen Rogstad/Dr Ashini Fox
2009/10 OGM Scientific Programme

BASHH Afternoon OGM 2 October 2009
Revalidation, Quality and related topics (UK Perspective): What you need to know.
Clinical Governance Committee - Chairs: Dr Mike Abbott and Dr Elizabeth Carlin

Quality and PPI - Dr Keith Radcliffe
Revalidation - Dr Mark FitzGerald
Measuring Quality (User satisfaction) - Professor Jonathan Ross
Clinical Audit - Dr Chris Carne
Information - Dr Mary Poulton

National Perspectives: Scotland, Wales and Ireland - Dr Rak Nandwani, Dr Olwen Williams, Dr Carol Emerson

BASHH Evening OGM 2 October 2009
HPV Special Interest Group - Chair: Dr Immy Ahmed

Is head and neck cancer a sexually transmitted disease?
Professor Holger Südhoff, Department of Otolaryngology, Head and Neck Surgery
Bielefeld Academic Teaching Hospital, Affiliated to Münster University, Germany

How Papillomaviruses cause Warts, Neoplasia and Cancers
Dr John Doorba, Division of Virology, MRC National Institute for Medical Research, London, United Kingdom.

Which HPV vaccine?
Professor Charles Lacey, Hull York Medical School, University of York, United Kingdom.

BASHH Afternoon OGM 8th January 2010
HIV SIG - Chair: Dr Adrian Palfreeman

Consent- Patients and doctors making decisions together -Practical application of the 2008 GMC Guidance. - Dr Jane O'Brien - General Medical Council

Case based discussion with expert panel: - Dr Mary Poulton, Dr Jane O'Brien, Dr Hermione Lyall

BASHH Evening OGM 8th January 2010
HIV SIG - Chair: Dr Keith Radcliffe

HIV Update - Dr Martin Fisher

New Strategies to treat and prevent OIs - Dr Mark Nelson

Honorary life fellow lecture: An Alternative Genito-Urinary Medicine - Dr Willie Harris
BASHH Afternoon OGM 19th March 2010
Bacterial SIG - Chair: Prof Cathy Ison

Understanding Microarrays - Prof. Philip Butcher

What’s new in BV – Dr Philip Hay

Update on Ureaplasmas - Prof David Taylor-Robinson

Debate: Do we still need dark-ground microscopy? Dr Beng Goh and Dr Sarah Alexander

BASHH Evening OGM 19th March 2010
HPA
BASHH/HPA Fellow presentations:

The Prevalence of Mycoplasma genitalium in Men who have sex with men attending a GUM clinic - Dr Suneeta Soni

Evaluation of a point-of-care test (POCT) for diagnosing gonorrhoea - Dr Amanda Samarawickrama

Current issues
Recent STI trends and developments
Dr Gwenda Hughes and Dr Catherine Lowndes

Sexual Health Indicators/Indices - Dr Ian Simms

Sexual Health Commissioning - Dr Isabel Oliver

Update of use of cephalosporins for gonorrhoea – Prof. Cathy Ison

BASHH Afternoon OGM 6th June 2010
Current Research to Support the UK’s Sexual Health Strategies
Chair: Professor Graham Hart

Is Mycoplasma genitalium in women the ‘new chlamydia’? A community based prospective cohort study - Dr Pippa Oakeshott

Antimicrobial resistance in Chlamydia trachomatis: Is it a reality? - Dr Rachel Pitt

Public health outcomes, costs & cost-effectiveness of GUM & primary care based STI services: How to maximise STI control & cost-effectiveness for a population (MSTIC)- Dr Catherine Mercer

LGV in the UK: is HIV a biological co-factor or an underlying determinant of risk networks & behaviours? - Professor Helen Ward

Sexual attitudes & lifestyles of London’s Eastern Europeans (SALLEE)- Dr Fiona Burns

Female migrant sex workers from Eastern Europe & the former Soviet Union: risk of HIV & STI - Dr Lucy Platt
BASHH Evening OGM 6th June 2010
STIs beyond the Noughties
Chair: Dr Janet Wilson
Presentation of Award for BASHH Undergraduate Prize

The STI Foundation and E-Learning for Health – New educational initiatives.
Dr Karen Rogstad
Dr Nick Theobald
Dr Penny Goold
Dr Jackie Sherrard

Sexual Health on Dean Street – Past and Future- Dr Alan McOwan

Measuring Patient Satisfaction with Sexual Health Clinics
Prof Jonathan Ross

The Public Health curriculum for GUM - issues for trainers and trainees- Professor Jackie Cassell

Dr Karen Rogstad/ Dr Ashini Fox
**Special Interest Groups**

**HIV Special Interest Group**

Membership of Group:

- Simon Edwards - Chair
- Vincent Lee - Secretary
- Laura Waters - Treasurer
- Adrian Palfreeman
- Andy Winter
- Annemiek Deruiter
- Anton Pozniak
- Gary Brook
- Lisa Power
- Martin Fisher
- Mark Nelson - Chair of Hepatitis Special Interest Sub Group
- Nicky Mackie
- Mary Poulton
- Sat Das
- Tristan Barber
- Edmund Wilkins - co opted from the BHIVA conference committee
- Rob Miller
- Yvonne Gilleece
- Kaveh Manavi

2009/10 has been an interesting year.

Simon Edwards took over Chair from Adrian Palfreeman in April. A new secretary (Vincent Lee), treasurer (Laura Waters) and new members (Prof Rob Miller: co-chair of FOCUS meeting Sep 2010), Kaveh Manavi and Yvonne Gilleece were recruited.

The Diploma HIV exam is not compulsory for GU trainees so the exam will be held twice per year from 2011. An additional revision course will be held in Manchester in February each year.

Meeting held so far:

1. Dip HIV Revision course 24/8/2009
2. BASHH HIV one day Focus meeting 4/9/2009
3. BASHH/BHIVA joint OGM 9/10/2009
4. BASHH OGM Jan 2010
5. BASHH HIV Masterclass March 5/6th 2010

Other activities:
- Documents reviewed and responded to on behalf of the SIG or BASHH

- HYPNET/CHIVA guidance on sexual health of adolescents
- BHIVA breast feeding guidance
- BHIVA HIV monitoring guidance

Organising committee membership
- Time to test meeting (December 2010)
- Halve it campaign (launch December 2010)
Meetings planned for August 2010 – August 2011

BASHH/ BHIVA joint Diploma and HIV revision course
This was held on 23 August 2010 at the Mortimer Market centre and was organised by Vincent Lee and Simon Edwards. The course was fully subscribed with 34/35 of those sitting the exam doing the course. We had excellent feedback. BHIVA provided secretariat support.

HIV Focus Meeting
This took place on the 17 September 2010 with approximately 95 delegates at the RSM. The theme for the day was “New tests used in investigating HIV patients with co-pathology”. We had 6 companies sponsoring the event enabling us to offer free registration. There was a comprehensive programme with ample time for an audience discussion with excellent feedback for a very successful day.

Time to Test for HIV. 1 December 2010
This is a one day meeting to be held on World AIDS day. It is held in conjunction with BHIVA/HPA and DOH

Ordinary General Meeting January 2010
We have a provisional programme prepared for this. The focus is on antiretroviral prescribing in the severely immunosuppressed patients and providing high quality care in a financially tighter environment.

DipHIV revision course; February 14 Manchester
This is a new one day course reflecting the increase in DipHIV exams from once to twice per year. It is similar in content to the August course and the plan is to offer a course outside London.

HIV Masterclass
A provisional programme is being developed and the course will be held on 3 and 4 March in Warwick.

Requests for sponsorship to companies has increased to ensure healthy financial out-turn.

Dr Simon Edwards

Herpes Simplex Virus Advisory Panel

Membership of Group:

- John Green/ Raj Patel- Chairs
- Simon Barton
- Jane Bickford
- Nigel O’Farrell
- Anna Marie Geretti
- George Kinghorn
- Marian Nicholson

The SIG has met twice at the RSM during the last year. Members continue to contribute to many aspects of BASHH’s work as well as working closely with external groups.

The SIG members deliver the HSV related elements in the BASHH Modular STI/HIV course – at the same time they have helped develop the HSV sections of the e-Learning for Health Modules (all active as of Oct 2010) that relate to HSV infection. These will significantly alter the landscape of postgraduate training in the future.
The SIG members have also put on a highly successful workshop at the Spring Meeting in Manchester 2010 focussing on Developments in HSV Diagnostics.

Four of the members have contributed to the development of the European Guideline on HSV which has been accepted for publication in the International Journal for STI and AIDS.

Plans for the remainder of the year include starting the process of updating the BASHH UK Guideline on HSV care.

In light of the recent RCOG and NICE updates in the area the SIG also hopes to run a specialist workshop to review HSV in pregnancy.

Dr Raj Patel

Sexual Dysfunction Special Interest Group

Membership of Group:

- David Goldmeier - Chair
- Pippa Green - Vice Chair
- Karl Hallows - Staff Grade Representative
- Kathyrn Eccleston - SpR Representative
- Eric Curless - Immediate Past Chairman
- Wallace Dinsmore
- Carol Emerson
- Beng Goh
- Vanessa Griffiths
- John Green
- Uday Joshi
- Ali Mears
- Emile Morgan
- Penny Mostyn
- Daniel Richardson
- Alan Tang

“ABC in sexual dysfunction” was held at the Royal Society of Medicine in October 2009. A full house of 60 delegates attended. This was a financial and educational success. The SIG organised a similarly successful symposium “Affairs of the heart” at the Spring 2010 meeting in Manchester, where low sexual desire in women, and erectile dysfunction, HIV and cardiovascular risk were presented by international and national experts.

The next “ABC in sexual dysfunction” is planned for October 2011.

National recommendations for some of the sexual dysfunctions plan to be updated.

Dr David Goldmeier
Human Papillomavirus (HPV) Special Interest Group

Membership of Group:

- Mayura Nathan - Chair
- Richard Gilson - Scientific secretary
- David Rowan - Treasurer
- Sylvia Bates
- Paul Fox
- Peter Goon
- Richard Hillman
- Charles Lacey
- Raymond Maw
- Kate Soldan
- Nicola Steedman

The HPV SIG held 3 meetings in the last year. A multisite study on psychological and treatment costs implications of anogenital warts has been concluded, written up and awaiting publication. A study on screening with anal cytology for AIN was published. Studies on immunology and epidemiology of anogenital HPV infection are ongoing. During the year, HPV SIG arranged a BASHH OGM in October 2009 and held a workshop on ‘Surgical techniques in genitourinary medicine’ in November 2009. Future meetings are being planned for June 2011 (BASHH OGM) and October 2010 (Surgical Techniques in Genitourinary Medicine) and October 2010 respectively. Preliminary data concerning prevention of anal cancer through treatment of high-grade AIN was presented at the HPV 2010 conference by members.

Dr Mayura Nathan

Bacterial Special Interest Group

Membership of Group:

- Catherine Ison – London, Chair
- Frances Keane – Truro, Secretary
- Jonathan Ross – Birmingham, Treasurer
- Caroline Carder – London
- Catherine Lowndes – London
- Elizabeth Claydon – Barnstaple
- Arnold Fernandes – Bath
- Justin Gaffney – London
- Beng Goh – London
- Phillip Hay – London
- Patrick Horner – Bristol
- Eva Jungmann – London
- Phillip Hay – London
- S. Uthayakumar – Stevenage
- Sarah Alexander – website

Activities

- Three new members joined the steering group, Andrew Benzie (London), Nigel O’Farrell (London) and Paul Benn (London) and Dr Angela Robinson resigned, having been a founder member of the group and contributed significantly to its evolution and success.
- The BSIG organised the Afternoon OGM on Friday 19 March 2010, which was coordinated by Dr Eva Jungmann and included three speakers; Professor Philip Butcher
(Understanding microarrays), Philip Hay (What’s new in BV) and Professor David Taylor-Robinson (Update on Ureaplasmas). The afternoon concluded with a debate ‘Do we still need dark-ground microscopy?’ with Dr Beng Goh speaking for the motion and Dr Sarah Alexander speaking against. After heated debate Dr Beng Goh won the motion but with a reduced count.

- Promotion of the DVD on Microscopy of STIs, launched in March 2008, has continued through its website (www.bsig-resources.org.uk) with over 400 DVDs sold.
- One dark-field microscopy course ran in September 2009, and two light-field microscopy courses were held in November 2009, and May 2009.
- BSIG contributed to the development of a new screening and testing guideline for chlamydia.
- The BSIG held steering group is now a large group (17 members) and held two meetings in October 2009 and March 2010.

**Professor Cathy Ison**

**Adolescent Special Interest Group**

Membership of Group:

- Angela Robinson - Chair
- Sarah Heke - Secretary
- Greta Forster
- Liat Sarner
- Kimberley Forbes
- Katia Prime
- Dawn Wilkinson
- Sophie Forsyth
- Laura Mitchell
- Olwen Williams
- Karen Rogstad
- Emma Street
- Amanda Thomas
- Rebecca Adlington
- Alan Tang
- Ceri Slater
- Melinda Tenant - Flowers
- Rita Browne
- Daniel Richardson

ASIG met twice in 2009/10. A health advisor has recently joined the group following a great response from the membership. The group has extended its remit and now includes issues concerning domestic violence and sexual assault.

Outputs from the group include website publication of the ‘National Guidelines on Management of Children and Young People’ with a shortened print version in International JSTD AIDS; Young Persons’ Sexual Health module for STIF; involvement in research initiated by Southampton GU Clinic on ‘You’re Welcome’ standards in GUM clinics using a mystery shopper approach with abstracts and poster presentations; on going collaboration with HYPNET/CHIVA on Management of sexual and reproductive health of adolescents living with HIV. Several members contributed to the recent editing of the RCPCH: "Physical Signs of Sexual Abuse: Evidence based review and guidance for best practice”, following systematic reviews of new studies.

Documents reviewed and responded to on behalf of ASIG/ BASHH include; NICE Guidance on Child maltreatment, NICE consultation on Contraceptive Services for socially disadvantaged young people, NICE PSHE focusing on sex and relationships and alcohol education, Teenage pregnancy strategy: Beyond 2010.
The group networks with other adolescent groups, and in the last year became a member of Association of Young Persons Health (AYPH) which produces useful material, continuing involvement with the adolescent task group of RCGP and RCP Young persons strategy developments. ASIG organised the afternoon and evening OGM October 2010 at the Kings fund with some of its members speaking on topical areas. The group has received support from DH funding related to “You’re Welcome implementation”.

Dr Angela Robinson

Colposcopy and Genital Dermatology Special Interest Group

Membership of Group:

- Sarah Edwards – Chair
- Sashidharan Parameswaran - Secretary
- Nicola Steedman - Treasurer
- Alan Tang - Webmaster
- Christine Bates
- Imali Fernando
- Sethi Gulshan
- Emile Morgan
- Timothy Moss
- Mayura Nathan
- Deepa Bansal
- Jillian Pritchard
- B Serisha

The past year has seen the completion and trialling of a new Dermatology module for the Sexually Transmitted Infection Foundation course, and the analysis of data from the survey of GU Physicians’ dermatology experience. This has highlighted the inconsistency of standards and experience and the group is currently working on a draft of appropriate standards for provision of genital dermatology services within the GU setting.

In addition the planned trainee survey has now been developed to ascertain the levels of training and supervision in both dermatology and colposcopy, and we hope that this will be distributed shortly.

We are also starting to plan a pilot for a practical skills based course covering genital examination techniques and case based workshops covering management of genital dermatoses.

Dr Sarah Edwards
Pharmacy SIG

Membership of Group:

- Richard Lau – Chair
- Evelyne Beech - RPSGB rep
- Jane Hutchinson
- Andrew Benzie
- Rimi Shah
- Shamela de Silva
- Lorna Sutcliffe
- Alan Tang

The Pharmacy Special Interest Group was formed as a short-term Group to engage with pharmacists in developing their competencies in delivering sexual health services to their local communities. Since its inception in early 2010, the Group has met three times. Significant progress has been made. We have been fortunate in having Miss Evelyne Beech as a representative of the Royal Pharmaceutical Society of Great Britain join the Group. She has facilitated productive meetings with the Centre for Pharmacy Postgraduate Education in raising awareness of the Association’s STI Competencies programme and its Standards document. Drs Andrew Benzie and Jane Hutchinson contributed to a briefing document produced by CPPE, Sexual Health in Pharmacie, with significant parts of the document quoting BASHH standards.

In the next twelve months, the Group plans to encourage further dialogue with key pharmacy stakeholders and is keen to explore practical ways in which pharmacists can access further training in sexual health.

Dr Richard Lau

STI/HIV Course

Steering Group Membership

- Vincent Lee – Chair
- Samantha Billingham- BASHH Course secretary
- Tracie Billingham – BASHH Course secretary
- Eleanor Draeger- Junior Doctor representative

Day Course Organisers

- Michael Brady
- Annemiek DeRuiter
- Beng Goh
- Paddy Horner
- Rachel Jones
- Nicola Mackie
- Raj Patel
- David Rowen
- John White

The 10 day course covering the epidemiology, presentation, management, up to date research, policy and service aspects of STI and HIV care is held twice a year in London. It helps to develop skills, experience and competence in diagnosing and managing all STIs to a
recommended national standard. It is highly recommended for those who intend to sit the Diploma in Genito-Urinary Medicine exam.

The course remains popular and well evaluated.

Additional one day revision course held in Southampton and Manchester prior to the Diploma in GUM OSCE exam proved to be successful.

BASHH and BHIVA have co-organised a one day revision course prior to the Dip HIV Medicine exam.

Many thanks to Samantha and Tracie Billingham, course secretaries and the day organisers who work hard to improve the course materials constantly. Thanks also to Dr Chitra Babu and Sam Samraj for running the Dip GUM revision course, Dr Simon Edwards and Dr Adrian Palfreeman for running the Dip HIV revision course, Medicript for secretarial support of Dip HIV revision course, and to the Institute of Materials, Metals and Minerals for use of their facilities.

Dr Vincent Lee

STIF Steering Group Members 2009-10

- Nick Theobald - Chair
- Sue Bird – Secretariat
- Ushan Andrary - GU Physician (Wales)
- Becky Blackburn - Sexual Health Nurse Practitioner
- Sophie Brady - GU Physician (Yorkshire)
- Ambreen Butt - GU Physician (Scotland)
- Olivia Drew - Doctors in Training Rep
- Claudia Estcourt - GU Physician (London)
- Kimberley Forbes – GU Physician (London)
- Jane Hutchinson - Co-opted: STIF Competency Project
- Stephen Kegg - GU Physician (London)
- Usha Kuchimanchi - GU Physician (Hiull)
- Karen Piegsa - Faculty of Family Planning and Reproductive Health
- Colin Roberts – Nurse Representative
- Jonathan Roberts - Health Adviser
- Rachel Sacks – SAS Doctor
- Cindy Sethi - Co-opted Member (Guy and Thomas’s)
- Conrad White - GU Physician (Northern)
- Kate Shardlow - General Practitioner/RCPG
- Sally Whittet - General Practitioner

STIF Competency working Group Members Nov 2009 – Aug 2010

- Grainne Cooney - GU Nurse (London
- Ashini Jayasuriya - GU Physician (Nottingham)
- Penny Goold - GU Physician (Birmingham) - Chair
- Jane Hutchinson - GU Physician (London)

Between August 2009 and July 2010, 63 STIF courses ran across the UK, attracting 2442 delegates. This number is lower than the previous year but still represents coverage across the UK (and even into the Republic of Ireland). The Steering Committee once again wish to acknowledge the continued enthusiasm and hard work of the individual course organisers and course directors. Since the course was started in 2002, more than 23,000 delegates have attended.

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The steering group met four times over the year to undertake the review and reshaping of the course – with a great deal of work taking place between meetings

An update on the initiatives undertaken last year is as follows:-

**STIF changes and revisions** – with the introduction of the e-Learning for Health teaching, the format of STIF has been updated to utilise the benefits of delivering the knowledge to delegates on-line. The STIF contact time will concentrate more on applying the knowledge and practicing skills (such as history taking) in the same case-based format but in a more condensed course. This was piloted in spring 2010 (Thanks to Rachel Challenor, Sophie Brady and Ushan Andraday) and launched in August 2010.

**STIF-Plus** - This supplementary day includes material on Hepatitis, Syphilis, Sexual Assault and Genital Dermatology. It has been developed as a ‘refresher’ for those who had done the old STIF course as well as a very useful addition to the one-day STIF course. The majority of delegates on the three pilot courses chose to attend both of these days.

**STIF competencies** – The STIF Competency working group was established in November in order to adapt the STIF Competency material that had been developed and piloted by Claudia Estcourt. The aim was to create a national BASHH training and competency assessment package that leads to a qualification administered centrally through the STI Foundation but delivered locally by GUM Departments. It had initially been designed specifically for primary care staff but following the publication of the National standards for the Management of Sexually Transmitted Infection it was apparent that the competencies and qualification should be appropriate for a particular standard and level of sexual health service provision no matter which professional group is delivering it. The following summarises the progress made so far;

**STIF Level 1 Competency** - An OSCE based assessment following on from STIF-Core aimed at nurses in primary care and reproductive and sexual health services and community pharmacists delivering a Level 1 sexual health service. *Current status:* Materials developed but pilot to run November 2010

**STIF Intermediate Competency** – A tailored one to one clinical training and assessment package aimed at primary care staff or any Nurse/Dr delivering (but not leading) a Level 2 sexual health service. To be adapted for use by GUM nurses as a module that may become part of a more comprehensive qualification (in planning). *Current status:* Launched at BASHH Spring meeting 2010, information, registration and training materials are available on the BASHH website. GUM Nurse modifications to be available on the website by October 2010.

**STIF Level 2 Competency** – *Current status:* Not yet developed

The STIF on-line forum provides Course organisers with the opportunity to share good practice and ideas. We encourage you to post comments here to help the development.

Dr Nick Theobald

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**Medical Student & Undergraduate Prizes 2009-10**

We had 17 excellent essays from medical undergraduates for consideration for the association’s annual prize. This year the prize was awarded to Benjamin Williams, a 4th Year medical student from the Peninsula Medical School, University of Exeter. His essay was titled ‘Vitamin D and lower reproductive tract infections in women; National health and nutrition examination survey 2001-2004’.

Dr Karen Rogstad/ Dr Ashini Fox
BASHH/Health Protection Agency Fellowships

BASHH and HPA continue to successfully run a programme of honorary joint fellowships for physicians undertaking higher specialist training in Genitourinary Medicine. The fellowships are undertaken over a one-year period. Each fellow undertakes a project, focusing either on epidemiology or microbiology, under the supervision of a CDSC member of staff. This year’s fellowships were awarded to the following trainees:

Dr Helen Williams,
Specialist Registrar HIV/ GU Medicine (Year 3)
Guy's and St Thomas' NHS Foundation Trust.

Project title: Do Non-White, Non-Black BME MSM with HIV require targeted sexual health interventions?

Dr Bavithra Nathan,
Specialist Registrar HIV/ GU Medicine (Year 4)
Kings College Hospital

Project title: Evaluation of Transcription-Mediated Amplification Assay (Genprobe) and OSOM Rapid antigen test for the detection of Trichomanas Vaginalis in a South London cohort.

Dr Nigel Garrett,
Specialist Registrar HIV/ GU Medicine (Year 4)
Barts and the London

Project title: Recent Infection Testing Algorithm in Clinical Practice: Clinicians’ views and potential benefits and risks of giving results to newly diagnosed HIV positive patients.

Dr Elizabeth Anderson
Specialist Registrar HIV/ GU Medicine (Year 3)
Royal Liverpool University Hospital

Project title: Incidence HIV testing in clinical practice - patients’ views and experience.

Named Lectures

Harrison Lecture
'Fear, prostitution, comfort and rape’.
Dr James Bingham

Honorary Life Fellow lecture
An Alternative Genito-Urinary Medicine
Dr Willie Harris, St Mary’s Hospital

Dr Karen Rogstad/ Dr Ashini Fox
Report from the Clinical Governance Committee

The year ending 31 July 2010 has once again been a busy year for the Clinical Governance Committee (CGC). The rapid pace of medico-political change has continued, amidst an increasingly challenging economic climate, and an era of financial austerity is upon us. Tendering of sexual health services has remained a concern in some areas and changes relating to transforming community services are on the horizon.

Despite the challenges there are exciting opportunities to deliver quality services and the CGC welcomed the launch in January 2010 of the national standards for the management of sexually transmitted infections. The standards will help ensure equity of care and improve quality. The BASHH Branches have played a key part in promoting the standards within their regions, including with commissioners, and implementation is underway.

The CGC links Branches, Groups and Committees reporting through CGC with the strategic direction of the BASHH Board. The work of the CGC is wide-ranging. Over the past year it has ranged from conducting an on-line survey to identify the current level of patient/public involvement in genitourinary medicine services with examples of best practice, to providing representation on the new Clinical Standards Unit, which is detailed under its own section in the Annual Report.

The CGC, or the Committees reporting to it, have responded to consultations such as the Health Select Committee - Inquiry into commissioning, National Information Governance Board for Health & Social Care - Guidance on requesting amendments to medical and social care records, and the Review of public health legislation.

CGC sub-groups have worked on infectious hepatitis notification following the publication of the Health Protection Notification Regulations. This has resulted in the publication of a BASHH statement to assist members with notification. Further work has been undertaken by the prisons sub-group to develop sexual health guidance for use within prisons. A workforce sub-group has been formed to work with the RCP specialty workforce officer to obtain workforce information and enable future workforce planning.

The BASHH Committees reporting to the CGC (namely the Clinical Effectiveness Group, the National Audit Group, the BASHH Information Group and the British Cooperative Clinical Group) all continue to be very productive and a selection of their work is outlined in the following pages.

I would like to thank Branch Chairs for supporting their local colleagues and their Branches, Group Chairs, and all those who have worked on the CGC sub-groups or on specific pieces of work for the CGC. I would particularly like to thank Celia Skinner for her work as Secretary to the CGC.

Dr Elizabeth Carlin
Clinical Effectiveness Group

Membership of Group:

- Keith Radcliffe – Chair
- David Daniels
- Mark FitzGerald
- Margaret Kingston
- Neil Lazaro
- Gillian McCarthy
- Ann Sullivan

During the year in question the CEG met on three occasions at the Royal Society of Medicine in London, in October 2009, and in January and May 2010.

The CEG continues to fulfill its main function of updating the national guideline in a rolling programme, and commissioning new guidelines where these are felt to be necessary. During the year in question, one new guideline has been commissioned, on safer sex advice.

Two guidelines have been completely revised, and have been published on the BASHH website. These are the guidelines on the management of STI in young persons (also published as: *International Journal of STD & AIDS* 2010; 21:229-241), and on epididymo-orchitis.

Revision of the following guidelines is ongoing: PEPSE, bacterial vaginosis, pelvic inflammatory disease, sexual assault, granuloma inguinale, testing for chlamydia, testing for gonorrhoea, management of gonorrhoea.

As a new venture the CEG is developing patient information leaflets (PILs) linked to the guidelines, and it is intended that these will be downloadable from the internet once completed. Work has commenced on three PILs: on PID, gonorrhoea and epididymo-orchitis.

The CEG is engaged in liaison with the RCOG about the need for foetal monitoring when pregnant women are treated for syphilis.

Mark FitzGerald attended a meeting at the Centres for Disease Control in the USA to observe their process of guideline production.

The CEG had input into guidance on the diagnosis of gonorrhoea produced by the Health Protection Agency and published on the BASHH website.

Mark FitzGerald had a publication related to the work of the CEG entitled: The National Quality Agenda and its implications for specialist societies (*Clinical Medicine* 2010:10; 373-5).

The CEG has applied to the new body NHS Evidence, which is operated by NICE, and which aims to accredit bodies as producers of quality guidelines for the NHS. The CEG is very grateful to Margaret Kingston for leading on this task, which is proving to be extremely laborious and the outcome of which is pending.

The CEG is collaborating with the National Audit Group so that the guidelines are linked to audit proformas on the BASHH website.

The CEG actively and regularly liaises with a number of other organisations, both internal and external to BASHH. These include: BASHH National Audit Group; BASHH Clinical Standards Unit; Royal College of Physicians Evidence and Evaluation Forum; The US Guidelines Clearing House; BHIVA Audit Group, NHS Clinical Knowledge Summaries; Family Planning Association; Map of Medicine.
The CEG is very grateful to Neil Lazaro for his diligence in maintaining its section of the BASHH website in such good order. Neil carried out an interesting exercise to show that the guidelines are consistently the most visited section of the BASHH website, receiving between eight and ten thousand hits per month. During the past year the three most popular guidelines were: testing for STI, genital herpes, syphilis.

Dr Keith Radcliffe

National Audit Group (NAG)

Membership of Group:

- Hugo McClean - Chair
- Chris Carne - Vice Chair
- Ann Sullivan - Hon Sec
- Anatole Menon-Johansson - Director of Development
- Ed Wilkins/ Alison Rodger - BHIVA Representative
- Raymond Maw - BCCG Chair
- TC Harry/Raouf Moussa - Anglia
- Gail Crowe - Essex
- Ravindra Gokhale - Merseyside
- Ann Sullivan - North Thames
- Sarup Tayal - Northern
- Ashish Sukthankar - North-West
- Say Quay - Northern Ireland
- Gill Wildman - Oxford
- Daniel Clutterbuck/Steve Baguley - Scotland
- Cindy Sethi - South East Thames
- Zoe Warwick/Arnold Fernandes - South-West
- Steven Estreich - South-West Thames
- Jyoti Dhar - Trent
- Helen Bailey/ Sarah McAndrew - Wales
- Reena Mani - Wessex
- Sashi Acharya/Kaveh Manavi - West Midlands
- Amy Tobin-Mammen - Yorkshire
- David Daniels/ Mike Walzman/ Nicola Low - Co-opted Members

2010 National Re-audit on Sexual History Taking
The results of this Audit have been disseminated to GUMed clinics via the Regional Audit Chairs, and a report is being prepared.

2009 National Audit on Asymptomatic Screening
The results were disseminated to GU Med clinics via the Regional Audit Chairs. An oral presentation was delivered to the 2010 BHIVA/BASHH Conference.

Publications:
Reports on the 2009 Asymptomatic Screening Audit were published in the July edition of the Int J STD AIDS.

2011 National Audit against the BASHH Standards for STI Management
Funding was obtained from the DH, and planning is advanced to conduct this audit in early 2011.

Revalidation
The NAG has collaborated with Mark FitzGerald to contribute to the RCP Local clinical audit: handbook for physicians, and the RCP web-based tool to record audit work and develop
practice improvement. The NAG has propagated the importance of making best use of the BASHH national audits and re-audits for completion of the five-yearly audit cycle requirement for revalidation.

Data Set Change Notice (DSCN) process
Data items for use in clinic electronic records and audits have been produced by the NAG, with the plan to continue the process with the help of the BASHH Information Group.

Review of the National Outcome Standard for Chlamydial Contact Tracing based on the 2007 Chlamydia Audit
The NAG has collaborated with Nicola Low’s group from the Institute of Social and Preventive Medicine, University of Bern; a report for publication is being prepared.

Guidance for Regional Audit Chairs
The Guidance Connecting BASHH National Audits to Local Quality Improvement and Clinician Revalidation was approved by the Board.

National Audit Group Web page
In addition to development of the audit pro formas, including five essential questions, the resource on previous national audits and regional audit reports on the NAG web page continues to be updated.

Dr Hugo McClean

Clinical Standards Development

The first National Standards for the Management of Sexually Transmitted Infections were produced by BASHH/MEDFASH and launched at a House of Lords Ceremony by Baroness Joyce Gould in January 2010. The BASHH Board established the BASHH Clinical Standards Unit (CSU) with the following terms of reference:

1. To update, review and oversee the standards so as to reflect best practice.
2. Recommend strategies for the implementation of Standards to the BASHH Board.
3. Oversee the roll out of standards as approved by the Board.
4. Be accountable to the BASHH Board and advise the Board on any areas of best practice where the Board may need to take action to dictate or endorse aspects of the standards for adoption by the all clinicians in GUM and other STI service providers.
5. To provide regular update reports to the Board.
6. Respond to any queries/ clarifications required and in respect of Standards on behalf of the BASHH Board.
7. Respond on behalf of the Board, to any consultations which pertain to standards for the management of STIs.
8. The CSU would liaise closely with the CGC, DH, NST and PCTs to identify areas of concern or where the Standards were not being implemented around the country and would advise the Board on any representations to be made to the relevant authorities.
9. Liaise with the National Audit Group, CEG, CGC, BCCG and other BASHH committees to identify gaps and areas of clinical practice which require further data to help monitor the quality of services delivered and inform the process of identifying and strengthening key performance indicators.

The Standards have been well received in most parts of England and Wales by clinicians as well as service commissioners. Presentations on behalf of MEDFASH/CSU have been made at several national forums as well as BASHH branch meetings and there is evidence of the standards and the recommended key performance indicators being incorporated into the 2011 commissioning process. Further engagement with commissioners for sexual health is being
sought through BASHH branches as part of our strategy for disseminating the standards and encouraging their incorporation in service level agreements for sexual health services.

We have responded to two national consultations on behalf of BASHH Board, including the recent consultation on Quality Outcomes Framework. The CSU is also working closely with the National Audit Group to develop a national audit tool to measure performance of service against the national standards.

Work to identify areas of clinical practice which require further data to help monitor the quality of services delivered and inform the process of identifying and strengthening key performance indicators to underpin the standards and to set new evidence based standards is currently underway.

Dr Immy Ahmed

British Co-operative Clinical Group

After a difficult start to the year, when the Chairman elect was unable to take up the post, the group is now on a firm footing. Thanks must go to Dr Maw for not only his stewardship of the group for several years as Chairman, but for stepping in and continuing as Chairman in the intervening period when Dr Kell was unavailable.

In recent times there has been some lack of input from some regions. This in part was due to some members resigning from the group and no successor appointed. We have contacted the Regional BASHH representatives with regards to this and we now have representation from all regions on the group.

The group have published recently, the results of a survey on sexual health provision within prisons. There is an ongoing survey of IT provision in clinics. This should be completed by early 2011, and submitted for publication soon after. Other surveys in planning include the use of nurses within clinics and there roles, and a survey on integration with CASH services and its impact on GU Medicine. The group would aim for at least two surveys per year in the future.

With regard to expenses for the group, this should be minimal. The only recurring expense is related to room hire at the Royal Society of Medicine for two meetings per year. The meetings are on days when there are BASHH OGMs and therefore travel expenses for members will be met from sources other than BASHH.

Dr David Rowen
Patient and Public Involvement

Patient and public engagement is now considered to be a key component of public bodies and bodies with public duties. The background for the need for Patient and Public Engagement (PPE) was put before the BASHH Board in June 2009.

Recommendations were:

1. BASHH should set up a panel of users to represent the public view and to give input into BASHH’s work streams, where appropriate, especially guideline development and audit. The need to address this was most urgent with respect to guideline production, given the remit of the new body, NHS Evidence. In order for guidelines to be “kite-marked” there should be formal PPE during guideline development.

2. BASHH should consider recommending that lay members be appointed to the main committees of BASHH. There was already a lay trustee, but consideration should be given to appointing lay members to the Board, the Education Committee, the Clinical Governance Committee, the Clinical Effectiveness Group and the Media Group.

Public views were sought with regard to BASHH’s proposals and on 25 September 2009, I met with Mike Bell, BASHH Lay Trustee and Roy Latham, member of the Patients’ and Carers’ Network of the Royal College of Physicians since its inception in 2004 and also lay member on the GUM SAC. Following this meeting Terms of Reference were drawn up and approved by BASHH Board.

The first Public Panel meeting took place on 26 March 2010. Patient Information Leaflets (which related to new guidelines in development) were discussed plus possible development of the BASHH website to include pages for the public.

Membership of the first meeting
Rachel Challenor Chair, nominated by BASHH Board
Gill McCarthy CEG Representative
Debbie Baker Nursing Representative
Andy Parkhouse Health Adviser Representative
Gary Brough Terence Higgins Trust
Ben Whittaker National Union of Students
Nigel Scott Herpes Viruses Association

A business plan was put before BASHH Board in June 2010 detailing three meetings of the BASHH Public Panel during the forthcoming year, with emphasis on recruiting young adult members who would represent those who are most likely to use GU Medicine services.

Dr Rachel Challenor
Report from the SAS Group

Membership of Group:

- John Lee - Chair, Clinical Governance Committee - Conference Committee
- Helen Mullan - Secretary, BASHH Board - Conference Committee
- Nick Theobald - Financial Officer. Education Committee
- Helen Bailey - Conference Committee
- Melissa Bracken
- Caroline Cooper
- Wafaa Eltantawy
- Margaret Hatwell
- Karl Hollows - Conference Committee
- Helen Keane
- Lamont Law
- Neil Lazaro
- Mervyn Lee - Conference Committee
- Vendela McNamara - Conference Committee
- Catherine Morgan
- Carlos Oroz
- Sue Pinsent
- Jane Richards
- M Itty Samuel
- PN Sashidharan
- Nicky Waddell

Achievements during 2009-2010 include:

**Annual Conference:** 12th Annual NCCG Conference held at the University of Nottingham, 18-19 September 2009
- 186 delegates attended - with excellent feedback received
- Positive credit balance achieved for BASHH
- Survey conducted concerning the new SAS contract

**Audit:** A national online audit of the management of Pelvic Inflammatory Disease was conducted by SAS doctors in our group in 2009; 1132 cases were analysed and the report is being written up to be submitted for publication.

**Meetings:** Three committee meetings were held during the year, including the AGM, which was held at the Annual Conference at Nottingham. The Group Constitution and Terms of Reference were ratified at the Annual Conference and have been approved by BASHH Board.

We have:
- Provided support and information for SAS doctors wishing to take the Diploma in Genitourinary Medicine.
- Advised colleagues about the Deanery monies available for SAS doctors’ personal development.
- Worked with the BASHH workforce planning officer and CGC to establish an accurate database of the GUM workforce.
- Participated in BASHH Mentoring Group meetings.

**Planned Activity for 2009 – 2010**
13th Annual Conference: University of Keele 10-11 September 2010

Dr John Lee
Nurse and Health Advisor Report

Representation

BASHH is a multidisciplinary society which reflects partnership working within the specialty. Nurses and health advisers continue to be represented on many committees and specialist interest groups despite representing only a small proportion of the total membership. As nurse delivered services increase the importance of attracting members from nursing and other allied professions is paramount. In managing partner notification services health advisors continue to provide a valuable national public health service by reducing onward transmission of STI’s/HIV and providing good quality prevention work which benefits the individual, wider community and NHS in line with the ethos of specialist public health roles.

Cathy Harman memorial award

This was awarded for the first time this year in memory of Cathy Harman who was well known to those within the specialty. Many have generously contributed to the Memorial Fund which sponsors the award. The prize was won and awarded to Ealing Reproductive & Sexual Health’s multidisciplinary team for innovation and modernisation.

Clinical Preparation

There has been much work in the last year around clinical preparation & education for nurses in sexual health. In March this year the DH held a stakeholder event to scope nurse education in sexual & reproductive health. BASHH were invited along with members of the Sexual Health Consultant Nurse group and representatives from nurse education, the Faculty for Sexual & Reproductive Health and the Independent Advisory Group for Sexual Health and in July nurse education was again raised at the All Party Parliamentary Pro Choice and Sexual Health Group at the AGM. Plans to adapt the STI Foundation competencies to provide a framework for sexual health (GUM) nurses are well underway. It is hoped that this will provide a standardised clinical training and assessment programme for nurses, and others, working in sexual health.

Jane Bickford

Doctors-in-Training in GU Medicine

Representation

Doctors in Training are well represented within BASHH having members on the BASHH Board, Education Committee, Clinical Governance Committee, Public Panel and numerous special interest groups. In addition there continues to be an active national network of trainees with named individuals in all corners of the UK facilitating the cascade of information from BASHH groups to all GUM trainees.


The 2009 annual Doctors in Training weekend was held in Cambridge. It was well attended by trainees from all years of training and all regions. The two day programme included a diverse range of topics including commissioning of sexual health services, the sexual health of male and transgender sex workers and disease outbreak management delivered by a team of public
health physicians from the Health Protection Agency. As ever a huge thank you to Dr Sris Allan for his help in organising this event.

**Curriculum and Assessments**

The Joint Royal Colleges of Physicians Training Board (JRCPTB) announced the 2010 Genitourinary Medicine curriculum which was rewritten to meet the GMC's 6 new standards as detailed in their *Standards for Curricula and Assessment systems*. The new curriculum is up to date with medical advances and changes in the service and training. Additionally it incorporates the framework documents produced by the Academy of Medical Royal Colleges (AoMRC) detailing Common Medical Leadership and Health Inequality competencies. It also includes 5 new assessment methods (Acute Care Assessment Tool, Case based Discussion, Patient Survey, Teaching Observation and Audit Assessment). This curriculum will become the training manual for all trainees entering specialist training in GUM from 4th August 2010.

**Dr Andy Williams**

**Website Report**

**Webteam**

- Ade Apoola - Chair
- Dave Kellock
- Jonathan Ross
- Nick Theobald
- Louise Simms-Hughes
- Alan Tang
- Kaveh Manavi
- Martyn Wood

The BASHH website has been very popular, generating 220,160 visits from October 2009 to September 2010. During this same time period 1,687,127 pages were viewed on the website. Most groups within the association now have a nominated representative to administer the group’s section of the website meaning information can be available to members of the association as quickly as possible. Over the previous year we have focussed on improving the user experience of the BASHH website by adapting the website and have:

- Launched a clinician blog available at http://www.bashh.org/blog
- Set up a Facebook page to help with dissemination of information about the association. (Search for ‘British Fssociation for Sexual Health and HIV’ under Facebook groups)
- Set up the STI foundation (STIF) intermediate competency section of the BASHH website (http://www.bashh.org/stif_ic).
- Utilised the website to reduce email traffic and help to reduce the association’s carbon footprint.

The webteam are looking to further develop the following within the next year.

- Increasing the site traffic through a revised google adword campaign.
- Webcasting of OGMs and other educational meetings.
- Presenting more STI information to the general public by developing a public information site.

**Dr Ade Apoola**
Media and Communications Group

Membership of Group:

- Peter Greenhouse - Chair
- Janet Wilson - Moderator
- Mark Pakianathan
- Colm O'Mahony
- Steve Taylor
- Simon Barton
- Claudia Estcourt
- Helen Ward
- Rak Nandwani
- Pauline Handy
- Olwen Williams
- Jan Clarke
- Angela Robinson
- George Kinghorn
- Immy Ahmed
- Keith Radcliffe

The principal functions of the BASHH media committee are to:

1. Promote the public image of BASHH thereby enhancing its influence on health policy
2. Assist the media with accurate factual information on Sexual Health, STI & HIV
3. React to enquiries on news stories of local or national interest concerning Sexual Health
4. Produce campaigns supportive of BASHH objectives and assist others with similar aims

The principal messages, which reflect the BASHH mission statement and emphasize our leading clinical expertise in the field are:

1. We are responsible for maintaining high quality standards in Sexual Health & HIV care
2. We provide essential services to support public health in treating & preventing disease
3. We promote public understanding and reduce stigma concerning sexuality, STI & HIV

Much of the work is conducted behind the scenes to facilitate the President's access to senior Government, DH & other key national decision-makers, with coordination provided by Munro & Forster Ltd, the leading healthcare public relations firm.

Major achievements of the Media group in 2010 include the successful launch of the BASHH Standards for STI Management, with a video broadcast from the Health Minister, a supportive Early Day Motion signed by 49 parliamentarians and a campaign aimed at raising commissioners’ awareness of the Standards and facilitating links with local service leads.

In addition to many radio & print commentaries on news items, the group has produced articles for popular magazines, podcast material for medical education, and promoted a condom campaign.

We have shifted to a more proactive media strategy, such as trailing of the BASHH / BHIVA conference, which secured major broadsheet coverage highlighting the problem of HIV underdiagnosis. We are currently coordinating World AIDS Day media releases to publicise the Time to Test conference, and the launch of the “Halve It” campaign.

Mr Peter Greenhouse
Sexually Transmitted Infections

Sexually Transmitted Infections continues to publish excellent research, confirmed by its impact factor of 2.175. In 2009-10 we handled a record 502 submissions, publishing 158 papers with an average time to final decision of 110 days. However, research is not everything, and we have recently broadened the scope of the journal. We now publish podcasts with each issue of the journal, bringing clinical and research debates to the car and surgery. In 2010 we provided our first conference blog from the BHIVA/BASHH conference, greatly appreciated by international visitors grounded by the volcanic ash cloud. We are also experimenting with blogs and tweets as a way of adding value to the journal. Perhaps even more importantly, we are also commissioning clinically relevant articles, as well as a regular clinical round up of the world of STI research. This we hope will bring us even closer to our clinical readership.

Many of you have told us how much you value correspondence in the journal. We now publish short Miscellanea in any form. These offer an opportunity to initiate or respond to the debates that matter to you.

We continue to publish special issues, on topics of our own choosing or commissioned by prestige funders such as UNAIDS. Through the journal, we aim to support the development of UK sexual health and connect you to our international colleagues. As Editor, I am very grateful to BASHH, to the team of Associate Editors and to BMJ Publishing for making another successful year possible.

Professor Jackie Cassell

International Journal of STD & AIDS

The International Journal of STD & AIDS has been under the stewardship of new editors following 20 years of valuable service from the Founding Editor, Wallace Dinsmore. We would like to acknowledge his invaluable contributions in establishing the IJSA as one of the foremost publications in the field. It has been and continues to be a steep learning curve to adapt to all the necessary tasks, maintain high standards and seek pertinent input from our esteemed reviewers and Editorial Board.

The number of papers submitted in the past 12 months remains stable at approximately 700 annually.

As mentioned in the last Annual Report the lag in publication of previously accepted articles continues to be a problem and this is being addressed proactively; the editorial team expects to be back on schedule by early 2011. For newly-submitted articles the turnaround time from submission to publication is down to 3-5 months and will benefit further from the introduction of Online First publication for all accepted papers. The Editors are happy to consider articles of particular contemporary relevance for fast-track publication.

The peer review process is now more rigorous and this has led to an increase in the rejection rate (62% versus 52% in the previous 12 months) but a corresponding increase in high quality papers.

The IJSA continues to accept submissions with a clinical focus including novel case reports and significant audit reports.

We are reinvigorating the Editorial Board with some new faces in 2011 and with increased formal input from BASHH and IUSTI. We plan to introduce new content and direction for the journal over the next 12-18 months.

Dr John White and Dr Martin Fisher
Librarian’s Report

The Library is housed within the Library of Royal Society of Medicine (RSM). The collection is in a good state. However it is not frequently used. The Web will give a far faster reference for an enquiry on the History of Venereology often with useful illustrations than a visit. In my view, it will never be able to supply the in depth knowledge which comes through long study of long ago published books. Unfortunately the fashion nowadays is for a sort of superficial knowledge. I should like to thank the Librarian at RSM with an interest in medical history Robert Greenwood for his constant help and support.

Item bought in the last year is Psychopathia Sexualis 7th. Edition 1892 in German by R.V. Krafft- Ebing. a classic with many descriptions of venereal disease as it affected the patient as seen by the psychiatrist.

Dr. Vincent Riley, our recently retired consultant colleague from Leicester has very kindly given what the Librarian tells me is a more than useful 1898 pamphlet-Military Regulation of Vice. It is a report on the lot of prostitutes and Lock Hospitals in the Indian Army by two feminist pioneers but has a forward by Josephine Butler. It will be kept in the rare books part of RSM as it is so valuable.

There will be an exhibition in the Library of the RSM on Sexually Transmitted Infections and their use in Fiction, probably in 2011.

Dr Michael Waugh
Trustees’ report and Consolidated Financial Statements

FOR THE YEAR ENDED
31 JULY 2010

A Registered Charity
No. 1099301

Registered Address
1 Wimpole Street
London W1G 0AE
# BASHH Trustees’ Summary Report and Consolidated Financial Statements

**For the**
**Year Ended 31 July 2010**

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BASHH TRUSTEES’ SUMMARY REPORT AND CONSOLIDATED FINANCIAL STATEMENTS
FOR THE
YEAR ENDED 31 JULY 2010

Legal and Administrative Information

Status:
Registered Charity
Registration Number: 1099301

Trustees:
Professor Jonathan Ross
Dr Imtyaz Ahmed-Jusuf
Dr Richard Lau
Dr Ann Sullivan
Mr Michael Bell
Dr Janet Wilson

Principal Officers:
Dr Keith W Radcliffe
Dr Janet Wilson
Dr Janette Clarke
Dr Rajul Patel
Dr Elizabeth Foley
Dr Elizabeth Carlin
Dr Karen Rogstad

Registered Office and Operations Address:
1 Wimpole Street,
London, W1G 0AE

Administrators:
Royal Society of Medicine
1 Wimpole Street,
London, W1G 0AE

Bankers:
Bank of Scotland,
St James Gate,
14-16 Cockspur Street,
London, SW1Y 5BL

Auditors:
Farringdon & Co.
176 Franciscan Rd
London, SW17 8HH
THE ANNUAL ACCOUNTS AND THE ANNUAL REPORT

1. Regulations issued under the Charities Acts, require the Trustees to produce Annual Accounts and an Annual Report. These documents effectively complement each other and should be read and interpreted as a single document. The Accounts and the Report are public documents and copies may be obtained from the BASHH Secretariat in the Academic Department of the Royal Society of Medicine.

2. This constitutes the sixth Annual Report of the Association. It covers the year ended 31st July 2010.

HISTORY OF BASHH: DEVELOPMENT AND CONSTITUTION

INAUGURATION OF THE ASSOCIATION

3. The Association was established on 1st April 2003 through the merger of The Medical Society for the Study of Venereal Diseases (MSSVD) (est. 1922) (charity number 264744) and The Association for Genito-Urinary Medicine (AGUM) (est. 1992) (charity number 1064583) and is a registered charity (charity number 1099301). The Association was formally registered with Charity Commission on 15th September 2003. At this time, the net assets of the merging charities were transferred to BASHH and then those charities were wound up.

CONSTITUTION AND RULES


5. Copies of the Constitution and Rules may be obtained from the BASHH Secretariat in the Academic Department of the Royal Society of Medicine.

MEMBERSHIP

6. Membership was / is open to:

6.1 Each Member of the MSSVD and AGUM charities applying on or before the 31st July 2003.

6.2 Medical practitioners, scientists in the field of medicine, other healthcare workers and other persons allied to healthcare from anywhere in the world, who have shown a commitment to the specialty. Criteria for commitment to the specialty are that the applicant should be currently working in or have contributed to the specialty or an allied field.

6.3 Fellows and ordinary members who have retired and to those other persons who in the view of the Board have made a significant contribution to the specialty and / or to the BASHH (also to MSSVD and/or AGUM) during their working life.

But not to corporate bodies, institutions, public bodies or other organisations

7. The Association currently consists of 1128 members in total of which 1073 are based in the UK and 55 are based overseas. These figures represent the position for the Membership period as at 31 July 2010.
OBJECTIVES

8. The objectives of the Association are:

8.1 To promote, encourage and improve the study and practice of the art and science of diagnosing and treating sexually transmitted diseases including all sexually transmitted infections, HIV and other sexual health problems.

8.2 To advance public health so far as it is affected by sexually transmitted diseases and to promote and encourage the study of the public aspects of sexually transmitted diseases including all sexually transmitted infections, HIV and other sexual health problems.

8.3 To advance the education of the public in all matters concerning the medical specialty of Genitourinary Medicine (hereinafter referred to as ‘the specialty’), to include the management of HIV infections and the broader aspects of sexual health.

8.4 To promote a high standard in the medical specialty of Genitourinary Medicine to include the management of HIV infections and the broader aspects of sexual health.

In promoting activities in the furtherance of the above Objects the Association will seek to ensure that non-members, throughout the UK, in Ireland and the rest of the World, as well as Members of the Association are able to benefit.

ORGANISATION

9. The Charity is governed by six Trustees with the General Secretary being responsible for liaison with the Charity Commission on its behalf.

10. The activities of the Association are organised and run by an elected Governing Board supported directly by two Standing Committees which are accountable to the membership through the board, these are:

i. The Education Committee

ii. The Clinical Governance Committee

11. Special Interest Groups (SIGs) help to develop the study of sexually transmitted infections and to train medical and other staff in the specialty of Genito-Urinary Medicine through, inter alia, regular meetings of the Association, which are open to non-members.

12. Branches have been created for UK home nations and English regions. These non-autonomous branches have replaced the former divisions of MSSVD and AGUM, and all financial transactions of these branches are now administered and audited through the Association's accounts prepared by the Royal Society of Medicine (RSM). It is hoped that further non-autonomous Branches will be created in the future.

13. TRUSTEES

The Trustees of the Association are:

13.1 The President or the Vice President elected for two years, the appointment to be confirmed by the Board.

13.2 The Immediate Past President in office for two years.

13.3 Two elected Members of the Governing Board (other than the General Secretary, Conference and Communications Secretary, Treasurer or any other officer {excluding the President or Vice President and the Immediate Past President}) appointed by the Board for a period of two years but able to be re-appointed for a further consecutive two years.

13.4 One member of the Association not being a member of the Board elected by the members by postal / electronic ballot for a period of two years but able to be re-
appointed for a further consecutive two years, referred to as the Independent Trustee.

14 One lay trustee position was approved in January 2008. This person joined the Trustees as a non-member of BASHH.

15 Incumbent Trustees for the period were:-

- Independent Trustee and chair: Prof. Jonathan Ross
- Immediate Past President: Dr Imtyaz Ahmed-Jusuf
- Vice President: Dr Janet Wilson
- Member of the Governing Board: Dr Ann Sullivan
- Member of the Governing Board: Dr Richard Lau (from March 2009)
- Lay Trustee: Mr Michael Bell (from March 2009)

TRUSTEES’ RESPONSIBILITIES

16 The Trustees are responsible for their annual report, and for the preparation of financial statements for each financial year which give a true and fair view of the incoming resources and the application of resources of the charity and group during the year, and of the state of affairs as at the end of the financial year. In preparing these financial statements, the Trustees are required to:

- ensure that the most suitable accounting policies are established and applied consistently;
- make judgements and estimates which are reasonable and prudent;
- state whether the applicable accounting standards and statement of recommended accounting practice have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare financial statements on a going concern basis unless it is inappropriate to presume that the charity and group will continue in operation.

17 The Trustees have overall responsibility for ensuring that the charity and group have appropriate systems and controls, financial and otherwise. They are also responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and group and enable them to ensure that the financial statements comply with Charities Act 1993. They are also responsible for safeguarding the assets of the charity and group and for their proper application as required by charity law, and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities and to provide reasonable assurance that:

- the charity is operating efficiently and effectively;
- all assets are safeguarded against unauthorised use or disposition and are properly applied;
- proper records are maintained and financial information used within the charity, or for publication, is reliable;
- The charity complies with relevant laws and regulations.

18 The Trustees hereby declare that in adopting the attached financial statements they have discharged their responsibilities as outlined above.
MANAGEMENT AND ADMINISTRATION

19 The Governing Board is made up of 18 Members:

The following five Officers:

(i) The President
(ii) The Vice President
(iii) The General Secretary
(iv) The Conference and Communications Secretary
(v) The Treasurer

➢ The Chairman of the Clinical Governance Committee
➢ The Chairman of the Education Committee

(A nominee of the respective Committee may represent these Board Members when they are unavoidably absent. A representative may not vote at a Board meeting)

➢ Representative of SAS doctors (serving for two years)
➢ Representative of nurses (serving for two years)
➢ Representative of health advisers (serving for two years)
➢ Representative of Doctors-in-Training (serving for two years)
➢ Six Fellows serving for two years (three retiring in rotation each year)
➢ The Immediate Past President

21. The principal Officers of the Association for the period under report were:-

- President Dr Keith W Radcliffe
- Vice President Dr Janet Wilson
- Honorary Secretary Dr Jan Clarke
- Honorary Treasurer Dr Rajul Patel
- Conference and communications Secretary Dr Elizabeth Foley
- Chair of the Education Committee Dr Karen Rogstad
- Chair of the Clinical Governance Group Dr Elizabeth Carlin

22. Details of the constituent members of the Board are shown as Appendix 1.

23. Administrative and accountancy support to the Board, to the Trustees and to the Officers is provided through a contract with the Royal Society of Medicine, which is on a fixed fee basis and is subject to an annual review.

FINANCIAL POSITION

24. The financial position of the Association for the year ended 31 July 2010 is shown in the full set of Financial Statements on pages 13 to 23. These include; a Statement of Financial Activities (the income and expenditure statement), a Balance Sheet and Notes to the Accounts. The Notes identify the accounting policies adopted by the Trustees and provide more detailed explanations of the figures in the main statements.

25. The Honorary Treasurer’s Report below, identifies the key features of the financial position.
26. The Chairman's report and the Secretary’s Report below provide further financial and other information about issues relating to the Charity’s activities.

The Final Accounts are covered by an Audit Report shown on page 12, prepared by Jailesh Patel, Statutory Auditor on behalf of Messrs. Farringdon & Co, Chartered Certified Accountants and Statutory Auditors.

Signed for and on behalf of the Trustees:

Signature: ___________________________  Signature: ___________________________

Prof Jonathan Ross
Chairman of Trustees

Dr Jan Clarke
General Secretary

Date: _______________________________  Date: _______________________________
Statement by the Chair of Trustees

The Trustees are responsible for ensuring that BASHH delivers its stated charitable aims, namely to deliver education and training in the area of sexual health, and to set and maintain appropriate standards of governance. As illustrated in this annual report the association continues to deliver very effectively against these objectives.

The past year has been particularly challenging with a reduction in our investment income secondary to the prevailing economic climate. Despite this, and with considerable input from the treasurer, we remain financially secure and have revised our investment policy to maximise returns whilst retaining rapid access for the majority of our funds.

In collaboration with our solicitors we are reviewing the memorandum and articles of the association to ensure that they reflect recent changes in legislation and provide the best platform for BASHH to move forward in the future.

I would like to thank my fellow trustees, and the officers and board of BASHH for their commitment and hard work over the past year.

Professor Jonathan Ross
Chair of Trustees
November 2010
General Secretary’s Report

The year in question has been a most successful one for the Association.

Membership was recorded as a total of 1128 as of August 2010, of whom 429 are Fellows and 55 of whom reside outside the United Kingdom.

Standard annual returns have been made to the Charity Commissioners for England and Wales, who have also been informed of the changes made to the BASHH constitution at the fifth Annual General Meeting held on 11th January 2010.

There are no outstanding legal issues pertaining to the running of the Association.

Dr Janette Clarke
General Secretary
November 2010
Honorary Treasurer’s Report

My third report as Treasurer covers the seventh full financial period for the British Association for Sexual Health and HIV (BASHH).

This is the second year that BASHH has been working with the RSM under our updated contract arrangements.

The regular quarterly meetings with senior RSM management have now become embedded in BASHH’s processes and have proved extremely valuable in maintaining tight control of the quality and costs of RSM delivered services. A regular report on aged debt, membership and journal subscriptions, as well as accommodation costs and forthcoming room bookings is produced at these meetings. We have over the last year seen considerable improvements in all these areas - we are confident that aged debt is being managed well and that the membership database now reflects accurately the number of members in correct categories. We have through monthly reconciliation of the journal subscription lists ensured that journals are only being sent out to paid-up members. Additional work does need to be done over the next year to ensure regional and SIG Treasurers can have access to up to date financial records and that the accounts are presented in a more accessible way throughout the year.

Last year we predicted that should the financial climate not improve BASHH may need to draw upon its reserves to fund its spending program in the year. BASHH had planned to complete the work on STI standards (incurring a further £47,000 in costs this year), maintain our profile through working with Munro and Foster (£50,000) and to co-fund the alcohol and teenage sex enquiry at the RCP (£10,000). We anticipated that investment income would fall from £33,000 to less then £10,000 (we received £9,442 as high interest accounts became impossible to find). The overall net surplus of just over £60,000 reflects an exceptional joint spring meeting with BHIVA (BASHH’s share of the surplus for this was in excess £107,000), an increase we made in subscription fees (total net increase £17,390) and the continuing effort of the HIV SIG and BASHH course organisers who raise funding to support BASHH’s core activities.

Despite the financial climate the Board has developed an ambitious plan for the Association’s activities. We have agreed to support the RCP meeting ‘Time to Test’ in December 2010 and will continue to support of the media strategy and the APPG (Pro-choice and Sexual Health) - these plans alone will account for over £60,000 of BASHH’s spending next year.

Dr Karen Rogstad and Dr Elizabeth Carlin have overseen business planning for SIGs and branches. Business planning has been much smoother this last round then in previous years and reflects the growing familiarity of the SIGs and Branches with the annual process.

I would like to thank all the corporate sponsors who have provided support for educational, scientific and social activities.

Investment Policy and Reserves

In line with the Trustee’s advice the Charity continues to build its’ reserves to ensure a sufficient financial cushion to maintain key activities should pharmaceutical income become limited. Subsequent to the year end the charity will move £500,000 into stock market investments. This will be managed by two companies Sarasin LLP and St James’ Place. We continue to search for a higher interest account then the ones we currently have at the Bank of Scotland but this is proving difficult. In view of the concerns around the financial position of the Irish Banks we have terminated our relationship with the Allied Irish Bank and transferred all funds back to the Bank of Scotland. Working with the RSM we have always had access to the excellent relationships the RSM has with a number of its banking partners. During 2010 to further protect the Association’s assets we have agreed to open bank accounts in the
Association’s own right with Lloyds Bank and will in future hold the majority of our reserves in accounts separate to those currently used by the RSM in trust for BASHH.

The Trustees have taken advice through the year concerning the liability arrangements for the organisation and the value of establishing a formal trading company to manage some of BASHH’s activity. Altering the liability arrangements to relieve the Trustees of the financial risk associated with BASHH is long overdue and this rearrangement will bring us into line with comparable sized organisations. The establishment of a trading company will allow BASHH better risk management of its major educational events and potentially lower the net burden of VAT.

I gratefully acknowledge the professional advice available to me over this year. The Association’s auditors (Mr Jailesh Patel at Farringdon & Co) continue to provide valuable and essential guidance.

The accounts have been prepared by Mr Patrick Heneghan of the Royal Society of Medicine, and thanks are due to the BASHH secretariat team within the Finance department at the RSM for their hard work and support. A full and detailed financial report is included elsewhere in this report, which has been independently audited. Thanks are also extended to my fellow officers and the BASHH trustees for their help and guidance.

In summary, this year, despite the considerable pressures on the Charity and the financial turmoil within the banks and financial markets, we continue to grow as an organisation. The charity has taken this opportunity to reflect on its financial management and set up structures that will better manage risks. The Association remains in good financial health.

Dr Raj Patel
Honorary Treasurer
November 2010
Independent Auditors’ Report to the Trustees of BASHH

We have audited the group and charity financial statements of BASHH for the year ended 31 July 2010 which comprise the group Statement of Financial Activities, the group and charity Balance Sheets, and the related notes. These financial statements have been prepared under the accounting policies set out therein.

This report is made solely to the charity’s trustees, as a body, in accordance with Sections 43 of the Charities Act 1993 and the regulations made under that Act. Our audit work has been undertaken so that we might state to the charity’s trustees those matters we are required to state to them in an auditors’ report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity’s trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Trustees and auditors
The trustees’ responsibilities for preparing the Trustees Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) are set out in the Statement of Trustees’ Responsibilities.

We have been appointed as auditors under section 43 of the Charities Act 1993 and report in accordance with regulations made under that Act. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are prepared in accordance with the Charities Act 1993. We also report to you if, in our opinion the information given in the Trustees Annual Report is not consistent with those financial statements, the charity has not kept sufficient accounting records, if the charity’s financial statements are not in agreement with these accounting records or if we have not received all the information and explanations we require for our audit.

Basis of opinion
We conducted our audit in accordance with International Standards on Auditing (UK & Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charity’s circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming an opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion
In our opinion:

- the financial statements give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of the Parent Charity and Group affairs as at 31 July 2010 and of the Group’s incoming resources and application of resources for the year then ended;
- the financial statements have been prepared in accordance with the Charities Act 1993.

Jailesh Jashbhai Patel – Statutory Auditor
for and on behalf of Farringdon and Co
Chartered Certified Accountants and Statutory Auditors
176 Franciscan Road
London SW17 8HH
BRITISH ASSOCIATION FOR SEXUAL HEALTH AND HIV
CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 JULY 2010

CHARITABLE FUNDS

<table>
<thead>
<tr>
<th>Notes</th>
<th>Un-restricted Funds</th>
<th>Restricted Funds</th>
<th>Endowed Funds</th>
<th>TOTAL FUNDS</th>
<th>Total Funds (31 July 2009)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
</tbody>
</table>

INCOMING RESOURCES

Donations and Legacies

Activities in furtherance of the charity’s objects:

- Promoting training and education
- Educational meetings and courses
- Educational meeting - subsidiary activity
- Other Income
- Investment income

Investment income

Investment and Other Income

Total Incoming Resources

RESOURCES EXPENDED

Expenditure in furtherance of the charity's objects:

- Promoting training and education
- Educational meetings and courses
- Educational meeting - subsidiary activity
- Developing Clinical Standards
- Governance costs

Total Resources Expended

NET INCOMING RESOURCES / (RESOURCES EXPENDED)

Funds Brought Forward

Funds Carried Forward

THE NOTES ON PAGES 15 TO 22 FORM PART OF THESE ACCOUNTS
BRITISH ASSOCIATION FOR SEXUAL HEALTH AND HIV

BALANCE SHEET AS AT 31 JULY 2010

<table>
<thead>
<tr>
<th></th>
<th>Group As at 31.7.10</th>
<th>Group As at 31.7.09</th>
<th>Charity As at 31.7.10</th>
<th>Charity As at 31.7.09</th>
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</thead>
<tbody>
<tr>
<td><strong>NOTES</strong></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible Assets</td>
<td>11</td>
<td>13,606</td>
<td>20,383</td>
<td>13,606</td>
</tr>
<tr>
<td>Investments</td>
<td>12</td>
<td>-</td>
<td>500,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL FIXED ASSETS</strong></td>
<td></td>
<td>13,606</td>
<td>520,383</td>
<td>13,606</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock</td>
<td></td>
<td>10,475</td>
<td>13,659</td>
<td>10,475</td>
</tr>
<tr>
<td>Debtors - Amounts falling due within one year</td>
<td>13</td>
<td>178,947</td>
<td>146,790</td>
<td>178,871</td>
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<tr>
<td>Bank &amp; Cash balances</td>
<td></td>
<td>1,127,760</td>
<td>808,640</td>
<td>1,127,760</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,317,182</td>
<td>969,089</td>
<td>1,317,106</td>
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<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors - Amounts falling due within one year</td>
<td>14</td>
<td>(120,642)</td>
<td>(341,105)</td>
<td>(120,642)</td>
</tr>
<tr>
<td><strong>NET CURRENT ASSETS</strong></td>
<td></td>
<td>1,196,540</td>
<td>627,984</td>
<td>1,196,464</td>
</tr>
<tr>
<td><strong>TOTAL NET ASSETS</strong></td>
<td></td>
<td>1,210,146</td>
<td>1,148,367</td>
<td>1,210,070</td>
</tr>
<tr>
<td><strong>FUNDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted Funds</td>
<td>18</td>
<td>1,195,958</td>
<td>1,135,453</td>
<td>1,195,882</td>
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<tr>
<td>Restricted Income Funds</td>
<td>18</td>
<td>4,188</td>
<td>2,914</td>
<td>4,188</td>
</tr>
<tr>
<td>Endowment (Capital) Funds</td>
<td>18</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
</tr>
<tr>
<td><strong>TOTAL FUNDS</strong></td>
<td>17</td>
<td>1,210,146</td>
<td>1,148,367</td>
<td>1,210,070</td>
</tr>
</tbody>
</table>

Approved for and on behalf of the Trustees:

**Professor J. Ross**      **Dr Rajul Patel**
Trustee            Treasurer

Date : ___________       Date : ___________

THE NOTES ON PAGES 15 TO 22 FORM PART OF THESE ACCOUNTS
1. ACCOUNTING POLICIES

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the charities financial statements.

Basis of Accounting

The accounts have been prepared in accordance with applicable Accounting Standards and the Statement of Recommended Practice Accounting and Reporting by Charities (SORP 2005) issued in March 2005 and the Charities Act 1993. These financial statements are drawn up on the historic cost basis except that investment assets are carried at market value.

Basis of Consolidation

The consolidated accounts of the group incorporate the accounts of the Charity and its wholly owned subsidiary undertaking: BASHH/ISSTDR 2009 Limited. The results of the subsidiary, as shown in note 3, are consolidated on line by line basis within the consolidated Statement of Financial Activities (SOFA). In accordance with paragraph 397 of the charities SORP 2005, no separate SOFA has been presented for the Charity alone.

Fund Accounting

Unrestricted funds are available for use at the discretion of the Trustees in furtherance of the general objectives of the Association. The permanent endowment funds represent capital, and the income arising forms part of either restricted or unrestricted funds. Restricted funds are subject to specific restrictions imposed by donors.

Incoming Resources:

- **Subscription Fees**
  
  Subscriptions are payable on election, in advance for the Association’s Membership Year. Subscriptions for the Membership year ended 31 July 2010, which were not received at the time of preparation of these accounts, are considered to be uncollectable and accordingly no credit is taken into the accounts.

- **Grants, Donations and Legacies**
  
  Income from donations, legacies and grants, including capital grants, is included in incoming resources when these are receivable, except as follows:
  
  - When donors specify that donations and grants given to the charity must be used in future accounting periods, the income is deferred until those periods.
  - When donors impose conditions which have to be fulfilled before the charity becomes entitled to use such income; the income is deferred and not included in incoming resources until the preconditions for uses have been met.

Donations, legacies and grants for the general purpose of the Association are included as unrestricted funds. Unrestricted funds comprise those funds which the trustees are free to use for any purpose in furtherance of the charitable objects. Any amount received for activities restricted by the wishes of the donor are taken to “restricted funds” where these wishes are legally binding on the Trustees.
• **Charitable activities**
  
  Income from charitable activities is included in incoming resources in the period in which the relevant activity has taken place. Income from promoting training and education consists of membership subscriptions received during the year. Income from educational meetings and courses consists of registration fees and sponsorship income from pharmaceutical companies.

• **Sponsorship income**

  Where sponsorship income received is related to a specific meeting or conference then this income has been accounted for as income arising from those specific activities.

**Resources expended**

Resources expended are included in the Statement of Financial Activities on an accruals basis, inclusive of any VAT which cannot be recovered. Cost of activities in the furtherance of the objectives of the charity includes direct as well as allocated support costs. The various support costs are allocated to charitable activities where these are clearly identifiable to an activity. Where the expenditure relates to several activities then these are allocated in proportion to the income generated by the charitable activity.

**Investments**

Investments are included in the balance sheet at Market Value.

**Tangible Assets**

Books purchased in the year are written off to expenditure and not capitalised.

*Website development costs*

Where a website is expected to provide economic benefit through the provision of educational information to beneficiaries of the charity, expenditure on the functionality of the website is capitalised and treated as a tangible fixed asset.

**Stocks**

Stocks of training materials purchased during the year are written off to expenditure. Unsold stocks of training materials produced for sale are included as an asset at the lower of cost or net realisable value.

**Fixed Assets & Depreciation**

Fixed assets are stated at cost or estimated market value at the date of receipt where assets have been donated to the charity.

Depreciation is provided to write off the cost (or market value at the date of receipt) less estimated residual values of all fixed assets over their expected useful lives at the following rates.

*Website development costs* - 25% per annum straight line
2. MEMBERSHIP AND MEMBERS’ SUBSCRIPTIONS

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Members as at 31.07.10</th>
<th>Subscriptions Received 2009 – 2010</th>
<th>Members as at 31.07.09</th>
<th>Subscriptions Received 2008 – 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career &amp; Training Grade</td>
<td>349</td>
<td>66,780</td>
<td>325</td>
<td>60,642</td>
</tr>
<tr>
<td>Fellow</td>
<td>429</td>
<td>116,054</td>
<td>408</td>
<td>103,161</td>
</tr>
<tr>
<td>Retired Fellows</td>
<td>35</td>
<td>2,453</td>
<td>44</td>
<td>2,360</td>
</tr>
<tr>
<td>Honorary Life Members</td>
<td>33</td>
<td>-</td>
<td>27</td>
<td>-</td>
</tr>
<tr>
<td>Clinical Assistant</td>
<td>87</td>
<td>11,537</td>
<td>104</td>
<td>13,346</td>
</tr>
<tr>
<td>Non-Medical Staff</td>
<td>175</td>
<td>12,706</td>
<td>190</td>
<td>12,786</td>
</tr>
<tr>
<td>GPs and others</td>
<td>20</td>
<td>2,787</td>
<td>26</td>
<td>2,632</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>1,128</strong></td>
<td><strong>212,317</strong></td>
<td><strong>1,124</strong></td>
<td><strong>194,927</strong></td>
</tr>
</tbody>
</table>

| UK Members                    | 1,073                  |                                    | 1,065                  |                                    |
| Non-UK Members                | 55                     |                                    | 59                     |                                    |
| **TOTALS**                    | **1,128**               |                                    | **1,124**              |                                    |

3. INCOME FROM THE SUBSIDIARY’S ACTIVITIES

The Charity owned the entire share capital of ISSTDR/BASHH 2009 Limited, which was dissolved on 12th October 2010 subsequent to an application made before the year-end, and following clearance from HMRC. The subsidiary was specifically formed in order to host an international educational conference in London during 28 June to 1 July 2009. Its results for the educational event as extracted from the audited accounts are summarised below. The retained income in the previous year of £3,168 was a donation to BASHH, subject to Gift Aid, and is included here within note 16.

<table>
<thead>
<tr>
<th>Subsidiary Charity</th>
<th>Year to 31.07.10</th>
<th>Year to 31.07.09</th>
<th>Year to 31.07.10</th>
<th>Year to 31.07.09</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Registration fees, Sponsorship &amp; Other Income</td>
<td>-</td>
<td>896,529</td>
<td>748,312</td>
<td>639,186</td>
</tr>
<tr>
<td>Event Costs: subsidiary</td>
<td>-</td>
<td>(677,973)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Surplus Income over event expenditure</td>
<td>-</td>
<td>218,556</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Governance costs</td>
<td>-</td>
<td>(5,515)</td>
<td>(19,171)</td>
<td>(19,876)</td>
</tr>
<tr>
<td>Other Income &amp; Donations</td>
<td>-</td>
<td>-</td>
<td>8,338</td>
<td>2,675</td>
</tr>
<tr>
<td>Interest Receivable</td>
<td>-</td>
<td>635</td>
<td>9,442</td>
<td>33,431</td>
</tr>
<tr>
<td>Interest Payable</td>
<td>(See Note Below)</td>
<td>(932)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net Income /(deficit) for the year</td>
<td>-</td>
<td>212,744</td>
<td>746,921</td>
<td>655,416</td>
</tr>
<tr>
<td>Gift Aid Donation</td>
<td>(3,168)</td>
<td>(209,576)</td>
<td>-</td>
<td>209,576</td>
</tr>
</tbody>
</table>

Gross Incoming resources: Charity
- - 746,921 864,992
Costs of Charitable Activities
- - (685,143) (663,188)
- - - -
Retained Income
3,168 61,778 201,804

The interest payable by the subsidiary to the parent charity has been accounted for on receivable basis by the charity. The subsidiary has accounted the total interest payable in the year of the event. In order to facilitate consolidation the subsidiary interest figures have been restated on a payable basis.

4. INVESTMENT AND OTHER INCOME

<table>
<thead>
<tr>
<th>Group</th>
<th>Year to 31.7.10</th>
<th>Year to 31.7.09</th>
<th>Charity</th>
<th>Year to 31.7.10</th>
<th>Year to 31.7.09</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Bank Interest Receivable</td>
<td>9,442</td>
<td>33,134</td>
<td>9,442</td>
<td>33,431</td>
<td></td>
</tr>
</tbody>
</table>
5. EXPENDITURE INCURRED IN FURTHERANCE OF THE CHARITY’S OBJECTS

<table>
<thead>
<tr>
<th></th>
<th>Charitable Activities</th>
<th>Support Costs (note 7)</th>
<th>Total 2010</th>
<th>Total 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting training and education (see below)</td>
<td>118,442</td>
<td>131,857</td>
<td>250,299</td>
<td>253,507</td>
</tr>
<tr>
<td>Educational meetings and courses (Note 6 &amp; 7)</td>
<td>277,927</td>
<td>110,249</td>
<td>388,176</td>
<td>374,865</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>396,369</strong></td>
<td><strong>242,106</strong></td>
<td><strong>638,475</strong></td>
<td><strong>628,372</strong></td>
</tr>
</tbody>
</table>

“Promoting training and education” costs of £118,442 above consist of the costs for the publication of two journals sent to Members of BASHH £118,415, the journals being the International Journal of STD and AIDS, and Sexually Transmitted Infections; and expenditure on purchasing Library books £27, (2009 : £330).

6. EXPENDITURE INCURRED IN RESPECT OF EDUCATIONAL MEETINGS & COURSES.

<table>
<thead>
<tr>
<th>CHARITABLE ACTIVITIES</th>
<th>Year to 31.7.10</th>
<th>Year to 31.7.09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Interest Groups and Branches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIG General Expenditure</td>
<td>31,686</td>
<td>28,669</td>
</tr>
<tr>
<td>SIG Conference Expenditure</td>
<td>177,359</td>
<td>164,298</td>
</tr>
<tr>
<td>STI Foundation Course</td>
<td>36,564</td>
<td>35,227</td>
</tr>
<tr>
<td>Educational Meetings</td>
<td>1,176</td>
<td>11,474</td>
</tr>
<tr>
<td><strong>SIGs sub-total</strong></td>
<td><strong>246,785</strong></td>
<td><strong>239,668</strong></td>
</tr>
<tr>
<td>Regional Branches’ General Expenditure</td>
<td>3,610</td>
<td>1,698</td>
</tr>
<tr>
<td>Branch Meetings</td>
<td>27,532</td>
<td>36,481</td>
</tr>
<tr>
<td><strong>Regions sub-total</strong></td>
<td><strong>31,142</strong></td>
<td><strong>38,179</strong></td>
</tr>
<tr>
<td>Total Special Interest Groups and Branches Expenditure</td>
<td>Note 16</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>277,927</strong></td>
<td><strong>277,847</strong></td>
</tr>
</tbody>
</table>

7. SUPPORT COSTS

<table>
<thead>
<tr>
<th></th>
<th>Promoting Training &amp; Education</th>
<th>Educational Meetings &amp; Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printing &amp; Postage</td>
<td>1,575</td>
<td>1,894</td>
</tr>
<tr>
<td>RSM Management fees &amp; room hire</td>
<td>105,145</td>
<td>33,695</td>
</tr>
<tr>
<td>Travel &amp; Subsistence</td>
<td>4,446</td>
<td>7,400</td>
</tr>
<tr>
<td>General administration costs</td>
<td>1,013</td>
<td>28,460</td>
</tr>
<tr>
<td>Media &amp; Public relations</td>
<td>19,678</td>
<td>38,800</td>
</tr>
<tr>
<td><strong>Total this Year 2009-2010</strong></td>
<td><strong>131,857</strong></td>
<td><strong>110,249</strong></td>
</tr>
<tr>
<td><strong>Total previous Year 2008-2009</strong></td>
<td><strong>137,411</strong></td>
<td><strong>97,018</strong></td>
</tr>
</tbody>
</table>
As stated in note 3, an application to dissolve the subsidiary ISSTDR/BASHH 2009 LTD was made during the year. Further to receiving clearance from HMRC, an application was made to Companies house on 12 July 2010, to have it struck off the register. The subsidiary was dissolved on 12 Oct 2010, there having been no objections.

### 8. GOVERNANCE COSTS

<table>
<thead>
<tr>
<th></th>
<th>Group Year to 31.07.10</th>
<th>Group Year to 31.07.09</th>
<th>Charity Year to 31.07.10</th>
<th>Charity Year to 31.07.09</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASHH Board Meetings</td>
<td>£5,140</td>
<td>£5,742</td>
<td>£5,140</td>
<td>£5,742</td>
</tr>
<tr>
<td>BASHH Trustee Meetings</td>
<td>£329</td>
<td>£269</td>
<td>£329</td>
<td>£269</td>
</tr>
<tr>
<td>Audit fees</td>
<td>£8,870</td>
<td>£11,770</td>
<td>£8,870</td>
<td>£8,020</td>
</tr>
<tr>
<td>Other professional fees</td>
<td>£4,832</td>
<td>£7,610</td>
<td>£4,832</td>
<td>£5,845</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>£19,171</strong></td>
<td><strong>£25,391</strong></td>
<td><strong>£19,171</strong></td>
<td><strong>£19,876</strong></td>
</tr>
</tbody>
</table>

### 9. REMUNERATION OF TRUSTEES

The Trustees were not remunerated for any services they provided to the Association, or on its behalf.

### 10. PAYMENTS MADE TO TRUSTEES

<table>
<thead>
<tr>
<th></th>
<th>Year to 31.7.10</th>
<th>Year to 31.7.09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel Expenses and Subsistence; including expenses incurred whilst attending meetings</td>
<td>£7,808</td>
<td>£7,013</td>
</tr>
<tr>
<td>Payments were made to 6 trustees ; (2009 ; 6 Trustees)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 11. TANGIBLE FIXED ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Website Development Costs £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost or Valuation</td>
<td></td>
</tr>
<tr>
<td>at 1st August 2009</td>
<td>£27,105</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
</tr>
<tr>
<td>At 31st July 2010</td>
<td>£27,105</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depreciation</strong></td>
<td></td>
</tr>
<tr>
<td>at 1st August 2009</td>
<td>£6,722</td>
</tr>
<tr>
<td>Charge for the year</td>
<td>£6,777</td>
</tr>
<tr>
<td>At 31st July 2010</td>
<td>£13,499</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Book Value</strong></td>
<td></td>
</tr>
<tr>
<td>At 31st July 2009</td>
<td>£20,383</td>
</tr>
<tr>
<td>At 31st July 2010</td>
<td>£13,606</td>
</tr>
</tbody>
</table>

### 12. FIXED ASSET INVESTMENTS

Funds held as investments at 31 July 2010 were as below:

<table>
<thead>
<tr>
<th></th>
<th>Group Year to 31.7.10</th>
<th>Group Year to 31.7.09</th>
<th>Charity Year to 31.7.10</th>
<th>Charity Year to 31.7.09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Deposits:</td>
<td>-</td>
<td>£500,000</td>
<td>-</td>
<td>£500,001</td>
</tr>
<tr>
<td>Allied Irish Bank : Term Deposits</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Shares:</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Investment in subsidiary - ISSTDR/BASHH 2009 Limited</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Fixed Assets Investments</td>
<td>-</td>
<td>£500,000</td>
<td>-</td>
<td>£500,001</td>
</tr>
</tbody>
</table>

Analysed as:

<table>
<thead>
<tr>
<th></th>
<th>Group Year to 31.7.10</th>
<th>Group Year to 31.7.09</th>
<th>Charity Year to 31.7.10</th>
<th>Charity Year to 31.7.09</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASHH Reserve Fund : Unrestricted : Term Deposits</td>
<td>-</td>
<td>£490,000</td>
<td>-</td>
<td>£490,000</td>
</tr>
<tr>
<td>R.S. Morton Lecture Fund : Endowed : Term Deposits</td>
<td>-</td>
<td>£10,000</td>
<td>-</td>
<td>£10,000</td>
</tr>
<tr>
<td>Cost of share holding in ISSTDR /BASHH 2009 Limited</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Fixed Assets Investments</td>
<td>-</td>
<td>£500,000</td>
<td>-</td>
<td>£500,001</td>
</tr>
</tbody>
</table>

As stated in note 3, an application to dissolve the subsidiary ISSTDR/BASHH 2009 LTD was made during the year. Further to receiving clearance from HMRC, an application was made to Companies house on 12 July 2010, to have it struck off the register. The subsidiary was dissolved on 12 Oct 2010, there having been no objections.
### 13. DEBTORS / PREPAYMENTS

<table>
<thead>
<tr>
<th></th>
<th>Group</th>
<th>Charity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year to 31.07.10</td>
<td>Year to 31.07.09</td>
</tr>
<tr>
<td>Fixed Term Investment : Interest due for July 2009</td>
<td>-</td>
<td>3,218</td>
</tr>
<tr>
<td>ISSTDR/BASHH 2009 Ltd : Interest &amp; Capital</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>ISSTDR/BASHH 2009 Ltd : Gift Aid Donation (see note 3)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Sponsorship, Registration Fees, and amounts due from Joint meetings</td>
<td>142,328</td>
<td>80,226</td>
</tr>
<tr>
<td>Pre-Paid RSM Contract fees</td>
<td>-</td>
<td>31,809</td>
</tr>
<tr>
<td>Meeting and conference prepayments</td>
<td>29,239</td>
<td>4,029</td>
</tr>
<tr>
<td>Trade debtors</td>
<td>-</td>
<td>12,545</td>
</tr>
<tr>
<td>Other debtors</td>
<td>1,103</td>
<td>1,291</td>
</tr>
<tr>
<td>VAT recoverable</td>
<td>6,277</td>
<td>13,672</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>178,947</td>
<td>146,790</td>
</tr>
</tbody>
</table>

### 14. CREDITORS: Amounts falling due within one year

<table>
<thead>
<tr>
<th></th>
<th>Group</th>
<th>Charity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year to 31.07.10</td>
<td>Year to 31.07.09</td>
</tr>
<tr>
<td>Journal Publishers</td>
<td>19,919</td>
<td>32,214</td>
</tr>
<tr>
<td>Sponsorship and Registration Fees in advance</td>
<td>47,316</td>
<td>60,337</td>
</tr>
<tr>
<td>Meeting and Conference Expenses</td>
<td>1,208</td>
<td>4,229</td>
</tr>
<tr>
<td>Payment due to RSM : Management contract &amp; other</td>
<td>19,409</td>
<td>-</td>
</tr>
<tr>
<td>Amounts due to Medfash re Clinical Standards</td>
<td>-</td>
<td>17,408</td>
</tr>
<tr>
<td>Loan from ISSTDR</td>
<td>-</td>
<td>13,318</td>
</tr>
<tr>
<td>Trade Creditors</td>
<td>-</td>
<td>194,735</td>
</tr>
<tr>
<td>Sundry Creditors</td>
<td>12,512</td>
<td>2,351</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>11,500</td>
<td>16,513</td>
</tr>
<tr>
<td>Proceeds from Joint Meeting due to FRSH</td>
<td>8,778</td>
<td>-</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>120,642</td>
<td>341,105</td>
</tr>
</tbody>
</table>

### 15. GENERAL INCOME

<table>
<thead>
<tr>
<th></th>
<th>Group</th>
<th>Charity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
<td>2009</td>
</tr>
<tr>
<td>General Income and non-specific donations</td>
<td>7,178</td>
<td>2,675</td>
</tr>
</tbody>
</table>
### Income & Expenditure arising from Educational Meetings & Courses

#### Special Interest Groups

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Educational Meetings</strong></td>
<td>8,000</td>
<td>1,176</td>
<td>6,824</td>
<td>12,325</td>
<td>11,474</td>
<td>851</td>
</tr>
<tr>
<td><strong>Joint Meetings</strong></td>
<td>487</td>
<td>380</td>
<td>107</td>
<td>(1,000)</td>
<td>-</td>
<td>(1,000)</td>
</tr>
<tr>
<td><strong>BASHH Course in STI &amp; HIV</strong></td>
<td>95,970</td>
<td>73,323</td>
<td>22,674</td>
<td>105,498</td>
<td>71,800</td>
<td>33,698</td>
</tr>
<tr>
<td><strong>STIF Course</strong></td>
<td>87,129</td>
<td>36,564</td>
<td>50,565</td>
<td>121,620</td>
<td>35,227</td>
<td>86,393</td>
</tr>
<tr>
<td><strong>STIF Competency</strong></td>
<td>4,447</td>
<td>898</td>
<td>3,549</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Spring Meetings</strong></td>
<td>-</td>
<td>4,903</td>
<td>(4,903)</td>
<td>-</td>
<td>290</td>
<td>(290)</td>
</tr>
<tr>
<td><strong>Colposcopy SIG</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>HIV SIG</strong></td>
<td>-</td>
<td>-</td>
<td>(7,600)</td>
<td>270</td>
<td>(7,870)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Herpes Simplex SIG</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>British Co-Operative Clinical Group</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>420</td>
<td>(420)</td>
<td>-</td>
</tr>
<tr>
<td><strong>HPV SIG</strong></td>
<td>100</td>
<td>1,736</td>
<td>(1,636)</td>
<td>-</td>
<td>808</td>
<td>(808)</td>
</tr>
<tr>
<td><strong>Bacterial</strong></td>
<td>16,263</td>
<td>16,481</td>
<td>(218)</td>
<td>31,181</td>
<td>24,480</td>
<td>6,700</td>
</tr>
<tr>
<td><strong>Sexual Dysfunction Group</strong></td>
<td>12,605</td>
<td>10,722</td>
<td>(990)</td>
<td>31,884</td>
<td>17,674</td>
<td>14,210</td>
</tr>
<tr>
<td><strong>Adolescent Special Interest Group</strong></td>
<td>4,000</td>
<td>92</td>
<td>3,908</td>
<td>-</td>
<td>196</td>
<td>(196)</td>
</tr>
<tr>
<td><strong>Clinical Effectiveness Group</strong></td>
<td>-</td>
<td>1,950</td>
<td>(1,950)</td>
<td>-</td>
<td>1,674</td>
<td>(1,674)</td>
</tr>
<tr>
<td><strong>NCCG Group</strong></td>
<td>39,605</td>
<td>32,245</td>
<td>7,360</td>
<td>41,472</td>
<td>31,884</td>
<td>9,588</td>
</tr>
<tr>
<td><strong>National Audit Group</strong></td>
<td>10,000</td>
<td>3,880</td>
<td>6,120</td>
<td>-</td>
<td>4,080</td>
<td>(4,080)</td>
</tr>
<tr>
<td><strong>Doctors in Training</strong></td>
<td>12,182</td>
<td>7,624</td>
<td>4,558</td>
<td>14,329</td>
<td>8,789</td>
<td>5,540</td>
</tr>
<tr>
<td><strong>Web Team</strong></td>
<td>-</td>
<td>9,137</td>
<td>(9,137)</td>
<td>-</td>
<td>10,251</td>
<td>(10,251)</td>
</tr>
<tr>
<td><strong>Media External Communications Grp</strong></td>
<td>-</td>
<td>233</td>
<td>(233)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Nurses / Health Advisors</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>BASHH IT Group</strong></td>
<td>-</td>
<td>852</td>
<td>(852)</td>
<td>-</td>
<td>425</td>
<td>(425)</td>
</tr>
<tr>
<td><strong>HIV Medicine</strong></td>
<td>57,470</td>
<td>27,162</td>
<td>30,308</td>
<td>64,960</td>
<td>32,321</td>
<td>32,639</td>
</tr>
<tr>
<td><strong>Mentoring Committee</strong></td>
<td>2,200</td>
<td>2,457</td>
<td>(257)</td>
<td>-</td>
<td>402</td>
<td>(402)</td>
</tr>
</tbody>
</table>

**Special Interest Groups sub-total**: 350,458 222,976 127,482 381,795 235,570 146,225

#### Joint Meetings

**Faculty of Family Planning & Reproductive Health Care**: - - - 2,507 (206) 2,713

**BAD, EADV, St John’s & BASHH London meeting : 2005**: - - - 6,180 - 6,180

**BHIVA/BASHH April 2010 (note below)**: 107,070 - 107,070 - 2,612 -

**BASHH/ASTDA: New York :May 08**: 3,657 91 3,566 - 722 (722)

**ISSDR/BASHH : July 2009**: 32,496 237 30,129 - - -

**BASHH/FSRH : January 2010**: 23,718 8,778 - - -

**Joint Meetings – sub total**: 143,223 23,809 119,414 8,687 4,097 4,590

#### Regional Branches

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>East Anglia</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Ireland</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Mersey</strong></td>
<td>851</td>
<td>851</td>
<td>3,000</td>
<td>387</td>
<td>2,613</td>
<td>-</td>
</tr>
<tr>
<td><strong>Thames North East</strong></td>
<td>1,525</td>
<td>860</td>
<td>665</td>
<td>1,375</td>
<td>2,895</td>
<td>(1,520)</td>
</tr>
<tr>
<td><strong>Thames North West</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>250</td>
<td>426</td>
<td>(176)</td>
</tr>
<tr>
<td><strong>Thames South East</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Thames South West</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>North West</strong></td>
<td>1,351</td>
<td>1,370</td>
<td>(19)</td>
<td>75</td>
<td>(75)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Northern</strong></td>
<td>150</td>
<td>417</td>
<td>(267)</td>
<td>160</td>
<td>193</td>
<td>(33)</td>
</tr>
<tr>
<td><strong>Oxford</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Scotland</strong></td>
<td>5,394</td>
<td>5,693</td>
<td>(299)</td>
<td>7,605</td>
<td>8,004</td>
<td>(399)</td>
</tr>
<tr>
<td><strong>South West</strong></td>
<td>5,206</td>
<td>4,006</td>
<td>1,200</td>
<td>4,417</td>
<td>4,216</td>
<td>201</td>
</tr>
<tr>
<td><strong>Trent</strong></td>
<td>6,837</td>
<td>1,232</td>
<td>5,605</td>
<td>12,989</td>
<td>7,789</td>
<td>5,200</td>
</tr>
<tr>
<td><strong>Wales</strong></td>
<td>1,843</td>
<td>1,930</td>
<td>(87)</td>
<td>3,043</td>
<td>263</td>
<td>2,780</td>
</tr>
<tr>
<td><strong>Wessex</strong></td>
<td>3,626</td>
<td>4,868</td>
<td>(1,242)</td>
<td>5,723</td>
<td>5,652</td>
<td>71</td>
</tr>
<tr>
<td><strong>West Midlands</strong></td>
<td>9,978</td>
<td>6,516</td>
<td>3,462</td>
<td>5,203</td>
<td>2,896</td>
<td>2,307</td>
</tr>
<tr>
<td><strong>Yorkshire</strong></td>
<td>5,553</td>
<td>4,250</td>
<td>1,303</td>
<td>10,012</td>
<td>5,384</td>
<td>4,628</td>
</tr>
</tbody>
</table>

**Regional Branches : sub-total**: 42,314 31,142 11,172 53,777 38,180 15,597

**TOTALS**: 535,995 277,927 258,068 444,259 277,847 166,412
The joint meeting with BHIVA was held during April 2010 and was administered by BHIVA. BASHH and BHIVA had agreed to share any surplus or deficit arising from the meeting. The meeting generated Revenues of £588,847, costs were £374,708 leaving a surplus of £214,139 for sharing. BASHH received £107,070 as its share from this event.

17. NET ASSETS OF THE FUNDS OF CHARITY AND GROUP
The Charity's net assets belong to the various funds as follows:

<table>
<thead>
<tr>
<th>Funds</th>
<th>Fixed Assets</th>
<th>Investments</th>
<th>Net Current Assets</th>
<th>Long Term Liabilities</th>
<th>Fund Balances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment funds</td>
<td>-</td>
<td>-</td>
<td>10,000</td>
<td>-</td>
<td>10,000</td>
</tr>
<tr>
<td>Restricted funds</td>
<td>-</td>
<td>4,187</td>
<td>-</td>
<td></td>
<td>4,187</td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td>13,606</td>
<td>-</td>
<td>1,182,277</td>
<td>-</td>
<td>1,195,883</td>
</tr>
<tr>
<td>Charity</td>
<td>13,606</td>
<td>-</td>
<td>1,196,464</td>
<td>-</td>
<td>1,210,070</td>
</tr>
<tr>
<td>Subsidiary's Reserves</td>
<td>-</td>
<td>-</td>
<td>76</td>
<td>-</td>
<td>76</td>
</tr>
<tr>
<td>Group</td>
<td>13,606</td>
<td>-</td>
<td>1,196,540</td>
<td>-</td>
<td>1,210,146</td>
</tr>
</tbody>
</table>

18. MOVEMENTS IN THE YEAR: ENDOWEDMENT,RESTRICTED AND UNRESTRICTED FUNDS

<table>
<thead>
<tr>
<th>Funds</th>
<th>Balance at 01-Aug-2009</th>
<th>Incoming Resources</th>
<th>Amounts Expended</th>
<th>Transfers</th>
<th>Balance at 31-Jul-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment Funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10,000</td>
</tr>
<tr>
<td>Capital - Robert S Morton Lecture Fund</td>
<td>10,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>10,000</td>
</tr>
<tr>
<td>Restricted Funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3,024</td>
</tr>
<tr>
<td>The Robert S Morton Lecture Fund</td>
<td>2,914</td>
<td>110</td>
<td>(704,314)</td>
<td>-</td>
<td>1,195,882</td>
</tr>
<tr>
<td>Cathy Harman Memorial Appeal</td>
<td>-</td>
<td>1,164</td>
<td></td>
<td></td>
<td>1,195,882</td>
</tr>
<tr>
<td>Unrestricted Funds</td>
<td>1,135,378</td>
<td>764,818</td>
<td>(704,314)</td>
<td>-</td>
<td>1,195,882</td>
</tr>
<tr>
<td>Charity</td>
<td>1,148,292</td>
<td>766,092</td>
<td>(704,314)</td>
<td>-</td>
<td>1,210,070</td>
</tr>
<tr>
<td>Subsidiary</td>
<td>75</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>76</td>
</tr>
<tr>
<td>Group</td>
<td>1,148,367</td>
<td>766,092</td>
<td>(704,313)</td>
<td>-</td>
<td>1,210,146</td>
</tr>
</tbody>
</table>

The R.S. Morton Lecture Fund represents an endowment from the estate of the late Dr. RS Morton. The fund is to be used by the Trustees of BASHH for the establishment of an annual lecture to be named “The Robert S Morton MSSVSD Annual Lecture”. The capital amount can be invested at the discretion of the trustees, with the income from this investment forming a restricted fund, to be used for provision of the lecture. The Cathy Harman Memorial Fund represents donations received in memoriam.

19. ONGOING CONTRACTUAL OBLIGATIONS
The Association has a contract with the Royal Society of Medicine for administrative support. The cost to BASHH for this service with effect from 1 October 2008 was £11,883 per month, rising in line with the RPI at yearly intervals. The Association has agreed to contract with RSM for preferential membership subscription rates for the International Journal of STD and AIDS and with the BMJ Publishing group for subscriptions to Sexually Transmitted Infections. The amount payable for the journals by BASHH is based on the number of members receiving the respective journals. The total costs for this financial year are stated as Journal Costs in note 5 above.
Committees Associated with BASHH

Speciality Advisory Committee

The SAC in Genitourinary Medicine has had a relatively busy year. The 2010 Curriculum was finalised during the latter half of 2009 and approved by the GMC in Spring 2010.

The new curriculum was developed by a number of teams within the SAC and sees innovation particularly in the areas of training in Leadership and Management (Dr Rak Nandwani), Public Health Medicine (Prof Jackie Cassell) and HIV care (Dr David Asboe). The curriculum has been carefully updated and redrafted to allow trainees and trainers to carefully gauge progress of trainees through levels of independent expert working to obtain a CCT.

The curriculum also sets clearer standards for assessment. It incorporates the newer workplace based assessment methods and requires trainees to obtain the DipGUM, DipHIV, and the DFSRH. There is also an expanded repertoire of contraception skills to be mastered. The SAC held a well attended training afternoon for Training Programme Directors in the Spring of 2010 to explain these developments.

During 2009-10 the future process of recruiting to specialist training has become much clearer. The SAC recruitment team led by Drs Fiona Boag and Gillian Dilke Wing is working closely with Prof David Sowden, Lead Dean for GUM and the East Midland Deanery to develop the process for National Recruitment to GUM from the summer of 2011. Applicants to ST3 posts in GUM will apply through a central portal and choose to be interviewed if shortlisted at one of 2 locations nationally. At interview the same scoring and assessment methods will be applied to all candidates and candidates allocated training slots on the basis of merit, performance and their preferences.

During 2010 the JRPTB has requested the SAC to form distinct workgroups to lead on Curriculum, Quality Management, Trainee Support, Academic training, Recruitment, Certification, and Workforce Planning. The work of SAC members will also grow since many of them will also become the designated external contacts for Deaneries wishing to have external input into assessment and training review.

Dr Raj Patel
### Joint Specialty Committee (JSC) for Genitourinary Medicine, Royal College of Physicians

**Membership - Joint Specialty Committee for Genito-Urinary Medicine**

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr Angela Robinson</td>
<td>Workforce</td>
</tr>
<tr>
<td>2</td>
<td>Mrs Barbara Byer</td>
<td>Patient and Carer Network</td>
</tr>
<tr>
<td>3</td>
<td>Dr Chris Carne</td>
<td>RCP</td>
</tr>
<tr>
<td>4</td>
<td>Dr Raj Patel</td>
<td>SAC</td>
</tr>
<tr>
<td>5</td>
<td>Dr Vincent Lee</td>
<td>New Consultants rep</td>
</tr>
<tr>
<td>6</td>
<td>Mr Roy Latham</td>
<td>Patient and Carer Network</td>
</tr>
<tr>
<td>7</td>
<td>Dr Anton Pozniak</td>
<td>RCP</td>
</tr>
</tbody>
</table>

**BRITISH ASSOCIATION FOR SEXUAL HEALTH AND HIV**

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Dr Keith Radcliffe</td>
<td>President</td>
</tr>
<tr>
<td>9</td>
<td>Dr David Daniels</td>
<td>Honorary Secretary Jan 08</td>
</tr>
<tr>
<td>10</td>
<td>Dr Sangeetha Shanmuga Sundaram</td>
<td>Trainee representative</td>
</tr>
</tbody>
</table>

**COLLEGES**

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Dr Gordon Scott</td>
<td>Scottish Colleges</td>
</tr>
<tr>
<td>12</td>
<td>Dr Liz Foley</td>
<td>RCOG</td>
</tr>
<tr>
<td>13</td>
<td>Vacancy</td>
<td>Co-opted - RCGP</td>
</tr>
</tbody>
</table>

**RCP ex officio**

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Professor Ian Gilmore</td>
<td>President</td>
</tr>
<tr>
<td>15</td>
<td>Dr Patrick Cadigan</td>
<td>Registrar</td>
</tr>
</tbody>
</table>
The Joint Specialty Committee for Genitourinary medicine acts as an advisory body to the Royal College of Physicians (RCP) on matters concerning sexual health and HIV. It meets twice a year and has a membership drawn from both the RCP and BASHH, including patient and carer network representation.

The committee meets twice a year. Issues discussed this year include; medical and workforce planning, the sexual health standards document, national consultations on hepatitis B, C and HIV testing, the new GUM curriculum, the application for a name change for the specialty to “Sexual Health and HIV Medicine”, payment by results, and relicensing and specialist recertification.

The College also held a very successful open day, coinciding with the “London Open House” weekend, at which BASHH had a popular stall to publicise the specialty.

There is a planned HIV testing conference to be held at the College to coincide with World AIDS Day on 1 December 2010; this is co-sponsored by BASHH, RCP, BHIVA, DH and the HPA.

A highly successful Royal College conference was held in June 2010 “Horizons in Sexual Health” co-ordinated by Dr Elizabeth Foley.

Dr David Daniels

BMA Dermatology & Venereology Sub-Committee

Dr O’Mahony and Dr Barton are the current representatives of BASHH on this Committee. It only meets twice a year but does significant work by email.

We have striven to influence the BMA to prioritise the specialist nature of GUM and dermatology but this has been somewhat lost in the current major upheaval in the NHS that the BMA is struggling to represent all doctors in.

We consider it important for BASHH to maintain a relationship with the BMA but recognise that the power shift in the NHS towards GPs may create potential conflict as has been reported by our Dermatology colleagues regarding the governance of cancer management in community dermatology.

We must also recognise that the BMA Annual Conference did not accept either of our proposed motions, including reference to the role of vaccinating against HPV that cause genital warts, but did debate and carry motions about cervical screening of younger women and vaccinating boys against HPV, both of which went contrary to published evidence and our guidelines.

It is useful to link with dermatology as they suffer the same type of problems as GUM with outsourcing of work, under-estimation of the medical significance of the conditions seen, unevaluated tendering and a perception that General Practice and Community Clinics can do everything much cheaper than Dermatology or GUM.

Dr Colm O’Mahony and Dr Simon Barton
The British Federation Against Sexually Transmitted Infections

The British Federation against Sexually Transmitted Infections met on 2 occasions during this 12 month period. During this time it examined its role particularly whether it should have a wider remit in terms of broader sexual health and HIV. This was agreed by the Federation and it will be looking at its membership to ensure that it reflects this change.

During the two meetings the following topics were discussed: the Policing and Crime Act (2009) and its impact on sex workers; the Sexual Health and HIV Independent Advisory Group annual report; the BASHH Standards for the Management of Sexually Transmitted Infections; the Health White Paper: Liberating the NHS – implications for sexual health; the potential impact of changes to the Expert Advisory Group on AIDS (EAGA) and the Sexual Health and HIV Independent Advisory Group (SHIAG.)

The Federation responded to the consultation exercises for the NHS White paper and has fed back to the Department of Health on the potential sexual health implications of the Summary Case Record initiative in General Practice, particularly in relation to ensuring confidentiality for information accessed from home.

The BASHH representative to the BFSTI has been elected as the BFSTI Secretary for the next year. Over the next 12 months BFSTI will develop a website and on-line portal for communication between its constituent groups.

The BFSTI as a multi-agency umbrella group may increase in influence over the next few years as the roles and responsibilities of SHIAG and EAGA change.

Dr Patrick French

UEMS

The UEMS has a new president, Professor Magdaleni Czarneck-Operacz, who replaced Professor Harold Golnick who had been president for three terms. The UEMS is actively developing board examinations in dermato-venereology. Plans to increase the scope of these across Europe and to ensure that they are fully integrated into the EU review of medical specialties which is due for consultation in 2011. Overall, the UEMS is pursuing EU strategies for improved medical education and harmonisation of training across Europe, in which BASHH and colleagues from the BAD and other dermatology and venereology specialities will ensure that the separate nature of those of specialities to be recognised in these developments.

Dr Simon Barton
European Academy of Dermato-Venereology (EADV)

EADV is a non-profit making organisation registered in Switzerland. Recent developments include an intention to run congresses with its own PCO to ensure financial viability, simplification of taxation and governance. Spring symposia will still be locally organised. EADV is unable to accumulate ‘profit’ so funding for further educational projects is available but the process for deciding how these are awarded needs further clarification. A ‘blueprint’ has been created to advise on the content of conference programmes; STIs count for only 4% but with public health, genital conditions, HIV and epidemiology there is enough for a reasonable venereology track should the scientific organising committee wish for this. There is now a venereology task force. We are in the process of submitting a proposal for a course for venereology training for European trainees to be organised jointly between Greece and UK. The 2009 Berlin congress was a success but surpassed from the venereological perspective by 2010 meeting in Croatia where Prof Mikhail Skerlev included many venereology topics and several UK speakers. The Journal of EADV now has a citation index of 2.7+ and offers an alternative publication route for content suitable and to influence European audiences.

In EADV there are ordinary members who can vote and the number has increased to 3500+. If a national society has agreed (BASHH did not) there is a ‘supporting society’ membership at low cost but few benefits for ‘political’ capital; 16 have signed up to date. In UK more members have joined and we exceed 100 so an election was held over the summer for a dermatology UK representative. Dr Colm O’Mahony chairs the PR and media committee, Dr Michael Waugh the ethics committee and Dr Angela Robinson is a member of the finance committee as well as the UK board representative for a further year. In October 2010 the new President, Frank Powell from Dublin, takes over from Professor Andreas Katzambas.

Dr Angela Robinson
Appendix 1

BRITISH ASSOCIATION FOR SEXUAL HEALTH AND HIV

ELECTED MEMBERS OF THE BOARD FOR THE YEAR ENDED 31 JULY 2010

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>President</td>
<td>Dr Keith Radcliffe</td>
<td>Dr Imtyaz Ahmed-Jusuf</td>
</tr>
<tr>
<td>Vice President</td>
<td>Dr Janet Wilson</td>
<td>Dr Keith Radcliffe</td>
</tr>
<tr>
<td>General Secretary</td>
<td>Dr Jan Clarke</td>
<td>Dr Jan Clarke</td>
</tr>
<tr>
<td>Honorary Treasurer</td>
<td>Dr Raj Patel</td>
<td>Dr Raj Patel</td>
</tr>
<tr>
<td>Conference and Communications Secretary</td>
<td>Dr Elizabeth Foley</td>
<td>Dr Elizabeth Foley</td>
</tr>
<tr>
<td>Clinical Governance Committee - Chair</td>
<td>Dr Elizabeth Carlin</td>
<td>Dr Mike Abbott</td>
</tr>
<tr>
<td>Education Committee - Chair</td>
<td>Dr Karen Rogstad</td>
<td>Dr Karen Rogstad</td>
</tr>
<tr>
<td>Immediate Past President</td>
<td>Dr Imtyaz Ahmed-Jusuf</td>
<td>Dr Simon Barton</td>
</tr>
<tr>
<td>Representative of Doctors-in-Training in GUM</td>
<td>Dr Andy Williams</td>
<td>Dr Katherine Coyne</td>
</tr>
<tr>
<td>HA Rep - Board</td>
<td>Kathryn Kain</td>
<td>None (Mr Martin Murchie seconded)</td>
</tr>
<tr>
<td>Representative of Nurses</td>
<td>Ms Jane Bickford-Smith</td>
<td>Ms Jane Bickford-Smith</td>
</tr>
<tr>
<td>SAS Representative</td>
<td>Dr Helen Mullan</td>
<td>Dr Helen Mullan</td>
</tr>
<tr>
<td>Fellow</td>
<td>Dr Richard Lau</td>
<td>Dr Richard Lau</td>
</tr>
<tr>
<td>Fellow</td>
<td>Dr Emile Morgan</td>
<td>Dr Emile Morgan</td>
</tr>
<tr>
<td>Fellow</td>
<td>Dr Jyoti Dhar</td>
<td>Professor Jonathan Ross</td>
</tr>
<tr>
<td>Fellow</td>
<td>Dr Sris Allan</td>
<td>Dr Sris Allan</td>
</tr>
<tr>
<td>Fellow</td>
<td>Dr Joseph Arumainayagam</td>
<td>Dr Joseph Arumainayagam</td>
</tr>
<tr>
<td>Fellow</td>
<td>Dr Ann Sullivan</td>
<td>Dr Fiona Boag (retired March 09)</td>
</tr>
</tbody>
</table>
Appendix 2

BASHH Education Committee 2010

Dr Keith Radcliffe BASHH President
Mr John Roberts Health Advisor Representative
Dr Jan Clarke BASHH Secretary
Dr Penny Goold STIF Competency Chair
Dr John White Journal Editor (Int Journal of STI & AIDS)
Dr Martin Fisher
Prof Wallace Dinsmore
Dr Sarah Edwards Colposcopy and Genital Dermatosis SIG Chair
Dr Claudia Estcourt Academic Representative
Dr Vincent Lee EC secretary (pre 03/10); BASHH STI/HIV Course Director
Dr David Goldmeier Sexual Dysfunction SIG Chair
Dr John Green HSV SIG Chair
Mr Colin Roberts Nurse Representative
Prof Cathy Ison Bacterial SIG Chair
Dr Ashini Fox EC Secretary (03/10 on)
Prof Jackie Cassell Journal Editor (STI)
Dr Richard Lau Pharmacy SIG
Dr Simon Edwards HIV SIG Chair
Dr Raj Patel BASHH Treasurer; HSV SIG Chair
Dr Janet Wilson BASHH Vice President
Dr Angela Robinson Adolescent SIG Chair
Dr Karen Rogstad EC Chair
Dr John Saunders Doctors in Training Representative
Dr Mayura Nathan HPV SIG Chair
Dr Nick Theobald SAS Rep, STIF, IT Representative, College CPD
Dr Michael Waugh BASHH Librarian
Dr Elizabeth Foley BASHH Communication and Conference secretary
Dr Jane Hutchinson Clinical Standards Group Rep [secondment]
Dr Jyoti Dhar Undergraduate Education (secondment)
Dr Michael Waugh BASHH Librarian
Dr Martyn Wood IT Representative
Dr Jackie Sherrad College CPD
**Appendix 3**

**BASHH Chairs of Special Interest Groups**

<table>
<thead>
<tr>
<th>Special Interest Group</th>
<th>Chair(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colposcopy SIG</td>
<td>Dr Sarah Edwards</td>
</tr>
<tr>
<td>HIV Sig (Incl. Masterclass)</td>
<td>Dr Simon Edwards</td>
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<tr>
<td>Herpes Simplex SIG</td>
<td>Dr John Green</td>
</tr>
<tr>
<td></td>
<td>Dr Raj Patel</td>
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<tr>
<td>British Co-operative Clinical Group</td>
<td>Dr David Rowen</td>
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<tr>
<td>HPV SIG</td>
<td>Dr Mayura Nathan</td>
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<tr>
<td>Bacterial SIG</td>
<td>Prof Cathy Ison</td>
</tr>
<tr>
<td>Sexual Dysfunction Group</td>
<td>Dr David Goldmeier</td>
</tr>
<tr>
<td>Adolescent Special Interest Group</td>
<td>Dr Angela Robinson</td>
</tr>
<tr>
<td>Clinical Effectiveness Group</td>
<td>Dr Keith Radcliffe</td>
</tr>
<tr>
<td>SAS Group</td>
<td>Dr John Lee</td>
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<tr>
<td>National Audit Group</td>
<td>Dr Hugo McClean</td>
</tr>
<tr>
<td>Pharmacy Group</td>
<td>Dr Richard Lau</td>
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<tr>
<td>Doctors in Training</td>
<td>Dr Andy Williams</td>
</tr>
<tr>
<td>PPI Group</td>
<td>Dr Rachel Challenor</td>
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<tr>
<td>Web Team</td>
<td>Dr Ade Apoola</td>
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<tr>
<td>Clinical Standards Unit</td>
<td>Dr Immy Ahmed</td>
</tr>
<tr>
<td>Media External Communications Group</td>
<td>Mr Peter Greenhouse</td>
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<tr>
<td>Nurses/Health Advisors</td>
<td>Jane Bickford</td>
</tr>
<tr>
<td>Journal Editors</td>
<td>Dr John White</td>
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<tr>
<td></td>
<td>Dr Martin Fisher</td>
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<tr>
<td></td>
<td>Prof Jackie Cassell</td>
</tr>
<tr>
<td>UEMS Representatives</td>
<td>Dr Simon Barton</td>
</tr>
<tr>
<td>EADV Representative</td>
<td>Dr Angela Robinson</td>
</tr>
</tbody>
</table>
Appendix 4

BASHH Clinical Governance Members 2009/10

Chairman     Dr Elizabeth Carlin
BASHH Vice-President Dr Janet Wilson
Secretary     Dr Celia Skinner
SAS Representative Dr John Lee
Nurse (co-opted) Ms Jean Beard
Health Advisor Representative Ms Ceri Evans
Doctors in Training Representative Dr John Evans-Jones

Regions

<table>
<thead>
<tr>
<th>Branch</th>
<th>Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Anglia</td>
<td>Dr Susie Forster</td>
</tr>
<tr>
<td>N. Ireland</td>
<td>Dr Carol Emerson</td>
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<tr>
<td>Mersey</td>
<td>Dr Debasis Mandel</td>
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<tr>
<td>North East Thames</td>
<td>Dr Celia Skinner</td>
</tr>
<tr>
<td>North West Thames</td>
<td>Dr Nigel O’Farrell</td>
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<tr>
<td>North West</td>
<td>Dr Wafaa Wasef</td>
</tr>
<tr>
<td>Northern</td>
<td>Dr Conrad White</td>
</tr>
<tr>
<td>Oxford</td>
<td>Dr Patricia Williams</td>
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<tr>
<td>Scotland</td>
<td>Dr Gordon McKenna</td>
</tr>
<tr>
<td>South East Thames</td>
<td>Dr Barry Peters</td>
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<tr>
<td>South West</td>
<td>Dr Andrew De Burgh-Thomas</td>
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<tr>
<td>South West Thames</td>
<td>Dr Jillian Pritchard</td>
</tr>
<tr>
<td>Trent</td>
<td>Dr David Kellock</td>
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<td>Wales</td>
<td>Dr Olwen Williams</td>
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<tr>
<td>Wessex</td>
<td>Dr Kate Schroeder</td>
</tr>
<tr>
<td>West Midlands</td>
<td>Dr Loay David</td>
</tr>
<tr>
<td>Yorkshire</td>
<td>Dr Usha Kuchimanchi</td>
</tr>
</tbody>
</table>
Support for BASHH

BASHH wishes to thank the following companies for their support during 2009/10

Abbott Laboratories LTD
Bayer PLC
BBI Healthcare
Biomerieux
Boehringer Ingelheim Ltd
Bristol Myers Squibb
Concorde Services
Department of Health
Durbin Plc
Firefly Medical
General Medical Council
GlaxoSmithKline
Gilead Sciences Ltd
Healthcare At Home
HRA Pharma
Inverness Medical UK
KoRa Healthcare
Launch Diagnostics
Lilly
Meda Pharmaceuticals Ltd
Merck Sharpe & Dohme Ltd
Nordic Pharma
Organon Laboratories Ltd
Panacea Financial Services
Pasante Healthcare Ltd
Proctor and Gamble
Pfizer Limited
Sanofi Pasteur MSD
Schering-Plough
SSL International Plc
Tibotec Janssen Cilag Ltd
ViiV Healthcare
Wesleyan Assurance Society
Williams Medical
BASHH Honorary Life Fellows

Baroness Gould of Potternewton
Baron Fowler of Sutton Coldfield
Sir Donald Acheson (deceased)
Professor MW Adler
Dr O Arya
Dr D Barlow
Dr J Barlow
Dr J Barrow
Dr R Basu Roy
Dr JS Bingham
Dr S Chandramani
Dr E Curless
Professor LM Drusin
Dr BA Evans
Dr JRW Harris
Professor KK Holmes
Dr A Lawrence
Professor A Luger
Dr A Macmillan
Dr AZ Meheus
Dr P Munday
Dr John K Oates (Deceased)
Professor D Petzoldt
Professor P Piot
Dr E Rees
Dr P Rodin (Deceased)
Dr G Ridgway
Dr CBS Schofield
Dr M Shamanesh
Dr A Stary
Professor E Stolze
Professor D Taylor-Robinson
Dr RNT Thin (deceased)
Dr WI Van Der Meiijden
Professor J Wallin
Dr MA Waugh

BASHH Outstanding Achievement Awards

2006 – Dr Angela Robinson
2008 – Prof George Kinghorn