



# **RCOG Manifesto for Change**

**– moving forward from the second Francis Inquiry**

## 1. *Always put the patient first*

**PRINCIPLE:** Globally, medicine exists to serve the people and as doctors, we have embarked on our careers because we want to care for our patients with humanity. Within the UK, all obstetricians and gynaecologists must ensure that they interact with their patients with compassion, dignity, respect as set out in the [NHS Constitution](#) (2013) and with probity and integrity in accordance with the GMC's [Good Medical Practice](#) (2013). We must provide evidence of such professionalism through the annual appraisal and revalidation processes.

**RCOG COMMITMENT:** The appraiser, appraisee and Responsible Officers must ensure due diligence in gathering patient and colleague feedback for GMC revalidation and implement any necessary remedial action. The RCOG will continue to develop strategies and educational materials to support professionalism.

**PRINCIPLE:** We must always act responsibly and where appropriate, engage openly and transparently with our patients and their relatives about their care and treatment, respecting their wishes at all times.

**RCOG COMMITMENT:** All specialists, independent of experience, should have a mentor with whom they can seek further advice about patient care or other professional issues as recommended in [Tomorrow's Specialist](#) (2012). The RCOG will develop further its ability to understand the needs and choices of women through our Women's Network and in partnership with women's organisations.

**PRINCIPLE:** We have a duty of candour to report cases of serious untoward incidents (SUI) and substandard care honestly, to the appropriate authority in a timely manner.

**RCOG COMMITMENT:** Specialists seeking further advice, beyond that offered by their Clinical Directors, should feel empowered to approach the Regional College Advisors (RCAs) and where appropriate, RCAs should feel confident to approach the RCOG for assistance. The RCOG will work with its RCAs to provide independent, confidential support and guidance to doctors, regardless of their status.

## 2. *Zero harm and patient safety*

**PRINCIPLE:** Foremost in our minds is the provision of high quality care that is safe, clinically effective and enhances the experience of all patients. High quality care includes following best practice through clinical standards and guidelines and measuring outcomes with the sharing of appropriate information between health and social care colleagues. Good multidisciplinary team working in units and in Strategic Clinical Networks, as proposed in [High Quality Women's Health Care](#) (2011), will help improve care and the patient experience.

**RCOG COMMITMENT:** The RCOG will re-evaluate the safety assessment tools including the maternity dashboard to embrace evidence of the implementation of core clinical guidelines and to develop a safety dashboard for gynaecology care. Clinical staff must feel able to report where patient safety is compromised by process targets.

**PRINCIPLE:** Within the new NHS England structures, liaison between the Clinical Commissioning Groups (CCGs), Strategic Clinical Network leads, Health and Wellbeing Boards and Clinical Senates are key to the meaningful implementation and commissioning of safe care. Similar communications should occur with the equivalent and complementary structures of the devolved nations.

**RCOG COMMITMENT:** The RCOG will support the introduction of an 'O&G Safety Champion' in each Trust who will have a formal relationship with the RCOG, similar to that of a College Tutor. These individuals will liaise with the RCAs to collate clinical, safety and outcomes data centrally.

The leadership role of RCAs need to expand to include the coordination of quality and safety in units with an appropriate reporting structure to both the new NHS structures in England and in the devolved nations and the RCOG.

**PRINCIPLE:** Every doctor must be involved in ensuring that patient safety is embedded in their daily practice and we must ensure that it is core in the practice and thinking of all trainees and specialists in obstetrics and gynaecology.

**RCOG COMMITMENT:** Safety must be a central component of the curricula of the MRCOG, ATSMs and post-CCT training. Separate specialist training in patient safety should be considered for trainees and accredited specialists.

### **3. *Creating outstanding leadership and working together as teams of professionals***

**PRINCIPLE:** Often, we have the responsibility to lead both our profession and our partner professions and this includes challenging colleagues or employers when there is clear evidence of poor practice. As leaders we must set the example for our trainees who require support, supervision and empowerment to offer their honest opinion. As O&G specialists, we must work closely with other colleagues to offer safe and good quality care, through professional team working for the benefit of the women we serve. We must ensure that decisions of service developments and configurations of service are based on the needs of the whole community.

**RCOG COMMITMENT:** Training should be undertaken only in units that reach an appropriate level of educational quality assurance. Managed networks within the UK (eg. Strategic Clinical Networks in England) will enable better co-ordination of care between healthcare professionals and improve access for women. Reconfiguration of services must be based on national standards with local circumstances in mind.

**PRINCIPLE:** We will strive to ensure good communications within our teams. Trainees should be involved in decision-making and not be undermined by their colleagues.

**RCOG COMMITMENT:** At a Trust level, a collaborative, multi-disciplinary approach with all our medical, midwifery and nursing colleagues will provide better care to patients. The RCOG Workplace Behaviours Adviser will confront undermining issues in the specialty and improve services to women. Good interpersonal relationships between medical staff and other team members will enable better professional-patient relationships. Nationally, the RCOG will continue to develop creative strategies with the RCM and other professional bodies to improve and update services.

### **4. *Regulation, inspection and accountability***

**PRINCIPLE:** The Royal Colleges should have a role in accreditation and hospital visits to ensure that quality standards in education, training and service provision are maintained. These visits empower trainees and provide them with the opportunity to speak openly and in confidence with the assessors. Current statutory reviews by Monitor and the CQC do not include measures that are covered by the Royal Colleges' accreditation systems.

**RCOG COMMITMENT:** The government's response to the Francis Inquiry suggests that the Royal Colleges should be involved in the assessment process in partnership with the regulators and investigators of each nation in the UK. The RCOG should develop a cadre of trained assessors to assist the CQC and other regulatory bodies and also to undertake accreditation assessment for clinical areas that are not covered by other assessment processes.

### 5. *Metrics and outcomes*

**PRINCIPLE:** Both individual clinicians and Trusts must submit accurate and truthful data to the NHS on patient care so that we can monitor service quality and produce outcome metrics. Such data should be collated by the RCOG for revalidation purposes and for quality assurance data on Trusts.

**RCOG COMMITMENT:** The maternity and gynaecology outcome indicators need to be further developed to incorporate data to improve feedback of individual and team practice where relevant. Evidence of good clinical outcomes, patient related outcome measures (PROMS) and patient experience indicators should be developed into composite outcome data in partnership with women's groups and other professional bodies

Next steps: The RCOG will develop measures for the relevant principles/recommendations.

This Manifesto has been prepared with the following RCOG documents and the recommendations of the [second Francis Inquiry](#) in mind:

[RCOG Strategic Plan 2012-15](#)

[High Quality Women's Health Care](#) (2011)

[Tomorrow's Specialist](#) (2012)

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