Bulletin

NEWSLETTER OF THE RETIRED FELLOWS AND MEMBERS SOCIETY

Royal College of Obstetricians & Gynaecologists

April 2017

rcog.org.uk/retiredsociety

RCOG President - Thoughts for the future

Professor Lesley Regan, the second ever "lady" President of the Royal College of Obstetricians and Gynaecologists spoke to the Retired Society at the November 2016 meeting

Professor Regan treated us to a comprehensive lecture on the duties and responsibilities of the Presidency – plus the interests and involvement of the 'diminutive ball of fire' that we now have leading us into the future! It is quite impossible, in the limited space available here, to cover all the topics she covered at our meeting, those present, however, were held spellbound!

We were given an insight into the complex financial negotiations regarding the future of our College buildings, the National Health Service and its problems, difficulties of providing the service, recruiting and training staff and the international difficulties of educating women in poorer countries.

The collection of data from the 44 Sustainability and Transformation Plans (STP) into which England is divided, demonstrate the lack of uniformity of service provision even at home. She has a concern for women's health in general, quite apart from during and immediately following pregnancy.

The teenage pregnancy rate in UK is twice the rate in France, three times the rate in Germany and five times that in Holland. Violence against women is unbelievably high – globally, one in three women are subjected to physical and/or sexual violence at the hands of their male partner.

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In relation to pregnancy, one in five women suffer some degree of mental illness and of all maternal deaths in the UK, almost one in eight of these die by suicide. Lesley is concerned that there is insufficient sex education and contraceptive advice available, which then contributes to the high teenage pregnancy rate. Consequently, the abortion rate is high – with its own complication rate.

This is of particular concern to her in relation to Africa, where there is little education and next to no contraception available and there are some 300,000 maternal deaths per annum.

In terms of the workforce available in the UK, the problems are middle grade rota gaps due to attrition from the specialty and the fact that 80% of trainees entering O&G are now female and many desire flexible working for family reasons.

All in all, Lesley has a lot on her plate, but I'm sure we could not have a better hand on the tiller.

Professor Lesley Regan FRCOG - President of the RCOG is Head of Obstetrics & Gynaecology at St Mary's Campus, Imperial College where her principal interest is recurrent miscarriage. She is Deputy Head of Surgery and Cancer, chairs the Equality and Diversity Committee, Director of Women's Health Research Centre, Co-Director of the UK pregnancy Baby Bio Bank and chairs the National Confidential Enquiry into Patient Outcome and Death. She has published two books on miscarriage and pregnancy, presented BBC Horizon documentaries, holds an honorary Fellowship from the American College and a Doctorate of Science from University College London.

Spotlight

Dr Maude Van de Venne MRCOG spoke about the impact of the European Working Time Directive on O&G consultants and what Brexit means for consultants in the future.

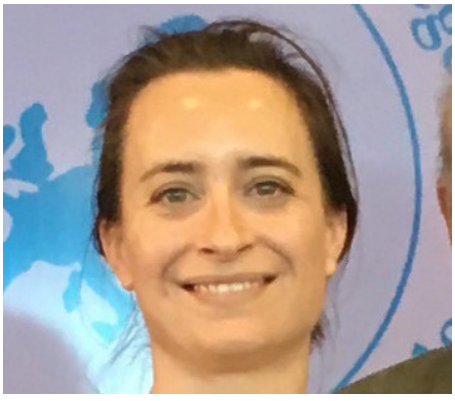
Maud Van de Venne MRCOG was born in Texas, has lived in Saudi Arabia, New Jersey and the Netherlands, graduating from Maastricht in 2001. As European Network of Trainees in O&G (ENTOG) representative, she was on the RCOG Training Committee from 2007-2011, then on the ENTOG Executive Committee, and their President 2013-2015. She is part of the European Board and College of O&G visitation team, assessing postgraduate training in Europe and. Maud is a consultant at Frimley Park Hospital in Surrey, with special interests in maternal medicine, labour ward and education.

The term 'Brexit' has now come into common usage, but what will it mean to us, the NHS and our specialty, nobody really knows, at this stage. In practical terms we will not know until negotiations begin, but few people are in a better position to postulate the possibilities than Maud Van de Venne.

She is a truly international being, having been born in Texas, lived in the Middle East and Europe, qualified in the Netherlands, did her junior training mostly in the South West of the UK and was appointed Consultant at Frimley Hospital in Surrey.

Maud introduced her presentation with what we do know of the influence the European Union has had on Medicine and our specialty thus far. Freedom of movement has allowed doctors to work within the NHS and, in simple terms, the NHS could not survive without them.

Junior staff also come to Britain to train and overall, 10% of doctors in the NHS are from Europe (as are 4% of registered nurses). Brexit was 'carried' on the perceived excessive numbers of immigrant workers coming into the UK, taking jobs from the indigenous population.



Where will the vital supply of doctors and nurses come from if immigration is limited? There are benefits from being part of the EU. The European Board & College of Obstetrics and Gynaecology, the European Network of Trainees in O&G and the European Accreditation Process all maintain standards and we are all acquainted with the European Working Time Directive – which has its disadvantages for training – but ensures both doctors and patients are protected.

Now the average working week should be no more than 48hrs with a break at least every 6hrs and 11hrs rest every 24hrs. (RFMS members will remember something different from that!) The future staffing of our hospitals will be difficult and there will be little, if any, financial benefit. Maud left us with many unanswered questions.

Answers will only come when the process of leaving the EU is underway and may not be clear even for many years ahead, but Maud gave us a good insight as to the difficulties that are yet to be confronted.

Spotlight

Mr Peter Brinsden FRCOG, who is Vice-Chairman of the Nelson Society gave the Retired Society a presentation titled 'Admiral Lord Nelson: Hurt hero....and hypochondriac

Peter Brinsden presented a beautifully illustrated lecture on Admiral Lord Horatio Nelson. We were taken through his early years; born in 1578, his father Edmund was a vicar and his mother Catherine had eight other children, between whom Nelson was 'middle ranking'. He was a 'weedy character', short in stature, but this did not impede his naval career. His first experience of the sea, aged

Peter Brinsden was born in China and educated at Rugby, Peter qualified from St George's Hospital in 1966, joining the Royal Navy and retiring as Surgeon Commander in 1982. He achieved his MRCOG in 1976 and FRCOG in 1989. He was Medical Director of Bourn Hall Clinic from 1989 and has been a Consultant Medical Director since 2006. He has Honorary and Visiting Professorships in China, published many articles and served as President of the British Fertility Society and Vice-Chairman of the Nelson Society.

12, was with his uncle Maurice Suckling at Chatham, but he was then sent off to join a merchant ship for two years to literally 'learn the ropes'.

Nelson is sometimes described as a hypochondriac, though his illnesses were severe and common at the time. He was chronically sea-sick, had malaria, dysentery, scurvy and was thought, at one time, to even have syphilis. On several occasions he was sent home with illness, thought to be near death. Most deaths on board ships were due to illness or accident, not to battle. Nelson was certainly a depressive, too.

His injuries are well known, though the classic one to his eye was at the Siege of Calvi, Corsica, due to stone splinters which caused loss of sight in his right eye; he did not lose the eye, but used an eye-shade (not an eye patch) to protect the good eye and shade the damaged one.

We were taken through notable events in Nelson's naval career. He joined the frigate 'Lowestoft', was sent to the West Indies and was rapidly promoted. Aged 20 he was made post-captain on HMS Hinchinbrook – a remarkable event, since it was unheard of at that age and was barely acceptable under naval regulations!

It is said that his men loved him, he cared for them, kept them 'fighting fit', knowing that they would then be a more competent fighting force. His favourite ship was Agamemnon, which he commanded under Admiral Hood. Nelson was involved in many historic battles, notably capturing two Spanish ships at once at the Battle of Cape St. Vincent, and on another occasion, devastating the French fleet in Alexandria.

In Naples, where Sir William Hamilton was ambassador, Nelson met him and his wife Lady Emma. She enticed him and he fell for her charms. They became lovers and a baby, Horatia, was later born to them. Strangely, Sir William tolerated this "ménage a trois" and they all lived together – apparently very amicably!

Nelson died from a musket ball shot from the rigging of the French ship Redoutable which pierced his shoulder, penetrated major blood vessels in his lung, then shattered his spine, taking his epaulet with it! He died on the orlop deck of HMS Victory and was preserved in a barrel of brandy (not rum!) to return home for burial in St. Paul's Cathedral.

He was respected and greatly missed by all his contemporary leaders. This was a fascinating exposé of many aspects of Nelson which are not generally known. Peter is an inveterate collector of Nelsonic memorabilia, including cannon balls!

Last word

Dr Graeme Ratten FRCOG provided a talk entitled 'Enjoying retirement (Advice from the Antipodes)' based upon his gradual retirement over 13 years

Graeme Ratten graduated MBBS in 1963 receiving his initial specialist gynaecological training in Melbourne, Australia. He achieved his MRCOG in 1969 and worked as registrar in obstetrics and gynaecology at West Middlesex Hospital and returned to Melbourne in 1971. Having spent his working life as consultant obstetrician with appointments to the Mercy Hospital, Graeme commenced a gradual retirement process in 1996 before retiring completely from clinical

With average life expectancy in developed countries being greater than 80 years, medical practitioners can expect a long retirement, in many cases, as much as one-quarter as long as their time in clinical practice. Careful planning is necessary to ensure that one enjoys this significant part of life.

Freedom from financial stress is obviously very important. Superannuation contributions by employers and state pensions are unlikely to be sufficient to finance a desired lifestyle and it may be important to seek advice from an accountant or financial advisor many years prior to retirement. Investment in property and/or shares during one's working life is wise.

A gradual retirement, progressively relinquishing responsibilities is preferable to sudden cessation of all medical work. A phased withdrawal from in-patient obstetric responsibilities, then cessation of gynaecological surgery followed by

cessation of all clinical work and teaching responsibilities is a good plan.

Attention to physical wellbeing is important. Increasing age and stiffening joints are not an excuse to discontinue or minimise physical activities. Gymnasiums provide exercise programs tailored for those of increasing age and decreasing physical ability with particular attention to the problems of flexibility and balance.

The latter is important as one in four people aged 65+ have a fall each year and 40% have multiple falls, over 30% of those who fall require medical attention. Attention must be paid in exercising the brain. Crosswords and other puzzles, reading, writing and engaging in other mentally challenging activities appear to be good for the brain and may help ward off Alzheimer's disease, as may exercise, a healthy diet, stress management and an active social life.

Self diagnosis and self medication are fraught with danger, particularly when carried out by a retired gynaecologist! A good relationship with a family doctor is mandatory, as is an annual review of physical health and medication taken together with screening laboratory investigations.

Gynaecology is a demanding mistress, but in return offers a career which is interesting, physically and emotionally challenging and enables long term friendships to be developed. Human beings are social creatures and loss of contacts in retirement must be countered by developing new friendships and support systems. Fortunately there is plenty of scope for retirees to be involved with local community centres, senior's groups, Probus clubs and Church groups.

Regular meetings with other retired health professionals, neighbours, and family members can be stimulating and fulfilling as can volunteer work which enables one to make a continuing contribution to society.

Retirement from active clinical practice can be, and should be, a time full of interest and relaxation, a time when new friendships can be developed, old interests pursued and new interests discovered. This will not happen without personal input.

It is incumbent on all of us to ensure that our retirement is rewarding and fulfilling and, ideally, making a helpful contribution to others.

Noticeboard

Next Society meeting

The next meeting of the Retired Society of Fellows and Members will be held on Friday 24 November 2017 from 13.00 onwards. We are currently finalising speakers for the meeting and will provide an update soon.

To register your attendance, please contact Sophie Cooper (admineq@rcog.org.uk) or by phone 020 7772 6311.

Get Involved

We are eager to hear from retired Fellows and Members who would like to contribute to this ***Bulletin***. This may be in the form of an article, news story or an item of interest you would like to share with your colleagues. If you'd like to get involved, please contact James Cross (jcross@rcog.org.uk). The next issue of the Bulletin will be published in August 2017.

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