NFOG Board Meeting Minutes 1/2016

Place: Hotel Centrum, Reykjavik

Time: Friday April 1st, 14.00-18.00, Saturday April 2nd, 09.00-17.00, Sunday April

3rd, 09.00-11.00

Present: Knut Hordnes (President), Thea Lousen (Treasurer), Tone Skeie-Jensen (Secretary General), Andreas Herbst (SFOG) in the absence of Lotti Helström, Seija Grénman (SGY and FIGO), Karen Reinhold Wøjdemann (DSOG), Thomas Larsen (new President of DSOG from April), Marit Lieng (NGF), Alexander Smárason (FÍFK), Ganesh Acharya (Chief Editor AOGS), Ulrik Schiøler Kesmodel (Scientific Committee Chairman), Katrin Kristjánsdóttir (Educational Committee), Niels Uldbjerg (Guidelines Committee Chairman), Peter Secher (Webmaster), Anne Cathrine Hoffgaard Munk (NFYOG), Oskari Heikinheimo (President NFOG 2016)

- **1. Opening of the meeting** Knut Hordnes (KH) opened the meeting, welcoming the new members of the Board.
- **2. Approval of the agenda** The agenda was approved.
- **3. Approval of the minutes from the last Board meeting** The minutes were approved. Tone Skeie-Jensen (TSJ) went through some of the issues from the minutes 2/2015, and the following points were commented on. The correspondence between NFOG and the Norwegian NPUM regarding their designation of AOGS as a level 1 journal did not alter that decision. The Norwegian NPUM still regards AOGS as a mainly Nordic journal (issue 10). Ganesh Acharya also commented on the requirement for both the corresponding author and the co-authors to provide their ORCID id on submission of manuscripts to AOGS. After further discussion within AOGS that decision has been changed. ORCID id is now mandatory only for the corresponding author, and optional for the co-authors.

Regarding EBCOG (issue 15), the next congress has been moved to Torino.

4. Scientific Committee (SC) Ulrik Schiøler Kesmodel (USK) informed the Board of the process of assessing the abstracts submitted to NFOG 2016. One representative of the SC and one representative from LOC assessed each of the 271 abstracts submitted, and gave scores. Looking at country of origin, most abstracts were submitted from Finland and Denmark. Many of the obstetrical abstracts received high scores, while the gynecological ones on the average received lower scores. Fifty-four abstracts were chosen for oral presentation and were divided into 3 oral sessions for obstetrics and gynecology, respectively, in order for both fields to be equally represented, irrespective of scores. Hence, each of the six sessions includes nine oral presentations. Due to low quality 13 abstracts were rejected. All other abstracts not chosen for oral presentation were selected for poster presentation. All who are invited to present posters are asked to bring 1-2 slides in case they are chosen for oral presentations during the planned poster sessions. Poster prizes are only given to those who attend the congress. The thesis session will include one thesis from each of the Nordic countries, except Iceland. There is no requirement that the participants must be members of the National

Societies. To qualify for the Young Scientist Award, however, the nominee must be a member of the National Society. The SC finally chose Sebastian Gidlöf as recipient of the Young Scientist Award. This will be announced at the NFOG 2016. There was a discussion within the SC on what should merit the most when choosing the recipient. The requirement of a young age poses limitations to the number of publications that can be expected. The SC discussed how the issue of quality should be valued as opposed to quantity. The extent of other activities, such as teaching/supervision, is also taken into account. In the case of this award, quality was considered of greatest importance. It is up to the SC to make this decision, and minutes have been made from their meeting in order for the next SC to know what the decision was based on.

USK then informed the Board of the grants awarded by the SC after the last round of applications to the Fund (deadline March 1st). He went through the application form, and reiterated the need for the formality of the application to be correct before a grant can be given. This time there were good applications that were rejected on the grounds that previous allocations, and how the grant was spent, was not mentioned. There were applications for statistical and epidemiological help, but this was rejected. This on the grounds that in this area the demand is high, and such applications will easily drain the Fund of its resources. **The Board supported this view.** The Board discussed § 7.1 point 5 of the NFOG Fund Special Enactment. This deals with the possibility of the National Societies to apply for the coverage of expenses of lecturers from the other Nordic countries coming to speak at their meetings. A Board member asked if this could not apply also to inviting speakers to meetings other than those organized by the National Societies. This has previously been discussed within the Board and has been turned down, as it was at the present meeting. The Board asks, however, the SC to look at the current Fund Special Enactments to see if there are changes needed to be made. This must then be discussed within the Board and presented at the General Assembly in

The Board expressed great satisfaction with the work done by the SC.

5. Educational Committee (EC) In the absence of Tomi Mikkola, Katrin Kristjánsdóttir informed the Board of the activities of the EC. The meeting held with RCOG in London was successful. The program for the next educational course in 2017 has been discussed. The Board had suggested a course on endocrinology, and the EC had followed up on that. For day 1 it is suggested to focus on hormonal changes at different stages of life, and for day 2 hormonal therapy. Sexual dysfunction will be included within the program. The topics will be aimed at including all of the subspecialties within ObGyn, and will also be aimed at attracting the private practitioners.

There had been discussion within the EC on the venue for the next educational course. At the last NFOG Board meeting Malmö was suggested, in an effort to increase the number of participants from Sweden. The EC has suggested Stockholm as a better venue, with the possibility of using the premises of the Swedish Medical Society. The EC must present a budget for the meeting that is within the frame of their budget for 2017. The Board does not object to the course being held in Stockholm. It is considered important to keep the cost at a level that will attract trainees, and the venue must be easily accessible from all of the Nordic countries.

Tomi Mikkola will step down as Educational Committee Chairman in Helsinki, and Katrin Kristjánsdóttir is suggested as his successor.

6. Guidelines Committee (GC) Niels Uldbjerg (NU) presented the status of the GC. The work of the GC has so far been concentrated on the translation of the National guidelines into English. The number of guidelines posted on the website are from DSOG (15), NGF (13), SGY (10), SFOG (1), and FÍFK (0), of which 32 are in obstetrics, and 7 in gynecology. Andreas Herbst explained that in Sweden there are few National guidelines, as most are designated as advice. The Board asked for a mail address where to send the translated guidelines, and it was decided to send the guidelines to the National representative in the GC. It is only the visit to the website that can be registered and not a specific visit to the guidelines, so it is currently not possible to register if they are used. To further expand its work the GC suggests that it should start to work on Nordic consensus guidelines. NU suggested that a meeting should be held with representatives from each country where outlines are made. The representatives from each country then conduct the necessary preparations for approximately 6 months before a new Nordic meeting is held. At this meeting the common recommendations will be made. The cost per guideline is estimated to approximately DKK 200.000. Thea Lousen made it clear that this has to be discussed in relation to the future budget. The GC is asked to suggest 1-2 good subjects for a consensus guideline and an outline for a budget. It was pointed out in the discussion that such a guideline must not be a "top down" guideline, but seek to get consensus in the medical community in order for this to succeed. It was further pointed out by the Board that a Nordic guideline may come in conflict with the guideline of the respective National guidelines. KH told the Board that EBCOG/EJOG will publish the Norwegian guidelines on hypertension in pregnancy in the European J Obstet Gynecol Reprod Biol without peer review. EJOG initially wanted peer review, but as this is against the principle of publishing existing guidelines, NFOG and EJOG agreed to leave this out. Only updated guidelines are of interest (no older than 2 years). This agreement is made on behalf of NFOG. It was decided that the GC should decide on which guidelines should be submitted to EBCOG/EJOG for publication and coordinate submission.

7. Economy, budget, and accounts Thea Lousen (TL) presented the results for 2015. The final result for the whole organization was DKK 556.887, while the budgeted result was DKK – 425.000. The reason for the positive result was mainly due to the very good result for AOGS. This is considered a one-time good result, mainly due to the published supplement on Progesterone paid for by ISBA. In most years the expenses related to AOGS exceed the income.

Few of the posts in the result for 2015 exceeded what was in the budget, but for the posts related to AOGS editors and AOGS editorial meetings expenses went above the budget. The salary of JLR was not planned into the budget, and with a new CE in place there was some extra cost added. For the committees the result as a total ended below the budget, as was the case for the NFOG Board and courses, awards and initiatives. As is annually the case 66 % of the surplus will go to the Fund. The fortune is stable at approximately DKK 10.000.000. According to TL it is important to keep the fortune at this level as NFOG is responsible for the finances of the NFOG Congress, and must be prepared to cover any deficit.

TL suggested that the future treasurer should get a credit card with a limited amount of money/draft level around DKK 150.000-200.000 per month, which will cover the expenses of two meetings within a month. All other expenses should follow the present regime of billing and reimbursement. The present situation requires that the treasurer use her private credit card to cover the cost of meetings before reimbursement. This is

not a reasonable arrangement for the treasurer, and **the Board supports the suggestion** of a credit card in the name of the treasurer for the limited use suggested by TL. In light of the two previous fraud cases in the history of NFOG firm control mechanisms will be in place with extra auditing made by Ildals. The President will have full access to the disposals made from the account. Further, TL suggested that reimbursements made by NFOG in the future should be handled by e-mail. She suggested that this should be left to the new treasurer and the auditor Ildal to prepare. **This is supported by the Board**.

8. AOGS Ganesh Acharya (GA) told the Board that it had been challenging to take over as CE of AOGS, and he has already made some substantial changes as to how the journal is run. As is noticeable at a first glance, the cover page of the journal has been changed, and the northern light is thought to represent a common denominator for the Nordic Societies.

The position of Deputy Chief Editor (DCE), presently held by Jens Langhoff-Roos, will be advertised as he is retiring at the end of 2016. GA asked the Board's opinion on the possibility of employing someone from outside of the Nordic countries. Possible reasons for having an international DCE are that AOGS will be made more visible and profiled internationally, and that there is generally greater interest for such a position internationally which increases the possibility of getting a well-qualified DCE. On the other hand, to have a Nordic candidate means that the DCE has valuable knowledge of the Nordic ObGyn society, and an understanding of how things are done in the Nordic countries. It is also considered of value to train Nordic doctors for the position of editor. GA suggested that the DCE be appointed for 4 years, with the possibility of extending the period by 2 x 2 years. There were different views within the Board, but the main focus will be to get the best-qualified candidate. The DCE must be able to replace the CE for shorter or longer periods. The conclusion of the Board was to leave all possibilities open by advertise the position widely, and that the decision must be made when the applicants are known to the Board and the CE after proper evaluation and interview. GA went through some of the activity of AOGS for 2015. The number of manuscripts received in 2015 was 1022, and the rejection rate was 81 %. The average time from submission to final decision is 32,4 days. The countries contributing most manuscripts accepted for publication (corresponding author) in 2015 were Sweden > Denmark > Finland > Netherlands > Norway > Japan > Australia > UK.

GA made it clear that a continued increase in impact factor cannot be expected. Hopefully the impact factor will stay above 2 for 2015 (it was 2.426 for 2014). The number of article downloads is increasing, and hopefully the number of citations will follow.

The International Editorial Board (IEB) is well composed with 20 members from all continents. The IEB members have agreed to review 10 manuscripts per year, but there is great variation within the IEB with regards to what has actually been done. On the average 6,3 manuscripts have been reviewed per IEB member in 2015. The editors that do not fulfil their obligation will be asked to leave the IEB after a two-year period. An overview of global readership shows the following distribution: Europe 27 %, USA 20 %. The two-year assignment of Assistant Chief Editor Sebastian Gidlöf (SG) is completed, and Francesco D'Antonio, Norway, has been chosen as his successor after evaluation and interview by the appointment committee that consisted of the DCE and current ACE. GA pointed out that it would be desirable to keep SG working within the AOGS system as he has been trained for the work of editor. Because of the increased workload it is seen as

necessary to employ an extra Associate Editor (AE) from Sweden (the country with the most NFOG members). The possibility of financing such a position (DKK 35.000) was discussed, and it should be possible within the budget of AOGS. The National Society of each respective country appoints its national editors after the position has been advertised. The AE's need education pertaining to editing, and GA wants to have lectures on issues like statistics, methodology and ethics held at the editorial board meetings. He wants to invite members of the IEB to give these lectures.

The ACTA prize is awarded at the NFOG Congress to the article most cited in the two years between congresses. GA pointed out that papers printed shortly after the congress will have an advantage due to the longer period for possible citations than articles published close to the next congress. This practice was discussed, and **it was decided not to change the grounds for the award**. The recipient must be present at the congress, otherwise the prize goes to the next most sited article. Review papers may also be awarded the prize.

The prize of DKK 20.000 goes to the first author, or will be shared if there are only two first authors with equal contribution (specified in the publication). The winner will be selected prior to the congress registration deadline.

GA will within a few months change his University position from UiT – The Arctic University of Norway, Tromsø to Karolinska Institute, Stockholm. The UiT has by invoice received reimbursement from NFOG, while a substantial part has by invoice gone directly to GA. It is expected that this arrangement will need some modification but NFOG cannot have any employees, and that it is the responsibility of Karolinska to secure GA's right to pension, sick leave, etc.

The use of social media is important in the promotion of AOGS. GA encourages the NFOG Board to participate on face book. He concluded by emphasizing that the success of AOGS is dependent on teamwork, and that the development of the journal is going in the right direction.

- 9. NFOG 2016 Oskari Heikinheimo (OH) gave a presentation of the current status for the congress. 271 abstracts were submitted, of which 13 have been rejected. There will be a total of 54 oral presentations (6 sessions x 9 presentations). As for the previous congress in Stockholm a congress app, and no printed program, will be available. At the end of early registration 522 participants and 9 accompanying persons had signed up, and from a total of >30 countries. 30 representatives from the industry have so far signed up, and there will be industry-held symposia every day. It has been OH's experience that many of the sponsors are not familiar with NFOG, and a likely reason is that the location of the congress changes between the Nordic countries. OH has been active in getting the names of possible sponsors from different sources. So far few participants have signed up for the pre-congress courses. The National Societies must promote these courses. It will be possible to sign up for a one day participation at the cost of € 250. This does not include the congress dinner.
- **10. General Assembly 2016** TSJ presented the Notice to attend the General Assembly, assigning the different posts to those who will present the issues for the GA. The need to be brief in order to keep the timetable of the GA was stressed. The notice, together with the proposed nominees for the positions of trust, and the proposed changes to the amendments of the bylaws must be posted on the websites of NFOG and the National Societies within 2 months prior to the GA, as required by the bylaws. TSJ sends the necessary documentation to the Webmaster and the National Presidents after

the Board meeting. The names of the voting representatives from each National Society must be in the hands of TSJ no later than 2 weeks prior to the GA. A possible chairman for the GA was discussed. It is important to find someone who knows the organization. The former President Göran Berg will be asked.

11. News form the National Societies Marit Lieng (NGF) informed of the plans of the Norwegian health authorities that will change the specialization programmes for all specialities. NGF wants to influence on this process through discussions with the committee within ObGyn, appointed by the Norwegian Medical Association, which participates in this process (Spesialitetskomiteen). The National Registry for endoscopic surgery registers < 50 % of all procedures, and to improve this the steering committee has invited all gynecological departments to attend a meeting with the aim of improving this registration. NGF supports the committee's aim to improve the rate of registration. The question of selective abortion in twin pregnancies was raised by Norwegian specialists in foetal medicine 6 years ago with the Health authorities. The authorities have now given their answer, applying the same rules as for singleton pregnancies. How this should be implemented is unclear, and guidelines must be made. At the hospital in the city of Bodø there have within a short time span been 3 serious complications, including a fatality, to hysteroscopy. The health authorities have concluded that air embolism is the likely cause. This is a rare, but known, complication to the procedure. NGF will write a letter in common with the health authorities warning of this possible complication.

Andreas Herbst (**SFOG**) informed that in Sweden a consensus report from obstetricians and neonatologists at level 1 hospitals recommends that in the case of preterm labour in pregnancies from the age of 22+0 weeks, the pregnant woman shall be transported to the nearest prenatal department. A neonatologist shall be present at delivery, and neonatal intensive care should be considered from 22+0 and is recommended from 23+0. In Sweden there is free abortion until 18 weeks, and after application abortion may be allowed as long as the fetus is not presumed to be viable, which now means up to 22+6 weeks. According to a new recommendation by the legal council, abortions must be completed by week 21+6. The interpretation of the viability criteria and the upper limit for abortion is under debate.

The government has allocated SK 400 million over a three-year period for the promotion of women's health, with special focus on labour and delivery. The health authorities have demanded that the FIGO guidelines on CTG must be adjusted to Swedish conditions and then be translated into Swedish.

Contraception is now made free of charge in parts of Sweden until the age of 26. Karen Reinhold Wøjdemann (DSOG) told the Board that the budget for the education of trainees has been reduced by 15 %, affecting all aspects of the training. By April 1st the authorities have demanded that in order to perform certain procedures the doctor has to be officially approved. DSOG has made a course in hysteroscopy, a procedure where special authorization now is required. The annual meeting and GA is a popular event within DSOG and are shortly to be held.

The Obstetrical Guideline meeting was held in January with 200 attendees. Suggested guidelines are submitted prior to the meeting, and were discussed in a plenary session. Accepted guidelines are published on the DSOG website. If the guidelines made by the authorities conclude differently, DSOG approaches the authorities in an attempt to harmonize the guidelines. The guideline on thrombosis in pregnancy has an app attached for the prediction of risk of thrombosis in a given pregnancy. After the great

amount of negative press regarding HPV vaccination, DSOG has used face book to appeal to the public to let their young daughters be vaccinated. At present only about 25 % are vaccinated in Denmark. Soon there will be a program on Danish television from the operating theatre presenting delivery by caesarean section.

Seija Grénman (**SGY**) informed the Board that HPV vaccination of boys is likely to be introduced, but not in the near future. Conscientious objection to legal abortion is not allowed in Finland. Recently it was suggested to the parliament by a citizen's initiative of more than 50000 to allow this. It was, however, not accepted, a view that is supported by SGY. The limit for free abortion in Finland is in practice 20 weeks (agreement from1-2 doctors is necessary from 12-20 weeks), but you can apply up to 24 weeks for medical reasons. OH presented for the Board a comparison of the different legislation and statistics on abortion within the Nordic countries. The legislation for all the countries is from the seventies. Sweden has the highest incidence of legal abortions, followed by Norway, Denmark, Iceland and Finland.

Due to the failing of the Finish economy there have been implemented cutbacks for the universities while there is an increase in the number of students. It is getting increasingly difficult for young specialists to get jobs in central areas, but SGY does not know of any unemployment. The long due health reform has still not been fully implemented. The aim is centralization with fewer centres providing 24/7 medical services. There will be a lower threshold between specialized and primary health care. Reimbursement of Olaparib, a per oral treatment for BRCA mutation positive ovarian cancer patients is widely discussed in Finland. Medication given to cancer patients in hospitals is free of charge, while this new drug is not yet refunded.

Alexander Smárason (FÍFK) reported that national guidelines no longer are issued by Landlæknir, Directorate of Health. The guidelines are written at the women's clinic at Landspittalinn in Reykjavik, the obstetrical unit in Akureiri, and the antenatal clinic at the Primary Health Care of the Capital Area. The primary source of guidelines for Icelandic gynecologists is RCOG and NICE, but after NFOG has started translating Nordic guidelines these are also in use. After the economic crisis in 2008 many welfare cuts were made, and these are gradually being restored. FÍFK has had a meeting with the chairman of the Welfare Committee to discuss the need to improve maternity/paternity leave. Courses for specialists are not held in Iceland, but shortly FÍFK will participate in an inter-disciplinary scientific congress with doctors and nurses in surgery and anaesthesiology as well as have their annual meeting.

12. <u>www.NFOG.org</u> Peter Secher informed that Lars Ladfors from SFOG will be the next Webmaster of NFOG. He will take over the position at the next meeting in Helsinki. The thesis registry is updated twice a year, and Susana Benedet is the one who collects this information from the Nordic Universities. The list makes the basis for the thesis lottery presented at the NFOG Congress. The visits to the website is steadily increasing, but it is unfortunately not possible to get information on which specific issues that are read.

At the last Board meeting it was asked if the National Societies wanted any specific information posted on the website. The conclusion was drawn at the present meeting, where **it was decided** that there should be a link from the homepage to the "News from the National Societies" in the minutes from the Board meetings.

13. NFYOG Since the last Board meeting one meeting of NFYOG has been held in Uppsala. At the meeting the possibility of making short teaching videos was discussed.

There is a lot of information already available on the Internet, but NFYOG wants to present lectures made by Nordic doctors aimed at Nordic trainees. As an example Anne Cathrine Hoffgaard Munk (ACHM) mentioned a very good Finish video on pelvic anatomy that will be translated into English. Further, short videos on laparoscopic procedures and basic surgical techniques are planned.

NFYOG also plans to compare the surgical training within the Nordic countries. ACHM informed that there are plans to make assessment tools accessible in English, suited for the Nordic trainee systems. These are to be made easily accessible from the NFYOG website. NFYOG is responsible for the social event in association with the precongress course in Helsinki, and Bayer will be the sponsor.

14. FIGO Seija Grénman (SG) gave a presentation of the members of the FIGO Board. The FIGO committees are appointed for 3 years, and 50 % are exchanged at each election. Approximately 1/3 are women. SG asked for names of good Nordic candidates that are willing to do work within committees or working groups. Each FIGO committee receives \$ 50.000 for expenses related to their meetings. Each FIGO officer participates in 2-3 committees, and follows up on the working groups. These FIGO working groups get no funding, and need to secure their own funding until they are upgraded to committees. An example of the work done by these groups is issuing guidelines. The amount of work done by the groups varies. SG asked the Board to suggest topics for working groups.

The next FIGO Congress will be held in Rio de Janeiro, and in 2021 in Sydney. A question was raised by the Board as to the forming of the Congress programme. Anette Tønnes Pedersen is involved in this process, and it was suggested by SG that the Board should invite her to the next meeting in Copenhagen to get further information.

- **15. EBCOG** The Board was informed by KH that the next congress has been moved from Istanbul to Torino. The venue in Istanbul will be closed for security reasons due to a recently announced United Nations summit. At the next Council meeting the venue for the EBCOG Congress in 2020 will be decided. Bergen, Norway, has applied as previously announced, with Jone Trovik as the candidate for Congress President. It is therefore important that all of the Nordic countries are present for the voting. In Torino the first EBCOG exam will be held, and KH will partake in the examination.
- 16. Education in leadership This topic (Nordisk Lederutvikling for leger) was presented and discussed at the previous Board meeting (issue 16) by Karen Reinhold Wøjdemann (KRW). DSGO met with the company (Implement Consulting Group) in December 2015, and further explored the possibility of arranging such an Inter-Nordic course in ObGyn. The course will run over a two-year period, and with a specific topic. For the anaesthesiologists the topic was the perioperative period, and on finishing the course the participants qualified as "Director of Perioperative Medicine and Management". The participants of the course will need a total of 10 weeks off from clinical work for the duration of the course. Five weeks will be spent on courses in the Nordic countries, and five weeks are needed for personal study. A mentor will be appointed for each participant.

The aim is to better qualify the participants in the daily leadership needed in the medical unit, and increase awareness on the importance of a good medical leadership. To enable the participants to lead a team and implement necessary changes regarding for example patient flow and guidelines. The target group is young doctors, mainly new specialists.

The cost of DKK 40.000 plus travelling expenses must be covered by the participants Department.

KRW asks that the National Societies discuss this within their boards. She suggests that the national representative from anaesthesiology that has participated in the course should be invited to the board meeting when this is discussed, to give their view of the quality of the course. KRW also asks NFYOG to discuss this at their meeting, and that the issue must be put on the agenda for the NFOG Board meeting this fall.

17. Coming Board meetings The next Board meeting will be held in Helsinki on Saturday June 11th, 13.00-18.00, Sunday June 12th, 09.00-12.00, and Wednesday June 15th, 15.00-17.00. The Board members will attend the precongress course held by Leslie Regan on Sunday, from 13.00-17.00.

Possible dates for the fall meeting are November 4^{th} - 5^{th} . The date and location will be decided by the new Board in June.

18. Other business

- 1. KH informed of the request for an extra salary reimbursement to Landspittali in Reykjavik, made by Reynir T. Geirsson (RTG). This was first claimed and rejected by NFOG in October of 2015 as it was not found in agreement with the contract. RTG, KH and TL met during the present meeting to discuss the present claim. It was agreed that Landspittali has to make the claim in writing directly to NFOG. KH, TL and the external auditor Ildal will look into the matter again, and aim to resolve the issue before the present Board steps down in June.
- 2. A request has come from Isis Intrapartum Care regarding the use of the NFOG logo to promote the intrapartum care congress in 2017. The programme seems quite adequate, and the congress will be put on the NFOG website congress calendar. There was a discussion within the Board on the principle of allowing the NFOG logo to be used for promoting a meeting or congress where NFOG is not taking a direct part. This has not previously been allowed, and it was **decided by the Board** that the NFOG logo should not be used unless NFOG takes a direct part in the event.

Addendum to the minutes:

The Board was at the Board meeting, informed by KH about the claims of Reynir T. Geirsson on behalf of Landspittali (issue 18-1). As stated, it was agreed that KH, TL and the auditor Ildal would look into the matter and try to resolve it. After the Board meeting NFOG received claims from Landspittali for the years 2014 and 2015 for a total of DKK 85.978, in a letter dated April 4th, 2016. KH informed the Board by email, suggesting that the claims should be accepted. The Board decided by email that NFOG would pay the claims made by Landspittali, and regard this as a final settlement regarding the salary of Reynir T. Geirsson for the whole period of 2007-2015.

Knut Hordnes President Tone Skeie-Jensen Secretary General