

Report from the NFOG Board visit to RCOG on March 21st-22nd, 2013

Present from NFOG: Göran Berg (president), Thea Lousen (Treasurer), Tone Skeie-Jensen (Secretary General), Johanna Mäenpää (SGY), Kresten Rubek Petersen (DSOG), Harald Almström (SFOG), Knut Hordnes (NGF), Ragnheiður I. Bjarnadóttir (FÍFK), Alexander Smárason (Scientific Committee Chairman), Peter Secher (Webmaster), Reynir T. Geirsson (Acta Chief Editor), Tommi Mikkola (Educational Committee Chairman), Anette Tønnes Pedersen (Scientific Committee and FIGO)

Present from RCOG: Anthony Falconer (President), James Walker (Senior Vice President, Global Health), Wendy Reid (Vice President, Education), David Richmond (Vice President, Standards), Paul Fogarty (Honorary Treasurer), Ian Currie (Honorary Secretary), Alison Wright (Council elected Fellows Representative for Europe and Central Asia), Ian Wylie (Chief Executive), Michael Murphy (Executive Director, Global Education & Deputy Chief Exec), Fred Emden (Executive Director, Resources), Sara Johnson (Executive Director, Quality and Knowledge), Gerald Chan (Director, Health Policy and PR), Claire Dunn (Director, Journals and e-publishing), Alex Landau (Examination Assessment Lead), Hannah Knight (Research Fellow)

The NFOG Board was informed of the structure and work of RCOG at a meeting with RCOG Officers and Chief Executive on **Thursday March 21st.**

The RCOG was founded in 1929, and is today an organization exceeding 12.000 members. RCOG is operative both in the United Kingdom (UK), and abroad, and approximately half of its members are located outside the UK, in over 100 countries.

It was emphasised by the President, Anthony Falconer, that the main objective of RCOG is to serve women both in the UK and abroad.

RCOG promotes standard of care in obstetrics and gynecology, with programmes for research, publications and reviews. Informational guidelines and studies are published, as are textbooks for trainees and research results.

It was informed that the present structure of RCOG will be altered, but that the changes are not finalized. The RCOG is at present based on extensive voluntary work and doctors being payed by their respective Departments in the UK, while doing work for the College. In the future, the executives, and the approximately 150 persons that are employed by the RCOG, will carry more of the responsibilities of running the organization, as RCOG no longer can rely so heavily on voluntary work.

The President, 3 Vice Presidents, the Secretary and the Treasurer, are elected by the Council. Their tenure of appointment cannot be extended. There are 36 Council Members. The Members and Fellows in the Council are appointed to represent their local geographical regions in the UK. The Council also have 2 laymen as members, a midwife, and a representative of the consumers. The Officers of the College are appointed by the Council, and at the current Council meeting, a new President will be elected. (Dr. David Richmond was elected new RCOG President, and will take up his post from Sept 27th, 2013). The activity is evaluated by a Board of Trustees. As mentioned, this is the present structure of the RCOG, and changes will be implemented.

The RCOG has a budget of £ 12 million, and receives its income through membership fees, examination fees, and rental fees from the building housing RCOG. The building is not owned by RCOG, but they have a long term lease.

It was also emphasised by the President that the RCOG is not a political organization, or a Labour Union for its members. The role of the President is, however, among other functions,

to have discussions with representatives from the Dept. of Health, talk to the politicians (lobbying), and to be an "Ambassador" for women's health issues. Further, to facilitate collaboration with midwives and other relevant health personnel.

The NFOG Board were further briefed by the RCOG Officers on the following topics: International work. The RCOG has extensive training programmes and collaborations abroad. The College's mission is to set standards to improve women's health and the clinical practice of obstetrics and gynaecology both in the UK and across the world. One of the principal means of achieving the aim is through the College's provision of education, training, and professional development. When collaborating, the RCOG makes a survey of the different needs of the particular country in question, and aims at meeting its needs. Doctors in specialist training programmes in the UK can apply for a period of training in a collaborative country, and trainees from around the world can train and study in the UK on the International Medical Graduate sponsorship scheme. Establishing a partnership model with other countries is considered important, and has been implemented in countries in Africa, South America, in China, as well as other parts of the world.

Arranging the RCOG exams is an important part of the collaborative work, and twice a year RCOG officers visit different countries and hold exams. MRCOG examination centers are established in countries like China, Bangladesh and Nigeria.

Clinical guidelines. RCOG produces guidelines on a number of different issues, also in collaboration with the NICE guidelines. The guidelines are available on the RCOG website, and are easily accessible. RCOG impart their college ideology to Departments in the UK, audit Departments, and follow up those with reported problems. They are also helpful in suggesting improvements. There are Regional Committee advisors that overlook and impart College ideology. The different committees of RCOG produce, among other issues, reports on safety alert, study group consensus statements, good clinical practice, and patient information Ethics committee. The RCOG Ethics Committee is currently working with issues such as health issues for women in female detention centers, and cosmetic genital surgery. There are laymen representatives in most RCOG committees.

After the briefing by the RCOG Officers and Chief Executive, the Board was given a tour of the RCOG building by Dr. Ian Currie, and further informed of past and ongoing activity.

After their Board meeting on **Friday March 22nd**, the Board was given the following presentations:

PR and Policy by Ian Wylie and Gerald Chan. The RCOG Press office is constantly monitoring the news, and relevant Parliamentary activity. A response is given to issues that are relevant to the RCOG. They have a list of 70 spokespersons that can be engaged in giving statements from the RCOG. In the last year the College has had special focus on child marriage, unplanned pregnancy and NHS issues.

The importance of building trust with the journalists, the politicians, and with the public was emphasised. The RCOG is often approached by journalists seeking reliable information on health issues. The press office has to prioritize, and focus on issues that benefit women's health. It is further important for the RCOG to focus on their relations with the politicians and MP's.

Journals and e-publishing by Fred Emden and Claire Dunn. The RCOG publishes BJOG, one of the most widely read journals in obstetrics and gynecology, with an impact factor of 3.437. It will within the next 2-3 years be published online. Other digital aspects are explored, such as App's. The aim is to expand the readership into new territories.

The RCOG further publishes TOG "The Obstetrician & Gynaecologist". This is a journal for continuing professional development. It is known for its reviews and clinical governance articles.

MRCOG review by Michael Murphy and Alex Landau. The review of the membership exam was concluded in 2012, and will be implemented in the spring of 2015. The College is responsible for developing the framework and curriculum of post graduate training in obstetrics and gynaecology in the UK. To practice as a Consultant in the UK, you have to pass the membership examination. The estimated time it takes to complete the programme is 7 years. Approximately 6000 trainees take the exams every year, and exams are held in March and September. Approximately 200 examiners are involved. The exam has so far consisted of two parts, with a written exam in basic science, and a written and oral clinical part. After the review, the exam consist of three parts. *Part 1* will still be a basic science exam, but more clinically based. *Part 2* will be a more clinically based written exam for trainees that have come further in their training programme. *Part 3* will be a final oral clinical examination. If the trainee fails part 3, all exams must be repeated.

Part 2 must be taken within 7 years after part 1, and part 3 within 7 years thereafter.

There will be lay involvement in the oral exams, in order to expose the communicational skills of the trainee. Roleplay will be a part of the examination.

The pricing structure of the exams will also be revised, in order to better reflect the global candidate cohort. As example was mentioned that the examination fee in Singapore is unnecessarily low because the country is located in Asia. A country's gross national product will be a more likely way of pricing the exam in a given country.

Further, revalidation every 5 years of the MRCOG has now been implemented. The specialist must report to his/her responsible officer every year to receive appraisal of the training that has been completed. The officer will give his/her recommendation to the General Medical Council whether revalidation/approval should be given after 5 years.

Maternity Indicators by Sara Johnson and Hanna Knight. A presentation of a project examining clinical indicators relating to the pregnancies and birth histories of approximately 600.000 women in the UK was given by Hanna Knight. Information relating to such a large cohort gives very important information about the outcomes at different institutions within the country. The results are to be published shortly.

Further, information was given about different audits that have been completed (Gr B streptococcus in pregnancy), are ongoing (heavy menstruational bleeding), and that are planned (ovarian cancer and urinary incontinence).

The NFOG Board was invited to attend the RCOG Council meeting.

The Programme for the visit to the RCOG was concluded with the Founder's lecture, held by Sir Kenneth Calman (Chancellor, University of Glasgow), on the topic *Literature and Medicine*.

Tone Skeie-Jensen
Secretary General

