



Trustees report and financial statements

for the year ending
31st December 2021

Registered Charity Number: 1129924
Company Registered Number (England and Wales) 06848059

TUESDAY



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COMPANIES HOUSE

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Trustees Report 2021

The Virtual Doctors is the UK's leading primary health care international telemedicine charity. Its principal aim is to improve primary healthcare and prevent unnecessary referrals to hospitals in Africa.

Using a proprietary Smartphone App, the service currently enhances the knowledge of clinical officers in isolated health centers in Zambia and Malawi with NHS (National Health Service) volunteer doctors.

The result is that the combined knowledge of the virtual NHS Doctors and the Clinical Officer on the ground improves the treatment options for the patient.

Our Governance Structure

The Virtual Doctors UK Charity raises funds, manages volunteers, develops the technology, and governs the mission and organisation. It then provides funds and direction to Virtual Doctors Ltd Zambia a registered Virtual Doctors NGO in Zambia and a registered non-profit company to deliver the service on the ground in Zambia and Malawi.

For reporting purposes this report details the financial and impact performance of The Virtual Doctors UK through its activities and as sole funder of Virtual Doctors Zambia Ltd. Virtual Doctors Zambia Ltd also has to submit its own accounts in country.

The UK trustees who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31st December 2021. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

The Trustees are satisfied that they have complied with the duty in section 17(5) of the Charities Act 2011 to have due regard to public benefit guidance published by the Commission.

The Virtual Doctors UK has the following Directors and Trustees in place

Mr Graham Precey	Chair
Mr David Dutton	Trustee
Mr James Phiri	Trustee
Mrs Kathy Burke	Trustee
Mr Naggib Chakhane	Trustee
Mr David Callcott (appointed 01/11/2021)	Trustee

We have two new additions to the Board providing us with deeper expertise into emerging technologies and the Pharmaceutical industries.

Ms Isabelle Widmer (appointed 10/3/21)	Trustee
Mr Jon Crouch (appointed 10/3/21)	Trustee

And three trustees stepped down in 2021. We would like to thank them for their support and work.

Mr Ian Clarke (resigned 16/1/21)	Trustee
Dr D Forrest MB,CHB,DRCOG,MSC,FFP Retired DR (resigned 10/3/21)	Trustee
Mr Gary Larnder (resigned 19/11/21)	Trustee

Other Parties

Independent examiner

Parkers, Cornelius House
178-180 Church Road
Hove, BN3 2DJ

Bankers

Co-operative Bank
PO Box 250 Delf House,
Skelmersdale, WN8 6WT

Charity Registered Office

Sussex Innovation Centre
University of Sussex
Falmer, Brighton BN1 9SB

Structure, Governance and Management Structure

In the UK there is one full time member of staff, the Executive Director / Founder (Huw Jones), and a part-time Executive Business Assistant. The Office is supported by several consultants, pro bono partners, and volunteers.

In Zambia there are 3 full time staff, supported by a team of volunteers.

Board Governance

The Board of Directors and Trustees have the responsibility for all governance, policy, strategy and financial matters. Appointment of new trustees is at the discretion of the existing Board of trustees.

The Board of Directors held 4 Trustee Meetings during the period 1 January —31 December 2021. An annual general meeting was not convened during the period. Instead a number of Operational discussions with the CEO and Fundraising team on a regular basis.

The Board includes Trustees with experience in not-for-profit management, finance and accountancy, medicine, public health, global business, technology and fundraising. The normal term of office is two years before review. The Charity's Constitution dictates that only two Trustees may be appointed in any one year with term of office reviewable every two years from the anniversary date.

The Charity seeks to recruit based on relevant skills and expertise. Proposed members are expected to already possess experience in a range of areas which are of relevance to the activities and priorities of the charity. References are requested as a matter of routine and a conflict-of-interest register is maintained.

Strategy & Management

Our mission by 2025 is to provide 750 rural health workers in Africa with access to medical knowledge that will improve the health of 18,000 people per year.

The Executive Director and Founder of the Charity, Huw Jones, has been responsible for the overall management and co-ordination of the Virtual Doctors activities in line with this mission in 2021.

In December 2021 the Founder and Executive Director (Huw Jones) initiated a succession plan with the Board to allow him to play a more ambassadorial role with the charity and to allow a new CEO to come in and run the organisation. James Phiri (Trustee) was asked by the Board to be Interim CEO from March 2022 because of his excellent management experience and work in Africa.

Financial Management

The Executive Director has been responsible for the management of the Virtual Doctors financial and administrative procedures during the period in close consultation with the Honorary Treasurer and other Board members. Book-keeping and financial records of funds sent overseas are managed by a professional accountant in Zambia.

Risk Management

The charity Trustees have considered the major risks to which the charity is exposed and have established systems and procedures to manage those risks. Regular assessments are undertaken to ensure sufficient funds are available to cover the unexpected variance of income and expenditure. The Risk register was reviewed at the Trustee meetings.

Our main risks as an organisation to be mitigated can be summarised as follows

- The risks associated with medical advice being used to improve patient health
- The risks associated with holding medical records
- The risks associated with keeping remote volunteers and clinical officers motivated and engaged
- The risks associated with keeping donors engaged
- The political and policy risks of ever changing healthcare standards by national governments.
- The emerging risks that climate change is playing in negatively impacting human health.

The trustees have a risk management strategy which comprises:

- a regular review of the risks the charity may face
- the establishment of systems and procedures to mitigate these risks in the plan; and
- the implementation of procedures designed to minimise any potential impact on the charity should those risks materialise.

The risk areas identified are monitored at an appropriate level of responsibility by the Trustees.

Summary from the Chair - Graham Precey

I'm pleased to let you know that 2021 has been our biggest impact year ever as a charity thanks to you our donors, investors, volunteers, and our team led by Huw Jones your CEO and Founder.

With the backdrop of COVID travel restrictions, changing of governments in the countries in which we work in Africa and climate change impacting human health in our clinics the team have done an amazing job on your behalf. It's a good job we are the Virtual Doctors!

Together we have improved the health of over **3,100 patients** attending rural clinics in Zambia and Malawi this year, up by over **5% on 2020 numbers**. This is our bread and butter and it is great to see our impact continue to grow.

The stories of our NHS volunteers working together with Clinical Officers always puts our essential service and its impact into perspective. I keep in mind the families whose health outcomes were improved by the expertise of our volunteers and whose lives would have been significantly impacted by historically un-treated chronic conditions, snake bites, burns and complications in childbirth without that input.

Our doctor volunteers, many of them working in the NHS, have grown to **240** across the UK up from **191** in 2020. It continually amazes me that these professionals can finish their busy shifts in UK hospitals & GP surgeries then consult on cases via our Virtual Doctors telemedicine app to provide their advice and expertise to front line health workers in Africa. We are one of the biggest exporters of NHS knowledge and expertise out of the UK through our amazing volunteers. A massive thank you to Dr Daniel Grace and team who keep this wonderful volunteer workforce motivated, looked after, and growing in strength.

Thanks to you we have generated an income of **£475k in 2021, a 56% increase over the previous year**. This includes securing a major investment from Johnson & Johnson's Citizenship Foundation to revamp our technology and accelerate our work in 2022 - 2024 in Malawian Health Centres. We work very hard to ensure that everything that you invest in us makes a difference to real people's lives in rural Africa.

In 2021 we also secured funding from the Chalker Foundation for Africa to carry out a comprehensive evaluation of our service. This enabled us to ask our beneficiaries, clinical officers across Zambia and Malawi and the ministries of health, how we were doing in supporting them with patient cases & improving primary health care. The clear message came back that enhancing their knowledge with that of volunteer doctors in a timely manner on specific complex cases was key and we also know we have some adjustments to do on our processes and technologies to be even more effective going forward.

So where are we heading in 2022?

We have a number of things to focus on in 2022

- Malawian expansion thanks to our donors, who have been patient as we transitioned out of the Covid related restrictions and our ongoing discussions with the new government in Malawi on how to proceed with the next stage of our efforts in Malawi.
- Our work in Zambia and expansion to additional districts.
- A strategy review by the Board to look at where next beyond Malawi and Zambia in terms of impact
- Revamping our technology to enhance the learning and development offering for our clinical officers
- Some opportunities to work with new partners alongside us, including <https://www.n50project.org> looking to bring new technology into difficult to reach parts of the world.
- An operational review of how we can support our NHS volunteers and Clinical Officers better in reviewing cases.

Key Operational Highlights from 2021

Every day we match UK NHS Volunteer Doctors with Clinical Officers serving rural clinics in Africa. To do this we need to keep our volunteers and clinical officers motivated and provide technology to connect them together to improve patient outcomes.

Here are a few things we are proud of achieving in 2021 to make this happen.

1. Patient Case Reviews

The result of all our work is that where we are involved patients in Africa benefit from the combined knowledge of our NHS volunteers and the local Clinical Officer in their treatment plans. The Virtual doctors handled the following case numbers over the last three years:

2019: 2,049 cases

2020: 2,980 cases

2021: 3,142 cases

In 2021 we increased the number of patient cases that our volunteer NHS doctors reviewed by another **5% on 2020 numbers and by 53% since 2019**. This represents our highest number ever of cases reviewed in one single year.

We continue to support 233 health facilities across 37 Districts in Zambia and six health facilities in Malawi with our telemedicine service covering a population catchment area of 3.5 million people. The service connects clinical officers (COs) faced with complex cases with over 240 volunteer Doctors, most of them UK based, who support them with diagnosis and treatment advice for their patients. This leads to more patients being treated in their own communities, a reduction in referrals to distant and hard to reach hospitals and improvement in the skills and knowledge of clinical officers. This means that the next time a complex case presents, they can deal with it on their own.

Over **10,000 patient cases** have been handled by our volunteer doctors, many of them life changing for the patients. The work of The Virtual Doctors continues to support of the improvement of primary health care for rural communities.

Our team in Lusaka have been working very closely with the district health directors (DHDs) and clinical care offices (CCOs) of each district we work with in the process of change management to ensure they take on more responsibility for the operational oversight of the Virtual Doctors service in their Districts as well as training new COs onto the Virtual Doctors telemedicine platform. The team monitor the number of cases and the number of COs consulting on the platform weekly.

They share the monthly performance data of each District with the DHDs and CCOs keeping them up to date with the overall impact of the Virtual Doctors service in their Districts and where usage of the service is low for example. They can follow up with their COs to understand and address any issues. Technical issues are passed onto the team in Lusaka to address and the team continue to run a clinical officer and CCO support groups for both tech troubleshooting and solidarity building and sharing of non-case specific medical discussions.

2. Operational Challenges

Our resolve has been tested but remains undaunted. However, some issues have been beyond our control:

- Concerns around Covid in Malawi set back considerably the expansion of our service in Malawi. We had planned to commence expansion into 56 health facilities in the Central Province of Malawi this year, however, this will now be commencing in early 2022.
- We had planned field visits to all the health facilities we support in Zambia, however, these were put on hold as Covid infection rates increased in Zambia and our Zambia board took the decision to restrict staff travel outside of Lusaka until infection rates dropped in keeping with Zambian government guidelines.

We are having some good conversations with potential new partners, including <https://www.n50project.org> and <https://www.pfp.global> that we believe can help us to put our service into deeper parts of Africa where data signals are poorer and electricity scarcer. These should start to see fruition in 2022.

3. Clinical Officer Innovation - Healthcare show and tell sessions (HCST)

The HCST sessions ran until the end of October. We had a 60% turnout rate of COs taking part as well as several CCOs. This is where clinical officers showcase their referrals, interact and share their knowledge with colleagues from other districts across the country as well as benefitting from feedback from their peers and volunteer Doctors from Zambia and the UK.

The Lusaka team hosted 13 successful shows and plan to start them again in January 2022.

Participants look forward to the HCST because gives them an opportunity to learn beyond their telemedicine consultations with doctors on how to better manage cases. Since users don't have access to each other's cases (that are consulted on via the telemedicine app), the HCST session helps them to see and learn about the conditions their peers are handling in other districts.

Some of the cases presented are very complex and new to the clinicians. The HCST sessions gives them enough to be able handle such cases when they are confronted with them.

It was during a case presentation about a breast abscess that clinicians learnt that they could use locally sourced honey to clean the wound because It has great antiseptic properties and promotes healing.

The HCST was also an opportunity for the team to encourage users to make better use of the telemedicine service for early treatment and diagnosis of complex patient conditions.

4. Technology update

Our volunteer tech development team has been working – harder than ever – in preparation for the handover to the Zambian MoH, more specifically to engineer the telemedicine app to be available via Google Play so that COs can download it on their personal devices. The team carried out a survey of the ownership of smartphones by COs with 90% of respondents stating they owned a smartphone. If we can achieve a shift from the provision of smartphones devices to providing the telemedicine app directly to COs own devices for future expansion it will not only save us considerable costs and logistical challenges of maintaining and replacing faulty devices, but it will allow considerable scaling up of the service.

In 2022 our work with Johnson & Johnson means that our technology can be upgraded and scaled to serve existing and future countries for expansion.

5. 2021 Independent Monitoring & Evaluation Results

In 2020 the Chalker Foundation for Africa kindly provided the finance for the VDr's to conduct a professional and comprehensive Monitoring and Evaluation (M&E) study of the service.

The Impact Evaluation was developed to assess the extent to which the VDr's service was Relevant, Effective, Efficient, Impactful, and Sustainable. Study Populations included Primary and Secondary Beneficiaries. Front line health care workers (FHCW) were the top recipients of the evaluation, and these included DHDs, CCOs, COs, and nurses. Patients were also interviewed. This is a summary of the results.

Programme Relevance

Overall, the study found the Virtual Doctors (VDr's) service to be extremely relevant to humanity's needs, particularly in improving human health. The service was deemed well-aligned with national and global instruments on E-Health, inequality reduction, and high-quality Primary Health Care (PHC) services. The common occurrence of a lack of diagnostic equipment, qualified staff, and technology underscores the need for programme implementation in Sub-Saharan Africa.

Programme Demand

There is sufficient demand for the VDr's service, according to nearly all the respondents. Non-participating Health Care Workers (HCWs) inquired (the bulk of which were not recorded) about joining the service, indicating a high level of interest. Further, nearly all the respondents feel other governments other than Zambia and Malawi should adopt the VDr's programme, thereby demonstrating the services usefulness once again. The number of community members who used the service in the year 2020 alone demonstrated demand. In the period under evaluation, the programme assisted 2,977 community members. It is reasonable to assume that the same number of community members (including their dependents) would suffer from ill health or worse if the service were to be terminated.

Programme Effectiveness

At least 93 percent of HCWs have improved their ability to diagnose difficult and chronic cases through interaction with VDr's service, therefore showing effectiveness in this sector. Furthermore, results show that 92 percent of HCWs consulted on the initiative, leading to the treatment of complex chronic conditions for approximately 2,918 community members. Evaluation results further show that roughly 851 referrals to distant hospitals were prevented (in the visited locations only, otherwise the figure is greater at the programme level).

Programme Impact

The service's impact has been positive. At least 91 percent of HCWs believe the program has aided in the provision of high- quality Health Care in Zambia and Malawi. The impact was measured in terms of the number of successful consultations, client satisfaction, and averted health care costs. Based on successful consultations, a 100% impact was realized. From the perspective of the HCWs, all consultations were successful.

Nevertheless, it was up to the community members to follow the supplied advice and obtain the essential medication, which proved to be difficult in most cases. Furthermore, 100% of the patients were satisfied with the healthcare

advice they received. They stated that they had been able to save resources by avoiding being referred and traveling vast distances to the hospital. HCWs gained expertise in diagnosing complex chronic situations, in addition to being satisfied that they had assisted their patients. Several situations were highlighted as some of the cases that HCWs have learned to diagnose, including general medicine, neurology, gynaecology, and paediatrics, 'among others.

The Ministry of Health defined satisfaction as the ability to reduce referral cases to the district hospital, which they asserted was being accomplished. 'We (the district hospital) used to receive 50 to 100 referrals every week, putting a strain on our staff and requiring a lot of resources, which have now been reduced to less than 10 thanks to the VDrS program', stated the Katete district CCO in Zambia. This comment from the Katete CCO demonstrates the program's importance, which cannot be emphasized enough.

Programme Sustainability

The service is in the process of reinforcing its sustainability in its current operating countries. The evaluation highlighted how some actions were implemented, especially just before the period under investigation. These included holding meetings with the MoH & HQ to advocate for the programme. The VDrS board of directors' sustainability aspiration is to have the programme integrated into the mainstream MoH of the countries in which we operate.

Likewise, stakeholders' opinion of the programme's integration into the mainstream MoH in Zambia was 100% positive. Their rationale included the fact that the MoH is promoting E-Health through its E-Health strategy. The government's willingness to integrate Telemedicine technologies is evidenced by the integration of other programmes such as the University Teaching Hospitals ECHO health system.

Conclusions from our M&E Study

The VDrS service is making a significant contribution to providing quality PHC, reducing referrals, and reducing isolation in Zambia and Malawi. Overall, the study found that the VDrS program is relevant, efficient, and effective, and that it has had a positive impact on the lives of HCWs and patients. While efforts to mainstream the program have begun, more work is needed in terms of advocacy and extension into other sectors.

The study also noted areas of improvement for the service. Turnaround time of case consultations, being in constant contact with the MoH, replacement of users' devices when they become faulty, and consolidation of governance manuals are some of the areas where the service needs improvement.

6. Feedback from our Clinical Officers

During the year we were also happy to receive good feedback from our beneficiaries on the impact that our NHS volunteers knowledge and expertise is having on their lives and their patients. Here are just a few comments that highlight our work.

Musampi Zulu, registered Nurse at Kabunda Rural Health Centre in Mansa District, Luapula province

"I remember seeking consultation on this platform on how to manage a patient who came in with pus discharge from the nose which was foul smelling. Previously the patient was put on various medication which included antifungals and both oral and intravenous antibiotics, despite being on that treatment regime, the patient's condition did not improve. But after consulting the Virtual Doctors platform I was advised to start the patient on doxycycline which was to be given 100 mg once a day for 6-weeks and to do nasal washout with normal saline or salty water. After using those recommendations from this platform, the patient is now fine. Thanks to Virtual Doctors platform for the help."

Purity Wambinji, Clinical Nurse at Golden Valley Rural Health Centre in Chibombo District, Central province. Purity has been in the service for 4 years and a VDrS beneficiary since March 2020. She is currently working in all departments at her facility such as OPD and MCH because she's alone. When asked about the importance of the service and her experience consulting on it, this is what she said...

"The virtual doctors services helps me to gain more knowledge and understanding on how to manage conditions that I have little or no knowledge about, especially that I am alone at my facility, indeed the service is important, I

remember seeking consultation on how to manage a patient who came with complaints of foul vaginal discharge which was long standing, gravindex was negative and she had used several antifungal medications before but not responding to treatment, after consulting from the VDRs I was guided on how to manage the condition and type of counselling to give the patient, after following the advice I was given, the patient is now completely fine. I am appreciating the VDRs for the selfless support that they are offering to us health providers and the Zambian Community at large”.

Joel Buleya, Registered Nurse at Luili Rural Health Centre in Mumbwa District, Central Province.

“A few months ago, I had an opportunity to attend to a patient who had male urethral discharge for a long period of time, and I had to give him some antibiotics. but the problem couldn't resolve. So, I had to consult from the Virtual Doctors platform and I was advised to put the patient on triple therapy and ceftriaxone injection, later on I had an opportunity to review the patient and he was completely healed... thanks a lot to the Virtual Doctors for the wonderful responses they have been giving on the platform.”

7. Our NHS Volunteers

We have welcomed **34** new medical volunteers into our ranks since the beginning of the year. As of November 2021, patient cases from Zambia and Malawi are now handled by more than **240** volunteer doctors across the UK, covering 25 medical specialties.

The virtual community platform Slack has recently been introduced to improve the way we connect the volunteers, so they can interact with each other and share interesting learning points and information.

All of the volunteer doctors received a COVID update in the middle of October and are aware of what to do if they are referred a potential COVID case through the VDRs system.

The Medical Team have successfully recruited several ENT consultants and have also been targeting paediatricians, obstetricians, gynaecologists, and sexual health specialists. They are working to mobilise more volunteers for the medical specialties that need more Doctors. This has been harder because of the added demands placed upon all NHS staff with the ongoing pandemic.

With expansion and growing case numbers come an urgent need to recruit more volunteer doctors. We appreciate this challenge as a collateral of growth and extend our heartfelt gratitude to the Virtual Doctors old and new who make our telemedicine service possible.

We know that from our M&E study and talking to our advisors that the COVID pandemic and technology adoption curve and it's associated drop off will put pressure on case numbers and volunteer numbers in 2022.

More than ever, we want to thank our volunteer doctors for their indefatigable support at an unprecedentedly challenging time for the NHS. They are the backbone of our free telemedicine service; we could not bring it to rural communities without them.

Two final year Cambridge University medical students have been taking their electives with us. In a normal year, final year medical students often take up the opportunity to travel abroad for their electives, which has not been possible under current Covid travel restriction. Our Medical Governance team focused their electives on supporting our research and education projects for Zambia and Malawi.

One of the students, Moe Takenoshita, embarked on a research project on infectious diseases mentored by Dr Graziella Quattrocchi from our Medical Governance team & Dr David Hettle an infectious disease consultant and a VDRs volunteer doctor. Moe's paper is on antimicrobial resistance (AMR) and is titled: 'Antibiotic prescribing practices in primary healthcare in sub-Saharan Africa: A systematic review and our experience on the use of telemedicine in Zambia'. The paper has been accepted by the British Society for Antimicrobial Chemotherapy and was presented at their annual conference in London on December 10th. The team also hope to publish the paper in a medical journal or similar.

In 2022 our team are planning to work very closely with our NHS volunteers and Clinical Officers to look at cases submitted, active users and further support needed in 2022 to see if we can slow this down and further grow our impact.

8. Key Financials

Our patient cases reviewed increased to 3142 in 2021 which was our highest number ever and was up 5% on 2020 levels. In the context of this and looking to fuel further investment in 2022 and beyond in impact here are how the financial supported our work.

Our generated income increased by 156% between 2020 and 2021 from (£304,845 to £475,937). This was mainly due to the Johnson & Johnson Citizenship Foundation funding our project to enhance our technology platform and thus improve our technology to serve our beneficiaries in Zambia, Malawi and beyond.

The Cost of Fundraising reduced from 26% in 2020 to 13% in 2021 because of the hard work from the team to secure further funding. Both are well within good practice for charities looking to fund medium term expansion plans.

The cost of running our service got more efficient in 2021 as we worked every more virtually between our teams and our volunteers and beneficiaries to deploy our service. In 2020 we invested £232,261 in our service (Excluding Fundraising) and in 2021 this reduced to £141,682.

Going into 2022 we have £451,344 to invest in our mission of which £357,482 is reserved for expansion in Zambia and Malawi representing 71% of our funds available.

As at 31 December 2021 the charity's free reserves are £93,862. The Reserves Policy currently recommends the holding of free reserves greater than 26 weeks but less than 52 weeks of operation. This policy will be reviewed at regular intervals to ensure it is adequate and may be increased in the future if the Trustees deem appropriate.

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved by order of the board of trustees on 26th September 2022 and signed on its behalf by:



David Callcott - Trustee

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF THE VIRTUAL DOCTORS

Independent examiner's report to the trustees of The Virtual Doctors ('the Company')

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31st December 2021.

Responsibilities and basis of report

As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5) (b) of the 2011 Act.

Independent examiner's statement

Since your charity's gross income exceeded £250,000 your examiner must be a member of a listed body. I can confirm that I am qualified to undertake the examination because I am a registered member of FCA which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities (applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Annette Watson

Annette Watson PhD BSc FCA
FCA
Parkers
Cornelius House
178-180 Church Road
Hove
East Sussex
BN3 2DJ

Date: *26th September 2022*

THE VIRTUAL DOCTORS
STATEMENT OF FINANCIAL ACTIVITIES
(INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31ST DECEMBER 2021

	Notes	Unrestricted fund £	Restricted funds £	2021 Total funds £	2020 Total funds £
INCOME AND ENDOWMENTS FROM					
Donations and legacies		124,770	351,167	475,937	304,845
Investment income	2	<u>30</u>	<u>-</u>	<u>30</u>	<u>25</u>
Total		<u>124,800</u>	<u>351,167</u>	<u>475,967</u>	<u>304,870</u>
EXPENDITURE ON					
Raising funds		65,334	-	65,334	78,815
Charitable activities					
Virtual Doctors Service		<u>63,544</u>	<u>78,138</u>	<u>141,682</u>	<u>232,261</u>
Total		<u>128,878</u>	<u>78,138</u>	<u>207,016</u>	<u>311,076</u>
NET INCOME/(EXPENDITURE)		(4,078)	273,029	268,951	(6,206)
RECONCILIATION OF FUNDS					
Total funds brought forward		<u>97,940</u>	<u>84,453</u>	<u>182,393</u>	<u>188,599</u>
TOTAL FUNDS CARRIED FORWARD		<u><u>93,862</u></u>	<u><u>357,482</u></u>	<u><u>451,344</u></u>	<u><u>182,393</u></u>

The notes form part of these financial statements

THE VIRTUAL DOCTORS

COMPANY NUMBER

BALANCE SHEET
31ST DECEMBER 2021

0684 8059

	Notes	2021 £	2020 £
FIXED ASSETS			
Tangible assets	6	1,106	888
CURRENT ASSETS			
Debtors	7	6	4,105
Cash at bank		<u>453,841</u>	<u>180,874</u>
		453,847	184,979
CREDITORS			
Amounts falling due within one year	8	<u>(3,609)</u>	<u>(3,474)</u>
NET CURRENT ASSETS		<u>450,238</u>	<u>181,505</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>451,344</u>	<u>182,393</u>
NET ASSETS		<u>451,344</u>	<u>182,393</u>
FUNDS	10		
Unrestricted funds		93,862	97,940
Restricted funds		<u>367,482</u>	<u>84,453</u>
TOTAL FUNDS		<u>451,344</u>	<u>182,393</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31st December 2021.

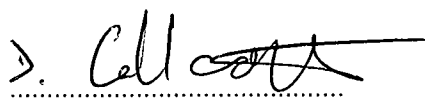
The members have not required the company to obtain an audit of its financial statements for the year ended 31st December 2021 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

- ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and
- preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

These financial statements have been prepared in accordance with the provisions applicable to charitable companies subject to the small companies regime.

The financial statements were approved by the Board of Trustees and authorised for issue on 26th September 2022 and were signed on its behalf by:


David Callcott - Trustee

The notes form part of these financial statements

THE VIRTUAL DOCTORS
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST DECEMBER 2021

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

The charitable company has taken advantage of the following disclosure exemptions in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows;
- the requirement of paragraph 3.17(d);
- the requirements of paragraphs 11.42, 11.44, 11.45, 11.47, 11.48(a)(iii), 11.48(a)(iv), 11.48(b) and 11.48(c);
- the requirements of paragraphs 12.26, 12.27, 12.29(a), 12.29(b) and 12.29A;
- the requirement of paragraph 33.7.

Preparation of consolidated financial statements

The figures for VDr's Zambia Ltd have not been consolidated into these accounts as the incomes are below required thresholds. Zambia is limited by guarantee, so VDr's UK holds no shares, but has a controlling interest through membership.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Grants offered subject to conditions which have not been met at the year end date are noted as a commitment but not accrued as expenditure.

Tangible fixed assets

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Fixtures and fittings	- 33% on cost
Computer equipment	- 33% on cost

Taxation

The charity is exempt from corporation tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

THE VIRTUAL DOCTORS

NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31ST DECEMBER 2021

1. ACCOUNTING POLICIES - continued

Hire purchase and leasing commitments

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the period of the lease.

Pension costs and other post-retirement benefits

The charitable company operates a defined contribution pension scheme. Contributions payable to the charitable company's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

2. INVESTMENT INCOME

	2021 £	2020 £
Deposit account interest	<u>30</u>	<u>25</u>

3. NET INCOME/(EXPENDITURE)

Net income/(expenditure) is stated after charging/(crediting):

	2021 £	2020 £
Depreciation - owned assets	641	3,641
Other operating leases	1,712	4,666
Deficit on disposal of fixed assets	<u>-</u>	<u>133</u>

4. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31st December 2021 nor for the year ended 31st December 2020.

Trustees' expenses

There were no trustees' expenses paid for the year ended 31st December 2021 nor for the year ended 31st December 2020.

5. STAFF COSTS

The average monthly number of employees during the year was as follows:

	2021	2020
Fundraising	1	1
Project	<u>1</u>	<u>1</u>
	<u>2</u>	<u>2</u>

No employees received emoluments in excess of £60,000.

THE VIRTUAL DOCTORS

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31ST DECEMBER 2021**

6. TANGIBLE FIXED ASSETS

	Fixtures and fittings £	Computer equipment £	Totals £
COST			
At 1st January 2021	385	12,400	12,785
Additions	<u>-</u>	<u>859</u>	<u>859</u>
At 31st December 2021	<u>385</u>	<u>13,259</u>	<u>13,644</u>
DEPRECIATION			
At 1st January 2021	203	11,694	11,897
Charge for year	<u>128</u>	<u>513</u>	<u>641</u>
At 31st December 2021	<u>331</u>	<u>12,207</u>	<u>12,538</u>
NET BOOK VALUE			
At 31st December 2021	<u>54</u>	<u>1,052</u>	<u>1,106</u>
At 31st December 2020	<u>182</u>	<u>706</u>	<u>888</u>

7. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2021 £	2020 £
Other debtors	-	1,200
Prepayments	<u>6</u>	<u>2,905</u>
	<u>6</u>	<u>4,105</u>

8. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2021 £	2020 £
Trade creditors	405	188
Social security and other taxes	2,003	1,784
Accrued expenses	<u>1,201</u>	<u>1,502</u>
	<u>3,609</u>	<u>3,474</u>

9. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted fund £	Restricted funds £	2021 Total funds £	2020 Total funds £
Fixed assets	1,106	-	1,106	888
Current assets	96,365	357,482	453,847	184,979
Current liabilities	<u>(3,609)</u>	<u>-</u>	<u>(3,609)</u>	<u>(3,474)</u>
	<u>93,862</u>	<u>357,482</u>	<u>451,344</u>	<u>182,393</u>

THE VIRTUAL DOCTORS

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31ST DECEMBER 2021**

10. MOVEMENT IN FUNDS

	At 1/1/21 £	Net movement in funds £	At 31/12/21 £
Unrestricted funds			
General fund	97,940	(4,078)	93,862
Restricted funds			
Monitoring Report Fund	23,476	(23,476)	-
Zambia Expansion Fund	36,597	(34,081)	2,516
Malawi Pilot Fund	21,219	315,586	336,805
Bursary Fund	661	-	661
App Development Fund	2,500	(2,000)	500
1000 Club	-	17,000	17,000
	<u>84,453</u>	<u>273,029</u>	<u>357,482</u>
TOTAL FUNDS	<u>182,393</u>	<u>268,951</u>	<u>451,344</u>

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	124,800	(128,878)	(4,078)
Restricted funds			
Monitoring Report Fund	-	(23,476)	(23,476)
Zambia Expansion Fund	-	(34,081)	(34,081)
Malawi Pilot Fund	318,167	(2,581)	315,586
Fundraising Consultancy Fund	12,000	(12,000)	-
COVID-19 Response Fund	4,000	(4,000)	-
App Development Fund	-	(2,000)	(2,000)
1000 Club	17,000	-	17,000
	<u>351,167</u>	<u>(78,138)</u>	<u>273,029</u>
TOTAL FUNDS	<u>475,967</u>	<u>(207,016)</u>	<u>268,951</u>

THE VIRTUAL DOCTORS

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31ST DECEMBER 2021**

10. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	At 1/1/20 £	Net movement in funds £	At 31/12/20 £
Unrestricted funds			
General fund	146,434	(48,494)	97,940
Restricted funds			
Monitoring Report Fund	-	23,476	23,476
Zambia Expansion Fund	38,261	(1,664)	36,597
Malawi Pilot Fund	3,423	17,796	21,219
Bursary Fund	481	180	661
App Development Fund	-	2,500	2,500
	<u>42,165</u>	<u>42,288</u>	<u>84,453</u>
TOTAL FUNDS	<u>188,599</u>	<u>(6,206)</u>	<u>182,393</u>

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	127,694	(176,188)	(48,494)
Restricted funds			
Monitoring Report Fund	30,000	(6,524)	23,476
Zambia Expansion Fund	64,840	(66,504)	(1,664)
Malawi Pilot Fund	17,796	-	17,796
Fundraising Consultancy Fund	12,000	(12,000)	-
Bursary Fund	180	-	180
COVID-19 Response Fund	42,360	(42,360)	-
App Development Fund	10,000	(7,500)	2,500
	<u>177,176</u>	<u>(134,888)</u>	<u>42,288</u>
TOTAL FUNDS	<u>304,870</u>	<u>(311,076)</u>	<u>(6,206)</u>

THE VIRTUAL DOCTORS

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31ST DECEMBER 2021**

11. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31st December 2021.