You may be under the impression that BJOG only publishes information of relevance for those undertaking research projects in specialised areas of O&G. However, while it is true that BJOG publishes the latest original research in women’s health, it also offers a lot of extra content that will be of interest to anyone who practises O&G.

BJOG Perspectives

This series of short articles covers a range of topics to provide different perspectives on papers and topics within the journal and O&G more generally.

- BJOG Inspired – Offering personal stories on how BJOG has impacted readers’ work and careers.
- BJOG on the Case – Sharing legal cases or the legal implications of practice so that clinicians can keep informed of this unavoidable area of medicine.
- BJOG since 1902 – Understand how medicine and the speciality has changed, or not, by comparing papers published in BJOG 100 years ago with current studies.
- BJOG Debate – Experts provide opposing arguments on surgical techniques, ethical issues, current practice and topical disputes.

Insights from Outside BJOG (IfoB)

Do you struggle to find time to keep up to date with research published across the many medical journals? BJOG publishes ‘Research Snippets’ from the Journal Article Summary Service, so rather than trawling through numerous journals you can keep abreast of the latest important topics with this useful article. The feature often covers research published in the BMJ, JAMA, the Lancet and many more.

IfoB also covers recent reports and guidelines that have been published on topics relevant to women’s health. We often provide summaries of reports from WHO, CDC, and Unicef. The clinical guidelines updates box signposts the latest guidelines from the RCOG and other colleges.

To keep aware of what is coming up in the field of research we also highlight patents and clinical trials currently under way in the speciality. If you are working on a trial and you would like it to be included please do let us know, by emailing bjog@rcog.org.uk.

Commentaries

BJOG has been publishing an increasing number of mini commentaries from experts in the field. These short articles, found at the end of papers, put the research into context, offer another point of view or provide useful background information to help the reader understand and appreciate the research better.

BJOG also publishes longer commentaries, found at the beginning of every issue, that often cover very topical issues. For example, we have just published a pair of commentaries reflecting on the challenges of obstetrics during an Ebola epidemic.
FURTHER INFORMATION:
Look out for #expertcommentary on Twitter (@BJOGTweets) when a new commentary has been published.

COMING SOON!
Editor’s Choice podcast – listen to one of BJOG’s Deputy Editors-in-Chief reflecting on the latest issue.

DON’T FORGET!
Gain CPD points with BJOG: every issue of TOG contains CPD questions related to a BJOG paper.

Revalidation – two years on

A look at the experiences of Fellows and Members. By Jo Anthony FRCOG, Revalidation Committee Chair.

We have gathered views from a number of Fellows and Members about their experience of revalidation. While there are challenges for some groups, on the whole revalidation is seen by our members as a positive step.

The experience of an English Responsible Officer in the first year of revalidation. Dr David Evans FRCOG, Responsible Officer, England

The process of medical revalidation with the GMC Council began in December 2012 after a gestation period of almost 11 years from first proposal.

For the majority of doctors working mainly in NHS practice with a single employer, establishing their designated body and developing their submission should have been a straightforward task. For those with portfolio careers or working as locums, this was complicated by the major organisational changes, with NHS England Medical Directors becoming the Responsible Officer (RO) of default for many.

Despite this, 25,000 doctors were successfully revalidated with a further 5,077 being recommended for deferral. This was very much as predicted and in keeping with expected rates of sickness and maternity leave.

The duties of an RO have now become routine with portfolios appearing on time and prepared to a high standard. For most, the submission for revalidation is little different from that for their annual appraisal.

National reports suggest that obtaining data to support submissions has not been as difficult as many had feared.

The appraisal system in Scotland.
Mr A Mathers FRCOG, Consultant Obstetrician and Gynaecologist, Glasgow

The Scottish Online Appraisal Resource (SOAR) makes appraisal easy (www.appraisal.nes.scot.nhs.uk). SOAR is hosted by National Education Scotland (NES) and the 11,784 out of 13,113 practising doctors in Scotland registered attests to the success of the system.

The process is entirely online. Once registered, the local RO Secretariat allocates appraiser/appraisee pairings, interviews are organised and the appraisee can easily upload documentation to populate Forms 1 to 3. RCOG CPD and similar summary material can also be uploaded. The appraisee completes a confidentiality statement after which the appraiser can access Forms 1 to 3 and open the option to prepare Form 4. A marker of the success of this system is that the GMC has indicated that Scotland has one of the lowest rates of revalidation deferrals in the UK.

NES commissioned a bespoke Scottish multisource feedback tool and currently over 7,000 doctors in Scotland have used this with very positive feedback.

Support for appraisers is provided by NES in terms of training and education for new, enhanced and experienced appraiser ‘refresher’ purposes. Medical appraisers in secondary care are expected to undertake an average