Royal College of Obstetricians & Gynaecologists

Annual Review 2014/15

Working for women's health care

Better health care for women *everywhere*

"People can do tons of stuff even without leaving their computer, so instead of watching the Kardashians, or whatever, get involved." Ed MacLaren, page 9

"Studying for the MRCOG… keeps you updated, it improves your practices and you learn the standard way of doing things..." Mamta Sahu, page 10

"Each Baby Counts is about helping these people who do these very difficult jobs to do it well, and to get it right." Nicky Lyon, page 15

"Consultants enjoy the challenge of being in a team where they have to perform at a high standard. And they want to put something back..." Sean Hughes, page 21

"I would sit with anyone to learn how they write notes, speak to patients, or break bad news, all in a completely different language." Islam Gamaleldin, page 24

"We've got to deliver research that's relevant, that's important to clinicians and patients, and that they can understand." James Duffy, page 29

Contents

Unless indicated otherwise, all appointments are as at 31 December 2014.

Published by the Royal College of Obstetricians and Gynaecologists, 27 Sussex Place, Regent's Park, London NW1 4RG

Registered charity no. 213280

www.rcog.org.uk

Produced by RCOG Marketing

Principal photography by Shaun Armstrong, Mubsta

Designed by Cavendish Design & Advertising Limited

Written by Bruce Robinson

Printed by Colchester Print

Foreword

David Richmond, President

The past year the College has been focused on a range of new clinical initiatives both in the UK and internationally. These developments have recently been overshadowed by the problems at Morecambe Bay and, subsequently, the uncompromising findings of the Kirkup Report.

It is clear that women and their families were failed at Morecambe Bay Trust. Awareness and understanding of clinical outcomes is of paramount importance but I believe that many of the Trust's problems stemmed from a failure of local leadership and a totally unacceptable culture that undermined professionals and did not respect patients. The College has long recognised the danger that such a culture can pose to patients and we have joined forces with other organisations to tackle it head on. As well as promoting the appointment of Workplace Behaviour Champions, the College has produced an undermining toolkit and eLearning package that underscores the importance of trust and mutual respect and helps clinicians address poor behaviour at all times.

Improving clinical information

In addition, Morecambe Bay's clinical governance was desperately inadequate. I consider that the time has now come to require all maternity units to use the RCOG Maternity Dashboard and benefit from the early warning of gaps in service provision it can provide. Equally, we agree with Kirkup's recommendation that all term intrapartum stillbirths, neonatal deaths or injuries should be regarded as serious untoward incidents and investigated fully. More thorough understanding of these tragic episodes will help reduce their incidence and the pain they cause. That is why we have launched Each Baby Counts, a national programme to review every case where a baby dies or is severely damaged because of substandard care during labour. The project team is currently quantifying the problem and identifying common themes; over time, it will recommend ways to prevent them from happening, with the objective of halving their number by 2020.

Safer Women's Healthcare

We are also launching our Safer Women's Healthcare project. This will update our Standards for Gynaecology and for Maternity Care, consider new models of care in line with the national Maternity Reviews proposed, and address the serious – and increasing – burdens felt by colleagues across the country. The reasons for these tensions are widely understood, as is the fact that consultants invariably bear their brunt.

Underpinning everything is the need to listen, starting with our patients. This year we launched the Women's Voices Involvement Panel; it already has more than 200 members. I want us to grow it further still: listening to the widest possible range opinions can only improve our work on behalf of women.

Opening up the College

Listening to our membership is equally important. The new UK Board is the first College structure set up specifically to support UK-based Fellows, Members and Trainees. It will be responsible for workforce issues and will advise specialists and encourage constructive leadership within our specialty.

We are also taking steps to make the College more transparent and democratic. We shall soon start publishing minutes of Council meetings, some of which will also be opened up to our membership. In addition, I am pleased to announce that Council reached the decision in principle that responsibility

for electing the President would no longer rest solely with Council; after a period of consultation with the membership to determine the best solution, a General Meeting will be called to change the Regulations. Work will shortly start to identify how best to expand the College's presence so that we can become more local, accessible and responsive.

Better training globally

One of the most effective ways to help women is to improve the skills and knowledge of the clinicians treating them. We are refreshing Associate membership and piloting Advanced Training Skills Modules for experienced clinicians outside the UK.

Our latest and largest global health programme, Leading Safe Choices, exemplifies our overall strategy by training health workers in Tanzania and South Africa to deliver postnatal contraception and abortion and post-abortion care, where legal. It offers the College an exciting opportunity to achieve meaningful and sustainable improvements in women's health care on a grand scale.

Working together for women

Our annual World Congress is a highlight of our educational calendar. Last year's World Congress in Hyderabad was an enormous success, with excellent speakers and superb science. This year's World Congress in Brisbane was equally exciting and provided a valuable opportunity to work closely with colleagues in the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

It is a privilege to represent our specialty in the UK and across the world and, notwithstanding the challenges, the past year has been very productive and successful. I am confident that our current work will improve health outcomes for women and I urge Fellows, Members and Trainees to get involved and help us deliver better health care for women everywhere.

David Richmond
President

Introduction

Ian Wylie, Chief Executive

Within the College, the past few years have seen considerable modernisation. We have renewed our executive team, reformed our governance, and refocused our energies into what we do best: identifying and publishing clinical standards and guidelines, and training and assessing specialist doctors.

These changes have all been designed to make us fit for purpose. They also give us the confidence, imagination and flexibility to compete successfully in a world in which health care, health systems and patients themselves are all becoming increasingly complex.

Such complexity is a central challenge for us all. Navigating it successfully requires different skills and new ways of working, such as the more entrepreneurial approach we are taking in the Gulf region. To help women make informed choices about their health care, the College must engage many more women than before, listen to their concerns and set our goals to confront some of the barriers to achieving better health for women wherever we work.

Becoming more effective is not about size, but approach. We should be smarter, more nimble and, most importantly, more closely connected with our membership and stakeholders. We must always be working to increase the value we offer our members and earn our position in their professional lives. This requires a clearer, more thorough understanding of what members and other stakeholders want from the College, and how best we can provide it. This is the context within which our efforts to canvass the opinions of our membership and our new Women's Voices Involvement Panel should be seen.

By widening our reach we inevitably invite questions of identity. Over the past year we have worked hard to ensure that all our activities are effectively monitored and that each is derived from the College's values, mission and goals. We have a rich and diverse range of activities and this demonstrates our determination to improve the health care received by women around the world, and to speak out on behalf of women whenever we can make a constructive, informed contribution.

The College could never claim to have all the answers to the complex challenges that we face, both in the UK and globally. If we merely worked in isolation we would be overwhelmed by these problems. Consequently, we have begun to increase our external affairs capacity to allow us to form stronger partnerships and alliances, and we intend this network to grow further over the next year. We should not be too proud to accept offers of partnership to deliver real and lasting improvements to women's health and health care here and around the world. We continue to be open to new ideas and influences, many of which are covered in this review, but must always retain our focus on the needs of our members and on the College's primary objectives of clinical quality, education and training.

Ian Wylie
Chief Executive

Listening to our members

This has been a year of change. We have refined our governance to help us respond more acutely to issues raised by members and improve our understanding of their individual needs.

Equally, improvements to our services have made them more useful, relevant and accessible, and will help us spread best clinical practice more widely to improve not only women's health, but also our membership's professional lives.

The biggest change follows on from the creation in 2013 of our first Vice President, UK Affairs (Ian Currie). To support his work, this year we established the UK Board: the first time we have established a platform and structure explicitly designed to support our UK-based membership. As well as responding to issues raised by members, the UK Board will work with the Clinical Quality Board on improving the implementation of RCOG guidelines.

It will also work with a new Professional Development Committee on changes to continuing professional development (CPD). Following last year's publication of *Becoming Tomorrow's Specialist*, the College is moving CPD into the Education Directorate; the new Committee will build a new framework to align CPD more closely with career paths and patient care and enable our CPD ePortfolio to record a wider range of topics. We expect the work to be completed in late 2016.

Understanding our membership

We have also spent the year listening closely to our membership to gain a more nuanced understanding of how we can support them more effectively. We want to enable members to engage more frequently not only with the College, but also with each other and the wider community of O&G professionals. This will provide clinicians with broader and better support and the network effects will also give our work to improve patient care and women's health far more impact than we can ever hope to achieve by working alone.

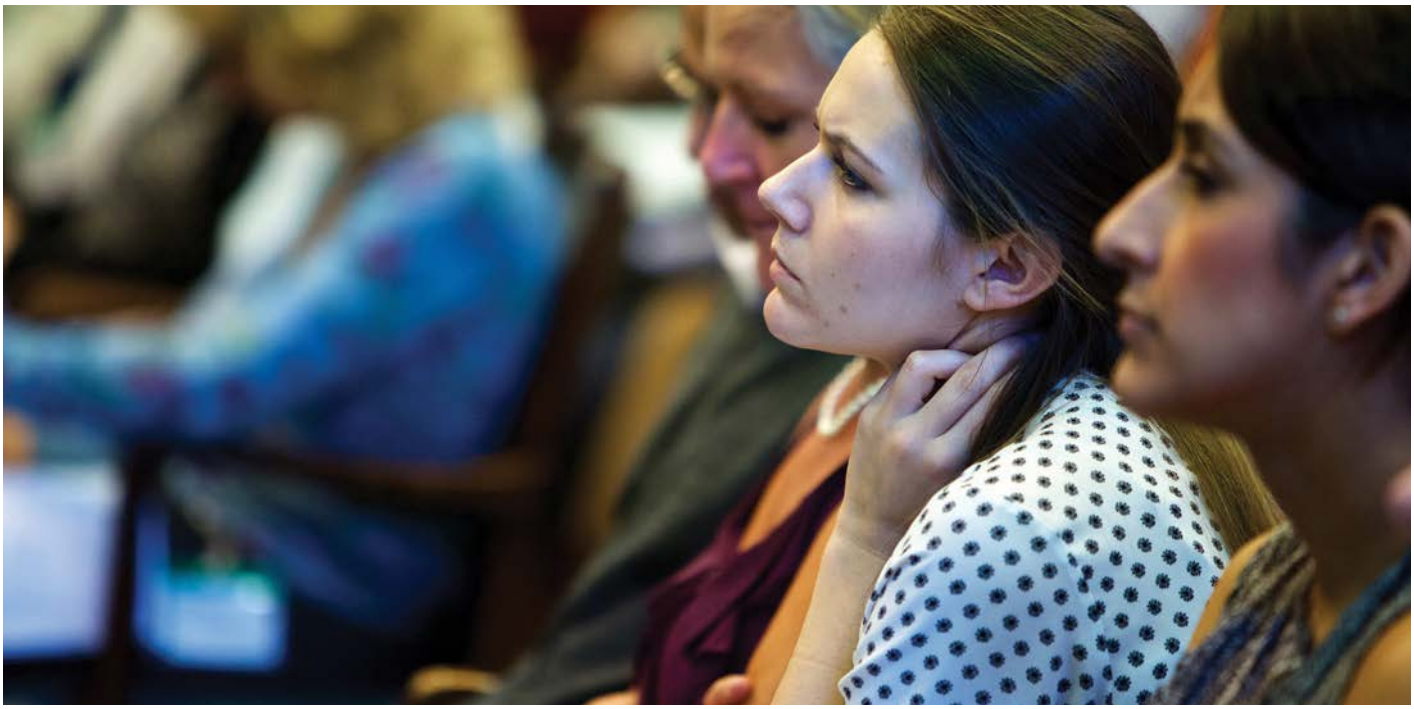
Both our membership survey and our focus groups improve our understanding of what our membership needs and wants us to do. We conducted our second survey last year, and we are now starting to identify trends that help us gauge which products and services need most attention.

Feedback from our membership last year prompted fresh work to improve our information and communications. We relaunched *The Scanner* as *O&G News* in a new, mobile-friendly format. It now covers updates from Officers, O&G news stories and important issues regarding patient care and clinical practice.

Increasing engagement

Our other email communications have had a similar facelift to make them shorter, clearer and more relevant, thanks to better targeting of individual clinicians' needs and interests. With members saying that they want to become more engaged with the College, we launched our new 'Get Involved' campaign, which highlights the many different ways to help us improve women's health. Our website also has a dedicated 'Get Involved' section and regular e-alerts highlight current opportunities.

To make our services more relevant still, we need much more information about what exactly members want and need at each stage of their career. Later this year, work will begin to develop more sophisticated data capture and analysis; ultimately, this will allow us to tailor content on our website and in other communications to suit the career stage, specialisms and interests of each Fellow, Member and Trainee.



Getting involved

"It was 2013 when we first really thought about it. A new Global Health Strategy was coming out and some of us in the National Trainees' Group thought it would be a great opportunity to get a small group together to just generally get involved.

"Our remit is to support the three global health committees. For the Implementation Committee, we helped teach the STAE (Surgical Training for Austere Environments) course, wrote the faculty information leaflet and we're now finishing off the participants' guidelines. For Project Development, we've been involved in writing parts of the Emergency Gynaecological Skills course which will be piloted later this year. For the Placement Committee, one of us is working on proposal for a global health map, which will make it easier to access College contacts around the world. For example, if you want to work in India but don't know where to start, you can click on a link and be emailing someone before you know it.

"The Global Health Unit has been very supportive and, with lots of trainees interested in global health, we're a good resource, especially when there are so many ways to get involved. We've put a database together of trainees who've asked to get involved and every time an opportunity comes up we ping out a mail; on the STAE course in July I think we've got about nine trainees helping out – the most we've had.

"For me, protecting and promoting women's healthcare rights is fundamentally how countries improve and we have such an opportunity as obstetricians and gynaecologists to help people, not only in our country but abroad. I know life always seems busy but, in reality, there's plenty of time and people can do tons of stuff even without leaving their computer, so instead of watching the Kardashians, or whatever, get involved. In fact, I'd say start as soon as possible, because once you begin you get the bug to go and do things – it can spark just a little something that will carry on throughout your career."

Ed MacLaren is an ST7 at St. Mary's Hospital, London and is the Global Health Lead on the RCOG Executive Trainees' Committee.

2,495

surveys returned by Fellows, Members and Trainees

"People can do tons of stuff even without leaving their computer, so instead of watching the Kardashians, or whatever, get involved."

Ed MacLaren

Listening to our members

Becoming more inclusive

Spreading best practice benefits not only patients, but everybody working on their behalf. We have redesigned our RCOG Associate package to include our CPD resources and StratOG, our eLearning platform. These improvements will, we hope, persuade more health professionals to join as Associate members and use these resources to improve their knowledge and skills. The more people who aspire to our standards, the better it will be for women's health.

Equally, we must always ensure that our own standards are fit for purpose. A new Safer Women's Healthcare Working Party will be updating our standards for maternity care and for gynaecology to reflect today's health service. It will also address service provision, considering where care is provided, when and by whom and, ultimately, producing recommendations for new models of care.

We also want a closer relationship with the Specialist Societies. We rely on their specialist expertise, while they benefit from the College's broader goals and activities. We have enlisted their help for the 2016 World Congress in Birmingham and want their leaders to play a greater part in our activities and decisions. More generally, we intend to share and spread best practice more broadly by collaborating with more organisations that work in women's health. Only by working together can we achieve the consistently high standards of health and health care that women expect, require and deserve.

Helping candidates locally

"The Enhanced Revision Programme (ERP) brought a lot of discipline to my studies. There was weekly homework, homework for the next class – something was always keeping me on my toes. I was assigned a mentor, who'd review my work and who really helped me with any questions I had.

"Because the faculty work in the UK, they provide good insight into the UK system – that was very good because here in India I didn't know much about it. Also, there were certain specific things which we were told to study. Without the ERP, it would have been very difficult for me to get the hang of them but having a one-to-one discussion with someone really helps.

"Since passing the MRCOG, I'm guiding candidates about the OSCE (Objective Structured Clinical Examination). I've also been helping at the RCOG study centre in north Delhi; I was a mock examiner and was also asked to talk about OSCE. It was in January, just a few months after I had passed myself. "You are fresh, you'll have lots to discuss," they said, so I made a PowerPoint presentation about the OSCE, what it's all about, how things work, the common topics they need to learn and what they need to practise.

"When I was an exam candidate I got a lot of help from various people, so it's all about reciprocating what I received myself. I would definitely encourage whoever has passed the exam to come forward to help with a lecture, or be a mock examiner or role player – these are small things and the course is three days so we require a lot of people!

"What is more, I definitely recommend taking the examination, whether you are in India or any other country. When you are studying for the MRCOG and you are going through all the papers, the research and the new guidelines, it keeps you updated, it improves your practice and you learn the standard way of doing things. College initiatives are all about improving women's health across the globe, so lots of people should take this examination."

Mamta Sahu studied on the Enhanced Revision Programme and was awarded the Vijaya Patil Award for the highest mark among Indian students in the Part 2 MRCOG examination. She is a consultant obstetrician and gynaecologist in Noida, New Delhi.

5 focus groups

with our members were held in London, Manchester and Glasgow

"I would definitely encourage whoever has passed the exam to come forward to help with a lecture, or be a mock examiner or role player."

Mamta Sahu

Improving and evaluating clinical standards

Each year, between 500 and 800 babies die or suffer severe brain injuries because something went wrong during labour. We think this is unacceptable and, in October, launched Each Baby Counts, a comprehensive quality improvement programme to halve this number by 2020.

Until now, such incidents have only ever been investigated locally, preventing any lessons from being shared. With funding from the Department of Health, Each Baby Counts is changing this by collecting and analysing the results of local investigations to highlight what went wrong and identify common themes. This evidence will underpin the programme's initial recommendations; over time, we hope to use these to develop formal guidelines and training to help clinicians manage these incidents more successfully.

Winning national support

We launched Each Baby Counts in October at an event attended by hundreds of people, including representatives of the Royal College of Midwives (RCM), the Royal College of Paediatrics and Child Health (RCPCH) and charities working in this field. The project team then travelled the country to enlist the support of hospitals and clinicians. Every hospital in the UK now has a lead reporter and case reports began arriving shortly after the Each Baby Counts website went live on 1 January.

The project team is being supervised by an Independent Advisory Group, which includes stakeholders, patient representatives and academics. An initial report, based on early data, is planned for later this year; a second report will follow next year. The Presidents of the RCOG, RCM and RCPCH have also written to their members requesting full compliance with a recommendation of the Kirkup Report that all such adverse events be investigated fully. Greater scrutiny can only help reduce their frequency and improve outcomes for women across the UK.

A centre of excellence

Each Baby Counts is the largest initiative currently under way in the College's new Lindsay Stewart Centre for Audit and Clinical Informatics. The centre was established in September in memory of Lindsay Stewart, a generous supporter of our research work, and replaces ORCA (the Office for Research and Clinical Audit).

The Lindsay Stewart Centre aligns the College's audit work more closely with our clinical priorities – for example, by focusing on national projects and issues important to women's health. It is also more collaborative; besides our long-standing partnership with the London School of Hygiene and Tropical Medicine, it is working with the RCM, the Royal College of Surgeons and members of the National Perinatal Epidemiology Unit and the University of Liverpool. As a result, the Centre allows us to take on a broader range of work and, ultimately, make the College a centre of excellence for quality improvement in O&G.

This year, such work has included good progress on third- and fourth-degree perineal tears, with an initial systematic review of existing research now complete. This is informing a care bundle – a package of interventions to be used together – which will be piloted later this year, after which it will receive a qualitative and then quantitative evaluation.

Assessing variation in care

We have also completed a four-year audit into heavy menstrual bleeding, which affects a quarter of women of reproductive age. Funded by the Healthcare Quality Improvement Partnership, the project asked outpatients about their treatment and investigated the treatment protocols used by different organisations across England and Wales.

This was the first national audit conducted among outpatients, and one of the first to measure quality of life. All participating trusts were sent their individual results at the beginning of the year and we produced practical advice for healthcare commissioners.

We have also been examining the implementation of our 2012 guidelines on early-onset neonatal group B streptococcal disease, and assessing variation in preventive care. Our first report contained the results of our survey into obstetric units and analyses of HES (Hospital Episode Statistics) data; a second report is due later this year.

Evaluating maternity outcomes

Similar HES data underpins our Clinical Indicators Project, which was first published in 2013. A second edition last year was affected by delays with the data; it is now expected this year and will identify individual hospitals, giving providers and patients their first opportunity to compare their trust's performance against others across the country. Clinical directors will be given advance notice of their unit's results and will be able to add comments to their unit's report.

The HES data problems prompted us to consider switching to Maternity Information Systems (MIS) data. These are used by most trusts and contain a broader range of information, such as body mass index and the baby's outcomes at birth. A pilot project proved successful and we now have detailed information on more than 120,000 deliveries – a valuable asset for future studies. We are sending the units involved a personalised, risk-adjusted dashboard and are preparing a summary report for publication this year.

Consulting more patients

Adding value to this work are our patient representatives and the launch last spring of our Women's Voices Involvement Panel has expanded our network considerably. The Panel now has more than 200 women of all ages and ethnicities and has become a valuable resource, with members reviewing our patient information and informing our women's health manifesto.

In addition, two members sit on the Each Baby Counts Independent Advisory Board and have helped develop the proforma questions; it now asks hospitals whether families were informed of the investigation and/or invited to take part. By extending our reach and involving a wider range of women, the Panel has strengthened our work considerably and we intend to increase its membership further.

As a sounding board, the Panel also supports the work of the College's Women's Network, whose members sit on College committees and working parties. This year the Women's Network is surveying the views of post-menopausal women; we have also begun a pilot to recruit some members into our team of assessors for invited service reviews, which was expanded to include our first review of a service reconfiguration, in Cumbria.

Working locally, working nationally

The growth of invited reviews has led us to appoint an Invited Reviews Manager. We also intend to create a pool of lay assessors whose opinions will augment those of their clinical colleagues as we work with hospitals and regions to improve the health care that they offer women locally.

Working nationally, the National Collaborating Centre for Women's and Children's Health (NCC-WCH) produces clinical guidelines for the

Improving and evaluating clinical standards

National Institute for Health and Care Excellence (NICE). This year it has produced an update of the existing NICE guideline on intrapartum care, and has been commissioned to produce another 13. Its base at Sussex Place presents valuable opportunities to share skills and provides a larger pool of clinical quality and audit expertise, improving our ability to expand our work in the future.

The Clinical Quality Board will also be working with the new UK Board to review our standards of obstetric and gynaecological care, which pre-date changes in the NHS. We will also be reviewing whether we could produce our Green-top Guidelines more speedily without diluting their quality, which cannot be compromised if we are to maintain the highest standards of health care for women not just in the UK, but around the world.

100%

of hospital trusts in the UK have signed up for Each Baby Counts

Campaigning for patients

"I was a first time mum, healthy, no problems, went into labour at full term and went to the hospital excited for the birth of our child, but that's where it all went wrong. The labour was relatively short but our baby, Harry, suffered brain damage through lack of oxygen. Later, we learnt Harry was profoundly disabled and that his condition was life-limiting. After some months in hospital we brought Harry home. We were devastated when, aged 18 months, Harry died following a chest infection.

"In the days after Harry's birth we kept asking for an explanation of what had gone wrong, but nobody would talk to us. Frustrated, we eventually lodged an official complaint; a few weeks later we received a response from the hospital detailing the mistakes made and giving us an unreserved apology – lots of people don't get that. Although the hospital didn't admit fault, it made a big difference that somebody said, 'Here are the mistakes we made and we're very sorry.' We also received a copy of the hospital's investigation but it was upsetting and frustrating that we weren't invited to contribute to the report, even though we were key witnesses to what happened.

"After Harry died I met another bereaved mum, Michelle, and we set up The Campaign for Safer Births. Later I got involved with the RCOG and joined their Women's Voices Panel. Now Michelle and I are on the advisory group for Each Baby Counts, giving a patient's perspective and scrutinising what the project team are doing – we've looked at what data they're collecting from these incidents and I've worked on the blog. It's fantastic to get your voice heard, rather than sitting at home frustrated, and also to see good work taking place – it's a very positive experience to meet people who are so committed to making improvements.

"I'd like there to be guidelines so that hospitals communicate openly with patients after an incident and to give patients some input into an independent investigation. I think it's so important to families to have their voice heard and to have trust in the investigation.

"Everyone needs to ensure that we learn from incidents and that's what Each Baby Counts is about. People's lives are absolutely rocked by these events and if we can learn from them and make changes then we can save so much heartache and money. A consultant at a safety meeting recently said, 'We need to make it easy for people to do the right thing,' and I totally believe it. Each Baby Counts is about helping these people who do these very difficult jobs to do it well, and to get it right."

Nicky Lyon is a Patient Representative on the Each Baby Counts Advisory Board and co-founder of The Campaign for Safer Births (www.campaignforsaferbirths.co.uk).

50%

reduction in neonatal deaths and term injuries sought by 2020

Between 500 & 800

babies die or suffer severe brain injuries each year because of problems during labour

Educating and examining trainees and clinicians

At the heart of our mission to improve women's health care is our work providing world-class clinical education and training. Three projects this year have given these activities a more robust, rigorous and professional footing.

Our new Faculty Development Framework – the first among medical royal colleges – gives our membership the formal recognition as educationalists that they have long deserved. The Framework helps them become properly accredited trainers, as required by the General Medical Council (GMC), and provides a platform through which they can develop their skills as educators.

Recognising educationalists

The Framework has four tiers: this means we can recognise the experience of all clinicians and identify how individuals can move to the next tier. All Members and Fellows are at least Tier Two educators and can reach higher tiers by taking on College roles, such as an examiner, or by completing specific courses. The Framework also allows us to identify any gaps and then develop new courses to help our membership to further improve their skills.

We launched the Framework earlier this year and sent every Fellow, Member and Trainee a certificate stating their current tier, which can also be used towards their CPD, appraisals and revalidation. We are now investigating whether we can extend the Framework to members outside the UK.

Improving educational products

If this Framework professionalises the people doing the teaching, another does the same for the products they use. Launched last year, the Quality Assurance Framework for Education ensures that all College education and training products – including meetings, courses and eLearning – meet our quality standards and match our clinical priorities.

Implementing the Quality Assurance Framework is the new Education Quality Assurance Committee (EQAC). Besides approving new products, EQAC evaluates them after delivery and will review them regularly to prevent them becoming outdated. Together, this means that our educational products can give O&G professionals the very best foundation for the health care they provide.

Making feedback more constructive

As well as recognising the people and improving the products, we have also refreshed some of the teaching. Workplace-based assessments are now categorised as either formative (for learning) or summative (for evaluation). Specific types of assessment, such as case-based discussions (CbDs), remain unchanged, but must now be designated a formative or summative assessment before they begin.

Our intention is to improve the feedback that Trainees receive. By specifying the type of assessment, and by asking questions that are more open than before, we hope to make them a more constructive and valuable learning experience for trainees.

Tackling bad behaviour

Another priority has been to continue our work to combat undermining and bullying behaviour in the workplace. We were among the first organisations to recognise the negative effect of undermining on patient safety, as the Kirkup Report demonstrates. Every deanery now has a Workplace Behaviour Champion and our Workforce Behaviour Advisor worked with the Royal College of Midwives to produce an undermining toolkit, launched last year.

The toolkit provides a series of interventions for use by individuals, teams, departments and trusts.

Our Workplace Behaviour Advisor also joined the GMC on visits to departments with a problem and has contributed to the two GMC reports on undermining published recently. Although these reports focus on Trainees, we know that undermining is far more widespread and damages not only individuals, but entire teams, departments and units, with disastrous consequences for patient safety and care.

Recently, we launched a practical, interactive eLearning resource on improving workplace behaviour. Besides raising awareness of the problem, its six interactive case studies will help learners improve how they deal with colleagues, provide feedback, and respect cultural differences. This should help professionals across the NHS play their part in stamping out such behaviour.

Expanding eLearning

This resource is one of many recent additions and improvements to StratOG, our online learning platform, which now has more than 540,000 page views each month. Other additions include an advanced training resource on dermatology, ten new Basic Practical Skills tutorials and a 'Train the Trainers' ultrasound package.

This year we are adding new resources for Advanced Training Skills Modules (ATSMs) and are now recording lectures, such as our Annual Professional Development Conference and the Confidential Enquiries into Maternal Deaths and Morbidity MBRRACE-UK meeting; these are now available to view by all members for a year after they are presented.

Other changes are structural. Navigating the StratOG website is now easier and we have linked all training competencies on the Trainees' ePortfolio to the relevant tutorials. These have also been expanded: StratOG now offers 97 core tutorials, as well as eight new role-play videos and more than 200 new single best answer (SBA) questions.

Improving examinations

The new Part 2 MRCOG examination is made up of SBA questions, making it more flexible, rigorous and relevant to daily practice. SBA questions are a better test of the decisions we require of clinicians and, thanks to a large number of Fellows and Members around the country, we now have a bank of high-quality SBA questions with which to populate the examinations.

Our proposed changes for the new Part 3 MRCOG Clinical Assessment have now been approved by the GMC. The Part 3 MRCOG will be introduced in 2016 as a separate examination with a focus on patient safety and, by involving lay examiners, will reflect patients' concerns effectively.

Supporting candidates globally

The more clinicians who pass our gold standard examination, the more women who can expect gold standard health care. However, candidates without UK experience need to be familiar with the UK's health system and practices. To address this, the College's Enhanced Revision Programme (ERP) provides extra support to help them prepare for the examination.

Last year we expanded the ERP into Egypt; this year we are launching it in Malaysia. With demand for places outstripping supply, we want them filled by candidates with a realistic chance of success, so have introduced a pre-course module covering basic but essential knowledge. To start the ERP, candidates must achieve 70%, but can retake the module as often as necessary.

Continues on page 20

A year in our life – 2014

January

21/1
New BJOG app launched for easy access to the journal: 1492 downloads to date

23/1
Updated RCOG guidance published on invited reviews of obstetric and gynaecology services or individual clinicians

24/1
Professor Lesley Regan elected as Vice President, Strategic Development

February

3/2
RCOG Guidelines app now available for Android and iOS: over 10,300 downloads to date

12/2
New Scientific Impact Paper on managing the birth of extremely premature babies

19 to 21/5
Part 2 MRCOG Oral Assessment (OSCE) at 3 centres

23/5
Social media campaign to support UNFPA International Day to End Obstetric Fistula

23/5
RCOG/Marcus Filshie Fellowship launched supporting fistula services at Kitovu Hospital, Uganda

23/5
New film documents RCOG's work at Kitovu and how women's lives are transformed

27/5
New Council members elected, taking up post in June 2014

28/5
BJOG paper on mental health highlights prevalence of maternal depression 4 years after birth

30/5
180 new RCOG Members admitted to the College

March

3/3
Launch of annual membership satisfaction survey

3/3
Over 1400 candidates sit Part 1 MRCOG at 20 centres

4/3
Over 1100 candidates sit the Part 2 (Written) MRCOG at 17 centres

7/3
International Women's Day: RCOG champions human rights in women's health; keynote by Baroness Kinnock

13/3
RCOG hosts first meeting of the new NHS England Women's Health Patient Safety Expert Group

28 to 30/3
RCOG World Congress in Hyderabad: inaugural address to 3000 delegates by Dr A P J Abdul Kalam, President of the Republic of India (2002–07)

28 to 30/3
57 new RCOG Fellows, one Fellow ad eundem and six Fellows honoris causa admitted during the Admissions Ceremony held at World Congress in Hyderabad

April

12/4
Over 550 candidates sit the DRCOG exam at 8 centres

29/4
Changes to the format of the Part 1 and Part 2 MRCOG written exams announced

30/4
Joint RCOG and London School of Hygiene and Tropical Medicine study reports caesarean section unlikely to cause problems with future fertility

May

7 to 10/5
23rd European Congress of Obstetrics and Gynaecology, Glasgow in association with RCOG

June

10 to 13/6
RCOG participates at Global Summit to End Sexual Violence in Conflict co-chaired by William Hague with Angelina Jolie

16/6
RCOG welcomes new law against forced marriage in the Anti-social Behaviour, Crime and Policing Act 2014

23/6
The Intercollegiate Group on FGM meets at RCOG to review progress since the publication of 'Tackling FGM in the UK' in 2013

July

3/7
RCOG welcomes the report of the Home Affairs Committee: 'Female genital mutilation: the case for a national action plan'

9/7
RCOG and the RCM announce plan to improve the awareness of third- and fourth-degree tears and the prevention and management of severe perineal tearing

30/7
Heavy menstrual bleeding (HMB): final report of a four-year national audit published shows improved treatment with 90% of women rating their care as good, very good or excellent

August

1/8
Workplace-based assessments (WPBAs) updated within the specialty training programme

4/8
First World War commemoration: RCOG remembers those who lost their lives in the Great War and the contribution of our Foundation Fellows and Members who served their country

September

2/9
Over 800 candidates sit the Part 2 (Written) MRCOG at 16 centres

11/9
Over 1400 candidates take the Part 1 MRCOG at 20 centres

15/9
New RCOG website launched: new design, better search and mobile friendly

17 to 20/9
RCOG hosts the European Congress of Paediatric and Adolescent Gynaecology with over 300 delegates from around the world

20 to 21/9
First RCOG/PMF PROMPT course held in Dubai UAE

23/9
UN General Assembly: RCOG, SOGC and ACOG issue a statement on role in reducing global maternal mortality

26/9
148 new RCOG Fellows and seven Fellows ad eundem admitted to the College

October

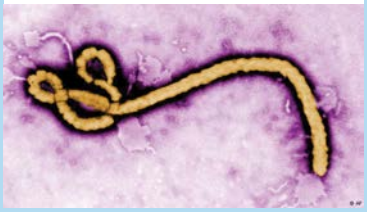
4/10
Over 500 candidates take the DRCOG exam at 8 centres

8/10
Becoming Tomorrow's Specialist published, shaping the future of CPD for O&G

10/10
Launch of RCOG's new Faculty Development Framework, reflecting the roles of individuals involved in educating O&G doctors

12 to 14/10
RCOG in partnership with Kuwait Ministry of Health supports the 19th Kuwait International Conference in O&G

20/10
Public Health England publishes guidelines on Ebola and pregnancy



23/10
RCOG launches Each Baby Counts to reduce by 50% the number of stillbirths, early neonatal deaths and brain injuries in the UK by 2020

23/10
RCOG responds to NHS Five Year Forward View

24/10
RCOG releases new Patient Information on having a small baby

28/10
The first RCOG/Marcus Filshie Fellow Sandra McNeill, consultant in O&G from Derry, Northern Ireland, travels to Uganda

November

7/11
New Patient Information on breast cancer and pregnancy

10 to 12/11
Part 2 MRCOG Oral Assessment (OSCE) at 2 centres

12/11
New Patient Information on malaria and pregnancy

13/11
RCOG welcomes Iraq Ministry of Health delegation and agree plan for future cooperation

18 to 20/11
Annual Professional Development Conference at RCOG with the theme of 'Clinical Dilemmas'

19/11
New Scientific Impact Paper on the origins of ovarian cancer

19/11
Launch at RCOG of the new Baby Buddy app by Best Beginnings

21/11
153 new RCOG Members admitted to the College

25/11
UN's International Day for the Elimination of Violence against Women

27 to 28/11
National Trainees Conference, Manchester attended by over 200 delegates

28/11
RCOG and RCM launch new online toolkit to help eradicate bullying and undermining

December

1/12
RCOG and Sidra Medical and Research Center joint meeting in Qatar

3/12
NICE (NCC-WCH) publishes updated guidance: Intrapartum Care: care of healthy women and their babies during childbirth

4/12
120 students and teachers attend the 36th Annual Christmas Lecture for Young People by Dr Sophia Webster MRCOG on her African journey

9/12
Launch of the MBRRACE-UK report into maternal deaths and morbidity – covers Ireland for the first time

17/12
Revised NICE guidelines on antenatal and postnatal mental health published

23/12
Professor Kypros Nicolaides, King's College Hospital, London awarded the Eardley Holland Gold Medal

Educating and examining trainees and clinicians, cont'd

We are also redesigning the ERP's content. It is currently organised by clinical topic, but candidates repeatedly tell us that they most value its explanations of UK clinical practice. The new version will, therefore, centre on specific issues, such as risk management, with clinical situations used to illustrate each one. We are also expanding the faculty to include specialists working locally, and will continue to refine the course to help as many candidates as possible gain the knowledge they need to pass the MRCOG examination without diluting its exacting standards.

Designing tomorrow's CPD

Last year we published *Becoming Tomorrow's Specialist*, which recommended that formal learning and CPD should continue throughout specialists' careers and be aligned to specific roles and the needs of the patient and the NHS.

The new Professional Development Committee will develop a new CPD programme that has patient care and safety at its heart. It will also review and develop our ePortfolio as the main repository for recording CPD information. A new framework will be in place in late 2016 and should enable clinicians to secure the professional development they need to provide world-class, patient-centred health care throughout their career.

Asking the right questions

"Multiple choice questions (MCQs) are good at measuring knowledge but they're very black and white. As a clinician, things aren't black and white – there are often several potentially right answers and you want someone who, based on the information, chooses the best answer. That's why the GMC advised us to switch from MCQs to single best answer (SBA) questions for the Part 2 MRCOG exam.

"However, writing SBAs is a very different art from writing MCQs because, if you craft the question well, just one phrase will change the rank order. But it's hard, and we needed to have a large volume of questions, written by contemporary consultants. And we found them – they were young consultants who weren't yet qualified to be examiners, but the College agreed I could recruit them into local cells working together, locally, writing questions, chaired by a member of the Part 2 committee that I chair.

"More than 100 of them came for training, then disappeared off to their regions and for nigh on 18 months they generated these questions without me really doing anything! You'd get eight or ten consultants meeting together, writing three questions each, critiquing them, then sending them down by email. My committee would bang through them in a day, going flat out and the result was that we went from nothing to 700-odd questions in a year.

"I suppose what touched me most was that I just asked people. Over the years, I've found that consultants enjoy the challenge of being in a team where they have to perform at a high standard. And they want to put something back; for many of them, and for me, working for the College is just returning a favour that someone did for me 25 or 30 years ago.

"Consultants benefit, too, and so does their trust. They go back with new skills and they build a network of trusted colleagues who will be with them for 20, 25 years. I tell my trust that it's worth having a dozen consultants who go down to their College once every two months because they often come back much better than when they went away – you're almost getting free training and development."

Sean Hughes is Medical Director at Lancashire Teaching Hospitals NHS Foundation Trust and Chairman of the Part 2 MRCOG SBA Sub-Committee.

540,000
page views on StratOG every month

15,000
unique visits to StratOG each month

97
core training eTutorials on StratOG

Improving skills and standards globally

Across the world, 222 million women want contraception but cannot get it. Meeting this demand would allow women to control their fertility and cut maternal deaths by a third, with lasting benefits for their families and communities.

Thanks to a three-year, multi-million pound grant, an important new initiative offers us a unique opportunity to start addressing this need. Initially, Leading Safe Choices will pilot in Tanzania and South Africa to give women contraceptive care after childbirth, as well as comprehensive abortion care in South Africa, and post-abortion care in Tanzania.

Women sometimes travel for days to give birth in a hospital. A pilot programme at ten maternity hospitals, selected by local partners, will take this opportunity to offer them some long-acting, reversible contraception – such as an IUD – before they return home.

A three-pronged approach

The programme has three parts. First, we are promoting best practices by developing, distributing and promoting RCOG Best Practice Papers around the world. We want at least five countries to adopt the papers by the end of year three.

Second, we will use 'Train the Trainers' courses to create local faculty and embed best practices into busy maternity units. Finally, new accreditation will formally recognise the competence of these healthcare workers, raise their professional standing, increase their self-respect and, therefore, boost both the uptake and quality of the services they offer.

We began developing the Best Practice Papers and designing the 'Train the Trainers' manuals earlier this year. The pilot facilities have also been chosen and organisations are now asking to be considered for phase two. The funder is keen that we expand quickly: support could extend beyond these first three years, with the initiative being rolled out in other countries. All in all, Leading Safe Choices offers us the opportunity to improve women's health care on an unprecedented scale.

Improving local skills

Another global health initiative focusing on improving the skills of local health workers is under way, thanks to a generous grant from the Tropical Health and Education Trust (THET).

THET is funding a two-year project running emergency obstetrics, fistula prevention and human rights in health training at Kitovu Health Care Complex in Uganda. RCOG specialists will train 320 local health workers who will then take the project forward as trainers themselves, thereby embedding these skills and knowledge permanently.

Our application was helped through a gift in kind from Johnson & Johnson, a long-standing supporter of our work. It funded a team of MBA students to produce a potential business model for Kitovu. After extensive research and analysis, the students produced a model that can also be replicated elsewhere.

A joined-up approach

Complementing these donations is a grant from The Laura Case Trust, which is funding an RCOG Member, Dr Enid Michael, to provide extra support for the THET programme at Kitovu. In addition, Dr Sandra McNeill, the first Marcus Filshie Fellow, travelled to Kitovu to enable a local clinician to receive FIGO fistula training elsewhere. Together, these three grants should help ensure that women living in the Masaka region of Uganda receive timely, high-quality obstetric care and, therefore, help prevent fistula.

Our work to combat fistula has also moved online. We are an official Global Partner of the International Day to End Obstetric Fistula (IDEOF) campaign,

which takes place on 23 May each year. Last year, a blog by the RCOG President reached well over 3,000 people – more than any before – and our social media activity prompted considerable interest from our membership, the public and the media. We have followed this up this year by exhibiting the art of Dr Jac Saorsa, who visited Tanzania, spoke to women with fistula and expressed their experience through art.

Modernising methods

We have spent the year implementing our new Global Health Strategy, in part by improving how we review proposals from members and International Representative Committees (IRCs). As a result, new initiatives have more focus, make better use of our global brand and, by improving skills of local clinicians, can ultimately sustain themselves.

For example, IRCs often run training courses for local members and other health professionals. Changes this year have made IRC meetings more frequent and modernised their methods, while a new handbook shares best committee practice, simplifies their governance and links funding to specific proposals, thereby increasing accountability and impact. We are now funding several proposals, including basic training for more than 70 health workers in remote parts of Pakistan.

Widening learning

As reported earlier in the Review, we have expanded our Associate membership offer to include StratOG and CPD. Clinicians for whom the MRCOG may not be appropriate can now improve their clinical skills, subscribe to our ethos and standards and, therefore, provide better patient care.

In addition, this year we will pilot two Advanced Training Skills Modules (ATSMs) to enable experienced clinicians in India, Malaysia and the UAE to gain RCOG accreditation. The ATSMs will be virtually identical to those taught in the UK, but will reflect both both local health and RCOG quality assurance systems.

Growing in the Gulf

Our approach is demonstrated in our Gulf development project. This work is self-financing, extracts maximum value from our strong global reputation and is genuinely multidisciplinary; activities across the region are supervised by a new Gulf Steering Committee drawing expertise from across the College and the IRCs to deliver products tailored to each country's needs.

Across the Gulf, IRCs are helping to deliver training courses, educational conferences and examinations. This year, conferences in Doha and Kuwait were attended by almost 900 clinicians; we have also run courses spreading best practice in Dubai and Abu Dhabi.

Training clinicians in the UK

Another option is to bring trainees to the UK. The Medical Training Initiative (MTI) is a national scheme enabling doctors working outside the UK and EU to benefit from two years' NHS experience before returning home. This year we placed 39 trainees from ten countries, which now include Nigeria; we hope to expand the scheme into other countries in the future.

Last year's MTI induction workshop was the most comprehensive yet, with communications training to help the doctors navigate a patient-centred health system. More trusts are now joining the MTI scheme, giving more trainees the chance to develop their skills and, on returning home, spread best practice and champion NHS standards.

Improving skills and standards globally

Looking ahead

In 2013 we began an obstetrics module for the Surgical Training in the Austere Environment (STAE) course, which is run by the Royal College of Surgeons but funded by the government. Our first four courses proved very popular and this year we are opening it up to clinicians attached to NGOs, such as Médecins Sans Frontières.

Senior representatives have been promoting the College's activities and products in China and Hong Kong as part of a delegation run by Healthcare UK. With so many Fellows and Members in Hong Kong, this is a good potential market for our education and clinical quality services. Ultimately, we hope to spread our standards into this vast country and improve health care for many millions more women.

"I would sit with anyone to learn how they write notes, speak to patients, or break bad news, all in a completely different language."

Islam Gamaleldin

Learning new techniques

"Before the MTI scheme I worked at the Ain Shams University Hospital, the biggest in Cairo. Now I'm a registrar at Southmead Hospital in Bristol, finishing this summer. Southmead is used to having MTI doctors so when I arrived, everybody was really nice and supportive. But you also know you have to prove to them, and to yourself, that you can adapt to working in the UK.

"It took me some time to settle in and get used to the UK system. I came from a completely different system and culture. For example, involving the patient is a basic thing here, but back home and in most other countries it doesn't exist – doctors don't involve the patient at all, they just do whatever they think is best.

"My main reason for coming was to pass the MRCOG; it's a lot easier to pass the exam if you've worked in the UK and coming on the MTI scheme helped me pass, definitely. Also, I had lots of experience in basic O&G from back home and, here, I've been teaching postgraduates and junior doctors a lot of the basic skills. However, I wanted more experience in specialised work, especially laparoscopic surgery and fertility. I used to stay after working hours to do emergency laparoscopies with one of the consultants and I was working in the Bristol Centre for Reproductive Medicine, so I've gained lots of experience, definitely.

"While I was here I got involved with the College to talk to new MTIs. I told them that they should set some goals, otherwise the two years will fly by without achieving much. Also, I said, be prepared to change: I would sit with anyone to learn how they write notes, speak to patients, or break bad news, all in a completely different language.

"I also said: don't close the door on yourself. The people here are really nice so get to know everyone and things get easier. If you do that then you can work really hard, improve your clinical skills, your communication skills, get lots of new experience and get to know a new country and make lots of new friends. I even got to be on TV, on 'One Born Every Minute', so now I'm famous, too!"

Islam Gamaleldin is an MTI Trainee at Southmead Hospital, Bristol.

222

million women across the world need contraception but cannot get it

320

local health workers in Kitovu will be trained by RCOG clinicians

900

delegates attended educational conferences in Qatar and Kuwait

Working with others behind the scenes

Most of our work has very obvious benefits to women's health care around the world. Some of our other activities to promote women's health occur behind the scenes as we work on behalf of women with other organisations and partners.

This year, we advised the Ministry of Justice on new protection orders to better protect women and girls at risk of FGM; we also followed up on members' concerns about the Home Office's decision to make it compulsory to report female genital mutilation (FGM) in women as well as girls. We made the case that mandatory reporting for women risked driving the problem underground. After a lengthy consultation and lobbying by the College and other organisations, the government agreed and mandatory reporting is now proposed only for girls aged under 18.

Preparing for Ebola

We have also been helping NHS England to coordinate its response to Ebola. We monitored the disease's development in affected areas; shared information with the American Congress of Obstetricians and Gynecologists (ACOG) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG); and contacted members with expert knowledge who were involved in setting up treatment centres.

In addition, we worked with Public Health England and the Royal College of Midwives (RCM) to produce new guidance on the care of pregnant women suspected of having Ebola. Despite the concern that the epidemic caused, this partnership approach, and regular communications with members, helped to avert the panic seen in other countries.

Informing the abortion debate

Other subjects are more contentious. Informing the continuing debate around abortion is an important issue for many members. Along with the General Medical Council and the British Medical Association, we have helped the Department of Health (DH) draw up new guidance for clinicians. The DH also commissioned us to audit abortion procedures, and we have published a report with recommendations for service improvements.

More recently, amendments in a Parliamentary bill proposed banning all abortions on grounds of gender. We explained to MPs that recent guidance from the DH and Chief Medical Officer for England was clear that abortions on grounds of gender alone were prohibited, making these proposals redundant. Along with other organisations, we also published a joint letter in *The Times* warning of the dangerous consequences for abortion services and women's health. There have been further developments in the Serious Crime Act which the College supports, and we will continue to work with the government to provide sexual and reproductive services that are centred around women's needs.

Towards core outcomes

Away from Westminster, a new initiative from *BJOG: An International Journal of Obstetrics and Gynaecology* has the potential to transform research into women's health. Last year *BJOG* launched the Core Outcomes in Women's Health initiative (CROWN) in partnership with 76 other academic journals.

CROWN is pushing for a core set of outcomes in our specialty. At present, its absence means that different studies into the same condition often measure different outcomes. This prevents those studies from being compared or combined; stops researchers conducting systematic reviews of research from pooling results; and therefore hinders their attempts to draw meaningful conclusions into the optimal treatments for specific conditions.

Once the core outcomes have been agreed, the journals intend to publish research papers only if they make reference to the relevant core outcomes. Although still in its infancy, CROWN should eventually make it easier to compare research, which could produce greater and faster improvements in women's health.

Encouraging debate

We are also keen to promote debate about important issues in women's health. Ahead of the UK's general election, the College and the Faculty of Sexual and Reproductive Health (FSRH) produced a joint manifesto outlining women's public health issues that our membership and the Women's Voices Involvement Panel (WVIP) felt most required action from the next government.

This was the first College manifesto to focus exclusively on women's health issues, which included alcohol pricing, access to abortion services and contraception, and integrated, community-based health care centred on women's needs. We are now collaborating with charities and other organisations to advance this agenda on behalf of women in the UK.

We are also awaiting publication of the Chief Medical Officer's Annual Report. This year it is being produced with help from an RCOG Trainee because it will focus on women's health, particularly issues that are often overlooked, such as the health needs of women in detention. We also expect the report to highlight missed opportunities in women's health, including pre-pregnancy counselling, postnatal health checks and, for menopausal women, heart disease and osteoporosis. We welcome any debate about these issues and hope that the report succeeds in pushing them up the political agenda.

Promoting human rights

The relationship between human rights and healthcare rights underpins any patient-centred approach. We marked International Women's Day 2014 with an event discussing human rights awareness in women's health. The morning began with a keynote speech by Baroness Kinnock; the afternoon involved a human rights workshop that explored how the relationship between health and human rights could be promoted in practice.

The event's success prompted a repeat this year, focusing on domestic violence. Almost 300 delegates listened to a speech from Jane Ellison MP, the Minister for Public Health, and a panel discussion with women's health and support professionals.

Extending our reach

Events like these enable us to engage a wider audience so that more women receive the high-quality, evidence-based information they need to make responsible choices about their health and health care. This year we have continued efforts to extend our reach into different media, such as the consumer press. We are also expanding the number of College spokespeople and exploring how we can recruit WVIP members to speak for the College.

An important step forward came with the launch last year of our new website. Rebuilt from scratch, the new site is more robust and accessible and can be easily viewed on any device. It also has a new patients' section, which our Women's Network helped us design. The site also has a predictive search function that suggests possible medical phrases to make navigation easier for lay visitors.

Working with others behind the scenes

The next stage is to remodel StratOG to tie it in with the corporate site, improve its navigation and make it usable on mobile devices. It will also incorporate users' learning history so that important data, such as users' notes, can be uploaded to their ePortfolio.

Improving our meetings

Similar work to improve the quality and relevance of College events, courses and meetings appears to be paying off after a record year which saw almost 10,000 delegate registrations overall. Our 2014 World Congress at Hyderabad was the largest ever, with more than 3,500 people taking part; this year's World Congress in Brisbane also proved very popular. In addition, we have experienced large increases in the numbers attending our examination courses and CPD events.

This suggests some success in our efforts to improve our meetings; we are certainly getting better at using events to build our brand around the world and, because of that, the value of our training, standards and ethos.

Towards core outcome sets

"As a clinician, I was always coming across research that didn't seem pertinent to my clinical practice and didn't explain the research in original terms or use language I could understand. Equally, I found myself having to implement clinical guidelines that were based on 'expert opinions', not high-quality research. When outcomes reported by individual studies can't be compared or combined, the clinical guidelines are muted and, in the absence of best practice, there's the danger of unwarranted variation in clinical practice and of patients being harmed.

"In both respects, I felt we could do better. I joined BJOG as a trainee editor and my role now allows me to prioritise research that I consider to be the most clinically relevant and the most engaging for the audience. Also, I observed my grandfather's experiences of rheumatoid arthritis, where they've developed a core outcome set. These are now routinely monitored internationally and it has transformed clinical practice.

"I thought the same approach could transform women's health and helped BJOG launch the CROWN initiative. BJOG enabled us to collaborate with the editors of other journals worldwide – there are 76 journals in our consortium now and we want to ensure that the research published by all our journals share the same common outcomes.

"As an academic I've got to make sure my research delivers the most it can. Core outcome sets are a reasonably cheap way to ensure that my future studies will contribute to good, big data projects; that my research will be more relevant to patients; and that it will answer my questions as a clinician, as well as questions from midwives, from patients and others.

"Research is fundamental for developing tools that can be used in clinical practice to help us deliver high-quality, compassionate care and, as a clinician, that's what gets me animated – that we've got to deliver research that's relevant, that's important to clinicians and patients, and that they can understand."

James Duffy is a NIHR Doctoral Fellow at Balliol College, Oxford, a trainee editor at *BJOG*, and an RCOG Trainee.

76

academic journals are supporting CROWN

10,000

delegates at RCOG meetings, courses & events in 2014/15

"We've got to deliver research that's relevant, that's important to clinicians and patients, and that they can understand."

James Duffy

2014 at the RCOG

Record of Fellows ad eundem and honoris causa

The President had the privilege of admitting the below during the Fellows' admission ceremony on Saturday 29 March 2014, held as part of the RCOG World Congress in Hyderabad.

Fellow ad eundem

Professor Matthews Mathai, Switzerland

Fellows honoris causa

Dr Lindsay Jane Barnes, India

Dr Hema Divakar, India

Professor N Hephzibah Kirubamani, India

Professor Elhag Mohammed Malik, Sudan

Dr Narendra Malhotra, India

Dr Rupert Sherwood, Australia

The President had the privilege of admitting seven **Fellows ad eundem** during the Fellows' admission ceremony on Friday 26 September 2014.

Professor Luca Gianaroli, Italy

Professor Steven Goldstein, USA

Dr Stephen Lye, Canada

Professor François Nosten, Thailand

Dr Allan Pacey, England

Professor Neil J Sebire, England

Professor Dirk Timmerman, Belgium

Board of Trustees

President
David Richmond

Senior Vice President, Global Health
Paul Fogarty

RCOG Fellow
David Farquharson

RCOG Member
Daghni Rajasingam

RCOG Council Representative
Dib Datta

Lay Trustee
Naaz Coker

Lay Trustee
Roy Martin

Lay Trustee
Linda Nash

Lay Trustee
Sir Eric Thomas

Honorary Officers

President
David Richmond

Senior Vice President, Global Health
Paul Fogarty

Vice President, Clinical Quality
Alan Cameron

Vice President, UK Affairs
Ian Currie

Vice President, Education
Clare McKenzie

Vice President, Strategic Development
Lesley Regan

Elected Fellows – Council

London
Diana Hamilton-Fairley

Melanie Davies
(to 31 May 2014)

Patrick O'Brien
(from 31 May 2014)

Eastern
Edward Patrick Morris

Northern/Yorkshire
Paul Hilton (to 31 May 2014)

Mylvaganam Kumar Kumarendran
(from 31 May 2014)

South West
Jonathan Frappell

North West
Charles Kingsland

South East
Felicity Ashworth

Trent
Diana Jane Fothergill
(to 31 May 2014)

Susan Ward
(from 31 May 2014)

West Midlands
Mark David Kilby

Wales
Simon John Emery
(to 31 May 2014)

Christopher Roseblade
(from 31 May 2014)

Scotland
Mary-Ann Lumsden

Phil Owen

Ireland
John Morrison

Robin Ashe

International (England)

Janice Rymer

Linda Cardozo

Justin Konje

Alison Wright

International (British Isles)

James Connor Dornan
(to 31 May 2014)

Fionnuala McAuliffe
(from 31 May 2014)

Elected Members – Council

London
Daghni Rajasingam

Narendra Pisal
(to 31 May 2014)

Stergios Doumouchtsis
(from 31 May 2014)

Eastern
Medhat Hassanaien

Northern/Yorkshire
Padma Bharathi Pathi

South West
Jane Mears

North West
Andrew Pickersgill

South East
Dib Datta

Trent
Nicholas Raine-Fenning

West Midlands
Pallavi Latthe

Scotland
Andrew John Thomson
(to 31 May 2014)

Vanessa Mackay (from 31 May 2014)

Ireland
Colin Murphy

Members – Council

Matthew Prior
Chair, Trainees' Committee

William Parry-Smith
Elected Trainees' Committee representative

Zarko Alfirevic
Chair, Academic Board

Cath Broderick
Chair, Women's Network

Angela Hyde
Vice Chair, Women's Network

Chris Wilkinson
President, Faculty of Sexual & Reproductive Healthcare, RCOG

Unless indicated otherwise, all appointments are as at 31 December 2014.

Senior Management Team

Chief Executive
Ian Wylie

Deputy Chief Executive and Executive Director of Global Education
Michael Murphy

Chief Operating Officer
Fred Emden

Executive Director, Quality and Knowledge
Sara Johnson

Executive Director, Resources
Rachel Dell

Executive Director, External Affairs
Claire Dunn

Directors of:

Clinical Quality
Anita Dougall

Development
Ann Tate

Education Policy and Quality
Kim Scrivener

Finance
Sandra Tetsola

Global Health
Rachel Cooper

Health Policy and Public Relations
Gerald Chan

Information Management and Technology
Ed Horvath

Marketing
Nigel Moore

Meetings
Lynn Whitley

Membership
Victoria Bytel

National Collaborating Centre, Women's & Children's Health
Moira Mugglestone

2014 financial overview

The College is committed to establishing a solid financial and business model so that we can meet our strategic objectives and build for the future.

2014 was a strong year and we posted a net operating surplus of £623,145. This was due in part to a very successful World Congress in Hyderabad, where attendance exceeded expectations by more than 80%. RCOG Trading also enjoyed one of its most successful years, growing 7% against 2013.

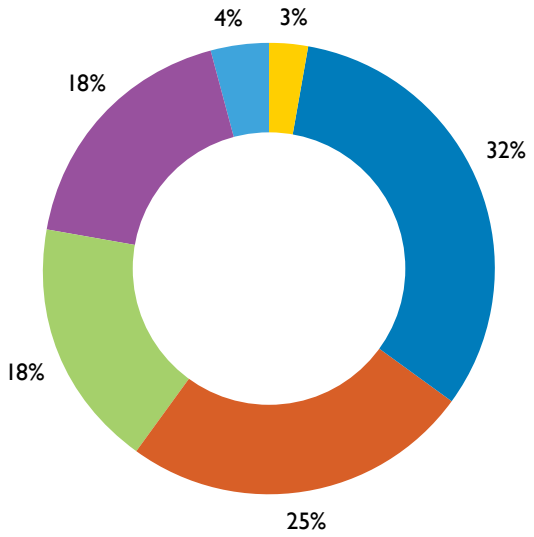
Overall, however, there was a negative net movement in funds of £177,850. This was the result of a very challenging triennial valuation of the RCOG Pension Scheme. Future accrual in the defined benefit scheme ceased at the end of 2014; despite this, it remains one of our key financial risks.

The net movement in funds resulted in a small reduction to the College's unrestricted free reserve. The free reserve allows the College to properly manage risk and remain capable of acting on unforeseen opportunities that may arise. On 31 December 2014, this balance stood at £7,756,146, or approximately eight months of running costs. These funds are invested in short and medium term vehicles and continue to generate a small but steady income which supports the College's ongoing objectives.

Unrestricted income	Unrestricted funds £
Generated funds	
RCOG Trading Limited	1,461,550
Investment income	118,628
Donations and legacies	25,065
Accommodation and service charges	181,228
Other income	137,766
	1,924,237
Charitable activities	
Conferences and meetings	1,842,969
Examinations	2,347,912
Fellows and Members	3,313,394
Standards and clinical governance	197,725
Education and training initiatives	390,439
BJOG	821,652
International initiatives	0
NCC-WCH	1,593,797
	10,507,888
Total incoming resources	**12,432,125**

Unrestricted expenditure	Unrestricted funds £
Cost of generating funds	
Investment management costs	
Activities for generating funds	
RCOG Trading Limited	612,521
Accommodation and service charges	111,763
Development	145,332
	869,616
Charitable activities	
Conferences and meetings	1,560,731
Examinations	1,323,779
Fellows and Members	2,826,354
Standards and clinical governance	1,199,411
Education and training initiatives	1,518,521
BJOG	748,619
International initiatives	530,498
NCC-WCH	1,465,839
Special funds	(17,445)
	11,156,307
Governance	55,010
Total resources expended	**12,080,933**

2014 restricted fund expenditure



- Bernhard Baron Scholarship Fund
- Lockyer Travelling Scholarship
- Other government grants
- Sir William Gilliatt Memorial Fund
- Lindsay Stewart Research and Development Fund
- Other special purpose funds

Use of restricted funds

During 2014, we used restricted funds to support specific College initiatives, including RCOG awards, grants and prizes to members, foundation doctors and medical students.

Such funds exist mainly thanks to the generous donations of individuals and companies. Many awards are advertised on our website every year.

Examples of the benefits of such donations and legacies include:

Lindsay Stewart Research and Development Fund

The Lindsay Stewart Centre for Audit and Clinical Informatics was established in September 2014 in memory of Lindsay Stewart. Lindsay Stewart was a generous benefactor who made a significant financial donation to the College in 2010 and through a legacy in 2013. The use of his name acknowledges his wish to support the College's research and development activities.

During 2014, c£68k was charged against this fund, to support the costs of setting up the Centre.

Sir William Gilliatt Memorial Fund

"To foster the aims of the College and to encourage research in all aspects of obstetrics and gynaecological medicine."

During 2014, c£66k was charged against this fund; this included support for the RCOG Academic Board and the Guidelines Committee.

Lockyer Travelling Scholarship

"….to facilitate links with Fellows and Members for the benefit of the College."

c£26k of this fund was used to support costs associated with the very successful 2014 Hyderabad World Congress.

Ethicon Student Elective Award

With the generous support of Ethicon we can offer £500 a year for approved student medical electives who can demonstrate a clear, detailed project relating to obstetrics and gynaecology. There is a particular emphasis on students undertaking their elective in a subject related to O&G in a low-resource country. Last year one of the successful applicants was Ira Kleine.

"This [was] an enriching time, broadening and deepening my knowledge of … the health problems faced by individuals [and] the context within which these problems arise."

Anne Boutwood Travelling Fellowship

The Anne Boutwood Travelling Fellowship is awarded through the generosity of the Trustees of the Elizabeth Garrett Anderson Hospital Appeal Trust with an award of £5,000 to a UK trainee to travel overseas to enable research or training for the purposes of personal development and to enhance the awardee's contribution to the speciality of obstetrics and gynaecology. Last year the successful applicant was Rachel Tildesley.

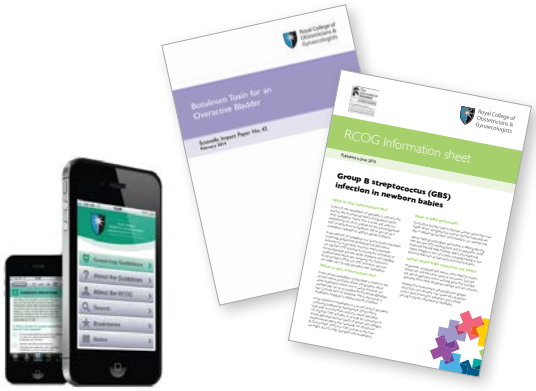
"This fellowship has helped me in becoming a more experienced, conscientious and confident doctor."

The RCOG is indebted to its donors who have established funds to support such prizes for our members, foundation doctors and medical students and to facilitate and support the good work of the College which ultimately benefits women's health.

Supporting 13,000 members in 109 countries

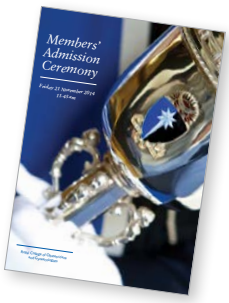
Support & Guidance

- **Green-top Guidelines and app –** written to assist you in deciding on appropriate treatment for specific conditions. Also available as iOS and Android apps
- **Research and enquiry services –** to assist you in your research and clinical practice, including evidence-based literature delivered to you
- **Global Health Toolkits –** published for low-resource environments
- **Patient information leaflets –** helping patients understand their condition and/or treatment
- **Database support –** help with essential databases such as MEDLINE and the Cochrane Library



Professional Recognition

- *New* **Faculty Development Framework –** formally recognising all Fellows and Members as educators
- Annual **awards and Fellowships –** recognising professional excellence and achievement in O&G, including research grants, travel awards and lectureships
- Online **register of Fellows and Members –** a public register to reassure your patients that you are associated with the RCOG and the highest standards of care



Professional Development

- A **CPD programme and ePortfolio –** support to help you plan, undertake and record your CPD
- ***StratOG*: RCOG's online learning resource –** comprehensive range of eTutorials, and a growing selection of online lectures and videos
- ***The Obstetrician & Gynaecologist* (*TOG*) –** quarterly journal – high-quality, peer-reviewed articles; an ideal CPD and educational resource
- **Revalidation helpdesk and resources –** everything you need to prepare for revalidation and ensure you meet the GMC requirements
- **Special member and trainee discount rates –** on over 70 RCOG courses and conferences

Stay Informed

- *BJOG: An International Journal of Obstetrics and Gynaecology* – monthly journal and app – read the highest quality medical research in women's health worldwide
- **Scientific Impact Papers (SIPs) –** opinion papers on emerging or controversial scientific issues of relevance to O&G, together with the implications for future practice
- *O&G News* – monthly eNewsletter – updates on the latest news, issues and discussions in O&G
- **O&G membership magazine –** keeping you up to date on the work of the RCOG, member case studies and news from around the world as well as support resources to aid you with your daily practice and professional development
- **LinkedIn** group – develop and build a network of professional contacts to share ideas and experiences with

Additional Benefits

- Access to **RCOG exxtra** for discounts on travel, home insurance, accommodation and more
- **Rooms on Regent's Park –** discounts at our boutique hotel within the RCOG's London premises
- **15% off use of College meeting rooms** and support from a dedicated meetings team
- Discounted **membership of the Royal Society of Medicine –** a reduced rate and no joining fee
- **20% off all Cambridge Academic titles –** including Cambridge RCOG books
- *New* **Discounted subscription to JASS –** the monthly Journal Article Summary Service featuring the best articles from the leading O&G publications

RCOG exxtra

ROOMS ON REGENT'S PARK

The Royal Society of Medicine

Cambridge University Press

Read a complete list of benefits at **www.rcog.org.uk/membership**

Getting involved in College activities

There are many ways for members to get involved in the College's work. Opportunities over the past year included:

- Consulting on College guidance and becoming a Guidelines Committee member
- Volunteering opportunities to support the College's global health strategy
- Teaching on our online Enhanced Revision Programme
- Moderators to deliver a Part 1 MRCOG Revision Course
- Travelling Fellowships to train and teach specialists overseas
- Assessors to judge the College's annual awards and prizes
- Contributing to the RCOG's journals, *BJOG* and *TOG*, or to StratOG

Here's how to keep up to date on all the latest opportunities to get involved…

- Sign up to our Get Involved e-alert. Email your name and College number to **getinvolved@rcog.org.uk**

www.rcog.org.uk

Royal College of Obstetricians & Gynaecologists

Royal College of Obstetricians and Gynaecologists
27 Sussex Place, Regent's Park
London NW1 4RG

Registered charity no. 213280