



Royal College of
Obstetricians and Gynaecologists

Bringing to life the best in women's health care

Annual Report 2010

May 2011

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Unless indicated otherwise, all appointments are as at 31 December 2010

Foreword

Reflection has become a central component of contemporary working practice, not only within medicine but in many disciplines that require interaction with people and organisations. In a similar way, the discipline of producing an Annual Report facilitates such a process, helping the reader to reflect on successes (or failures) in terms of performance and achieving objectives over the previous year.

The College has achieved much in a climate of massive change both internally and externally. Change can cause significant anxiety but can also present an opportunity for refocusing on the core objectives of our discipline. Within the National Health Service (NHS), the proposed health service reforms contained within the White Paper *Equity and excellence: Liberating the NHS* have threatened change on a scale not seen since the inception of the NHS in 1948. The RCOG is supportive of the Government's elevation of clinical standards and outcomes as important indicators of care while being much more reserved about some of the proposed commissioning arrangements. The potential impact of such responses will be evaluated over the next 2 years as the reforms unfold. RCOG Officers, permanent staff and Council have invested much time in constructing responses that will protect the needs of women, improve the service and improve training. We are trying to define elements of the agenda, as exemplified by our Expert Panel which is addressing 'High Quality Care'.

There have been similar significant personnel changes within the RCOG among the Officers and permanent staff. A new CEO, Ian Wylie, replaced Helen Gordon; five new Officers took up their responsibilities in September 2010; and we have said farewell to Beryl Stevens, Deputy Chief Executive and Director of International and Corporate Affairs, after an extraordinary career of 36 continuous years of service which was recognised in the New Year Honours 2011 by the awarding of an MBE. Such change has stimulated the introduction of new ideas. The strategy of the new team, with the strong endorsement of Council, underlines our commitment to delivering our core objectives.

Mrs Helen Gordon achieved much and introduced many innovative working practices into the daily life of College staff. Personnel, with responsibility for continuing training of staff, is an example of her commitment to staff development. Professor Sir Sabaratnam Arulkumaran, Dr Tahir Mahmood, Dr Maggie Blott and Mr Julian Woolfson all demitted office in September 2010 after periods of outstanding contribution to the RCOG.

Globally, the RCOG has received huge support from our Fellows and Members working outside the UK, who number in excess of 5000. The constitutions for both the Representative Committees and the Liaison Groups have been updated. Significant developments are occurring in India, Iraq, Sudan, Nigeria, Kenya, Uganda, Bangladesh, Zimbabwe, Libya, Sri Lanka, Abu Dhabi and Kuwait. Collaborative work with the Liverpool School of Tropical Medicine is creating more opportunities to deliver life-saving skills to many countries. The appetite from many countries for the College's educational products and assessment processes continues to grow, with a major project about to start in India. The launch of the SMILE (Saving Mothers' and Infants' Lives through Education) Appeal aims to realise opportunities to secure sound financial support for this work. In Eastern Europe, the growth of the Eurovision work has been remarkable.

Significant attention has been paid to strengthening working relationships with groups closely associated with the RCOG. Wellbeing of Women, the National Collaborating Centre for Women's and Children's Health, the Centre for Maternal and Child Enquiries, the Faculty of Sexual & Reproductive Healthcare, Practical Obstetrics MultiProfessional Training Courses, the Lindsay Stewart Research and Development Centre (see page 32) and the professional societies are all major contributors to our agenda and we value their input and support in delivering our objectives.

Defining standards of clinical care is a core function of our work. In addition to response papers, reports from the Working Groups on Fetal Awareness and Termination of Pregnancy for Fetal Abnormality were published. These documents aim to help clinicians and women in very difficult circumstances. The Good Practice guidance documents entitled *Labour Ward Solutions* and *Improving Patient Handover* are examples of practical and helpful tools aimed to reduce the risk faced by women on our labour wards. The Lindsay Stewart Research and Development Centre, currently undertaking a large piece of work on heavy menstrual bleeding, is producing data of critical importance as we negotiate with Government and health service leaders on the shape and provision of clinical care.

The needs of trainees within our own system and those working overseas have continued to be a major responsibility. The MRCOG is perceived as a very desirable indicator of professional knowledge and the numbers sitting the two components of the examination increase year by year. Refinements to the curriculum are made continuously to improve the competence level of tomorrow's specialists. The workforce requirements for our discipline are evolving owing to changes in work patterns and the pressures of designing safe and compliant out-of-hours cover arrangements. Within the next 4 months we will be able to define these requirements more accurately. The completion of the census with a 100% return rate has enabled this. The internally devised recruitment system is working well and the discipline of obstetrics and gynaecology is more popular than it was a few years ago. The nature of our discipline is changing and we must consolidate in certain areas: strengthening surgical training for trainees involved in the decreasing number of major surgical interventions in gynaecology (surgical Advanced Training Skills Modules have been re-designed with this in mind); simulation training is being introduced at the beginning of training through the offices of the British Society for Gynaecological Endoscopy; the numbers of trainees undertaking subspecialty training must be geared to service requirements.

The success of the RCOG depends on the smooth running of many other departments that work quietly but efficiently to produce high-quality products and services. On behalf of our members I wish to thank the unsung providers at the RCOG for their dedication. The needs of the organisation are changing and our aspirations are encapsulated in our new strapline: 'Bringing to life the best in women's health care'. Some internal change is inevitable to address the challenges that we face in 2011. I hope that by the next Annual Report the changes will be reflected through a more efficient delivery of our services.

The generosity of Fellows and Members throughout the world should be a source of pride to us all. Many people donate huge amounts of time to realise the aspiration of improving women's health care through teaching, guideline development, standard setting, assessments and much more. Thank you for helping to fulfil our responsibilities.

Dr Anthony Falconer FRCOG
President

Governance and Management

Structure, governance and management

The College is a registered charity and was incorporated by Royal Charter on 21 March 1947. The Charter was renewed in December 2003 and its affairs are now managed and regulated in accordance with its Regulations. During 2010, the College was separately registered as a charity in Scotland.

Council and organisational structure

The governing body of the College is the Council, which meets six times a year. The Council is responsible for the activities of the College. Its powers include the election of Honorary Fellows, Fellows and Members of the College and the appointment of Boards and Committees with delegated authority subject to the direction of Council. Council receives recommendations from Boards and Committees for discussion and ratification. The structure for Boards and Committees appears later in this report.

The Council currently comprises 19 elected Fellows, 11 elected Members and up to five co-opted and invited members. The six elected Honorary Officers are ex officio members of Council.

Fellows and Members are elected within regions of the British Isles. Fellows may nominate and vote for Fellows and Members for Members by defined regions. International elections also provide a further five places for Fellows. Elected members of Council may serve for a maximum of 6 years and this period is taken into account for the total period of eligibility.

Only elected members of Council and the elected Officers have the right to vote in any ballot on issues decided by the Council.

The Honorary Officers of the College are elected annually by ballot at a meeting of Council. The President, Senior Vice President and Vice Presidents may serve for a maximum of 3 years, while the Honorary Treasurer and Honorary Secretary may serve for 7 years.

The current Officers and Council members are listed on pages 8–9.

The Finance and Executive Committee (F&E) has delegated power to perform, on behalf of Council, matters of routine business. F&E is responsible for the financial affairs of the College including the setting of the annual budget and approving financial statements, subject to the greater authority of Council. F&E decides on items of significant unbudgeted and capital expenditure, subject to limitations provided by Council. It meets monthly, except January and August, and the membership includes the six Honorary Officers, two elected Fellows and two elected Members of Council and the Senior Management Team.

Due attention is paid to the encouragement of diversity on all College Boards and committees.

Objectives and Public benefit

The principal object of the College, as described in its Royal Charter, is ‘the encouragement of the study and advancement of the science and practice of obstetrics and gynaecology’. This is

reflected in the College's stated mission, which is to set standards to improve women's health and the clinical practice of obstetrics and gynaecology in the UK and across the world. Promoting best practice is at the heart of the College's activities.

In practical terms, the College does this through setting standards for training and best practice, educating and supporting Fellows, Members, trainees and other clinicians and advancing science and practice in the specialty of obstetrics and gynaecology by working with other organisations in health and in the care of women.

While the College works to educate doctors in, and set standards for, the speciality of obstetrics and gynaecology, the ultimate beneficiaries of our work are women and their families in all the countries where our doctors work and also where the College delivers targeted help in under-resourced regions.

The identifiable benefits women receive include the specialist clinical care made possible through the education of doctors. Women also benefit from service improvements through the setting of standards, our participation in research and audit and our collaborative work with other educational providers, service bodies and policy makers in health. The number of doctors successfully qualifying in the specialty and the tangible use of our standards to improve care confirm that these benefits are being achieved. The general public and health professionals can access information via our free-to-view website.

Our activities are funded through charging for examination and educational activities, membership fees, selling publications and operating as a conference venue.

The College is registered with the Charity Commission in England and the Scottish Charity Regulator, although it pursues educational and standards setting activities across the whole of the UK as well as in an increasing number of other countries.

Induction and appraisal

New members of Council are inducted into their role as Trustees and the business of Council through a programme including briefings from the President, Officers, Chief Executive/Secretary to the Board of Trustees and key staff. As part of this process, information is provided about their roles and duties as charitable trustees, as well as other supporting information about the governance of the College.

The President appraises the progress made by Officers and Council in relation to their areas of responsibility and the objectives outlined in the College Strategy. This occurs at least annually. Internal support and development is given to Trustees in accordance with identified individual needs.

The Chief Executive is appraised by the President on an annual basis.

Risk statement

Council reconstituted its Audit Committee in 2006 with revised terms of reference. The Committee, as part of its duties, oversees risk management activity at the College. These activities include identifying the major risks faced by the College and ensuring that appropriate systems and

controls are in place to mitigate the risks identified. Risk management is viewed as a dynamic cycle of assessment and action and review.

The Audit Committee looks at all aspects of College activity which could present a risk to the continuing business and good conduct of the charity, classified as legal, financial, operational and governance risks. During the year, Dr Anthony Roberts FRCOG became Chair of the Audit Committee following the election of Dr Paul Fogarty FRCOG to the post of Honorary Treasurer.

Statement of Council's responsibilities

The law applicable to charities in England, Scotland and Wales requires the members of Council, who are also Charity Trustees, to prepare the financial statements of each financial year, which give a true and fair view of the College's financial activities during the year and of its financial position at the end of the year. In preparing financial statements giving a true and fair view, the Council should follow best practice and:

- select suitable accounting policies and apply them consistently
- make judgements and estimates that are reasonable and prudent
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the financial statements
- prepare the financial statements on the going-concern basis unless it is inappropriate to presume that the College will continue in operation.

The members of Council are responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the College and which enable them to ensure that the financial statements comply with applicable law. They are also responsible for safeguarding the assets of the College and ensuring their proper applications under charity law and, hence, for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Council is responsible for the maintenance and integrity of any financial information, including reproduction of this report and the financial statements, on the College website. Legislation in the UK governing the preparation and dissemination of accounts may differ from legislation in other jurisdictions.

The Council confirms that, so far as it is aware, there is no relevant audit information of which the College's auditors are unaware. It has taken all the steps that it ought to have taken to make itself aware of any relevant audit information and to establish that the College's auditors are aware of that information.

Staff policy

The College is an equal opportunities employer and will apply objective criteria to assess merit. It aims to ensure that no job applicant or employee receives less favourable treatment on the grounds of age, race, colour, nationality, religion, ethnic or national origin, gender, marital status, sexual orientation or disability.

Selection criteria and procedures will be reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities. All employees will be given equal opportunity and, where appropriate and possible, special training to enable them to progress both within and outside the organisation. The College is committed to a programme of action to make this policy effective and will bring it to the attention of all employees.

Review of activities

This report details the activities that took place in 2010. Highlights of significant areas of progress that took place during 2010 are also published in the College's 2010/11 *Annual Review*.

Plans for future periods

With the election of the President and four new Officers in September 2010, there was an opportunity to look at the next set of College priorities for the 3-year period beginning in 2011. The Council adopted the following 14 strategic goals at its meeting in January 2011, under the following headings:

1. What we want to achieve in women's health and childbirth.
2. What we want to achieve in the profession of obstetrics and gynaecology.
3. What we want to achieve in the College.

1. What we want to achieve in women's health and childbirth

Strategic Goal 1: We want the RCOG to provide effective leadership in all matters affecting the provision of quality health care for women

Strategic Goal 2: We want the RCOG to become the premier advocate in UK and globally for women's health and childbirth

Strategic Goal 3: By 2014 we want women in the UK to have access to fully trained doctors and staff and access to high-quality care at all times

Strategic Goal 4: We want the RCOG to be fully engaged and collaborating with UK partner organisations

Strategic Goal 5: We want the RCOG to be fully engaged and collaborating with global partner organisations

2. What we want to achieve in the profession of obstetrics and gynaecology

Strategic Goal 6: We want to promote evidence-based practice to ensure the highest quality of care

Strategic Goal 7: We want all our work to have at its core standard setting and education provision

Strategic Goal 8: We want to lead policy on the changing role of the obstetrics and gynaecology consultant

Strategic Goal 9: We want to restore satisfaction and fulfilment from a career in obstetrics and gynaecology

Strategic Goal 10: We want to develop effective leadership in the profession

3. What we want to achieve In the College

Strategic Goal 11: We want to connect the College with UK specialist societies

Strategic Goal 12: We want to develop further the connection of the College with its membership

Strategic Goal 13: We want to develop leadership, governance and staffing structures to support the College's priorities

Strategic Goal 14: We want to establish a strong financial and business model to support the

College

Performance framework

The priorities identified in the Strategic Plan will guide the Operational Plans for the next 3 years. These will be reviewed regularly by Council and a formal review of all the strategic goals will be undertaken every 6 months.

Council

		ATTENDANCE RECORD, 2010	ELECTED	RETIRES
HONORARY OFFICERS UP TO 24 SEPTEMBER 2010				
President	Sabaratnam Arulkumaran	10 ³	2007	2010
Senior Vice President	Anthony Dale Falconer	10 ¹	2007	2010
Vice President	Tahir Ahmed Mahmood	10 ³	2007	2010
Vice President	Margaret Jennifer Blott	8 ³	2007	2010
Honorary Treasurer	Julian Woolfson	10 ³	2005	2010
Honorary Secretary	Richard Charles Warren	10 ¹	2004	2011
HONORARY OFFICERS FROM 24 SEPTEMBER 2010				
President	Anthony Dale Falconer	6 ¹	2010	2013
Senior Vice President	James Johnston Walker	6 ²	2010	2013
Vice President	David Hugh Richmond	6 ¹	2010	2013
Vice President	Wendy Margaret Neely Reid	6 ¹	2010	2013
Honorary Treasurer	Paul Patrick Fogarty	6 ¹	2010	2013
Honorary Secretary	Richard Charles Warren	6 ¹	2004	2011
ELECTED FELLOWS (19)				
London (2)	Melanie Davies	14 ¹	2008	2014 er
	Wendy Margaret Neely Reid	8 ¹	2009	2010
	VACANCY			
Eastern (1)	Roger Walton Howard Giles	14 ¹	2008	2011
Northern/Yorkshire (1)	Paul Hilton	15 ¹	2011	2014
South West (1)	Sanjay Vyas	7 ⁵	2007	2010
	Jonathan Frappell	8 ⁴	2010	2013 er
North West (1)	David Hugh Richmond	10 ¹	2009	2010
	Charles Kingsland	4 ⁶	2010	2013 er
South East (1)	Ian Currie	16 ¹	2009	2012 er
Trent (1)	William Leigh Ledger	11 ¹	2008	2011
West Midlands (1)	Anthony Deans Guthrie Roberts	13 ¹	2008	2011
Wales (1)	Simon John Emery	16 ¹	2008	2011 er
Scotland (2)	Alan Dougal Cameron	16 ¹	2008	2011 er
	Christine Parry West	16 ¹	2008	2011 er

ELECTED FELLOWS continued		ATTENDANCE RECORD, 2010	ELECTED	RETIRES
Ireland (2)	Paul Fogarty	9 ¹	2008	2010
	Andrew Curtain	14 ¹	2009	2012
	Robin Ashe	4 ⁶	2010	2013
International (England) (4)	James Johnston Walker	9 ²	2007	2010
	Janice Rymer	7 ⁵	2010	2013 er
	John Shepherd	7 ⁵	2007	2010
	Linda Cardozo	9 ⁴	2010	2013
	Lesley Regan	14 ¹	2009	2012
	Patrick Michael Shaughn O'Brien	15 ¹	2008	2011 er
International British Isles (1)	James Connor Dornan	12 ¹	2008	2011 er
ELECTED MEMBERS (11)				
London (2)	Keith Duncan	4 ⁵	2007	2010
	Daghni Rajasingam	9 ⁴	2010	2013 er
	Narendra Pisal	11 ¹	2008	2011 er
Eastern (1)	Medhat Hassanaien	12 ¹	2009	2012 er
Northern/Yorkshire (1)	Peter Blakeman	14 ¹	2009	2012
South West (1)	Jane Mears	2 ⁵	2009	2012 er
North West (1)	Andrew Pickersgill	15 ¹	2009	2012 er
South East (1)	Ash Monga	11 ¹	2009	2012
Trent (1)	David Nunns	1 ⁵	2008	2010
	Roderick Eng Chee Teo	6 ⁵	2010	2013 er
West Midlands (1)	Thomas Justin Clark	12 ¹	2010	2013
Scotland (1)	Andrew John Thomson	16 ¹	2008	2011 er
Ireland (1)	Carolyn Bailie	12 ¹	2009	2012

Council attendance record

This includes attendance at formal Council meetings and Fellows' and Members' admission ceremonies.

¹ Number of meetings attended out of a total of 16 meetings

² Number of meetings attended out of a total of 14 meetings

³ Number of meetings attended out of a total of 10 meetings

⁴ Number of meetings attended out of a total of 9 meetings

⁵ Number of meetings attended out of a total of 7 meetings

⁶ Number of meetings attended out of a total of 4 meetings

er = eligible for re-election

Co-opted member

Jayanta Chatterjee MRCOG, Chair, Trainees' Committee

Invited members

Gillian Baker, Chair, Consumers' Forum

Christine Robinson, President, Faculty of Sexual & Reproductive Healthcare, RCOG

Liz Stephens, President, Royal College of Midwives

Management

Senior Management Team

Chief Executive

Helen Gordon to June 2010
Ian Wylie from September 2010

Deputy Chief Executive and
Director of International and Corporate Affairs
Head of Finance
Director of Education
Head of Personnel
Director of Services
Director of Standards

Beryl Stevens
Sandra Tetsola
Michael Murphy
Rachel Dell
Jon Price
Charnjit Dhillon

Head of:

Bookshop
Communications and External Affairs
Conferences and Postgraduate Meetings
Corporate Affairs
Estates
Facilities
Information Services
Postgraduate Training Department
Publications

Richard Baber to May 2010
Gerald Chan
Lynn Whitley
Luke Stevens-Burt
Andrew Madzia
Jan Horsnell
Lucy Reid
Belinda Grantham-Hill
Jane Moody

Advisers

Auditors

Buzzacott LLP
Chartered Accountants
130 Wood Street
London
EC2V 6DL

Bankers

Barclays Bank plc
Hanover Square Corporate Banking Group
PO Box 15163H
50 Pall Mall
London
SW1A 1QD

Solicitors

Hempsons
40 Villiers Street
London
WC2N 6NJ

Business priorities for 2011

Continuing Audit Committee business centres on management of College monies. Fixed interest capital will be kept on longer deposit to ensure better interest rates, but better scoping of College financial needs will ensure that day-to-day financial requirements are met. College has considerable monies in restricted, unrestricted and endowment funds and the Audit Committee has identified the need to actively manage these in line with the benefactors' wishes.

During 2010, considerable thought was given to the long-term business planning of the College, with an options appraisal on the long-term tenure on Sussex Place concluding that the College needs to plan for future discussions with the Crown Commission on extending the leasehold on the building. To begin to restructure the financial basis of College activities, a 3-year Finance and Resources Plan was developed in 2010 which had an impact on in-year expenditure and allowed the College to create a balanced budget for 2011. This provides a good platform for a longer-term review of the College's strategic business and financial priorities, which will begin in the second half of 2011.

Editor-in-Chief of:

BJOG: An International Journal of Obstetrics & Gynaecology
The Obstetrician & Gynaecologist
StratOG.net

Professor Philip Steer
Mr Jason Waugh
Professor Gary Mires

Conveners for:

Meetings

Study Groups

Training the Trainers' Courses

Course Leads

Part 1 Revision Courses

Part 2 Revision Courses

Part 2 Revision Courses Assistant Convenor

Basic Practical Skills Courses

Co-ordinator RCOG Eurovision

Careers Officer (Senior)

Careers Officer (Junior)

CPD Officer

National Lead for College Tutors

Foundation Lead

National SAS Doctor Lead

Director of E-Learning

Director of Simulation

Simulation Leads

Less than Full-time Training Adviser

Sponsorship Officer/Adviser for Refugee Doctors

Medical Workforce Adviser

Recruitment Officer

Specialty Recruitment Officer (ObsJobs)

Advanced Training Skills Module (ATSM) Officer

Ultrasound Officer

Clinical Directors' Lead

Lead International Diploma in Women's Health

Honorary Cellarer

Heritage Adviser

Professor Basky Thilaganathan

Professor Sean Kehoe

Mr Suresh John Duthie

Mr Sambit Mukhopadhyay

Miss Jane Wilson

Mr Timothy Mould

Dr Claudine Domoney

Mr David Redford

Mr Anthony Hollingworth

Dr Ian Chamberlain

Mr Mourad Seif

Mr Roger Giles

Miss Melissa Whitten

Mr Mahmood Shafi

Miss Catharine Roberts

Miss Melissa Whitten

Dr Heather Currie

Professor Gary Mires

Dr Mark Roberts to May

Dr Alison Gale (obstetrics)

Mr Jonathan Frappell (gynaecology)

Ms Sue Ward

Mr Manisankar Das

Mr John Latimer

Professor Janice Rymer

Mr Kim Hinshaw

Dr Clare McKenzie to May

Dr Paul Moran from June

Mr Christoph Lees

Mr David Churchill to September

VACANCY from October

Mr Nigel Bickerton

Mr Michael Cohn

Mr Anthony Kenney to May

Mr Damien Eustace from June

Report of Council

The Finance and Resource Plan 2010–2012 was discussed several times during the meetings of Council in 2010. This document describes objectives and guidance on creating better efficiency in the College, both financially and administratively. Wiley-Blackwell has been appointed publisher of *The Obstetrician & Gynaecologist (TOG)*, which has resulted in savings; committee structures have been streamlined, including the establishment of a SMARTER model for product development; online registration has been introduced for conferences and there have been discussions about bringing the organisation of the British and International Congresses of Obstetrics and Gynaecology in house; there has been progression of external advertisements on the RCOG website; a three-way agreement has been signed between the RCOG/Federation of Obstetric and Gynaecological Societies of India/All India Co-ordinating Committee with Jaypee Brothers publishers in India to license Indian editions of RCOG Press books; increased marketing of the College's facilities has taken place through Convex; and much more.

Looking towards the future, a paper was presented on providing a high-level review of the College estate based on the current level of services provided. The paper also considered the possibility of relocation of the College outside London. It was necessary to discuss and re-evaluate the College's needs and the estate's suitability for purpose, including affordability and drivers behind current extension plans, together with the need to extend the lease, which has 46 years to run. It was recommended to remain at Sussex Place and to consider applying for the lease extension at a future date, yet to be determined. Council agreed to incorporate extension of the lease into its future business planning.

The future of the Ethics Committee was given consideration as this group was largely inactive during 2010. The view of the Council was to retain the Ethics Committee but to restructure it to include a lay Chair, with an Officer being appointed as Co-Chair, with the Committee given a clear remit and objectives. Dame Suzi Leather (Chair, Charity Commission, and past Chair, Human Fertilisation & Embryology Authority) had agreed to chair the RCOG Ethics Committee. It was decided that the Committee would be independent and any documents produced from that group would be publicised. However, if there was a variance of views between the College and the Committee, the College would state this at the time of publication and provide its views together with reasoning behind these. Progressing the Committee will take place during 2011.

Following discussions with the Centre for Workforce Intelligence regarding workforce issues, which highlighted that consultant expansion would be required to provide services if trainee numbers were reduced, the specialty had been allocated a workforce planner and a matrix of workforce planning and workforce numbers was being developed. The Centre for Workforce Intelligence would be publishing the number and type of posts available for recruitment by April 2011: it was important that the specialty's workforce figures were correct before this and a prospective plan was in place. In addition, there was a risk of overproducing trainees in many of the subspecialties and the Chair of the Subspecialty Committee was leading on a piece of work to see what the appropriate numbers for recruitment might be.

The potential for a possible collaboration with Wellbeing of Women for international fundraising was also discussed and further discussions on this important issue will take place with Wellbeing of Women Trustees during 2011.

A consensus statement on the role of general practitioners (GPs) in maternity care was given consideration by Council. Comments included that GPs are not being trained in maternity matters in primary care and that there is a need to review the role of training and to consider incorporating obstetric care as part of the DRCOG examination. Discussions would take place with the Royal College of General Practitioners about producing a combined Colleges tool for the training of GPs. Council approved the consensus statement and the College will continue to work with the Royal College of General Practitioners, the Royal College of Midwives and The King's Fund on this issue.

Following on from the rebranding exercise undertaken in 2009, the new logo and strapline 'Bringing to life the best in women's health care' were approved. The new shield design would be used in publications, marketing materials and so on, but the Coat of Arms would still be used on certificates and other official documentation. Phasing in of the new branding would take place in 2011.

Surveys of the European Working Time Regulations (EWTR) were conducted for Trainees and College Tutors and the results were presented at Council. The EWTR continue to be a very significant issue for this College, like many others, and after a very full and comprehensive debate at Council, it was clear that this matter will continue to occupy the College at many different levels over the coming months. The EWTR are also central to Strategic Goals 7, 8 and 9 in the new Strategic Plan (see pages 6–7).

The RCOG Green-top Guidelines have now gained accreditation by NHS Evidence (an ePortal which allows those working in health and social care to access a wide range of health information to help them deliver quality patient care). This mark of approval recognises the Green-top Guidelines as a source of reliable information for healthcare professionals and the public. The Accreditation Committee at NHS Evidence had noted the College's particular strengths in scoping and objective setting, including stakeholders' involvement in the development process and following a systematic methodology to set recommendations. All Green-top Guidelines from 2007 onwards have been retrospectively accredited and the RCOG guidelines process will be reviewed again for re-accreditation in 2013. It was important to ensure multidisciplinary involvement, and professional societies have to follow the College's criteria for guidelines development if they would like them to be jointly badged.

Working Parties

Title	Reporting date (or anticipated)
RCOG/Royal College of Midwives Clinical Learning Environment Working Party on Work/Life Balance	TBC January 2010
Working Party on Termination of Pregnancy (TOP) for Fetal Abnormality	June 2010
Working Party for Fetal Awareness	June 2010
Expert Advisory Group: High Quality Women's Services: What the service should look like	July 2011
The Evolution of the Post-CCT Role	November 2011
RCOG Governance	TBC

The **Northern Ireland Committee** was proud to assist the Congress Chair Dr Paul Fogarty to coordinate the British International Congress of Obstetrics and Gynaecology in Belfast in June 2010. The scientific programme was superb and thanks go to Professor Basky Thilaganathan for this aspect of the Congress.

The Committee met twice during the year and reports were received from Members of Council, the School of Obstetrics and Gynaecology, the Trainees Committee, the Ulster Obstetrics and Gynaecology Committee, the Northern Ireland Midwifery Council and the Regional College Adviser. Recurring themes were perinatal mental health, consultant presence on the labour ward, the maternity dashboard, neonatal networks and termination of pregnancy guidelines. The most pressing item requiring the attention of the Committee is the awaited Maternity Services Review commissioned by the Department of Health under the joint chairmanship of Dr Paul Fogarty and Professor Cathy Warwick. This aims to review current maternity services in Northern Ireland and to propose recommendations in the form of a regional strategy.

The Chair is to change during 2011 following the appointment of Dr Fogarty as Honorary Treasurer. Dr Robin Ashe will take over this role following election as Fellows Representative on Council.

The **Scottish Committee** has met on four occasions during 2010 and, via its Secretariat based in the Royal College of Physicians and Surgeons of Glasgow, established excellent links with Scottish Members, Fellows and Trainees. The Committee was recently granted charitable status.

Educational activities held in 2010 included a labour ward Advanced Training Skills Module (ATSM) course, the annual medical students careers fair and an extremely successful Scottish Trainees Meeting (AMONGST). An early pregnancy and acute gynaecology ATSM course had to be rescheduled owing to adverse weather conditions, but a new date has been arranged. The Education and Workforce subcommittee, chaired by Laura Cassidy, has continued to meet in parallel with the Obstetrics and Gynaecology subgroup of the Specialty Training Board in Paediatrics and Obstetrics & Gynaecology, NHS Education Scotland, with workforce planning high on the agenda.

The Committee, via its Chair, Professor Alan Cameron, was successful in its bid for Glasgow to host the 2014 meeting of the European Board and College of Obstetrics and Gynaecology, which will be held at the Scottish Exhibition and Conference Centre and supported by Glasgow City Marketing Bureau. This is the year that Glasgow will be hosting the Commonwealth Games and the organising committee will therefore benefit from the improved local infrastructure being set up for the Games.

The diary for 2010 concluded with a particularly successful Annual Scottish Consultants Meeting held in early February 2011, which was attended by 81 delegates. This year an invitation was extended to staff and associate specialist (SAS) doctors. The meeting attracted good sponsorship and was supported by College Officers.

Much of the work of the **Welsh Executive Committee** during 2010 concentrated on the challenges facing service delivery in the Principality. There is recognition of the need to improve the delivery of training for our trainees and this is closely related to the way in which service is delivered. The Committee has worked towards using its wide representation to influence these processes at a difficult time.

The Multi-Professional Project Group produced a report for the Committee in 2010 for use by those with responsibility for service planning. Submission of this document, and other work of the Committee, has been part of a tiered approach to a major review of maternity services in Wales, culminating in the publication of *A Strategic Vision for Maternity Services in Wales* in January 2011. There will be a 3-month consultation period before publication of a final strategy that will define the delivery of maternity services in Wales for many years to come. The Committee is focused on how to ensure that maternity and gynaecology standards are pivotal to the strategy. This is potentially a time of significant change that is challenging for many groups, including our own, but it is also an excellent opportunity to ensure that services are reviewed with standards at the forefront of any changes which occur.

The meetings of the Welsh Executive Committee have been held in mid-Wales for many years and, despite good attendance, the decision was taken in 2010 to move the meetings to Cardiff. We continue to take the view that combining the statutory advisory work of NHS Wales with that of the RCOG Welsh Executive Committee provides considerable benefit and influence. To this end, we have continued to invite representatives from Sands (Stillbirth & neonatal death charity), Welsh Assembly Government (1000 Lives Plus and Maternity Data Project) and other groups.

The Committee is working closely with the Wales Neonatal Network to ensure the safe introduction of a neonatal transfer system. An in utero transfer policy has been agreed by the Committee in an attempt to reduce transfers of mothers and babies within Wales.

Admission Ceremonies

The President had the privilege of admitting five **Fellows ad eundem** during the year:

Professor Frank Chervenak

Consultant, Gynaecologist-in-Chief and Director, New York Hospital-Cornell, New York, USA

Professor Christine Lee

Emeritus Professor of Haemophilia, University of London; Honorary Consultant Haematologist, Oxford Haemophilia and Thrombosis Centre, England

Professor Anibal Faúndes

Senior Researcher, Centro de Pesquisa em Saude Reprodutiva de Campinas (CEMICAMP), Brazil

Professor Louis Keith

Emeritus Professor, Northwestern University, Chicago, USA

Professor Felice Petraglia

Professor and Chair of Obstetrics and Gynaecology, University of Siena, Italy

The President also welcomed eight **Fellows honoris causa** during the year:

Professor Malcolm Leon Chiswick

Honorary Consultant in Neonatal Paediatrics, St Mary's Hospital, Manchester; Honorary Professor of Neonatal Medicine, University of Manchester, England

Dr Margaret Oates

NSR Clinical Lead, NHS East Midlands, Medical Director, Perinatal Mental Health Clinical Network, England

Dr Shuba Sagar Trivedi

Director, Professor and Head of Department, Lady Hardinge College, New Delhi, India

Dr Kathryn Grady

Consultant in Anaesthesia and Pain Medicine, University Hospital of South Manchester Foundation Trust, Manchester, England

Dr Sanjay Gupte

Director and PG Teacher, Gupte Hospital and Centre for Research in Reproduction, Pune, India

Professor Peter Hornnes

Head of Department, Hvidovre University Hospital, Denmark

Professor Jerker Liljestrand

Independent Consultant and Programme Manager, Advanced International Training Programme – Sexual and Reproductive Health Rights (SRHR), Sweden

Dr Seshadri Suresh

Managing Director, Mediscan Systems, Chennai, India

During the year, a total of 205 Members were elevated to the Fellowship and 336 new Members were admitted. Applications from seven Associates were also accepted.

Awards

The following awards were given during 2009/10:

Medals

Eardley Holland Gold Medal

Professor Charles Henry Rodeck FRCOG

The medal is awarded every 5 years for original work of outstanding merit in the science of obstetrics and gynaecology or for outstanding work as a practitioner or teacher of such sciences or for authorship of a literary work or works upon such sciences.

MRCOG Prize Medal

For the candidate who received a mark above all other candidates in:

May: Elaine Church

November: Katherine Jane Collins

DRCOG Prize Medal

For the candidate who received a mark above all other candidates in:

April: Laura Thorogood

October: Hannah Frances Kenyon and Laura Jane Pye (joint highest mark)

Travelling Scholarship and Fellowships

Bernhard Baron Travelling Scholarship

Dr Anju Rani Sengar MRCOG, Senior Divisional Medical Officer, B.A.M. Hospital, India, to visit University College London Hospitals Gynaecological Cancer Centre, London, UK, to observe and learn protocol-based management of various gynaecological cancers.

Mr Mahatesh Karoshi MRCOG, Senior Registrar, St George's Hospital, London, UK, to visit School of Medicine, University of Buenos Aires, Argentina, to obtain advanced skills in managing women with abnormal placentas.

Eden Travelling Fellowship

Mr Adam Briggs, Academic Foundation Year 2, Barts and The London School of Medicine, London, UK, to visit Yale Centre for Perinatal, Pediatric and Environmental Epidemiology to complete a systematic review investigating the effects of pollution on pregnancy outcome.

The American Gynaecological Club/ Gynaecological Visiting Society

Dr Sharif Ismail MRCOG, Subspecialty Trainee in Urogynaecology, Singleton Hospital, Swansea, UK, to visit Professor John DeLancey, Director, Division of Female Pelvic Medicine and Reconstructive Surgery, University of Michigan Medical Center, Michigan, USA, to learn the technique of static and dynamic resonance imaging of the pelvic floor.

Green-Armytage & Spackman Travelling Fellowship

Mr Alaa El-Ghobashy MRCOG, Consultant Gynaecological Oncologist, Derriford Hospital, Plymouth, to visit the Department of Gynaecological Oncology, Prague University Hospital, Prague, Czech Republic, to observe the role of laparoscopic surgery in the management of gynaecological malignancies.

Sims Black Professorship

Mr Tim Draycott FRCOG, Southmead Hospital, Bristol, UK, to visit South Africa to teach 'fire drills' and innovative methods suited to emergencies in under-resourced settings.

Mr Jonathan Frappell FRCOG, Derriford Hospital, Plymouth, to visit Egypt to address healthcare providers, academics and physicians in the Cairo University and Ain Shams University, Egypt and Teaching

Hospitals Organization on modern trends in endoscopic surgery.

Mr Paul Hilton FRCOG, Royal Victoria Infirmary, Newcastle upon Tyne, UK, to visit Kenya to lecture on urogynaecology and conduct some operating sessions.

Dr Paul Fogarty FRCOG, Ulster Hospital, Belfast, Northern Ireland, to visit India to attend the 54th All India Congress of Obstetrics and Gynaecology in Hyderabad in January 2010 and meet with All India Co-ordinating Committee and Federation of Obstetric and Gynaecological Societies of India representatives to promote RCOG activities.

Mr Julian Woolfson FRCOG, to attend the 16th Congress of the Federation of Asia and Oceania Perinatal Societies in December 2010 in New Delhi, India; to meet with members of the Indian Northern Zone Representative Committee to promote RCOG activities; and to visit the RCOG Regional Centre in Delhi.

Lectures

Christmas Lecture for Young People

Mr Patrick O'Brien FRCOG, University College London Hospitals, London, UK
'Magic and miracles'

Founders' Lecture

Professor Charles Rodeck FRCOG
'Fetal medicine: from conception to birth'

Historical Lecture

Dr Dibyendu Datta MRCOG, Consultant, Maidstone Hospital, Kent, UK
'From rock art to NICE: changing attitudes and practices in childbirth'

JY Simpson Oration

Mr Tony Falconer FRCOG, RCOG President
'Moi-oa Tunya (the smoke that thunders)'

Victor Bonney Lecture

Mr A H Sultan FRCOG, Mayday University Hospital, Croydon, UK
'Childbirth and urogynaecology – what is the bottom line?'

William Blair Bell Memorial Lecture

Dr Alexander Heazell MRCOG, Clinical Lecturer, St Mary's Hospital, Manchester, UK
'Placental dysfunction in pre-eclampsia and intrauterine growth restriction'

William Meredith Fletcher Shaw Memorial Lecture

Professor Steve Robson MRCOG, Institute of Cellular Medicine, University of Newcastle, Newcastle, UK
'Poor placentation; a sign of things to come!'

Prizes

The Calcutta Eden Hospital Annual Prize

Qin Yi Lee, University of Leicester, Leicester Medical School, Leicester, UK
'Maternal mortality in Ghana: a hospital-based review'

John Lawson Prize

Dr Andrew Weeks MRCOG, Clinical Senior Lecture, Liverpool Women's Hospital, Liverpool, UK
'The Release Study: a randomised trial of umbilical vein oxytocin for the treatment of retained placenta'

David Liu Prize

Miss Samina Tahseen MRCOG and **Mr Malcolm Griffiths FRCOG**
'Vaginal birth after two caesarean sections (VBAC-2) – a systematic review with meta-analysis'

Peter Huntingford Memorial Prize

1st Prize: Dr Holly Lewis, ST2 Imperial NHS Trust, London, UK
'Contraceptive habits before and after surgical termination of pregnancy'

2nd Prize: Dr Kimberley Gibson, FY2, Crosshouse Hospital, Kilmarnock, UK
'Risk assessment in combined oral contraceptive pill prescribing in general practice'

Herbert Erik Reiss Memorial Case History Prize

1st Prize: Sian Bullough

'Idiopathic recurrent non-immune hydrops fetalis'

2nd Prize: Ashton Barnett-Vanes

'Pandemic H1N1 in pregnancy'

Why Obstetrics and Gynaecology?

Peter Wilson, ST1, Mersey Deanery

Medical Student Awards

Tim Chard Case History Prize

1st Prize: Angela Fanshawe

'Successful delivery despite placental protrusion at early gestation'

Joint 2nd Prize: Sian Cooper

'Gynaecological malignancy: focusing on the psychosocial and clinical issues and **Lotty Cronk**

'Polycystic kidney disease and pregnancy'

3rd Prize: Thomas McCretton

'A pregnancy complicated by domestic violence'

Richard Johanson Research Prize

1st Prize: Fiona Mackie

'Impact of poor nutritional status on placental development and function in teenage pregnancy'

2nd Prize: Esna Uppal

'Developmental programming of cardiovascular disease: The effect of maternal obesity in pregnancy on offspring cardiovascular function and the influence of predictive adaptive response'

Special Study Module Prize

1st Prize: Avril Culatto

'Asylum seekers' experiences of pregnancy'

2nd Prize: Catherine Ling and Jessica Evans

'A study of FSH levels and AMH levels as predictors of ovarian reserve'

RCOG/Ethicon Medical Students

Elective Prize

January

Lauren Bolt

To visit Effia-Nkwanta Regional Hospital in Ghana and Women's & Children's Hospital in Australia.

Soudeh Chegini

To visit Laleh Hospital, Tehran.

Rebecca Farndale

To visit Bilga General Hospital, Punjab, India.

Katharine Hanan

To visit Berega Hospital, Tanzania.

Alice Hart-George

To visit the Farm Midwifery Center in Tennessee, USA.

Rachel Hutchinson

To visit the Mae Tao Clinic on the Thai-Burmese Border.

Rowena Mills

To visit Primeros Pasos, Palajunoj Valley, Guatemala.

July

Arjun Chandna

To visit Georgetown Public Hospital Corporation, Guyana.

Susan Hendrickson

To visit Corozal Hospital, Belize.

Women's Gynaecological Visiting Club

Medical Student Elective Award

Rebecca D'Cruz

To visit Mkomaindo Hospital, Tanzania.

Travel Awards

Ethicon Foundation Fund Travel Awards

January

Dr Stergios Doumouchtsis MRCOG, Senior Specialist Registrar in Urogynaecology, St George's Hospital, London, UK, to visit The Pelvic Floor Research Group at the University

of Michigan Health System, Michigan, USA, to serve a special visiting fellowship in pelvic floor and minimally invasive surgery research.

July

Mr Mo'iad Riyad Ali Alazzam MRCOG, Subspecialty Trainee in Gynaecological Oncology, Royal Hallmashire Hospital, Sheffield, UK, to visit the Oscar Lambret Cancer Centre in Lille, France, for 3 months to obtain extensive training in advanced laparoscopic surgery.

Other Awards

Endometriosis Millennium Fund

Dr Lucy Coyne MRCOG, Clinical Research Fellow, Liverpool Women's NHS Foundation Trust, Liverpool, UK

The study of the involvement of natural killer cells in the pathogenesis of endometriosis

Overseas Fund

Dr Uma Ram MRCOG, Consultant, Seethapathy Clinic and Hospital, Chennai, India

To visit Women's Perinatal & Sexual Health Services, Directorate of the University Hospitals, Leicester, UK, to attend combined endocrine diabetic antenatal clinics and recurrent miscarriage clinics

ENTOG Award

To attend the XX European Meeting and Exchange Programme held in Antwerp, Belgium:

Dr Karen Rose MRCOG, St Mary's Hospital, Manchester

Dr Sophia Webster MRCOG, West Cumberland Hospital, Whitehaven

Geographical Distribution of Fellows and Members

BRITISH ISLES	FELLOWS	MEMBERS
British Armed Forces	1	0
Channel Islands	11	7
England	2116	2926
Isle of Man	4	4
Northern Ireland	76	103
Republic of Ireland	121	193
Scotland	268	316
Wales	122	160
	2719	3709

EUROPE	FELLOWS	MEMBERS
Austria	2	0
Belgium	11	7
Croatia	0	1
Cyprus	14	5
Finland	4	0
France	6	4
Georgia	1	0
Germany	9	7
Gibraltar	1	1
Greece	12	29
Hungary	2	0
Iceland	2	5
Italy	4	1
Lithuania	1	0
Luxembourg	0	1
Malta	24	12
Netherlands	12	9
Norway	2	2
Portugal	1	2
Spain	8	8
Sweden	4	0
Switzerland	6	0
Turkey	3	1
	129	95

AMERICAS	FELLOWS	MEMBERS
Anguilla	0	1
Antigua and Barbados	0	2
Argentina	1	0
Bahamas	5	6
Barbados	3	7
Belize	1	0
Bermuda	1	0

Brazil	1	0
Canada	178	73
Cayman Islands	3	1
Dominica	0	1
Grenada	1	0
Guyana	2	0
Jamaica	31	11
Mexico	1	0
Paraguay	1	0
St Kitts and Nevis	1	1
St Lucia	2	3
St Vincent and the Grenadines	2	1
Trinidad and Tobago	265	28
Turks and Caicos Islands	0	1
United States	269	80
Virgin Islands (US)	0	1
Virgin Islands (British)	0	0
	528	217

MIDDLE EAST	FELLOWS	MEMBERS
Bahrain	13	2
Iraq	11	2
Islamic Republic of Iran	1	1
Israel	18	5
Jordan	35	14
Kingdom of Saudi Arabia	79	95
Kuwait	23	30
Lebanon	0	2
Libyan Arab Jamahiriya	7	8
Oman	8	31
Palestine	1	0
Qatar	5	8
Syrian Arab Republic	5	7
United Arab Emirates	61	142
	267	347

AFRICA	FELLOWS	MEMBERS
Botswana	0	4
Cameroon	2	2
Egypt	92	58
Ethiopia	2	3
Gambia	1	0
Ghana	31	1
Kenya	11	1
Malawi	2	1
Mauritius	17	9
Namibia	5	0
Nigeria	113	11
	25	

Republic of Chad	0	1
Sierra Leone	3	1
South Africa	184	33
Sudan	30	14
Swaziland	0	0
Tanzania	2	1
Tunisia	0	2
Uganda	3	0
Zambia	3	6
Zimbabwe	10	6
	511	154

ASIA AND AUSTRALASIA	FELLOWS	MEMBERS
Australia	744	206
Bangladesh	12	9
Brunei Darussalam	6	9
Cambodia	1	0
Fiji	1	3
Hong Kong SAR China	230	176
India	370	345
Indonesia	0	3
Japan	1	0
Lao People's Democratic Republic	1	0
Malaysia	188	206
Myanmar	29	26
Nepal	7	2
New Zealand	143	55
Pakistan	104	69
Papua New Guinea	2	0
Samoa	0	1
Singapore	126	127
Solomon Islands	1	0
Sri Lanka	82	57
Thailand	11	1
	2059	1295

International Initiatives

Chairs of International Representative Committees (as at 31 December 2010)

America	Dr A D Hull FRCOG
Canada	Professor S L Tan FRCOG
Caribbean	Dr B Bassaw FRCOG to June 2010 Dr R I Butler FRCOG from July 2010
Bangladesh	Professor S Khatun FRCOG
Egypt	Professor A H F El-Shalakany FRCOG
Hellenic	Dr C Riris FRCOG
Ghana	Dr K O Boadu FRCOG
All India Co-ordinating Committee	Dr P Das Mahapatra FRCOG
India North	Dr U P Jha FRCOG
India South	Dr A J Gajaraj FRCOG
India East	Dr K Ghosh FRCOG
India West	Dr N R Vaze FRCOG to August 2010 Dr J Unni FRCOG from September 2010
Iraq	Miss A M S S Al-Salihy FRCOG
Jordan/Palestine and Syria	Dr A M Abdelwahed FRCOG
Kenya	Dr S R Patel FRCOG
Kuwait	Dr Mrs A F S Z Al-Fadli FRCOG
Libya	Professor S O Otman FRCOG
Malaysia	Dr K Y Ng FRCOG to April 2010 Professor K Arumugam FRCOG from May 2010
Malta	Chevalier Dr G Buttigieg OSJ FRCOG to June 2010 Dr R P Galea FRCOG from July 2010
Myanmar	Professor S Lwin FRCOG to March 2010 Dr Win Win Mya FRCOG from 26 April 2010
Nepal	Dr D S Malla FRCOG
Nigeria	Dr F F Achem FRCOG
Pakistan	Professor R Hussain FRCOG
Saudi Arabia	Dr S H Al-Hassan FRCOG
Singapore	Professor J Kumar FRCOG to April 2010 Professor K Singh FRCOG from May 2010
South Africa	Dr P R de Jong FRCOG
Sri Lanka	Professor P S Wijesinghe FRCOG
Sudan	Dr B H El-Fadl FRCOG
UAE	Dr S Ghazal-Aswad FRCOG
Zimbabwe	Professor J L Kasule FRCOG

The Chairs of the Representative Committees met in London for their annual meeting in June. They considered the revised constitution and functions for their Committees and how these will impact on their work. The constitution and functions were developed in tandem with those of our Liaison Groups, which are now playing an important role; the International Board intends for the Representative Committees and the Liaison Groups to complement each other. There are now a

total of nine Liaison Groups established: for Bangladesh, Egypt, Ghana, India, Iraq, Nepal, Nigeria, Pakistan and Sudan.

The Millennium Development Goal which is most pertinent to our specialty is **Millennium Development Goal 5: To improve maternal health**. The RCOG International Office, in partnership with other stakeholders, remains passionate about achieving this objective. Our collective efforts are making a difference to the survival of women and their children around the world. 2010 was a highly successful year for these combined campaigning efforts, with maternal, newborn and child health at the top of the political agenda globally and nationally as never before. Most notable of mention was the announcement made at the Women Deliver Conference in Washington in June 2010 by the Bill & Melinda Gates Foundation that they will spend US\$1.5 billion over 5 years to support maternal and child health projects abroad. New research confirmed that the number of women dying in childbirth is finally declining. It is clear that more skilled midwives, more investment and more education for girls are having a major impact in saving lives.

Yet we still have a long way to go in preventing hundreds of thousands of women and their babies dying needlessly each year – and we still have to make sure that the promises made this year are delivered. With other big issues now emerging on the global health agenda, we must keep up the pressure to make sure that women and children are not relegated to the sidelines.

This means that our members need to keep conveying the message that saving the lives of mothers and their children is neither complicated nor beyond our means, that almost all deaths in childbirth are preventable and that progress is being made, even in some of the world's toughest places.

Our **Advocacy Sub-Group** has focused its work on developing the introduction of a sustainable infrastructure to improve women's health in Uganda. To this end, time has been invested in the preparation and submission of grant applications to support this work.

A charity called the Body Trust has facilitated the **Eleanor Bradley Fellowship** in Kampala, Uganda. This has provided funding for us to identify UK obstetric and gynaecological specialist registrars willing to spend a year at the Mulago Hospital in Uganda contributing to maternal health issues. At the same time it has provided an unbelievable training opportunity for participating UK doctors. The Eleanor Bradley Fellowship is now in its 3rd year and one of our objectives is to expand this programme and create a number of additional fellowships.

The take-up for the **RCOG/Voluntary Service Overseas Fellowship** was low in 2010. One of the difficulties lies in the fact that out-of-programme experience is often hard to arrange for trainees. Historically, these overseas placements have been unsupervised, but the International Office is exploring the possibility of building in an element of supervision and better mentoring so that they may become more attractive to trainees.

Our **Life Savings Skills – Essential Obstetric Care and Newborn Care** (LSS-EOC & NC) programme, in partnership with the Liverpool School of Tropical Medicine, is going from strength to strength. The five-country programme in Bangladesh, India, Kenya, Sierra Leone and Zimbabwe, funded by the Department for International Development, is halfway through its 3-year programme. Successful courses were also conducted during 2010 in Pakistan, Libya and Malaysia.

The College has led a successful grant application to Johnson & Johnson in collaboration with the Nigerian Liaison Group and Liverpool School of Tropical Medicine for funding to run an LSS-EOC & NC programme in Abuja district, Nigeria. This will commence in 2011.

The **RCOG Eurovision** programme, coordinated by Dr Mourad Seif and Ms Beryl Stevens, has continued with a very successful meeting held in Kosovo in May 2010 in collaboration with the Kosovo Obstetrics and Gynaecology Association. Following this meeting, a Memorandum of Understanding was signed between the two organisations to develop future activities. Collaboration continues with an increasing demand for further support in Albania, Latvia, Turkey and Uzbekistan, where programmes are being developed. The biggest obstacle for this programme is funding and we have been extremely fortunate in attracting both financial support and volunteers from a number of European professional societies and other stakeholders.

The role of the five internationally elected Fellows on **Council** was developed during the year and elected Council Fellows have now been given additional responsibilities for overseeing College activities in the five regions of the world, as follows:

- Australasia, Americas and Pacific Rim: Professor J Rymer FRCOG
- Middle East and North Africa: Professor L Cardozo FRCOG
- Sub-Saharan Africa: Professor L Regan FRCOG
- South Asia: Professor J Dornan FRCOG
- Europe and Central Asia: Professor S O'Brien FRCOG

Part of their role includes responsibility for representing the views of Representative Committees in their region at International Board and Council meetings and to act as a conduit between the College and its Liaison Groups.

In 2010 the International Office placed a further 44 trainees through its **International Doctors Training Programme**. In total, there were 97 international doctors participating in this scheme during 2010.

Ways of extending the International Doctors Training Programme to include further training opportunities, such as ATSMs and subspecialty training placements for post-MRCOG holders, are being explored but, while the opportunities are there, obtaining funding for these posts is currently difficult.

Our **Fundraising Sub-Group** developed a strategy for future work and has had some preliminary success in raising funds. The Board agreed to launch these efforts under the name of the SMILE Appeal and concentrated efforts are continuing.

A successful **British International Congress of Obstetrics and Gynaecology** was held in Belfast, featuring a range of interesting topics and including a study day on psychiatric disorders and pregnancy. A joint meeting between the RCOG, the American College of Obstetrics and Gynaecology, the Royal College of Psychiatrists, the Royal College of Midwives, the Royal College of General Practitioners and the Centre for Maternal and Child Enquiries brought together an outstanding field of international experts in this field. Interesting plenary lectures were delivered on stillbirth, misogyny and cosmetic surgery.

During the year, the **Congress Committee** has been actively involved in developing an attractive programme for our next International Scientific Conference in Athens, which is being held jointly with the Hellenic Society of Obstetrics and Gynaecology in September 2011.

Standards and Clinical Governance

Regional College Advisers

Region	Regional College Adviser
East Midlands	Mr Anthony Breeson FRCOG to August 2010 Mr Toby Fay FRCOG from September 2010
East of England	Mr Malcolm Griffiths FRCOG
London Thames North	Mr Antony Hollingworth FRCOG
London Thames South	Mr Lawrence Mascarenhas MRCOG
North East	Mr Paul Hilton FRCOG from May 2010
Northern Ireland	Dr John Price FRCOG
NW – Mersey	Miss Lola Williams FRCOG
NW – North Western	Dr Mourad Seif FRCOG
Scotland	Dr David Farquharson FRCOG
South Central	Mr Michael Heard FRCOG
South East Coast	Mr Jamal Zaidi FRCOG
South West	Mr Phillip Smith FRCOG
West Midlands	Mr Richard Cartmill FRCOG
Wales North	Mr Nigel Bickerton FRCOG
Wales South	Miss Ruth Howells FRCOG
Yorkshire and the Humber	Mr Ian Beck FRCOG
Republic of Ireland	The Chair of the Institute of Obstetrics and Gynaecology in Ireland will be an ex officio member of the Regional College Advisers group

In 2010, the new Coalition Government set out its vision for health care in England in the White Paper *Equity and excellence: Liberating the NHS*, which reinforces Darzi's vision of safe and effective services with a positive patient experience. The White Paper sets out the Government's ambition to put patients at the heart of everything so they have more choice and control, complemented by easy access to the information they need about doctors' performance as well as service delivery. The focus is to be the measurement of clinical outcomes rather than clinical processes. The Government's vision is for health care which is run from the bottom up, with ownership and decision making shifting to local professionals and patients – a challenge in itself which has to be achieved within massive financial constraints. These proposals were set out in the White Paper and several associated consultations.

During 2010, the Standards Directorate, under the strategic direction of the [Standards Board](#), responded to 52 consultations and published 43 guidelines and standards, including two working party reports: *Termination of pregnancy for fetal abnormality* and *Fetal awareness*.

The good work of the [Guidelines Committee](#) was recognised through accreditation of the Green-top Guidelines by NHS Evidence. Six guidelines were revised and three new guidelines were published and are available on the College website. The Guidelines pages remain very popular, averaging 25 000 unique visits per month. Their importance to colleagues in training is exemplified by the dramatic rise in visits in the weeks preceding the Part 2 MRCOG examinations.

The **Scientific Advisory Committee** Opinion Papers have changed to a shorter format focusing on a key scientific question of direct clinical relevance and containing a final opinion paragraph summarising the College's view on the topic. Subjects that have been tackled over the last year include gynaecological oncology, urogynaecology, antenatal care and infertility. A paper on screening methodologies was also produced to help members by aiding critical appraisal of existing and proposed screening tests.

The **Safety and Quality Committee**, while focusing on safety and the development of quality indicators and outcome measures, also provided input to national policies through external consultations. The Committee produced Good Practice guidance entitled *Labour ward solutions* and *Improving patient handover*, whilst *Classification of urgency of caesarean section – a continuum of risk* was also published under the aegis of the Standards Board.

The **Consent Group** was disbanded in 2010 having completed its work in key areas of the specialty. During 2010 the Consent Group published seven new titles, which can be found on the College website.

The **Revalidation Committee** has continued to contribute to the work of the Academy of Medical Royal Colleges Revalidation Steering Group and its subgroups. Contributions to national policy included a response to the General Medical Council (GMC) consultation *Revalidation: the way ahead*, which brought about significant modifications to the revalidation plans, in particular the intention of achieving a simpler and cost effective model. In addition, the Committee published the new continuing professional development (CPD) guide; this followed the pilot of the new CPD programme during 2009, which is now online, replacing the previous paper-based system.

The **Patient Information Committee** published the Recovering Well project in collaboration with the Department for Work and Pensions: a series of eight patient information documents on returning to fitness after gynaecological surgery. The Committee also published patient information on *Ectopic pregnancy* and *Acute pelvic inflammatory disease*.

In November 2010, the **Office for Research and Clinical Audit** was renamed **The Lindsay Stewart Research and Development Centre**. Its outputs include:

- Revalidation and Hospital Episode Statistics project: the project 'Hospital Episode Statistics as a source of information on safety and quality in gynaecology to support revalidation' is under way, using the clinical databases held by the British Society of Urogynaecology and the British Society of Gynaecological Endoscopy.
- Hospital Episode Statistics research: an article on caesarean section rates was published in the *British Medical Journal*, with a presentation at the British International Congress of Obstetrics and Gynaecology.
- National Heavy Menstrual Bleeding Audit: this 4-year project is being carried out in collaboration with Ipsos MORI. The activities this year included an organisational survey of all units in England and Wales (100% return rate), a pilot questionnaire in 11 hospitals and subsequent finalisation of the questionnaire and procedures manual.
- Safer Practice in Intrapartum Care (Care Bundles project) resulted in an article in *TOG*.

The **National Reproductive Health Research Network** has facilitated the establishment of ten Clinical Study Groups whose primary aim is to facilitate the process of developing and expanding the portfolio of research in reproductive health care in the UK. Several research proposals have been developed by the Clinical Study Groups and submitted to funding bodies, with some being successful.

Members of the **Consumers' Forum** contributed their views and comments to College publications, opinion papers and guidelines. They also contributed to the College response to the Government's White Paper *Equity and excellence: Liberating the NHS*. The Chair presented the Forum's views to the September Council meeting. To engage more confidently with College groups and clarify the role of Forum representatives, a letter was sent to the Chairs of College Boards and Committees asking for their views on the benefits of having a Forum representative present and enquiring whether there were any areas where, or ways in which, the Forum could make a better or different contribution. Responses indicated that the Forum's contribution was valuable and that the input and support of Forum members were greatly appreciated.

A strategic objective of the Forum in 2010 was to take action to become more diverse and inclusive in respect of ethnicity, disability and age. Disability, Pregnancy and Parenthood International, a UK-based charity controlled by disabled parents, gave a presentation its work promoting better awareness and support for disabled people during pregnancy and as parents. Subsequently, the Forum contributed a short article on this topic for the consumer magazine *You & Your Family*, written in liaison with Disability, Pregnancy and Parenthood International. Public lectures continued, with Professor Kypros Nicolaides giving a webcast lecture on evaluating new screening methodologies in pregnancy and Dr Claudine Domoney giving a public lecture on sexual dysfunction and the menopause entitled 'Sex and the menopause'.

The **Ethics Committee** did not meet during 2010, but will be re-established in 2011 (see Report of Council, page 15).

The **Royal College of Anaesthetists/RCOG Joint Standing Committee** met twice in 2010, during which time the final version of the Committee's *Urgency of caesarean section* guideline was published as RCOG Good Practice No. 11. A working group to establish a care pathway for maternal critical care was also formed and a preliminary meeting was held where specific objectives were finalised. In addition, the Committee made significant progress in facilitating a combined research project to determine the Modified Early Obstetric Warning System. The first round of Intensive Care National Audit and Research Centre data (2007) was published in 2009, and the two subsequent rounds (2008 and 2009) are in progress. These data can be used to validate the Maternal Early Warning Scores. A paper on Maternal Early Warning Scores, written by a member of the Committee, has been accepted for publication in *TOG*.

Following the expansion of the Joint Standing Committee of the RCOG, the Royal College of Paediatrics and Child Health and the Royal College of Midwives to include the Chairman of the Royal College of Anaesthetists, discussions were held about the future of the Royal College of Anaesthetists/RCOG Joint Standing Committee. After much consideration, the RCOG decided to disband the committee.

The **National Collaborating Centre for Women's and Children's Health (NCC-WCH)** is an inter-collegiate consortium of the RCOG, Royal College of Paediatrics and Child Health and Royal College of Midwives. A wider professional partnership includes consumer partners, the Royal College of

General Practitioners and the Royal College of Nursing. The Centre is funded by the National Institute for Health and Clinical Excellence to produce national clinical guidelines which are published by the RCOG.

Over the past decade, the NCC-WCH consortium has been producing national clinical guidelines for the NHS and the shared passion of the two organisations is to improve outcomes and choices for women, children and their families. In 2010, the NCC-WCH published five new guidelines, which can be found at <http://www.ncc-wch.org.uk/guidelines/guidelines-programme/guidelines-programme-published/> in their library of 24 internationally recognised guidelines that aim to improve care for women.

Clinical leadership and interpretation of complex data is at the heart of NCC-WCH guideline production. This is reflected not only in the make-up of the NCC-WCH staff, but also in the professional and lay expertise of their Guideline Development Groups.

Education and Training Initiatives

College examinations maintained their global popularity in 2010, with September seeing the highest ever number of candidates taking the Part 1 MRCOG examination at a single diet (1623). Consideration was also given to a revision of the content of the Part 1 examination. The emphasis will shift from purely basic science questions towards applied science questions relevant to the clinical practice of obstetrics and gynaecology. This change will make the standard setting process more effective, which in turn may lead to an improvement in the pass rate without compromising the standard. The format of the questions will also be modified to accommodate the changing emphasis: the introduction of single best answer questions will allow for the testing of a greater number of complex clinical topics not assessed by multiple choice questions. These changes will take effect from March 2012.

The Part 2 MRCOG examination continues to attract approximately 1000 candidates per diet. Following the successful pilot in November 2009, the Oral Assessment was successfully held once again in Abu Dhabi in November 2010. Dr Maggie Blott led a delegation of five UK and six international examiners, and the examination was underwritten by a generous grant of £15,000 from the Corniche Hospital, Abu Dhabi, with assistance from the United Arab Emirates Representative Committee. In addition, approval was given for the opening of new MRCOG examination centres in 2011 in Greece (Thessaloniki), Baghdad and Myanmar. The [Examination and Assessment Committee](#) also considered a revision of the format of the Part 2 MRCOG examination, reducing the number of short answer questions from eight to four and increasing the number of extended matching questions from 40 to 90. This change is due to take place in 2011.

The [Assessment Sub-Committee](#) sponsored a Workplace-Based Assessment Symposium in February 2010, which brought together specialists in this field from a number of medical specialties. The final report from the College-funded University of Leeds research project into the reliability, validity, educational impact and cost of workplace-based assessment tools was received, the results of which will be considered in 2011. The Committee also developed the Acute Care Assessment Tool to assess labour ward management. This instrument is a holistic assessment over several hours and includes elements such as decision making, communication and leadership. It is currently used in labour wards in Newcastle, and a nationwide roll-out is planned.

During 2010, the DRCOG examination maintained its popularity, with 794 candidates examined in April 2010 and a further 808 in October 2010. The [DRCOG Sub-Committee](#) and the [Conferences Department](#) put together an off-the-shelf course designed to improve the practice of post-DRCOG GPs. This course will be piloted in Swansea in 2011 and fits well with the College's aim to improve women's health in the context of primary care.

Numbers of candidates examined and passing the Part 1 and Part 2 MRCOG examinations during 2010:

Part 1 MRCOG		Part 2 MRCOG	
Examined	3016	Examined	2006
Passed	1218	Passed	331

The **Curriculum Committee** continues to respond to the constructive feedback concerning the deliverability of the core curriculum, ATSMs and subspecialty training modules. The College's annual submission of curriculum amendments was approved by the GMC.

Following the integration of the competency frameworks in 2009 at the recommendation of the Academy of Medical Royal Colleges and the GMC, the core curriculum has become large in scale, and work has begun to make it a more concise, user-friendly reference. Gynaecological ATSMs were reviewed by the Specialist Societies and the smaller gynaecological surgery ATSMs have been integrated with relevant ATSMs which require trainees to have surgical expertise. This means that the new format ATSMs contain more suitable content which will equip trainees with the combination of competences to match future job specifications.

The College is now confident that the obstetrics and gynaecology curriculum ensures that trainees have the knowledge and skills required to produce the consultants required by the future service, and that the curriculum is user-friendly.

A comprehensive e-learning resource has been designed in partnership with eLearning for Healthcare to teach and assess multiprofessional groups to improve their interpretation of cardiotocographs and subsequent clinical management. The project aims to assist all professionals in reducing harm to fetuses, emotional damage to families and significant annual litigation costs to the NHS.

In addition, the College has made freely available online videos demonstrating best practice in the conduct of workplace-based assessments. These videos give valuable insight into what constitutes bullying, harassment and undermining behaviour and how these issues can be constructively dealt with. They are designed to be used in a wider learning experience where individuals can apply the knowledge in their own context.

Internationally, the College has continued to look at developing education and training for under-resourced countries. Governments around the world are looking at new ways of providing emergency obstetric care in these areas. A consultation has taken place to identify individuals with experience in the area of international education development to plan this project in 2011. Work proceeded in 2010 to coordinate all the College's educational products to offer 'educational packages' to international regions.

The establishment of two new bodies – the **Product Development Executive** and the **Product Management Group** – is designed to ensure that College Departments and Committees work in a more integrated manner to design and develop new educational products for a global audience in accordance with the College's strategic priorities and resources.

The College's ePortfolio is used by over 1000 RCOG trainees. Trainees can amend their own details and update their training posts once their accounts have been set up. They receive local advice on how to do this and are able to access help documentation. The College continues to take account of feedback from trainers and trainees, constantly considering ways to further improve the functionality of the ePortfolio.

Heads of Schools and Chairs of Deanery Specialist Training Committees (DSTCs)

England/Wales

Miss F Ashworth FRCOG	Oxford	Head of School
Mr J Beynon FRCOG	KSS	Head of School to May 2010
Miss S Flint FRCOG	KSS	Head of School from June 2010
Miss D L Bisson FRCOG	Severn	Head of School
Dr K Brackley FRCOG	Wessex	DSTC Chair
Mr R Cartmill FRCOG	West Midlands	Head of School
Dr D Cruikshank FRCOG	Northern	Head of School/DSTC Chair
Mr A C Davidson FRCOG	East Midlands	DSTC Chair
Miss D Fothergill FRCOG	Yorkshire and The Humber	Head of School
Miss J C Girling FRCOG	London	DSTC Chair
Miss D Hamilton-Fairley FRCOG	London	Head of School
Miss E Hawkins FRCOG	London	DSTC Chair
Mr D Hay FRCOG	East Midlands (North)	Head of School
Professor J Konje FRCOG	East Midlands (South)	Head of School
Dr M Leggott MRCOG	South West Peninsula	DSTC Chair
Mr M Luckas FRCOG	Mersey	Head of School/DSTC Chair
Miss M J MacDougal FRCOG	East of England	Head of School
Miss J Mountfield FRCOG	Wessex	Head of School
Mr P C Reid FRCOG	East of England	DSTC Chair to September 2010
Mr A Prentice FRCOG	East of England	DSTC Chair from October 2010
Mr C Roseblade FRCOG	Wales	Head of School
Mr P Stewart FRCOG	Yorkshire and The Humber	DSTC Chair
Miss R Sturley FRCOG	South West Peninsula	DSTC Chair
Mr G H Ward FRCOG	London	DSTC Chair
Miss S J Ward FRCOG	East Midlands	DSTC Chair
Mr A Watson MRCOG	North Western	DSTC Chair

Scotland

Dr P J Danielian FRCOG	North of Scotland	DSTC Chair
Dr A Gordon FRCOG	East of Scotland	DSTC Chair
Dr C McKenzie MRCOG	East of Scotland	DSTC Chair
Dr P Owen MRCOG	West of Scotland	DSTC Chair
Dr C P West FRCOG	South East Scotland	DSTC Chair to September 2010
Dr C Alexander FRCOG	South East Scotland	DSTC Chair from October 2010

Ireland

Miss M Murnaghan FRCOG	Northern Ireland	Head of School/DSTC Chair
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The [Specialty Education Advisory Committee \(SEAC\)](#) continues with its broad remit to oversee all aspects of the specialty training programme. One of the aims of SEAC is to work with deaneries to

ensure compliance with the curriculum and assessment tools and to calibrate quality around the country. Through SEAC, all deaneries have agreed to apply the same Annual Review of Competence Progression outcome for trainees who are not successful in passing the Part 1 or Part 2 MRCOG by the required level of training. Other work has included advice to deaneries in the form of a process which has taken into account JACTAG (The Joint Academy of Medical Royal Colleges, Conference of Postgraduate Medical Deans and Committee of General Practice Education Directors Training Advisory Group) guidance, but specifically includes Heads of Schools and Training Programme Directors as external representatives rather than Regional College Advisers. The committee has also produced a *Handbook for Trainers* to highlight the duties and responsibilities of the RCOG training roles; in addition, the Matrix for Educational Progression sets out the requirements for trainees for annual progression for each individual year of training.

SEAC has developed a process for Certificate of Eligibility for Specialist Registration (Combined Programme) applications and has worked with the deaneries to identify trainees for whom this route applies (those who have entered training above ST1 level and who have undertaken all previous training in GMC-approved posts). The work to ensure that trainees are following the correct route and have the required training time recognised will facilitate easier assessment at the end of training and their application to the GMC.

The Annual Specialty Report was submitted to the GMC in December 2010, highlighting:

- All deaneries are reporting difficulties in managing rotas with the full implementation of EWTR in August 2010.
- Many deaneries report that there are continuing/variable difficulties with ensuring adequate educational time in the job plans of trainers, with reports of educational supporting professional activities time being threatened
- There is information from the Postgraduate Medical Education and Training Board (PMETB)/GMC Trainees' Survey reporting undermining in our specialty stemming from inappropriate feedback styles. This has been addressed by the workplace-based assessment series on the College website.

In summary, SEAC continues to be involved in reviewing and developing training by setting standards and promoting quality. SEAC achieves this by establishing good working relationships with those who deliver and receive training.

Two College meetings for deanery ATSM Directors were held during 2010. These meetings provided an opportunity to hear new ideas, share best practice and receive direct feedback on the practicalities of ATSM delivery across each deanery. Obstetric and gynaecological ATSM curricula have been revised and refined, now enabling trainees to acquire a broad set of skills mapped closely to consultant working patterns whether in obstetrics or gynaecology. Along with the new curricula, an ATSM work intensity score has been devised. This score will aid ATSM Directors and Preceptors when allocating training opportunities, as well as directing trainees towards complementary ATSM combinations.

Developments in ultrasound training have seen all deaneries appoint Ultrasound Coordinators and the majority of units have Local Ultrasound Supervisors in place. All RCOG ultrasound courses are now 'mapped' and aligned specifically to the basic and/or intermediate ultrasound modules, making it clearer for trainees and trainers which course is the appropriate one to attend.

Over the past year, the **Subspecialty Committee** has been working with the Specialist Societies on criteria for recognising subspecialty training centres. This work forms part of the strategy for subspecialty workforce planning. Revised assessment forms for mid and final reviews of subspecialty trainees based on the forms currently used for general training have been piloted and, after some amendments, have been introduced. To comply with European Union regulations, the entry criteria for subspecialty training have been amended. A closer working relationship between the committee and postgraduate deans will ensure satisfactory quality assurance of curricula and training programmes.

2010 was a year of transition for the **Academic Committee**. The Chair, Professor Robson, has undertaken a strategic review of the Committee. This was initiated following concern about the academic 'health' of the specialty, based on external reports and feedback from the academic community. The strategic review and recommendations were approved by Council and can be viewed at <http://www.rcog.org.uk/our-profession/academic-og>.

The Academic Committee finalised a database of clinical academics during the year and used the comprehensive data to conduct a survey of academic trainees in the UK. Response rates were extremely high (over 90%) and the results enlightening (<http://www.rcog.org.uk/files/rcog-corp/Survey2010.pdf>), highlighting many of the concerns identified in the strategic review. The Committee is now set to respond to the concerns voiced.

Since the merger of the Specialist Registration Department with the Postgraduate Training Department in 2009, the evaluation of applications for equivalence entry onto the Specialist Register has continued unabated. In 2010, the **Equivalence of Training Committee** saw a 50% increase in first-time applications from 2009. PMETB's merger with the GMC in April led to many changes in the way in which applicants' evaluations were written up. Despite these changes, the strict application turnaround period of 7 weeks was met and the Committee rose to the challenges faced.

The **Trainees' Committee** has continued to be a voice for trainees in the specialty. Much time and dedication has been devoted to addressing the concerns regarding workforce planning and the future working patterns of consultants in obstetrics and gynaecology. EWTR has remained a challenge and the Committee has continued to provide support and advice on providing a safe and high quality out-of-hours service. Following the successful SpROGs conference held in Bournemouth, obstetrics and gynaecology trainee representatives successfully bid to host the European Network of Trainees in Obstetrics and Gynaecology exchange in London, arranged for May 2011.

The RCOG-coordinated recruitment process continues to be successful. In the 2009/10 process, all available ST posts were filled (215 at ST1, 11 at ST2 and 28 at ST3). Based on evidence collated from previous years, it was agreed by all Heads of Schools that shortlisting for candidates applying for ST1 posts could be abandoned, thereby allowing interviews for all who are eligible. Agreement has been reached to standardise the interview stations in all deaneries for 2011. The application window for the 2010/11 process, including Northern Ireland, closed on 20 December 2010. Nearly 1200 applications were received across all levels (ST1, ST2 and ST3) and it is hoped that the fill rate will continue to be high.

2010 saw the first iteration of the new RCOG census. The census has been running for nearly 20 years and is an important tool in gathering information about the workforce and working patterns.

In early 2010, a modernised census was launched that was more streamlined at data capture and collection. College Tutors in each hospital were asked to complete the census and there has been a 100% return rate.

2010 was a record-breaking year for the **Conferences and Postgraduate Meetings Department**, with an all time high of 5007 delegates attending over 70 events at the RCOG in London. The department continued to actively expand new initiatives to disseminate conference material to a wider audience around the UK and internationally.

The franchising of courses continues to grow. In the UK we now have 26 established centres organising the Basic Practical Skills courses, and the Part 2 MRCOG Revision Courses have expanded to Erbil, Kuwait and Sudan.

In 2010, RCOG webcasts expanded to include the eponymous lectures and organised the first 'live' webcasts at the 32nd British International Congress of Obstetrics and Gynaecology in Belfast. Collectively, 600 global viewers watched Dr David Grimes' 'Misogyny and women's health' and Professor Linda Cardozo's 'Cosmetic genital surgery' lectures live, with a further 900 having viewed the recordings since then.

Another first for the College was a four-way video conference on 'Climate change and its impact on women's and children's health'. This half-day event received presentations from the UK, India, South Africa and Switzerland and attracted 200 delegates from around the globe.

The College continued to work with a variety of specialist societies and in 2010 ran over 25 joint meetings and conferences with 10 specialist societies. It also successfully ran the first European Conference on Simulation in Women's Health, which attracted over 100 delegates and eight exhibitors.

The department also introduced new delegate fees, giving Fellows and Members favourable rates and concessions for trainees and allied healthcare professionals. An audience response system was introduced for all meetings, enabling instant feedback and measuring learning; this has proved highly popular with delegates and course organisers alike.

Development of Corporate Affairs and Services

The **Information Services Department** continues to develop collections and services to support clinical practice, CPD and research. In 2010, the department introduced drop-in search clinics during conferences to provide one-to-one assistance with searching for and retrieving information. The library team has also carried out a detailed evaluation of the College's journal collection, which has led to a more targeted collection development policy.

At the beginning of 2010, the Information Services team collaborated on upgrades to the library, archive and museum catalogues which will allow better management of the collections and enable improvements to the web catalogue so that information can be accessed more readily. A new volunteer programme has allowed the College to benefit from extra assistance with its heritage collections, allowing staff to start promoting the collections both internally and externally by marking events and anniversaries with related exhibitions, articles and intranet postings.

The department has also made progress towards the implementation of electronic document and records management at the College. By improving policy and procedures for creating, storing and destroying documents, the College can improve its internal processes and achieve efficiencies in its operations as well as enabling better compliance with information-related legislation such as the Data Protection Act.

Membership numbers have remained steady over 2010, with a decrease in International membership being counterbalanced by an increase in membership from the British Isles. **Membership Services** continue to be delivered. The creation of an Online Helpdesk Assistant has improved our response to queries from the membership with regard to the CPD/NHS ePortfolios, website passwords and StratOG.net. In addition, a USB stick containing RCOG Guidelines was distributed, which was welcomed by many, in particular those who do not always have access to the internet. A survey of actively practising Fellows and Members in the British Isles was conducted, with a high response rate. The results of these will be published in 2011.

As ever, this has been another busy year for the **Services Directorate**. The general economic situation is making it more difficult for us to raise income by hiring out our facilities and we are working harder than ever with our business partners, Convex Leisure, to attract new business and, of course, much-needed income. The Domus continues to be very successful in its provision of first-class facilities to Fellows and Members.

The newly formed **Business Intelligence Team** (formerly the Integrated Systems Project, which was disbanded in early 2010) has been working closely with key departments within the College to streamline data collection and reporting, as well as making more options available to the membership online. Electronic data record management will be the drive in the coming year, aiding in the process of administering examination applications online.

The **Bookshop** had a very slow start to 2010: sales were down owing to a combination of a lack of new titles and the prevailing economic climate. However, towards the end of 2010 a strong revival saw sales almost double those at the beginning of the year.

Another busy year for the **Communications & External Affairs Department** saw the 2010 election, for which the RCOG published its Election Manifesto, which was distributed to Members of

Parliament and prospective parliamentary candidates. The College's policy-formulating role on international development issues, with specific reference to the Millennium Development Goals, was extended with the publication of a report. A survey of the international membership was conducted and their views on maternal mortality and morbidity issues were included in the College's comprehensive submission to the Department for International Development consultation on maternal health in under-resourced countries.

Maternal obesity hit the headlines in 2010 with the publication of new clinical guidelines and research by the Centre for Maternal and Child Enquiries. The RCOG press office provided media support on the day of the launch, promoting messages around maintaining a healthy lifestyle for women throughout their lives, but especially before, during and after pregnancy. Swine flu fears resurfaced in the autumn and winter, during the traditional flu season. The press office was busy over the Christmas holiday, with almost daily updates about new H1N1v flu advice for healthcare professionals and women. Other headlines included the front-page scoop in *The Guardian* on New Year's Day, with an interview with the President Dr Tony Falconer discussing the provision of safe maternity services and the risks of later maternal age.

The press office continues to look at new ways to communicate with audiences about RCOG reports whilst supporting the work of other College departments. The Department for Work and Pensions funded a series of Recovering Well leaflets, published in July to great acclaim. A successful launch event was complemented by an online podcast featuring the Chair of the project group discussing how women could use the advice in the patient information leaflets for a quicker recovery after gynaecological surgery.

Finally, the annual RCOG Christmas Lecture for school leavers was led by Mr Patrick O'Brien FRCOG, who talked about the miracle of childbirth. The event was fully booked and over 600 sixth-formers attended. The question and answer session was particularly well received and many students noted their interest in obstetrics and gynaecology as a future career.

StratOG.net (www.stratog.net) is the RCOG's e-learning resource. In 2010, the StratOG.net Editorial Board, authors and in-house team focused on reviewing all of the 95 core training e-tutorials to ensure that they continue to be up to date. As part of the review, the authors produced new assessments and multimedia elements to make the tutorials more interactive. By the end of 2010, 58 tutorials had been updated and the review will be completed by the end of 2011. A major project to incorporate StratOG.net into the RCOG website and back office systems has begun; this will provide a seamless transition between the RCOG and StratOG.net, allowing the expansion to include teaching resources (a new area on the site). In addition, the new website will host all the online learning material produced by the RCOG, including online lectures and workplace videos.

Volume 12, no. 4 was the last issue in which the answers to the CPD questions were published in **The Obstetrician & Gynaecologist (TOG)**. This will enable a bank of reusable questions to be built up and used as a valuable resource for TOG's part in the coming revalidation process. A new section appeared in the same issue: 'UKOSS Update', which will regularly summarise key points from recently published UK Obstetric Surveillance System studies. Since January 2011, *TOG* has been published by Wiley-Blackwell, a move which will save the College a substantial amount of money, enabling us to reinstate delivery of hard-copy journals to every member worldwide.

RCOG Press published seven new titles in 2010. The Guidelines Compendium was published only as a USB flash drive this year, making it much easier to search for the most relevant content for a particular clinical scenario. In the *MRCOG and Beyond* series, the second edition of *Gynaecological Oncology* was published. We also added to our series on clinical practice with *Let's Do Audit!* and *Models of Care in Maternity Services*. Our history list was expanded with the publication of *Caesarean Birth: The Work of François Rousset in Renaissance France*, the first ever English translation of this seminal work, which is the first known treatise on caesarean section.

The **Publications** team continued to support all other College departments by offering a design, editorial and printing service, helping to produce almost 200 pieces of work during 2010.

BJOG: An International Journal of Obstetrics and Gynaecology continues to be one of the most significant non-US obstetrics and gynaecology journals. The journal's impact factor rose for the 4th year in a row, representing a 61% increase on the score in 2006. The impact factor for 2009, announced in June 2010, was 3.437. *BJOG* now ranks sixth in the category of obstetrics and gynaecology overall, up from tenth place. The success is a result of the hard work of a first-class team of editors and reviewers, to whom many thanks and congratulations are due.

BJOG launched its own iTunes channel in 2010. Nine podcasts are freely available to download. These include audio and video podcasts of discussions and interviews reflecting the variety of topics published in the journal, including human papillomavirus testing, maternity audit in the developing world and single blastocyst transfer in in vitro fertilisation treatment.

As an additional means of ensuring that only top-quality and novel research is being published in *BJOG*, each paper accepted for publication is checked through the CrossCheck system. This software enables the editorial team to identify any copyright or novelty issues by comparing submitted manuscripts with already published work. In this way, re-publication of large sections of text or results which have been copied from previous works is prevented. We also hope this will deter attempted plagiarism.

In 2010, we also released a Journal Club webpage. Here you find all *BJOG* papers with journal club questions attached: [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1471-0528/homepage/test.htm](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1471-0528/homepage/test.htm). To coincide with the All India Congress of Obstetrics and Gynaecology, Hyderabad, *BJOG* released an India edition, containing articles from authors based in India: <http://wileyonlinelibrary.com/journal/bjogindia>.

The Personnel Department

The Personnel Department is responsible for providing a confidential and impartial human resources (HR) service to all members of staff, including the Senior Management Team and Heads of Department, as well as the College Officers. In addition to this, we provide HR and payroll support to other associated bodies, including the NCC-WCH, the International Federation of Gynecology and Obstetrics and Wellbeing of Women.

2010 was another busy year for the Department. Our work in learning and development remained a high priority and staff were able to choose and benefit from a wide variety of training initiatives and events throughout the year. These ranged in topic from 'Essentials of employment law' through to 'Stress management'.

Various changes in legislation such as the Time to Train initiative and the introduction of the Equality Act in October 2010 have all had an impact on the HR policies and processes in the College. We continue to review and develop our policies and processes to ensure not only that they are reflective of the law but also that they embrace the principles of best practice and the values and beliefs of the College.

The changes we have made to our recruitment processes have continued to ensure that we are able to not only attract but also retain high-calibre staff.

Composition of RCOG Staff as at February 2011

Total number of staff: 113
Staff turnover in 2010: 13.5%

30–39: 24.5%
40–49: 27%
50–59: 22.5%
60+: 7%

Gender:

- Female: 65.5%
- Male: 34.5%

Managers and other staff:

Manager: 17%
Other staff: 83%

Ethnic origin:

White:

- British: 61%
- Irish: 2%
- Other: 13%

Part and full time:

Part time: 16%
Full time: 84%

Black:

- African: 4.5%
- Caribbean: 5.5%
- Other: 1%

Chinese: 3.5%

Mixed:

- White and Black African: 0%
- White and Black Asian: 0%
- White and Black Caribbean: 0%

Asian:

- Bangladeshi: 0%
- Indian: 6%
- Pakistani: 2%

Other: 1.5%

Age:

20–29: 19%

Reports from Partner Organisations

Wellbeing of Women



Wellbeing of Women (WoW) had a good year in 2010, with prospects of a slightly improved outturn income for the year. This is excellent given the very difficult economic climate.

We were delighted to invest a record £1.6 million in research projects and training grants. These included larger grants for work in gynaecological cancer, which were made possible through **Hike for Hope** fundraising. Five grants were awarded with a further two projects funded in conjunction with Sands (Stillbirth & neonatal death society). In addition, 29 elective bursaries and three research training fellowships were awarded. We are immensely grateful to the members of the **Research Advisory Committee**, without whom we could not operate the grants process. Further information about grants available from Wellbeing of Women and the work funded can be found at www.wellbeingofwomen.org.uk

WoW also provided health information for men and women through a number of workplace seminars held in partnership with several companies and the **Know More** event at the College. We are grateful to the Fellows and Members of the College who support us by speaking at these events and providing articles for our website and **Wellbeing** magazine.

Some new partnership opportunities enabled us to support training and education overseas. We collaborated with the Society of Obstetricians and Gynaecologists of Canada and others to support maternity work in Haiti following the earthquake and with Addenbrooks Abroad on their training and education conference in El Salvador. The money that enables all of this valuable work is raised through a combination of corporate and trust donations, events and the hard work of the WoW branches. We are very grateful to everyone who gives their time and energy to help.

For 2011 we have some new partnerships with the British Maternal and Fetal Medicine Society and the Royal College of Midwives to fund additional entry-level scholarships. We will also be holding a major fundraising event at the Royal Opera House on 15 September.

The WoW **Board of Trustees** has also seen some changes and its membership now consists of: Sir Victor Blank (Chairman), Eve Pollard (Vice Chairman), Professor Mark Kilby, Jackie Gittins, Marcus Setchell, Professor Lesley Regan, Muir Moffat, Rosalind Wythe, Peter Bowen Simpkins, Carol Leonard, Ian Wylie, Professor Jimmy Walker, Philip Jansen, Claire Mellon, Lynn Hiestand, Sir David Lewis, Trina Pogmore, Gay Huey Evans and Tony Falconer, Honorary President of the RCOG. With their help and support, we trust 2011 will see us exceed £2 million in funds raised.

Ms Liz Campbell

Director

www.wellbeingofwomen.com

Faculty of Sexual and Reproductive Healthcare



President	Dr Christine Robinson
Honorary Secretary	Dr Amanda Britton
Honorary Treasurer	Dr Paul Dewart
Vice Presidents	Dr Alyson Elliman, Dr Ailsa Gebbie
Editor in Chief	Dr Anne Szarewski
Company Secretary	Mr Corin Jones

2010 has been a very successful year for the Faculty. The new specialty of Community Sexual and Reproductive Health 6-year training programme received complete approval by PMETB. The scale of this achievement became tangible with the appointment of the first specialist registrars. The Faculty has also established its Equivalence Committee, has trained over 20 assessors and is awaiting final clearance of specialty-specific guidance.

We are very grateful to the RCOG for its support throughout the complexities of establishing this new medical specialty which sits under the umbrella of the College.

The Faculty Diploma (DFSRH) is recognised as the gold standard in training for those working in sexual and reproductive health in community and primary care settings. A modernised diploma was launched in January 2010. The development of the e-learning package e-SRH resulted in e-Learning for Healthcare and Faculty winning the Skills and Knowledge Award.

Collaborative working with many agencies (both within and outside the NHS) has continued consistently and the Faculty has continued to influence the sexual health agenda and bring it to prominence within the public health arena both on its own and in collaboration with others. While navigating significant change and seeking the opportunities this will present, the Faculty will continue to set clinical standards for those in training and education, thus enabling provision of holistic patient centred care.

Dr Christine Robinson MA FFSRH FRCOG
President

Finance

Key financial goals:

- One of the key strategic goals of the College is to establish a strong financial and business model to support the College's priorities.
- To balance business efficiency with effectiveness, transparency and acceptability.
- To build solvency into each budget through unified budgeting and forecasting.
- To ensure effective business planning of all activities and assess its value to the College.
- To ensure a learning and development environment for staff to create a highly professional and engaged workforce.

Honorary Treasurer's report

I am pleased to report that, despite initial predictions of a possible deficit, we have ended the year with a positive operational surplus. This has arisen as a result of two principal reasons. The first is that our income in 2010, although less than the 2009 figure, was significantly greater than anticipated as a result of improved income from conferences and examinations. The second change is due largely to the excellent efforts of the Senior Management Team. The implementation of a comprehensive financial recovery plan early in 2010 resulted in a significant reduction in our annual expenditure for 2010.

The reported net consolidated position for the College, before investment gains and transfers, was £1,939,981 (2009: £102,815). Income for the year totalled £12,774,205 (2009: £13,163,037) with expenditure of £10,834,224 (2009: £13,060,222). This information has been extracted from the consolidated financial statements, which are available in full at the end of this annual report and on the College website.

We are expecting large numbers to attend the International Scientific Meeting in Athens on 28–30 September 2011. Plans are at an advanced stage for a major RCOG meeting in Kuching, Malaysia, on 5–10 June 2012. All of these forthcoming events will help to promote the excellent work of the RCOG and remain highlights of our College calendar.

The results of our commercial arm, RCOG Trading Limited, whose principal activities include the hire of rooms, the Domus and provision of catering facilities, generated a surplus of £534,478 (2009: £427,848). These results are consolidated into the accounts of the College. The Domus is proving increasingly popular, currently running over 50% occupancy over a full week, often with a waiting list for rooms during the latter half of the week. Our revenue is increasing through more private stays than complementary occupancy on College duties. We have increased links with our neighbours in the London Business School and this has led to more contracted work and has boosted the use of the College facilities when not in use by Fellows and Members.

Our examination income has risen as many more candidates from throughout the world decide to take the MRCOG examination. The RCOG reputation has been enhanced not just by the consistently high quality of the MRCOG examination but also by its availability in more countries than ever before.

The Chief Executive, Officers, SMT and Council have been developing a long-term strategy supported by annual operational plans. Together with the Head of Finance, Sandra Tetsola, we also have instigated some financial training for Council to fulfil their responsibilities as charity Trustees.

During the later part of 2010 we appointed consultants and auditors Sayer Vincent to undertake an independent review of our management of finances and the staffing structure. The review, although reassuring, has also given us ideas on how we need to develop further. If the College is to prosper then it has to be efficient and have the necessary funds to finance the staff and facilities as well as fund the initiatives mentioned above.

In addition, there is a wealth of information in the Retired Fellows and Members Society. We can learn from their wisdom and experience particularly when it comes to investments, pensions and legacy planning.

Reserves policy and funds adequacy

Traditionally, it has been the College's policy to maintain a level of free reserves to cover at least six months' running costs of its ongoing commitments and its contractual obligations. Uncommitted general funds amounting to £5,639,836 (2009 restated: £4,603,300) carried forward at the balance sheet date represents eight months' of unrestricted expenditure at current levels. This policy has been reviewed by the Audit Committee and F&E with a view to investing the cash reserves in short- and medium-term vehicles to generate a small but steady income from these funds. This has now been put in place and should provide visible dividends during 2011. The Trustees have examined the College's cash flows and are satisfied that they remain adequate for the purposes of meeting its working capital requirements in conjunction with continued assessment of the risks faced by the College.

Restricted funds

Designated funds reflect a total of £11,208,627 (2009 restated: £11,581,460) which includes the Heritage fund of £300,000, representing the valuation of those historic donations of furniture, books, pictures and equipment which need to be included in the balance sheet under SORP 2005 and £10,135,035 leasehold property fund held for continuing use by the College. Details on all remaining funds are included in notes 14 to 18 on pages 20 to 22 of the Annual Accounts.

Special funds

The special restricted and endowed funds of the College are included in these accounts as required by the Charities Act 1993. Trust funds held for specific purposes amounted to £4,092,154 (2009 restated: £3,053,432). Significant funds include £1,460,565 (2009 restated: 1,407,427) for scholarships and lectures and £349,709 (2009 restated: £234,941) for research.

Pensions

The College operates two pension schemes, the Defined Contribution Scheme (DCS), which is open to all staff and the Defined Benefit Scheme (DBS), operated through a separate trustee administered fund. The DBS was closed to staff in 2003. The decision of Council to sell the

President's House in 2008 enabled the College to reduce the pension deficit by c£2 million over the years 2008 and 2009. At 31 December 2010, the deficit was £307,000 (2009 £1,892,000). Further details of the schemes can be found in note 19 on pages 23 to 27 of the Annual Accounts.

Investment policy

The **Investment and Advisory Panel** includes external members who have particular expertise in relation to the stock markets. In 2010, the target set for investment performance was to maximize total return, with an 'acceptable' level of risk and that the funds should not be invested directly or indirectly as far as possible, in tobacco or tobacco stocks.

The total market investment portfolio went from 2009: £10,310,213 to 2010: £11,011,165.

Funds managed by Newton Investment Management (NIM) showed a total surplus return of 12.7% for the year.

Following poor returns in 2009, Council took the decision to terminate the relationship with Oxford Investment Partners Ltd (OXIP) and to transfer the funds to an alternative manager, Global Asset Management (GAM) in March 2010. Since the transfer and ongoing discussions with GAM returns have been described as 'slow but steady'. Since the investment had been made for less than one year to date, the Panel considered this insufficient time to determine the 'success' of the investment.

The Investment and Advisory Panel will continue to monitor the effectiveness of its investments in order to obtain maximum growth within the remit of its investment policy.

Further details on investments can be found in note 10 on page 17 of the Annual Accounts.

Gifts

As a registered charity, the College relies upon charitable support to underpin its work. The College is indebted to its supporters, whose donations and bequests are crucial to this work.

Donations towards the work of the International Office	£170,427
Donations towards the work of the Nigerian Liaison Group	£38,245
SMILE Appeal	£20,000
Donations received for the purposes of making 2011 Awards	£13,321
Estate of Daphne Kayton	£10,000
Just Giving Campaign	£8,244
Dig Deep Appeal	£4,762
Christmas Lecture	£2,500
Other donations	£1,861
Total	£269,360

Conclusions

Notwithstanding the global financial situation, our core business continues to remain strong. Our reserves remain in place with a combination of cash and equities and other financial instruments safely invested.

I cannot finish without thanking two people. Firstly, Beryl Stevens MBE, recently retired, whose encyclopaedic knowledge of our restricted funds was unparalleled. As one of her last duties, she assisted our auditors in an in depth review of the funds and we now have a much better understanding of where we stand in this regard. Secondly, I am indebted to our previous Honorary Treasurer, Mr Julian Woolfson OBE, for his careful management of the Colleges funds and the fine state in which he left the College's finances.

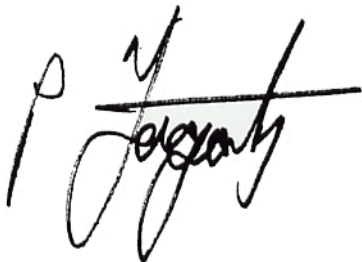
As a College we remain grateful to our Fellows and Members in the UK and abroad for their continued loyalty and support. I am indebted to our Audit Committee, Investment Panel and Pension Trustees for their overview and expert guidance.

For my part, I remain thankful to my Officer Colleagues and all the staff of the College, who have worked particularly well to maximise income and control expenditure in the current challenging economic climate.

Auditors

The auditors, Buzzacott LLP, will be proposed for re-appointment.

Approved by Council on and signed on its behalf by:

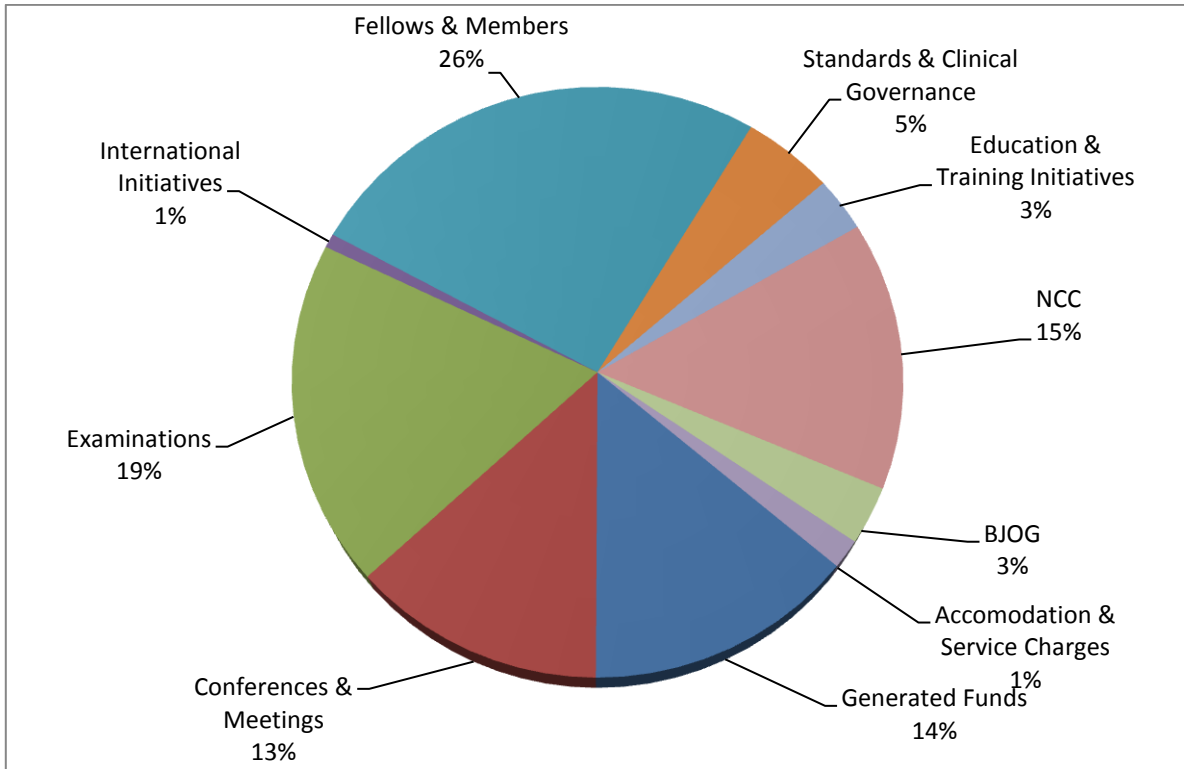
A handwritten signature in black ink, appearing to read 'P Fogarty', with a horizontal line drawn across the middle of the signature.

Paul Fogarty MD FRCOG

Honorary Treasurer, RCOG

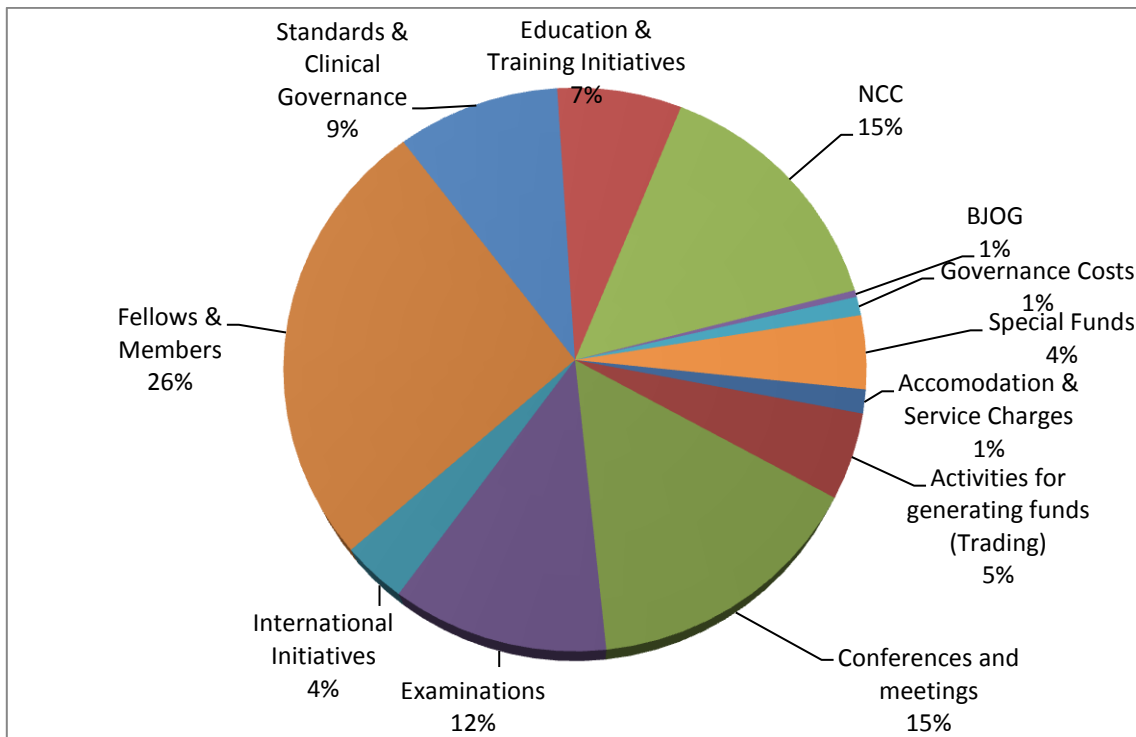
Approved on: 21 May 2011

Income



Total income £12,774,205

Expenditure



Total expenditure £10,834,224