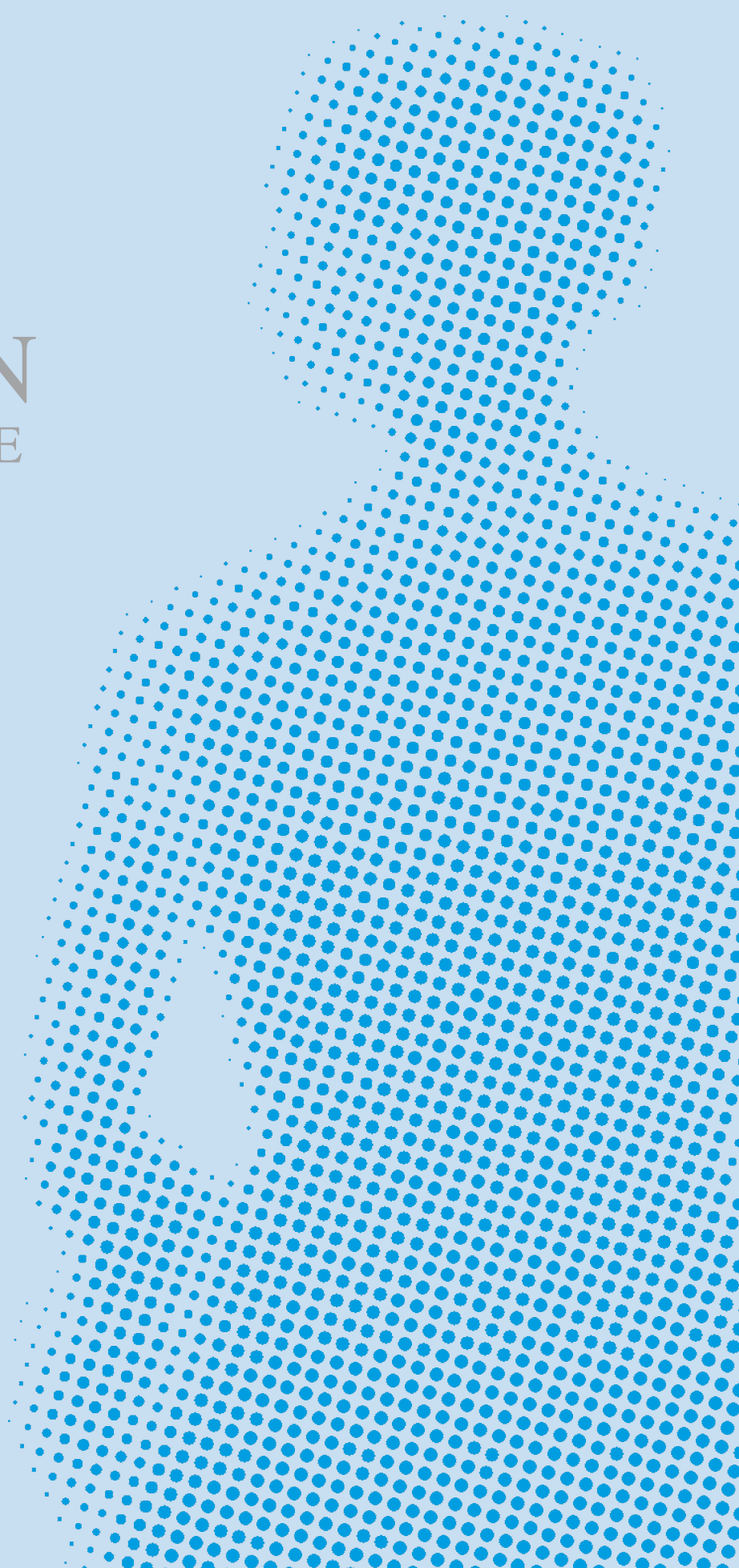


THE
WELL
WOMAN
CENTRE



Well Woman Medical and Counselling Services 2007

Family Planning Services:

- Combined oral contraceptive pill, the mini pill and Nuvaring
- Intrauterine devices, including Mirena and Flexi-T
- Implants (Implanon) and injectable contraception (Depo Provera)
- Evra (contraceptive patch)
- Emergency contraception and post-coital coils
- Vasectomy counselling and operations (Coolock and Pembroke Road)

Women's and General Health Services:

- Pregnancy testing and blood testing
- Initial infertility investigations
- Post termination medical check-ups
- Breast examinations
- P.M.S. and Menopause consultations
- Travel vaccines (Liffey Street)

Screening and Sexual Health Services:

- Cervical smear testing (Thin Prep and TDL Express)
- Screening for Sexually-Transmitted Infections (men's STI screening is available in Pembroke Road only)
- Chlamydia testing
- Cryotherapy
- HPV typing

Counselling:

- Non-directive pregnancy counselling, and post-termination counselling available in all centres
- General counselling available in all centres (including sexual abuse, depression, relationship issues, stress, low self-esteem).
- Teen Counselling available in Coolock
- Counselling in Pembroke Road to support women with Hepatitis C
- In Pembroke Road Consultant Psychiatrist Dr. Eimer Philbin Bowman deals with issues including phobias, panic attacks, depression, eating disorders, psycho-sexual problems and vaginismus. Joan MacGowan is an experienced Relate Counsellor, and works with single people, couples, married, living together or separated.

More information on services or opening hours can be obtained by visiting our website, www.wellwomancentre.ie or by phoning any Well Woman Centre.

City Centre

35 Lower Liffey Street, Dublin 1
872 8095 / 872 8051

Northside

Northside Shopping Centre,
Coolock, Dublin 5
848 4511

Ballsbridge

67 Pembroke Road,
Ballsbridge, Dublin 4
668 1108 / 660 9860



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A Message From Our Chairperson

2007 was a year of consolidation for Well Woman, with continued focus on business stability. This followed on from our successful refurbishment of the Liffey Street clinic in 2006, and has ensured that the organisation continues to focus on long-term growth and ongoing investment in the facilities and services we can provide for current and future clients. At time of writing, we have begun planning an ambitious redesign of our Pembroke Road clinic.

However, Well Woman was also much occupied with various public health policy concerns during 2007, chiefly the issues of age of consent and of planning for the national cervical screening programme.

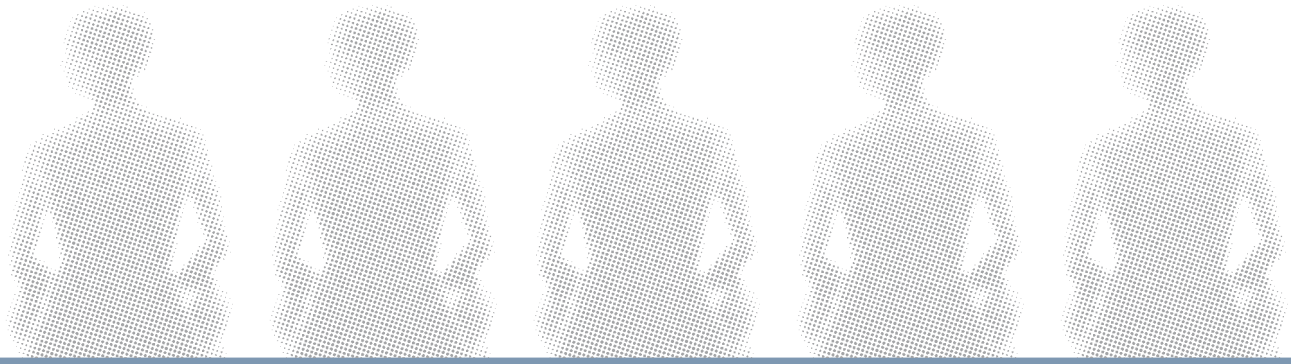
On the first, Well Woman had made a submission to the Oireachtas Joint Committee on Child Protection in late 2006, focusing on the issues of age of consent, and the concerns of medical service providers in treating minors. This is a hugely sensitive policy area, and we were gratified to note the announcement by the Law Reform Commission in late 2007 that, as part of its Third Programme of Law Reform (2008 – 14), it will look *inter alia* at the age at which minors are competent to consent to medical treatment.

On the second issue, feeding into the groundwork being laid for the National Cervical Screening Programme, Well Woman made a policy submission to the National Cancer Screening Service (NCSS) in autumn 2007. We used this opportunity to reflect our niche expertise in cervical screening – we took 9,000 smears this year – and to highlight key concerns about the roll-out of the programme. That being said, Well Woman has long been an advocate for a national population-based screening programme, and we look forward to its introduction in 2008. Over time, it will lead to significant health gain for women in this country.

Well Woman is proud of its partner relations with a number of organisations; this is a valuable feature of our work. In particular, I want to acknowledge our ongoing role in service delivery for the Health Services Executive, and the Crisis Pregnancy Agency, who fund our GMS service in Coolock, and our crisis pregnancy counselling and medical services, respectively.

In addition to these formal partnerships, Well Woman acts collaboratively with a number of civil society NGOs in a range of advocacy projects, including One Family, PACT, the Sexual Health Centre (Cork), and the Irish Family Planning Association (IFPA). These collaborations enable us to pool resources, knowledge, perspectives and expertise to best effect, which is in the best interests of the clients we serve.

In particular, Well Woman's collaboration with the Sexual Health Centre and the IFPA has focused on the need to develop a national sexual health NGO platform. This is all the more pressing when one considers that we are still awaiting Government action on a national sexual health strategy.



Finally, I would like to acknowledge Well Woman's Board of Directors for the tremendous amount of time, expertise and commitment they have given in guiding and advising the Executive during 2007; we are fortunate in being able to tap into such goodwill.

In 2008, Well Woman celebrates 30 years devoted to women's health and well-being. I am proud to chair Well Woman as it continues to innovate and model the best standards in women's healthcare, as well as advocating for its patients, and I wish the organisation well for its continued success in the coming year.

Well Woman's success is built on a massive team effort, and I would like to extend particular thanks to our Chief Executive, Alison Begas, and our Medical Director, Dr. Shirley McQuade; their commitment and leadership has been exemplary, and is much appreciated. To all of our doctors, nurses, counsellors, and administration staff, many thanks. Well Woman would not be in the positive position in which it finds itself without their ongoing dedication to excellence and to the needs of our clients.

I want to thank my predecessor in the role of Chairperson, Lynne Tracey, who stood down from the Board in June 2007. In her time in the chair, she gave clear leadership on a number of key policy issues, as well as supporting the introduction of new and innovative services. Lynne made a huge contribution to the organisation, reflecting her own personal commitment to Well Woman's services and core principles.

« we are
still awaiting
Government
action on a
national sexual
health strategy »

Mary Worrall,
Chairperson,
April 2008

Chief Executive's Report

I am delighted to record another year of progress for Well Woman. After the big project of 2006 – an upgrade to our city centre clinic – in 2007 we focused more on consolidation, to assist in long-term growth and ongoing investment in our people, facilities and services.

A number of key policy issues came to the fore during 2007, and we made a number of policy submissions during the year. Early on, and anticipating a referendum on the age of consent, much of the Board's discussions focused on Well Woman's position on this sensitive issue. At time of writing, it is still unclear as to when this referendum will be held.

Over the summer months, Well Woman made a detailed policy submission to the HSE *Review of Maternity and Gynaecology Services in Dublin*. We used this opportunity to highlight our concern over the ongoing shortfall in colposcopy capacity in the capital, and called for guaranteed urgent access to this important test for those women whose smear test indicates that they are in the most advanced stage of pre-cancer.

These are the sort of issues that we would hope would be addressed as part of the National Cervical Cancer Screening programme, so our submission to the HSE review also addressed delays in accessing both routine public gynaecology appointments and public fertility services, and the need to integrate sexual assault units into the current gynaecology provision.

Last October saw a submission to the National Cancer Screening Service, in which we highlighted the need for a strong information campaign to provide women with the information they need about cervical screening, what their results mean, etc. Given the inherent link between higher risk of developing cervical cancer and lower socio-economic status, we also made the case for targeted initiatives to ensure the programme reaches women in socially marginalized communities.

During 2007, we also explored new and innovative ways of raising awareness of women's health matters. In November Well Woman took a stand at the popular 'Off the Rails' fashion and beauty event at the RDS. A first for us, it allowed us to interact with over 40,000 women - of all ages - over the three days of the show. Our stand was manned by a number of Well Woman's highly experienced family planning nurses, who answered queries from women on the full range of our women's health services. Once again, it became clear to us that, for all the amount of information available in print and electronic media, women often struggle to get clear pointers to services such as menopause, PMS and infertility appointments.

From our clinical experience, it is clear that Ireland's sexual health needs are changing, with most people now having a number of sexual partners throughout their lives. People are living longer and consequently remain sexually active for longer.

While many of these changes are very positive, people are now more exposed to sexually transmitted infections than ever before, and the most recent national figures on STI detection indicate increased prevalence rates.



Well Woman has identified significant year-on-year increases in our own STI testing, with our men's sexual health screening demonstrating consistent levels of demand. Elsewhere in this report, the Medical Director provides an interpretation of some of the clinical data from our centres.

Clearly Well Woman's sexual health services are an important element in dealing with what is a growing social problem in this country. We have a remit to provide sexual health services and have demonstrated our expertise – a key challenge for us in going forward is to look at how we might partner the health authorities to make sexual health screening more readily accessible.

Writing in the 2006 Annual Report, I made the point that Well Woman hoped to see both politicians and policy-makers consult with stakeholders before implementing a national strategy encompassing all aspects of sexual and reproductive health - education, awareness and services. In 2008, we are still waiting.

An organisation such as Well Woman depends 100% on the commitment of its clinic staff, and I must thank all of our staff for the energy and dedication so clearly evident in the quality of care provided to our patients during 2007. I also acknowledge the breadth of work taken on by our management team - Shirley McQuade, Linda Wilson Long, and the three Clinic Managers, Siobhan Caskie, Josephine Healion and Imelda Healy.

Finally, warm thanks must go to our Chairperson Mary Worrall, and to Well Woman's Board of Directors. Mary and the Board gave me unstinting support and sound guidance during 2007, for which I am most grateful.

The environment in which we work is changing, with the welcome introduction in 2008 of legislation to regulate the not-for-profit sector. With the support of its Chairperson and Board, Well Woman is ideally positioned to continue expanding capacity, and to developing new services to ensure that patients continue to find us relevant to their needs.

Alison Begas
Chief Executive
April 2008

« a key challenge for us in going forward is to look at how we might partner the health authorities to make sexual health screening more readily accessible »

Counselling Services

Commentary and Overview

Well Woman employs a team of highly trained, professional and ethically driven counsellors to provide our counselling services, which are client-led and non-directive. We were delighted, once again, to extend our services in 2007 and to welcome a new counsellor, Anne Feeney, to our team. Anne works in the Liffey Street and Coolock centres.

Crisis Pregnancy Counselling

Our pregnancy counselling service upholds the client's right to make decisions in regard to her crisis pregnancy around the options of parenting, adoption and abortion. A crisis pregnancy can result from a number of different factors – contraceptive failure, relationship break-up, incest, rape, foetal abnormality or simple lack of self-care. Our intention in Well Woman is to offer the necessary support and information to enable the client to reach an informed choice in her crisis.

The diversity of the Well Woman service now embraces clients from all around the world. In response to this, in 2007 we translated our Crisis Pregnancy Service Overview into eight languages, including Polish, Arabic and Cantonese. This guide may be read by a client when she arrives in our centre, or within the Counselling Room, and will ensure that any client for whom English is not a first language clearly understands Well Woman's pro-choice ethos

and services, as well as the legal framework within which we operate.

Also in 2007 the Crisis Pregnancy Agency began offering a training module in conjunction with N.U.I. (Maynooth) on crisis pregnancy counselling. This will be of particular value to counsellors new to providing crisis pregnancy counselling, and will increase their knowledge of the complexities of this form of counselling as opposed to other areas of therapy.

However, we are noting that, despite television and other media advertising, women – alone, or with their partners or families - still present to Well Woman's crisis pregnancy counselling service with little understanding of what supports are available to them, and what information they are legally entitled to receive in counselling.

Post Termination Counselling

Clients who decide to travel outside Ireland to terminate a pregnancy have traditionally availed almost solely of services provided in the U.K. However, recent statistics show that many clients now travel back to their native country, or to one of the many medically excellent clinics within Western Europe; some even go as far afield as America or India to terminate a pregnancy.

As before, some return to Well Woman for their medical check-ups and ongoing support in our counselling service. However, women do not avail of these services in the numbers we would hope to see. This is a complex area, and may be linked to a stigma around abortion in Ireland. Women tell us that they feel obliged to maintain a sense of secrecy around their decision within their family, and with friends and work colleagues. Younger women, in particular, can experience isolation from family who may express either strong support or opposition to their decision to terminate.



Post termination counselling is available to anyone – male or female – who has familiarity with the experience of abortion and looks for support to work through any emotional difficulties reached through that experience.

Teen Counselling

For some time, we have wanted to be in a position to offer counselling sessions to teenagers in our Coolock centre. In 2007, the H.S.E. responded very positively to Well Woman's request for funding, and agreed to support a pilot project in that centre. Our Teen Counselling Project, begun in Autumn 2007, enables us to offer four counselling sessions each week to teenage clients. These are provided by our Counsellor Patricia Moran, who has many years experience in delivering the Teen Between service in MRCS. This service is free of charge to the client, and gives counselling to young people working through issues including low self esteem, bullying, family or relationship problems, and other difficulties

General Counselling

Our general counselling service continues to grow, with many people recognising the benefits of a confidential and safe therapeutic meeting. At Well Woman we strive to meet all professional and ethical criteria with ongoing training, supervision and workplace support for all our staff counsellors. Unfortunately, the ongoing lack of a regulatory framework for counsellors means that people sometimes access counselling that is not offered by an appropriately trained therapist; this remains a source of concern to Well Woman.

In addition to this, specialised services are available in our Pembroke Road centre, with access to Bonnie Maher who has many years experience with issues such as Hepatitis C and vaginismus. Psychiatrist Dr. Eimer

Philbin Bowman continues to offer her service, which deals with panic attacks, eating disorders and phobias. Joan MacGowan, an experienced Relate counsellor, works with individuals, couples and psycho-sexual issues.

As in previous years Well Woman continues to liaise with other professional service providers, facilitating information and knowledge flow to uphold best practice for our counselling service. Continued interaction with our funders, the Crisis Pregnancy Agency and the H.S.E., ensures ongoing development in our service, and guarantees that we will continue to offer professional and ethical therapeutic intervention for our many clients.

Linda Wilson Long
Head of Counselling Services
March 2008

« Women still present to Well Woman's crisis pregnancy counselling service with little understanding of what supports are available to them, and what information they are legally entitled to receive »

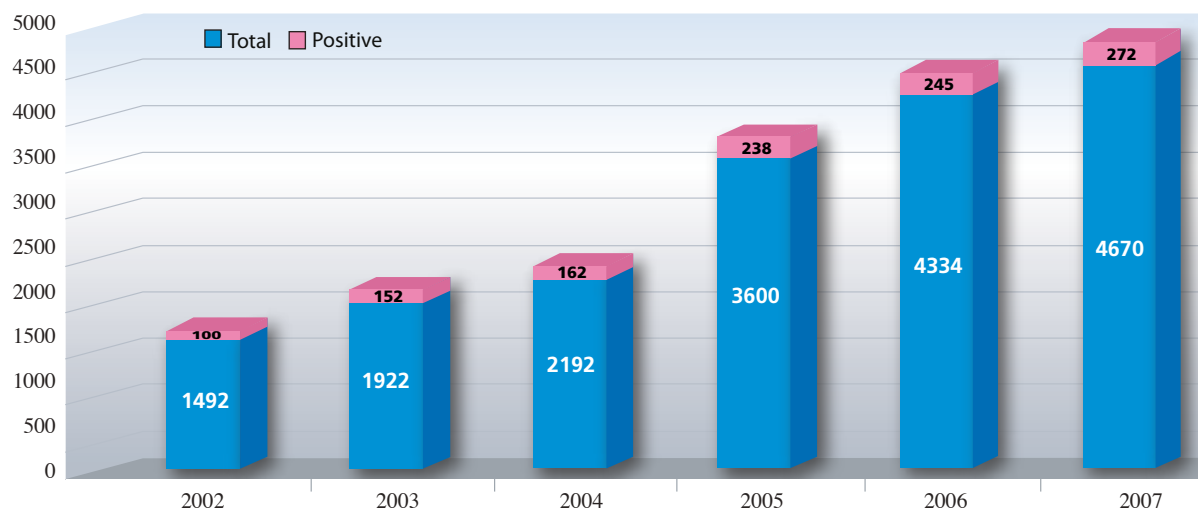
Medical Director's Commentary and Report

Over the years Well Woman has responded to the needs of women and changes in medical knowledge and this has led to gradual changes in the balance of the services we provide. This report shows the continuing increase in demand for screening for sexually transmitted infections. Although the number of people diagnosed with infections such as HIV and hepatitis remains small, there was an 11% increase in the number diagnosed with chlamydia in 2007 – highlighting the need for a chlamydia screening programme at national level.

The demand for cervical smear tests remains constant and we look forward to the introduction of the national cervical screening programme which should give all women equal access to this vital test.

Other trends noted are the dramatic reduction in the number of HRT prescriptions written between 2002 and 2007 and the unfortunate increase in the number of couples we have seen for fertility investigations.

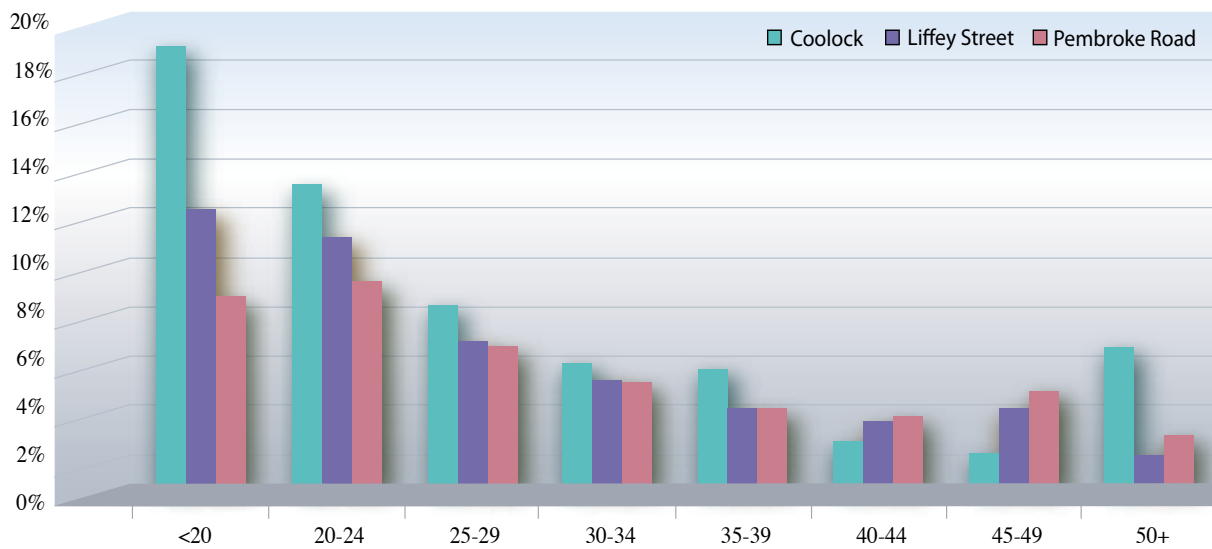
Chlamydia Test 2002 – 2007



The level of testing for chlamydia continues to increase. We now routinely offer the test to younger women and those who have changed partners recently. The fact that the test can be done on a urine sample means that more women are likely to agree to testing than if it was necessary to do a physical examination. The overall positive rate for 2007 was about 5.5%.



Chlamydia Positive by Age



This is a breakdown of chlamydia tests taken between 2002 and 2007 – a total of 19,000 tests with 1,200 positive tests in that time. It is clear from the graph that young women are more likely to have the infection and that women attending the Coolock clinic are disproportionately affected.

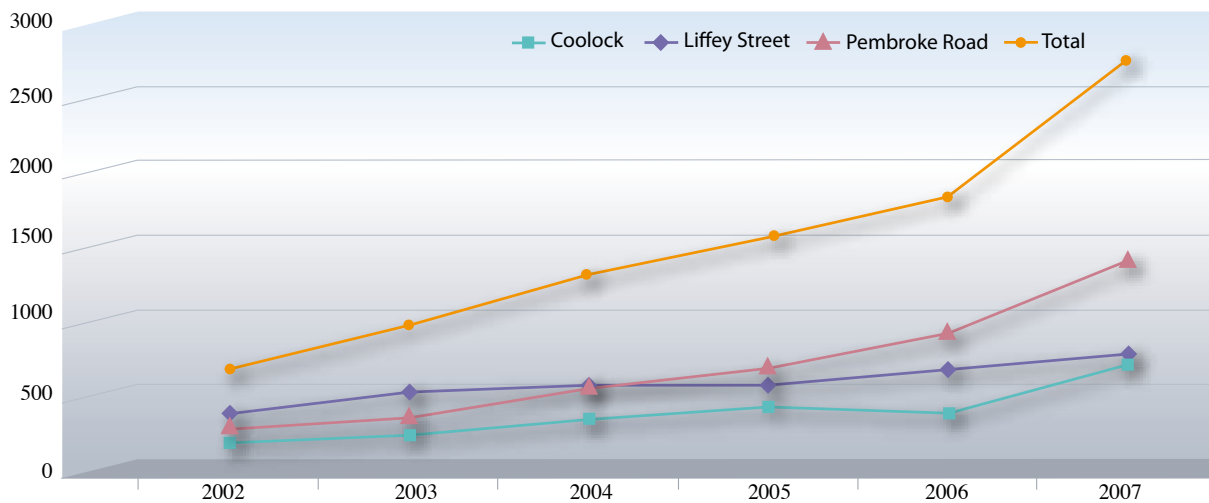
The longer term effects of this infection can include pelvic pain, and an increased risk of ectopic pregnancy and infertility. Screening for chlamydia would reduce the morbidity caused by these conditions.

Given the high prevalence rates in the under 25s, screening is also likely to be cost effective.



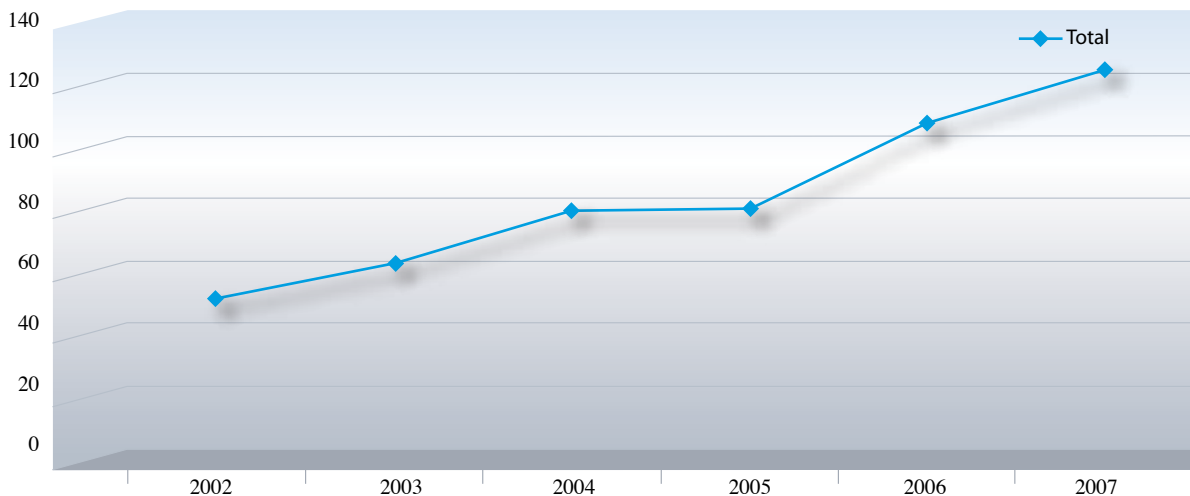
Medical Director's Commentary and Report

Full Screen for Sexually Transmitted Infections



It is best practice to recommend to all patients diagnosed with chlamydia that they have a full screen for other sexually transmitted infections. A full screen involves being checked for a number of infections that may be sexually transmitted – chlamydia, trichomonas, gardnerella, gonorrhoea, hepatitis B and C, HIV and syphilis. There is also an increasing awareness that these infections exist and patients sometimes choose to have all tests done – even if they are not at increased risk. There has been no noticeable increase in hospital STI services but there is an obvious demand in the community for more testing facilities.

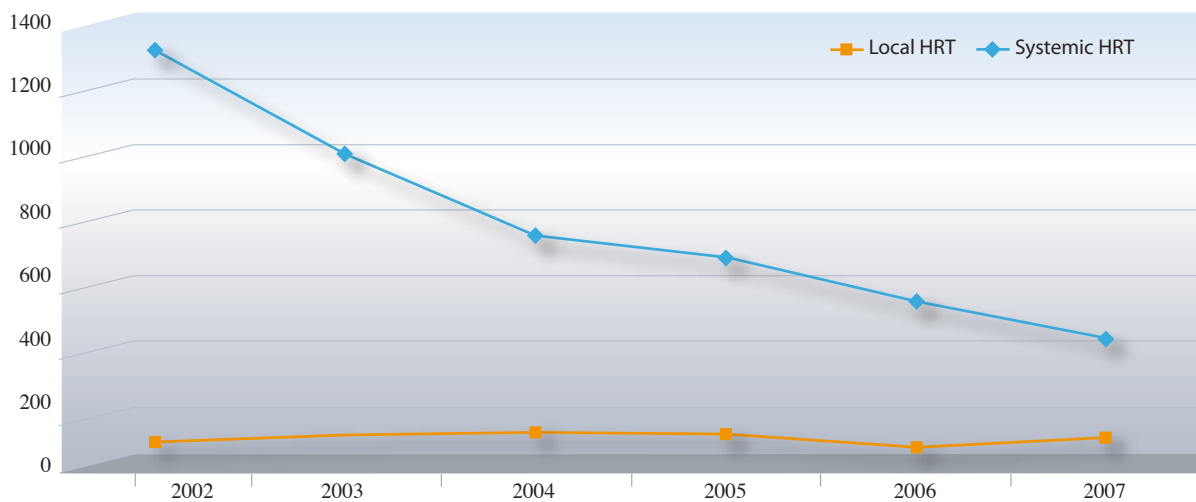
Fertility Visits



There has been a steady increase in the number of women attending for initial investigations because they have difficulty conceiving. Standard testing includes blood tests on day 3 and day 21 of the cycle and referral of her partner for a sperm count. In some cases the couple do not wish to proceed to hospital investigations but if they wish to proceed, we then refer to a fertility clinic. Unfortunately due to the number of couples who are requesting this service, not just from Well Woman but nationally, the waiting time for a hospital appointment is now several months.



HRT Prescriptions

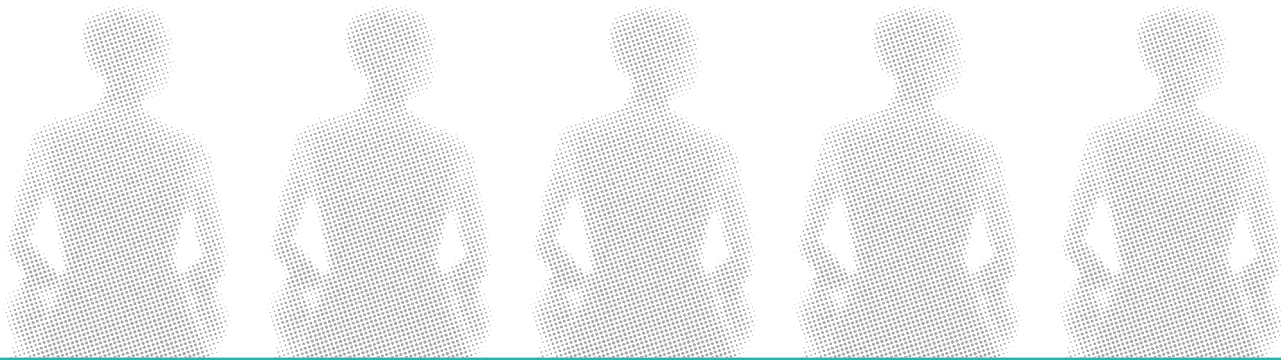


Hormone Replacement Therapy, HRT, has received a great deal of publicity in recent years. Early reports in August 2002 from an American study, the Women's Health Initiative Study, showed that women on HRT were at increased risk of cardiovascular events and breast cancer. This was followed almost one year later by a United Kingdom study in July 2003, the Million Women Study, which published similar figures for the rate of increase in breast cancer. This has caused a change in the way women cope with the menopause.

Fewer wish to start HRT and those on HRT tend to take it for shorter periods of time than previously. It is interesting to note that while there has been a huge and continuing drop in the number of women on systemic HRT, the number using local HRT has not changed.

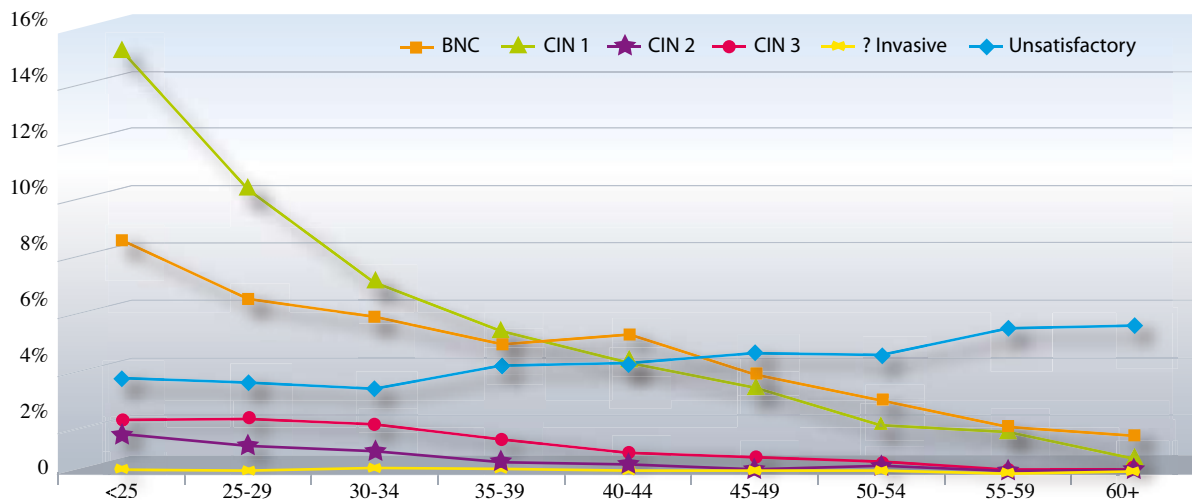
Systemic treatment gives a standard dose of oestrogen to relieve many of the symptoms of the menopause such as hot flushes and night sweats. Tablets, patches, and gels may all be prescribed for this purpose. However, in some cases, the most troublesome symptoms women have are urogenital. So they have recurrent cystitis, bladder infections and vaginal dryness.

A local oestrogen preparation containing 1/8th the amount of oestrogen that is available in most systemic preparations will stop these symptoms. Current medical thinking on HRT is to give the lowest dose possible for the shortest time in order to relieve symptoms.



Medical Director's Commentary and Report

Smear tests 2002-2007



This is an analysis of over 50,000 cervical smear tests taken in Well Woman for the years 2002 – 2007.

BNC:	Borderline Nuclear Change	? Invasive:	Possible cancer cells spreading to underlying tissue
CIN 1:	Cervical Intraepithelial Neoplasia, Grade 1	Insufficient:	Insufficient cervical sample available to give a report.
CIN2/3:	Cervical Intraepithelial Neoplasia Grade 2/ Grade 3		

Borderline changes are very minor and will often resolve, 80%+, without any treatment. CIN1 changes will resolve spontaneously in at least 70% of cases. CIN2/3 and ?invasive changes are automatically referred to a hospital based colposcopy unit.

Many young women will have evidence of minor cellular changes. These effects are caused by Human Papilloma Viruses (HPVs) which are commonly transmitted from one person to another during sexual contact. Viral activity is suppressed by the person's immune system so that there is a fall off in minor cell changes over time.

If viral changes persist, then there is a risk of more significant damage to the cervical cells with the potential for malignant change to occur. There is uncertainty as to what age is appropriate to begin cervical screening. In line with the Irish Cervical Screening pilot programme, we suggest that women are screened from age twenty five onwards.

However, if women have symptoms such as intermenstrual bleeding, then we would take a smear test as part of the investigations to find the cause. From the 50,000 samples, we diagnosed one woman in the 20-24 year age group with possible invasive cervical cancer. Much more commonly intermenstrual bleeding is due to forgetting to take oral contraceptive pills or a chlamydial infection.

Dr. Shirley McQuade, Medical Director, April 2008.

Board of Directors 2007

Ms. Mary Worrall (Chairperson)

Mary is a qualified Pharmacist who has worked in the field for over ten years. She has worked in retail but predominantly hospital pharmacy in Ireland and Australia. She currently works part-time as a Senior Pharmacist in Our Lady's Hospital for Sick Children, Crumlin.

Professor Blanaid Clarke

Blanaid is an associate professor of Corporate Law in the Law School, University College, Dublin. Her research and teaching interests are in areas of Corporate Governance, Corporate Finance Law, Capital Markets Law and Contract Law.

Ms. Nerea Lerchundi

Nerea has lived in Ireland since 1987 and has worked in the complementary health sector. She also has been involved with Cuidiu offering support to breastfeeding mothers. She is looking after her young children at the moment.

Ms. Grainne Mullan (Company Secretary)

Grainne is a practising barrister specialising in the areas of judicial review, human rights law, child law and criminal law. She also lectures in Trinity College, Dublin, and in the Law Society of Ireland.

Dr. Mary O'Duffy

Mary is a qualified GP, and has worked in Monaghan for 13 years, and previously in Australia and England. Her special interests include women's health, paediatrics and dermatology.

Ms. Yvonne O'Neill

Yvonne worked as an Information Technology Project Manager in the private and public sector from 1986, the last 10 years of which was in health information systems. She moved into general health care management in 2001 working for the former Eastern Regional Health Authority, planning and commissioning health and personal social care services for children and families, and latterly as the Director of Monitoring and Evaluation.

On the establishment of the new Health Services Executive, Yvonne worked until February 2007 as Executive Manager of the Strategic Planning and Reform Implementation (SPRI) Unit, a dedicated unit within the HSE designed to support the organisation in advancing the health reform programme. She is now leading the new Value for Money function within the Finance Directorate of the HSE, which is leading on the development and implementation of a framework for driving and delivering value and productivity throughout the HSE.

Board of Directors

Ms. Jan Richards

(joined Board January 2007)

Jan worked in advertising in London, Budapest and Dublin for 16 years. She was Planning Director of Owens DDB in Dublin for 2 years, and also lectured in Marketing and Communications at Fitzwilliam College, and as a guest lecturer with D.I.T. Jan currently works as a brand and marketing consultant, and has a qualitative research agency. Jan is a copy clearance manager for the general Copy Clearance Committee Ireland, set up to approve food and drink advertising in Ireland. She also facilitates on the adoptive parenting courses run by the H.S.E. for prospective adopters.

Ms. Del Ryan

(resigned from Board June 2007)

Formerly Managing Director of an insurance brokerage, Del is now a Psychologist and Psychoanalytic Psychotherapist in private practice. She is Chairperson of the Irish Institute of Psychoanalytic Psychotherapy.

Ms. Lynne Tracey

(resigned from Board June 2007)

Lynne worked in advertising agencies in both Dublin and New York for many years and has now moved into the academic arena working as a lecturer with DIT. During her career she served for nine years on the Board of the Institute of Advertising Practitioners of Ireland, where she was their first woman President between 1997 and 1999. In 2001, she was made a Fellow of the Institute. Lynne is also a former Board member of the Advertising Standards Authority of Ireland, and a past Board member of Central Copy Clearance Ireland.

Ms. Helen Twomey

Helen was a Financial Accountant with Coyle Hamilton Willis for 20 years, and was involved for nine years with Junior Chamber in Dublin, having been President in 1995. She is currently working as a Senior Internal Auditor in the Central Bank and Financial Service Authority of Ireland.

Financial Accounts

Profit and Loss Account

PROFIT AND LOSS ACCOUNT

For the year ended 31 December 2007

	2007	2006
INCOME	2,663,925	2,516,562
GROSS PROFIT	<u>2,401,412</u>	<u>2,301,892</u>
EXPENSES		
<i>Staff costs</i>	(1,783,640)	(1,669,153)
<i>General overheads</i>	(446,048)	(489,924)
<i>Depreciation</i>	(57,587)	(55,328)
OPERATING PROFIT FROM CONTINUING ACTIVITIES	<u>114,137</u>	<u>87,487</u>
<i>Interest payable and similar charges</i>	(25,524)	(29,729)
PROFIT ON ORDINARY ACTIVITIES BEFORE TAX	<u>88,613</u>	<u>57,758</u>
TAX ON PROFIT ON ORDINARY ACTIVITIES	-	-
PROFIT ON ORDINARY ACTIVITIES AFTER TAX	<u>88,613</u>	<u>57,758</u>
RETAINED PROFIT BROUGHT FORWARD	89,859	32,101
RETAINED PROFIT CARRIED FORWARD	<u>178,472</u>	<u>89,859</u>

All recognised gains and losses have been included in the profit and loss account.

On behalf of the Board

Mary Worrall
Director

Helen Twomey
Director

Financial Accounts

Balance Sheet

BALANCE SHEET

As at 31 December 2007

	2007	2006
FIXED ASSETS		
<i>Tangible assets</i>	377,864	373,366
	<hr/>	<hr/>
CURRENT ASSETS		
<i>Stocks</i>	46,004	37,975
<i>Debtors</i>	37,977	58,991
<i>Cash at bank and in hand</i>	167,280	193,539
	<hr/>	<hr/>
	251,261	290,505
	<hr/>	<hr/>
CREDITORS (<i>amounts falling due within one year</i>)	(231,628)	(271,405)
	<hr/>	<hr/>
NET CURRENT LIABILITIES	19,633	19,100
	<hr/>	<hr/>
TOTAL ASSETS LESS CURRENT LIABILITIES	397,497	392,466
	<hr/>	<hr/>
<i>Financed by:</i>		
CREDITORS (<i>amounts falling due after more than one year</i>)	126,615	204,275
DEFERRED GRANTS	23,844	29,766
	<hr/>	<hr/>
	150,459	234,041
	<hr/>	<hr/>
RESERVES		
<i>Special reserves fund</i>	68,566	68,566
<i>Profit and loss account</i>	178,472	89,859
	<hr/>	<hr/>
	247,038	158,425
	<hr/>	<hr/>
	397,497	392,466
	<hr/>	<hr/>
<i>On behalf of the Board</i>		
<i>Mary Worrall</i> Director		
<i>Helen Twomey</i> Director		

The Well Woman Clinic Team at 31 December 2007

Chief Executive:

Alison Begas

Medical Director:

Dr. Shirley McQuade

Administrator:

Maire Gough

Accounts Manager:

Donna Delaney

Bookkeeper:

Rachel Carey

Clinic Managers:

Siobhan Caskie

Josephine Healion

Imelda Healy

Doctors:

Dr. Fadzilah Ab Aziz

Dr. Zainab Abed

Dr. Gillian Darling

Dr. Lawahd Hassan

Dr. Sandra Hubert

Dr. Tom Kelly

Dr. Vina Kessopersadh

Dr. Mary McAndrew

Dr. Huma Nasir

Dr. Edmond O'Flaherty

Dr. Nora Sheehy Skeffington

Dr. Madeline Stringer

Dr. Sujatha Sundaralingam

Nurses:

Caroline Boyle

Betty Coggins

Maureen Cosgrave

Anne Crawford

Karen Crean

Carol Falvey

Deirdre Farrell

Kirsten Feehan

Gay Greene

Caroline King

Geraldine Little

Rachael Marum

Sinead McDonald

Norah McPeake

Shirley O'Malley

Simeon Orr

Pat Rees

Head of Counselling Services:

Linda Wilson Long

Counsellors:

Anne Feeney

Bonnie Maher

Patricia Moran

Michele Pippet

Receptionists:

Mary Butler

Yvonne Dowling

Olive Fanning

Tara Galvin

Joulan Hadi

Patricia Keogh

Siobhan Laherty

Miriam McCann

Doretta McNally

Ruth Mackey

Elaine Murphy

Fionnuala O'Flaherty

Andrea O'Neill

Linda Scanlan

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