



Royal College of Obstetricians and Gynaecologists

Setting standards to improve women's health

ANNUAL REPORT 2009

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Foreword

We have been very active in 2009 trying to fulfil our obligations as a charity to improve women's health by education, research and setting standards. This responsibility extends beyond the UK to where our International Fellows and Members reside and work to improve women's health. With this in mind, Good Practice No. 8, *Responsibility of Consultant On-call*, was produced. This document aims to ensure that women receive the highest quality of safe care and our trainees are well supported. Good Practice No. 9 dealt with *Gynaecology: emergency services, standards of practice and service organisation* and advises that a named lead consultant should oversee clinical organisation, standards of practice, governance and effective use of resources. Good Practice No. 10, on *Labour Ward Solutions*, provides different solutions and a template to achieve consultant presence as recommended by *Safer Childbirth*. Investigation into the treatment for heavy menstrual bleeding indicated that hysterectomy and endometrial ablation rates varied widely in the country, indicating poor adherence to the National Institute for Health and Clinical Excellence (NICE) Guidance. This work has led to a project jointly carried out with London School of Hygiene and Tropical Medicine that will look at patient outcome measures.

We are grateful to those Fellows and Members who have responded to the pilot Continuing Professional Development (CPD) programme, which will be part of revalidation. The Academy of Medical Royal Colleges has funded the development of the CPD portfolio and the next stage will be the development of an electronic revalidation platform. The Deech Report, *Women in Medicine*, has stimulated action plans which will be developed to support our next generation of specialists. Work on violence against women was highlighted by the Government in 2009 and the RCOG has published a guideline on the management of female genital mutilation. The College has acted on most of the recommendations of the *Saving Mothers' Lives* report to provide guidelines. Guidelines on thromboprophylaxis during pregnancy, labour and after vaginal delivery have been revised. New guidelines were published on the prevention and management of postpartum haemorrhage and blood transfusion in obstetrics and gynaecology. Good Practice Guidelines are being prepared for care pathways in women affected by heart disease and perinatal mental health. The College gave evidence to the House of Commons Science and Technology Committee on the Human Fertilisation and Embryology Act. As a result, three Working Parties were initiated with the support of the Government, on fetal awareness, termination of pregnancy for fetal abnormality and the management of women requesting induced abortion. These reports will be of immense help to improve care for women.

Recruitment of trainees is nearly 100% and has been possible because of the ObsJobs website which was created by the College. The European Working Time Regulation (EWTR) has brought in concerns about the quality of training, as indicated by the recent trainers' and trainees' survey. EWTR has created issues related to the delivery of service because locum doctors need to fill the gaps in the rota. The Education Directorate will consider the next steps to improve the quality of training. Calculation of workforce numbers has always been behind time because of the difficulty in collecting the information. The College has now produced a system that will collect online data to provide up-to-date information about the obstetric and gynaecological workforce.

The College is working with NHS e-Learning and the Royal College of Midwives to produce an e-learning package on cardiotocography that is to be completed in 2010. This will be freely available to all NHS staff. The Examination Department has been busy with increasing numbers sitting for the DRCOG, the MRCOG Part 1 and the MRCOG Part 2 examinations. A trial objective structured clinical examination was held in Abu Dhabi in November. This was a great success. The Curriculum Committee has reviewed the existing curriculum and has added new Advanced Training Skills Modules (ATSM). Workplace-based assessments need to be introduced and the College has produced the required resource material, which is available on the website. The need for simulation training has been emphasised by the Chief Medical Officer and the College has appointed a Director of Simulation and an Adviser to review how the College can help trainees have better access to simulation training.

Providing education for low-income countries is the goal of the College and negotiations are in progress to provide College books and journals at affordable cost to countries with low income. *The Obstetrician and Gynaecologist* is popular and has been introduced as the CPD journal in Singapore. Other countries are considering this possibility.

The International division had two successful seminars on Millennium Development Goals 4 and 5. The first was at the College with the participation of the South Asian Federation of Obstetrics and Gynaecology. The second was in Cape Town, with the hall packed with delegates from a number of countries. Both seminars contributed to rich discussion on models of care that can be adopted to achieve Goals 4 and 5. The Life Saving Skills Obstetric Care and Neonatal Care course has been conducted in a number of countries, with the help of a grant from the Department for International Development. These programmes run in conjunction with the Liverpool School of Tropical Medicine will help doctors and middle-grade providers to give the essential obstetric emergency services that can help to reduce maternal and neonatal morbidity and mortality. The College completed the ATSM on the diagnosis and management of vesicovaginal fistula at the request of the International Federation of Gynecology and Obstetrics (FIGO).

The Faculty of Sexual and Reproductive Healthcare has successfully launched the syllabus and curriculum for the new Certificate of Completion of Training. This will help to train doctors to provide the most needed care in this area. The Faculty's e-learning tool produced in collaboration with NHS e-Learning is an outstanding contribution to all involved in sexual and reproductive health.

We are grateful to Sir Victor Blank, Chairman, and Ms Liz Campbell, Director, and their team at Wellbeing of Women for their great contribution in raising funds for research grants. The Office for Research and Clinical Audit has done extremely well in establishing over ten Clinical Study Groups under the umbrella of the National Reproductive Health Research Network. This should pave the way for national research.

The Confidential Enquiry into Maternal and Child Health, which was under the College's umbrella, has established an independent charity – the Centre for Maternal and Child Enquiries – from the middle of 2009. The College will continue to work with them as a partner and to provide the support needed. The National Collaborating Centre for Women's and Children's Health is hosted by the College and has contributed to a number of guidelines of high calibre. The process for producing RCOG Green-top guidelines has been accepted as robust by NICE and our guidelines will appear on the NHS Evidence website alongside NICE guidelines.

Despite the economic downturn, the College has done well by having a positive financial balance in the years 2008 and 2009. I am grateful for the hard work of the Senior Management Team and the Heads of Departments, who have helped us to achieve this. We have to be prudent in our approach and to save money for the future if we are to continue with our activities.

The activities of the College could not continue without the generous contribution of time and knowledge by our own Fellows and Members and volunteers from sister Royal Colleges and independent charities such as the King's Fund and the Health Foundation. We have a close rapport with the Department of Health and National Health Service and communicate with them regarding the needs of our specialty to improve women's health. I thank all the Fellows, Members, trainees, staff of the College and members of the external bodies who have helped us to deliver high-quality, safe care for women.

Professor Sir Sabaratnam Arulkumaran

President

Governance and Management

The Council, the elected members of which are the trustees of the charity, submits its annual report and the audited financial statements for the year ended 31 December 2009. The Council has followed the Statement of Recommended Practice (SORP) 'Accounting and Reporting by Charities' issued in March 2005 in preparing the annual report and financial statements of the College.

Structure

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, further work will proceed for registration of the College as a charity in Scotland. This will include relevant and necessary amendments to the Charter.

Council and organisational structure

The governing body of the College is the Council, which meets at least 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 six 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 three years, while the Honorary Treasurer and Honorary Secretary may serve for seven years.

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

The Finance and Executive Committee (F&E) has delegated power to perform, on behalf of the 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 through advancing the 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 specialty of obstetrics and gynaecology, the ultimate beneficiaries of our work are women and their families for whom doctors care throughout the UK, in all the countries where our doctors work and also where the College delivers targeted help in under-resourced regions.

The identifiable benefits that women receive include the specialist clinical care made possible through specialist 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, although it pursues educational and standards setting activities across the whole of the UK, including Scotland, as well as an increasing number of countries overseas.

Induction and appraisal

New members of Council are inducted into their role as a Trustee 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 identification of 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 *Corporate Risk Summary* was received and noted by Council and Audit Committee (the Audit Committee reports directly to Council and can be commissioned to oversee financial audit activity as well as any special investigations). The *Disaster Recovery Plan* was reviewed and possible effects of disasters assessed for example the affect of H1N1 and terrorism on the College's activities and income. Through this risk management process, Trustees can be satisfied that the major risks the College faces have been identified and have been adequately mitigated. It has been recognised that systems can only provide reasonable but not absolute assurance that major risks have been adequately managed.

Statement of Council's responsibilities

The members of Council are responsible for preparing the annual report and financial statements in accordance with applicable law and UK Accounting Standards (UK Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the members of Council, who are also Charity Trustees, to prepare the financial statements for 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 should:

- select suitable accounting policies and apply them consistently
- make judgements and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards 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 the Council are responsible for keeping accounting records that disclose with reasonable accuracy at any time the financial position of the College and enable them to ensure that the financial statements comply with applicable law. They are also responsible for safeguarding the assets of the College and for 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 United Kingdom governing the preparation and dissemination of accounts may differ from legislation in other jurisdictions.

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.

Objectives and activities

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 through advancing the science and practice in the specialty of obstetrics and gynaecology by working with other organisations in health and in the care of women.

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

Review of activities

This report details the activities that took place in 2009. Highlights of significant areas of progress that took place during 2009 are also published in the College's 2009 *Annual Review*.

Plans for future periods

We are now progressing into our final year of the three-year plan for 2007–10 (published on the website), which summarises the challenges and opportunities facing the College and shaping our priorities. This plan summarises the core work of the College for the year ahead. Progress will be monitored by a series of performance indicators that will be used by the Senior Management Team and discussed regularly with departments as well as F&E and Council.

The three-year plan for 2007–2010 summarised challenges and opportunities facing the College and these have shaped our priorities. The pace of change for the NHS and therefore half of our membership who are working within it, remains fast and complex. Continuing from last year, improving patient safety continues to be a prominent objective for health care across the UK and this is good news because of the attention being paid to maternity services. Services will continue to be reshaped and challenges still exist for our UK members in dealing with such change, especially now that the NHS faces major curtailments in its budget over the next few years (£15 billion). All of this is complicated further by an impending Parliamentary election. Our messages and work across education, standards, training, development and workforce need to be clear and impactful, to both the membership and all of our stakeholders, including the politicians and decision makers in a new administration.

The financial situation remains difficult, given the high level of activity combined with an external economic environment that is still volatile; we therefore need to be more prudent. The key elements of our financial plan are to increase income while also becoming more efficient and economic by lowering the costs of running the College.

Activity remains at a high level across all departments and these objectives reflect the scope and volume of that work. Our activity is aligned strongly to our core businesses of education, standards and international development. It is recognised that the departments are working at or near to capacity.

The Education Directorate will be reviewing the number of courses and meetings offered and considering their feasibility. There is a view to increasing revenue through exhibitor and sponsorship sales and increased delegate numbers. Development of additional courses will be considered for the UK as well as internationally. Support to the research of the new Simulation Advisory Board will be given and a scoping exercise for the College's simulation strategy will be conducted. A review of the Abu Dhabi examination pilot will be conducted and consideration will be given to whether a repeat will be made.

The Standards Directorate looks to improving standards of obstetric and gynaecological services – maintaining the programme of Green-top Guidelines and opinion papers while also developing a revalidation toolkit for obstetrics and gynaecology. The work programme of the Safety and Quality Committee will also be managed, ensuring its relevance and alignment with other standards. The provision of information at all levels in regards to patient information, education and work will also continue.

Focus on membership and communications will continue throughout the forthcoming year, with a view to improving contact through increased gathering of email addresses to enable communication via this means. Not only will this save on cost but it is also a more efficient way of communicating. A survey of the British Isles membership will be conducted with the relevant feedback given consideration and actioned where appropriate.

CPD has come under some discussion over the last year and will be focused upon during 2010. The programme will come under review and the e-portfolio work will be completed. A big task will be to transfer the existing CPD participants on to the new electronic system.

The RCOG's international work will continue. The programme will join up educational/capacity building, advocacy and press office activities. This will maximise and streamline processes. Enhanced promotional material will be produced, highlighting the RCOG's international work, thus increasing awareness of the College and its associated activities and aid our fundraising initiatives.

Work will continue in producing the high-quality journals that have been published so far and to publish an additional five new textbook titles in the coming year. In addition, certain RCOG titles will be launched as e-books from the RCOG Bookshop. This is a new area and it is hoped that it will prove to be successful.

The Services Directorate strives to provide a first-class service to all College stakeholders. The emphasis for the Services Directorate this year will be on consolidating what has been achieved over the previous two years. With the aid of information technology (IT) and web services we hope to help build a fit-for-purpose services structure that meets the College's needs while focusing on quality and value for money. Owing to financial constraints, all major building work will be postponed for the foreseeable future but redecoration of the College exterior (fulfilling Crown Estate maintenance requirements) will be undertaken. Building a customer base for our facilities after a difficult year is important and the College will work hard to achieve objectives by aggressive targeted marketing and discounting strategies.

IT will continue to support the business in all areas. There has been a clear step change in what IT provides for the organisation, as it is no longer just about installing and supporting the IT systems. We will continue to support the business functions required to maintain the College's position as a leader in its field. The Information Management and Technology (IM&T) Strategy Group will bring together a long-term strategic plan for us to grow technology with the organisational needs.

Another area of development will be to work to refresh the corporate image of the College. This includes improving branding across corporate communications, making the RCOG a more highly identifiable organisation within the charity and fundraising world.

Towards the end of 2010, strategy will be reviewed with a new President and team of Officers, although it is highly likely that the majority of activities and themes in progress, including the financial plan, will be handed over to the new team. The care of women and service to our membership will continue to be at the heart of our plan this year and in years to come.

Council

		ATTENDANCE RECORD, 2009	ELECTED	RETIRES
President	Sabaratnam Arulkumaran	16 ¹	2007	2010
Senior Vice President	Anthony Dale Falconer	14 ¹	2007	2010
Vice President	Tahir Ahmed Mahmood	16 ¹	2007	2010
Vice President	Margaret Jennifer Blott	14 ¹	2007	2010
Honorary Treasurer	Julian Woolfson	16 ¹	2005	2012
Honorary Secretary	Richard Charles Warren	16 ¹	2004	2011
ELECTED FELLOWS (19)				
London (2)	Wendy Reid	6 ¹	2006	2012 f
	Melanie Davies	16 ¹	2008	2011 er
Eastern (1)	Roger Walton Howard Giles	15 ¹	2005	2011 f
Northern/Yorkshire (1)	Paul Hilton	16 ¹	2008	2011 er
South West (1)	Sanjay Vyas	16 ¹	2007	2010 er
North West (1)	David Richmond	12 ¹	2006	2012 f
South East (1)	John Beynon	5 ²	2006	2009 er
	Ian Currie	9 ³	2009	2012 er
Trent (1)	William Leigh Ledger	12 ¹	2008	2011 er
West Midlands (1)	Anthony Deans Guthrie Roberts	12 ¹	2005	2011 f
Wales (1)	Simon John Emery	13 ¹	2008	2011 er
Scotland (2)	Alan Dougal Cameron	14 ¹	2008	2011 er
	Christine Parry West	16 ¹	2008	2011 er
Ireland (2)	Colm O'Herlihy	6 ²	2003	2009
	Paul Fogarty	15 ¹	2005	2011 f
	Andrew Curtain	9 ³	2009	2012 er
International (England) (4)	James Johnston Walker	6 ¹	2007	2010 er
	John Shepherd	13 ¹	2004	2010
	Lesley Regan	12 ¹	2006	2012 f
	Patrick Michael Shaughn O'Brien	14 ¹	2008	2011 er
International British Isles (1)	James Connor Dornan	14 ¹	2008	2011 er

ELECTED MEMBERS (11)		ATTENDANCE RECORD	ELECTED	RETIRES
London (2)	Keith Duncan	6 ¹	2004	2010
	Narendra Pisal	15 ¹	2008	2011 er
Eastern (1)	John Alexander Latimer	7 ²	2003	2009
	Medhat Hassanaien	6 ³	2009	2012er
Northern/Yorkshire (1)	Peter Blakeman	11 ¹	2006	2012 f
South West (1)	Mark James	7 ²	2003	2009
	Jane Mears	0	2009	2012 er
North West (1)	Andrew John Drakeley	3 ²	2006	2009 er
	Andrew Pickersgill	6 ³	2009	2012 er
South East (1)	Ash Monga	11 ¹	2006	2012f
Trent (1)	David Nunns	5 ¹	2007	2010 er
West Midlands (1)	Thomas Justin Clark	12 ¹	2007	2010 er
Scotland (1)	Andrew John Thomson	15 ¹	2008	2011 er
Ireland (1)	Carolyn Bailie	13 ¹	2006	2012 f

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 7 meetings

³ Number of meetings attended out of a total of 9 meetings

er = eligible for re-election, f = final

Co-opted member

Jayantha Chatterjee MRCOG Chair, Trainees' Committee

Invited members

Gillian Baker Chair, Consumers' Forum

Christine Robinson President, Faculty of Sexual and Reproductive Health Care, RCOG

Liz Stephens, President, Royal College of Midwives

Management

Senior Management Team

Chief Executive	Helen Moffatt
Deputy Chief Executive and Director of International and Corporate Affairs	Beryl Stevens
Head of Finance	Sandra Tetsola
Director of Education	Michael Murphy
Head of Personnel	Rachel Dell
Director of Services	Jon Price
Director of Standards	Charnjit Dhillon

Head of:

Bookshop	Richard Baber
Communications and External Affairs	Gerald Chan
Conferences and Postgraduate Meetings	Aimee Pike to 7 November 2009 Lynn Whitely from 21 October 2009
Corporate Affairs	Luke Stevens-Burt
Estates	Andrew Madzia
Facilities	Jan Horsnell
Information Services	Lucy Reid
Postgraduate Training Department	Belinda Grantham-Hill
Publications	Jane Moody
Specialist Registration	Sarah Qureshi to 9 October 2009

Advisers

Auditors

Buzzacott LLP
Chartered Accountants
12 New Fetter Lane
London
EC4A 1AG

Bankers

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

Solicitors

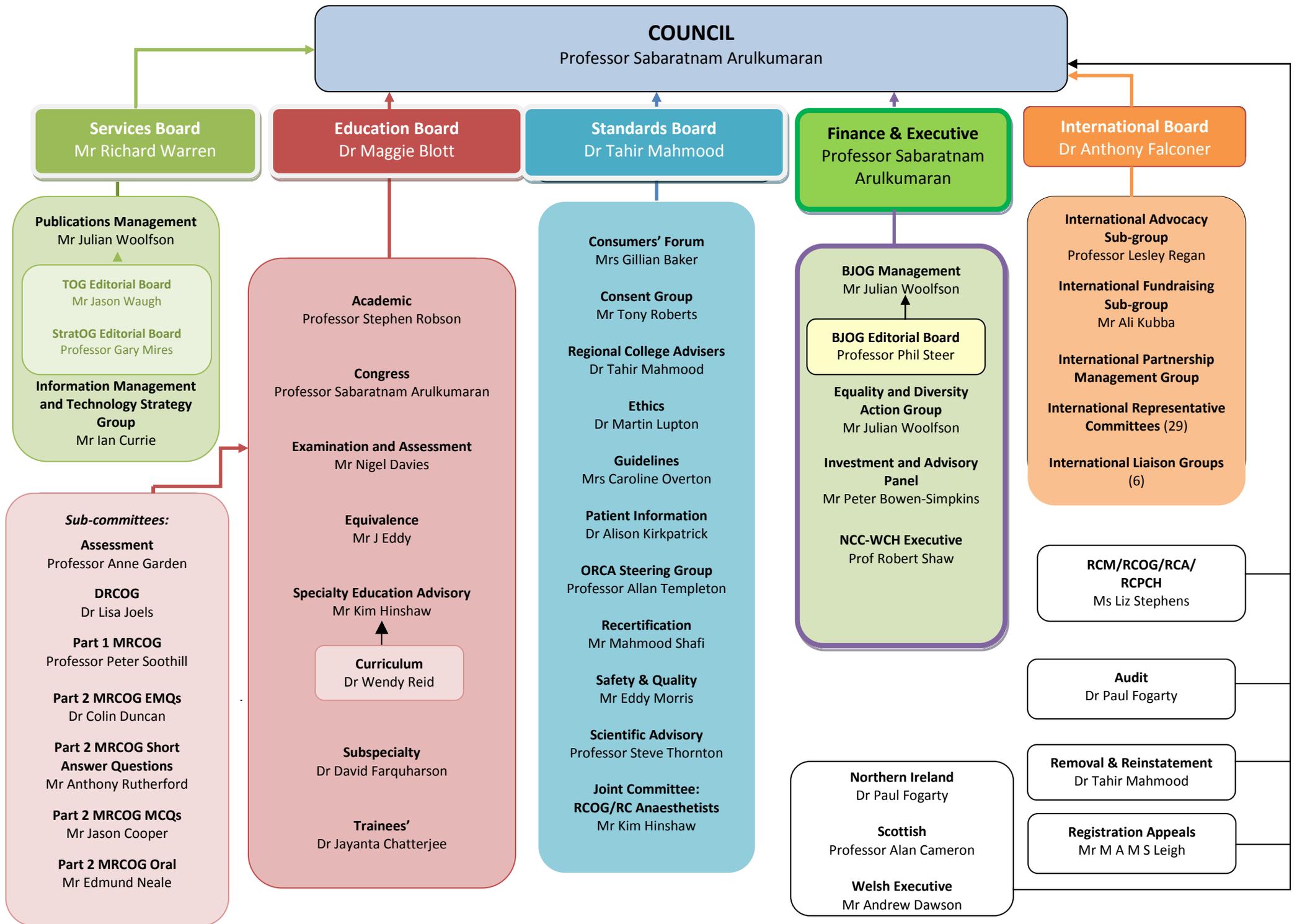
Hempsons
40 Villiers Street
London
WC2N 6NJ

Business priorities for 2010

Throughout the year, Council has kept operational costs under regular review and a number of actions were taken to reduce these. In addition, Council has explored avenues of income generation. There has been considerable thought invested in the College's finances and the strategies that are going to be implemented to end the year in a favourable position.

The Audit Committee has also focused on improving the financial reporting systems, including collection of debt, performance indicators and better budgeting. The College has invested heavily in IT infrastructures to improve efficiencies and to promote smarter and more efficient ways of working. Initial teething problems with the new system have been resolved and new ways of working incorporated. Other areas discussed included the new website and the sensitive matter of legacy management.

During the last quarter of 2009, the need for the College to save towards a leases extension in 46 years' time was highlighted. Measures to reduce the cost of running the College's operational activities continue and a more effective marketing plan for our services has been developed, with the expectation of increased income in 2010 and beyond. Towards the end of 2009, the Committee reviewed the College's update on the three-year strategy and the planned budget for 2010 before its presentation to Council in January 2010.



Editor-in-Chief of:

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

StratOG.net

Professor Philip Steer
 Professor Neil McClure – to May
 Mr Jason Waugh – from June
 Professor Gary Mires

Conveners for:

Meetings

Study Group

Training the Trainers' Courses

Course Leads

Part 1 Revision Courses

Part 2 Revision Courses

Part 2 Revision Courses Assistant Convenor

Basic Surgical Skills Courses

Careers Officer (Senior)

Careers Officer (Junior)

CPD Officer

National Lead for College Tutors

Foundation Lead

National SAS Doctor Lead

Director of E-Learning

Less-than-full-time Training Adviser

Sponsorship Officer/Adviser for Refugee Doctors

Medical Workforce Adviser

Recruitment Officer

Advanced Training Skills Module Officer

PMETB Liaison Officer

Ultrasound Officer

Clinical Directors' Lead

Lead International Diploma in Women's Health

Honorary Cellarer

Heritage Adviser

Honorary Public Relations Officers

Dr Basky Thilaganathan

Professor Sean Kehoe

Mr Manjit Obrahi – to May

Mr Suresh John Duthie – from June

Mr Sambit Mukhopadhyay – from June

Miss Jane Wilson

Mr Timothy Mould

Dr Claudine Domoney

Mr David Redford

Mr Anthony Hollingworth

Mr Mark Roberts

Mr Roger Giles

Miss Melissa Whitten

Mr Mahmood Shafi

Miss Catharine Roberts

Miss Melissa Whitten

Dr Heather Currie

Professor Gary Mires

Ms Sue Ward

Mr Manisankar Das

Dr David Richmond – to May

Mr John Latimer – from June

Professor Janice Rymer

Dr Clare McKenzie

Mr Peter Reid

Mr Christopher Lees

Mr David Churchill

Mr Nigel Davies – to May

Mr Nigel Bickerton – from June

Mr John Malvern – to May

Mr Michael Cohn – from June

Mr Anthony Kenney

Mr Richard Warren

Mr Julian Woolfson

Report of Council

During 2009, Council met and discussed many issues that came up during the year. Some of these were carried over from 2008 whereas others had arisen during the course of the year.

Dr Maggie Blott (Vice President, Education) presented to Council thoughts and findings from the European Working Time Regulations. This has had a varying affect across a number of areas within the specialty, particularly the impact on trainees and the quality of the training received, as well as the appropriate supervision from consultants. The RCOG's position is that it is not asking for derogation for all units but rather seeking to agree with the Department of Health that noncompliant trusts have an additional two to three years to comply. Noncompliant units will work up to 52 hours/week in the meantime but will need to have comprehensive plans in place to ensure they achieve 48 hours by the deadline. To meet the expected shortfall in the O&G workforce, the RCOG's strategy is not to put more trainees into the system but to increase consultant numbers to prevent overproduction in the specialty.

Council received a Working Party report on Recertification from Dr Mahmood (Vice President, Standards) and Mr Moody Shafi FRCOG, CPD Officer. The report was based on the General Medical Council's (GMC) recommendations on managing specialists, working closely with professional societies and subspecialty groups. A copy of the full report can be found on the College's website.

Mr Trevor Gordon, an independent consultant on equality and diversity and the College's adviser on its Equality and Diversity Action Group was invited to discuss equality and diversity in employment practice. The College has a professional duty to ensure it prevents all forms of discrimination on grounds of gender, race, sexuality, disability, age and religious belief. It needs to be proactive in promoting equality and opportunity within the workplace along similar lines as adherence to health and safety regulations. The RCOG is meeting its legal obligation. The RCOG's commitment to compliance has been found to be robust in policy and practice.

Ms Moffatt reported on the continuing work with the pension scheme and said that formal valuations of it were undertaken every three years. The next one would occur in April 2010 and would be submitted to the Pension Regulator but yearly updates are also undertaken. Council noted the annual actuarial valuation as at September 2009 and the summary prepared by the Actuary. Ms Moffatt said that the pension fund, using current assumptions, calculations and contributions, was now in balance. However, with different assumptions about the yield of investments and different mortality and life expectancy assumptions, a deficit could emerge once more.

The RCOG was commissioned by the Department of Health to update its reports on fetal awareness (1996), the termination of pregnancy for fetal abnormality (1996) and the RCOG guidelines for women requesting induced abortion (2004) to respond to recommendations made by the House of Commons Science and Technology Committee report in 2007. This work was led under the chairmanship of Professor Allan Templeton. This new report analyses new evidence published after 1996, including contentious literature from international research that was the subject of much media controversy in 2007. In summary, the working party state that the fetus *in utero* up to 24 weeks cannot feel pain because it does not have the fully developed neural connections. The chemical environment protects the fetus from pain. Council approved the working party on fetal awareness. It was noted that the working party report on termination of pregnancy for fetal abnormality would be presented in January 2010. It was acknowledged that both reports are complementary to one another, therefore should be published together (both will be available on the College website).

A report on labour ward solutions was presented by Dr Tahir Mahmood. He mentioned that the RCOG's continuous stress on increased consultant presence in labour wards has been the driving force behind consultant expansion and it is hoped that, by going beyond 40 hours, it would help move the quality agenda forward. Council agreed that the report is important as it provides the evidence to support consultant expansion. The case studies provided useful examples on how individual units have met the challenge of the working time regulation and each offers a solution on achieving prospective cover at 40,

60, 98 and 168 hours. The recommendations provided should help maternity units to manage risk and plan rotas and it is important for units to be flexible. This will be a dynamic working document that will be available online.

The President reported on a ministerial roundtable event on violence against women and girls. Advocacy work on violence against women will increase both nationally and internationally. An Advanced Training Skills Module is being developed on this subject.

Revalidation was another recurring topic discussed at Council. The General Medical Council (GMC) has advised that responsible officers are appointed and it is the Department of Health's intention that this role is undertaken by medical directors. The RCOG responded to the consultation document, noting the issues around the responsibilities for a large organisation, stating that such work would be onerous for one person to undertake. Likewise, the Council queried who would be responsible for locum doctors and their revalidation; suitable payment and support for this service; and the roles of GMC affiliates.

Council spent concerted efforts considering the strategic issues facing the College and supporting the Officers and Senior Management Team in clarifying the priorities for 2010. It was recognised that the financial position of the College means that many departments are working within very tight frameworks and this is becoming cause for concern. It was agreed that core elements of work, such as clinical guideline development, will not be affected.

Title	Reporting date (or anticipated)
Working Party on Recertification	January 2009
Census Working Group	September 2009
Working Party on Fetal Awareness	November 2009
RCOG/RCM Clinical Learning Environment	TBC
Working Party on Work–Life Balance	January 2010
Working Party on Termination of Pregnancy for Fetal Abnormality	January 2010

The [Northern Ireland Committee](#) met twice in 2009 and received reports and updates from members representing RCOG Council, the School of Obstetrics and Gynaecology, Trainees, Ulster Obstetrics and Gynaecology, British International Congress RCOG 2010, Midwifery and the Regional College Adviser. During 2009, the membership of the Committee was extended with the addition of a representative from Psychiatry.

The Committee, through its chair, Dr Paul Fogarty, continues to be in contact with the Minister, Member of Local Assembly, the Chief Medical Officer and his Officers on matters such as governance and waiting list initiatives, guidance on termination of pregnancy in Northern Ireland, Responsible Officers consultation document and proposals for Health and Social Care Reform.

The Committee has discussed standards in maternity and gynaecology care, the responsibility of the consultant on call and most units have made a significant improvement on consultant presence. Meetings have been held with the Regional IT Department to discuss the implementation of the Maternity Dashboard and progress is being made.

The Committee has been discussing the development of maternal 'near miss' monitoring techniques and the setting up of a Congenital Anomaly Register for Northern Ireland and aim to progress with these in 2010.

In December 2009, the RCOG was involved in the first National Childbirth Trust awards for the Province, culminating in an award ceremony held in Parliament Buildings.

Lastly, the Committee is looking forward to welcoming our Members and Fellows from throughout the world to the British International Congress which is coming to Belfast in June 2010.

The **Scottish Committee** has continued to use facilities at the Royal College of Physicians and Surgeons of Glasgow. This is proving to be a convenient venue, although the cost effectiveness of the current arrangement is under review. To date, it has proved impossible to resolve the technical problems which have prevented the establishment of a video link with the RCOG in London.

There has been good progress with the planned programme of educational activities. In 2009, this included a medical students' Careers Fair, an Ultrasound Course and a Scottish Trainees Meeting. A Labour Ward ATSM course is being held in May 2010. To assist with the planning of future courses, the committee has recently established an Education and Workforce Subcommittee, which will include the training programme directors of the four Scottish deaneries. This group will also advise the Scottish Committee on other matters relating to education and training, including recruitment and workforce issues. There is a continuing dialogue with representatives of Scottish Government regarding workforce planning and the management of the predicted 'bulge' of Certificate of Completion of Training holders.

The most important recent development has been the establishment of a permanent secretariat to administer the work of the Committee, including maintenance of its database of consultants and trainees and dissemination of information regarding meetings, courses and other communications. The secretariat is playing an increasingly key role in the organisation and administration of the educational activities.

The Committee, via its Chair, Professor Alan Cameron, is currently preparing a bid for Glasgow to host the 2014 meeting of the European Board and College of Obstetrics and Gynecology (EBCOG). This bid is supported by the Officers of the RCOG and is being submitted in collaboration with Glasgow City Marketing Bureau.

The diary for 2009 concluded with another very successful Annual Consultants Meeting, this year held in January 2010, with a Burns theme for its annual dinner. As always, it was well attended by delegates and supported by College Officers.

Attendance at **Welsh Executive Committee** meetings have been at least quorate and holding the meetings in the middle of the day continues to prove more workable for members. The Committee, through its chair, Dr Andrea Dawson, has continued to invite representatives from organisations with whom it works, including the Centre for Maternal and Child Enquiries, the Stillbirth and Neonatal Death charity (SANDS), the Information Services Division of the Welsh Assembly Government (Maternity Data Project) and other groups.

The President and Vice President, Standards, together with the Chair and Honorary Secretary, attended a meeting with the Chief Medical Officer for Wales and his colleagues, during which a number of matters were covered but chiefly focused on how we can ensure that the Maternity and Gynaecology Standards can be fully established in the Principality. Work on this has proceeded in several ways, including that of the Multiprofessional Project Group (MPPG: see below).

The beginning of October 2009 saw a major change in the structure of the NHS in Wales, with the abolition of the 22 separate local health boards and trusts. The new structure comprises seven local health boards which each deal as a single organisation with health service planning and provision. This is an excellent opportunity to ensure that, as services are reviewed by the new organisation, the Standards are at the forefront of changes which occur. The Committee will continue to work towards using its wide representation to influence these processes in what will remain an organisation with competing demands.

Work by the MPPG has formed part of the 2009/2010 programme of the Welsh Medical Committee and has been held up as an example of how multidisciplinary advisory processes can work in the Principality. A four-page executive document has been produced and submitted to the Wales NHS Executive. The intention has been to provide an intentionally brief functional document which can easily be accessed and used by those with responsibility for service planning. The Committee continues to take the view that combining the statutory advisory work of NHS Wales with that of the RCOG, it provides considerable benefit and influence.

Admission Ceremonies

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

Professor Sir Liam Donaldson

Chief Medical for England and Wales, England

Professor Dr Joachim Wolfram Dudenhausen

Director and Head of Department of Obstetrics, Charité, Medical School Berlin, Germany

Dr Mary Hannah

Professor of Obstetrics and Gynaecology, University of Toronto, Canada

Professor Stephen Hillier

Professor of Reproductive Endocrinology, University of Edinburgh; Honorary Consultant Clinical Scientist, Lothian University Hospitals NHS Trust; Director Postgraduate Studies and International Relations, College of Medicine and Veterinary Science, University of Edinburgh, Scotland

Professor David Olson

Professor, Department of Obstetrics and Gynaecology, Paediatrics and Physiology, University of Alberta, Director, CIHR Strategic Training Grant in Maternal-Fetal Newborn Health and Co-Director, AHFMR Interdisciplinary Preterm Birth and Health Outcomes Team, Canada

Professor Takeshi Maruo

Professor Emeritus, Kobe University School of Medicine, Kobe, Japan

Four **Fellows honoris causa** were admitted during the Members Admission Ceremony on 27 November 2009:

Dr France Donnay

Senior Program Officer Maternal Health, The Bill and Melinda Gates Foundation, USA

Mr Brian Hancock

Visiting Fistula Surgeon, Uganda (formally Consultant Colorectal Surgeon, Wythenshawe, Manchester), England

Professor Chittaranjan Purandare

Consultant Obstetrician and Gynaecologist at St Elizabeth Hospital (Walkeshwar), BSES Hospital and Purandare Hospital, Mumbai, India

Professor Abdel Latif Ashmaig Khalifa

President of The National Ribat University, Sudan

During the year, a total of 199 Members were elevated to the Fellowship and 200 new Members were admitted. Applications from five Associates were accepted.

2009 saw the official change in procedure for elevation to Fellowship whereby a requirement that the 'declaration of good standing form' be countersigned by the Medical Director or equivalent employing authority and/or (for Members outside the British Isles), by the Chair of the local Representative Committee.

Awards

The following Awards were given during 2008/09:

Medals

MRCOG Prize Medal

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

May: Maya Louise Basu

November: Caroline Louise Knight

DRCOG Prize Medal

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

April: Charlotte Louise Sills

October: Lois Nicola Jacques

Travelling Scholarship and Fellowships

Bernhard Baron Travelling Scholarship

Mr Robin Crawford, FRCOG, Cambridge University Hospitals, Cambridge

To visit University Medical Center, Utrecht, Netherlands, to review and evaluate the use of laparoscopic sentinel node dissection in cervical cancer.

Mr Andrew Kent FRCOG, Royal Surrey County Hospital, Guildford, to visit North Texas Hospital, Denton, Texas, USA, to complete training in the use of the da Vinci robotics system.

Eden Travelling Fellowship

Dr Dharani Hapapangama MRCOG, Liverpool Women's Hospital, Liverpool, to visit the Endometrial Stem Cell Laboratory at the Monash Medical Centre, Melbourne, Australia.

Malcolm Black Travel Fellowship

Dr Hugh Byrne MRCOG, St Mary's Hospital, London, to visit IRCAD/EITS, Strasbourg, France for further training in laparoscopic surgery.

Green-Armytage & Spackman Travelling Fellowship

Dr Jean Calleja-Agius MRCOG, Mater Dei Hospital, Malta, to visit Centre for Reproductive Sciences, University College, London, UK.

Sims Black Professorship

Mr Nigel Bickerton, FRCOG, Glan Clwyd Hospital, Rhyl, Wales, visited Ethiopia to attend the Mid-Level Providers' Conference in Addis Ababa, to visit the Black Lion Hospital in Addis Ababa and the Addis Ababa Fistula Hospital.

Professor David Taylor, FRCOG, Leicester Royal Infirmary, Leicester, to visit Ninewells CARE Mother and Baby Hospital, Colombo; Peradeniya Teaching Hospital, Kandy; Karapitiya Teaching Hospital, Galle, and the Ragama Teaching Hospital, Sri Lanka.

Lectures

Christmas Lecture for Young People

Margaret Blott, FRCOG, University College of London, London

'Splashdown.'

Founders' Lecture

The Baroness Young of Old Scone

'Quality of care in the future – the regulator's view.'

JY Simpson Oration

Professor Jane Norman FRCOG, University of Edinburgh, Edinburgh

'Improving birth in 21st century.'

Singapore Lecture

Professor Gamal Serour, FRCOG, President FIGO

'New technologies in improving reproduction and women's health.'

Victor Bonney Lecture

Professor Adam Balen FRCOG, Leeds General Infirmary, Leeds

'Disorders of sexual development – where, when and how?'

William Blair Bell Memorial Lecture

Dr Alka Prakash MRCOG, Addenbrooke's Hospital, Cambridge

'Fetal-maternal dialogue in very early pregnancy: A possible role of Inhibin-A and Activin-A in early pregnancy failure.'

Dr Jenny Myers MRCOG, Maternal and Fetal Health Research Centre, St Mary's Hospital, Manchester

'Use of proteomic technologies to identify placentally derived proteins and potential biomarkers for pre-eclampsia.'

William Meredith Fletcher Shaw Memorial Lecture

Mr Jonathan Frappell FRCOG, Derriford Hospital, Plymouth

'Inspiring and teaching the next generation.'

Prizes

Edgar Gentilli Prize

Dr Esther Moss MRCOG, Subspecialty Trainee, City Hospital, Birmingham
'FAU regulates carboplatin resistance.'

John Lawson Prize

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

Peter Huntingford Memorial Prize

Dr Alison Richardson MRCOG, ST2, Princess Royal Hospital, Southampton
'Developing a national evidence-based guideline on termination of pregnancy.'

Medical Student Awards

Tim Chard Case History Prize

1st Prize: Benjamin Chisholme

'Female genital mutilation and pregnancy.'

2nd Prize: Charlotte Durrington

'Young pregnant woman suffering from pulmonary hypertension.'

Joint 3rd Prize: Olivia Hatton

'Dysgerminoma in a 17-year-old female.'

Alice Lawford

'A case of massive vulval oedema due to septic pubic symphysis complicating pregnancy.'

Richard Johanson Research Prize

1st Prize: Alison Ellwood

'The Usefulness of anti-müllerian hormone in IVF treatment.'

2nd Prize: Kaushalya Arulpragasam

'The impact of increased body mass index on pregnancy outcome.'

Herbert Erik Reiss Memorial Case history Prize

1st Prize: Zoe Moatti

'Tako-Tsubo's cardiomyopathy in pregnancy – managing the risks.'

Joint 2nd Prize: Jeffrey Ahmed

'Total pelvic extenteration for recurrence of vaginal cancer.'

Hannah Newman

'Defensive medicine in obstetrics: a cause of maternal Graves' disease.'

Special Study Module Prize

1st Prize: Nana Yaa Seiwaa Opare

'The management and complications of ovarian cysts characterised as dermoids by transvaginal ultrasound over 11 years.'

2nd Prize: Abbie Laing

'The human body under strain, effects of obesity during pregnancy. A literature review with the production of teaching material.'

RCOG/Ethicon Medical Students Elective Prize

January

Carmel Beadle

To visit Hospital Cima, Costa Rica and Bolivia.

Harpeet Sood

To visit Lady Willingdon Hospital, Himachal, Pradesh, India.

Ruth Bird

To visit Awassa College Hospital, Ethiopia.

John Dalton

To visit Mengo Hospital, Uganda.

Zoe Barber

To visit Tygerberg Hospital, Cape Town, South Africa.

Matthew Dunstan

To visit Mnazi Mmoja Hospital, Tanzania.

July

Kyle Gibson

To visit Monash Institute of Medical Research, Victoria, Australia.

Sunhil Bhopal

To visit Department of Medicine, Freetown and The Kambia Hospital, Kambia, Sierra Leone.

Elinor Carlisle

To visit Kiunga and Rumginae Hospitals, Papua New Guinea.

Juliet Stevens

To visit Hadassah Hospital/Hebrew University, Jerusalem and Mnazi Mmoja Hospital Tanzania.

Travel Awards

Professor David Taylor, FRCOG, to visit Ninewells CARE Mother and Baby Hospital, Colombo, teaching hospitals associated with the University of Peradeniya, Kandy, the University of Ruhuna, Galle and the University of Kelaniya, Ragama, Sri Lanka.

Ethicon Foundation Fund Travel Awards

January

Dharani Hapangama, to visit the Endometrial Stem Cell Laboratory at Monash University Department, Sydney Australia.

July

Dr Alka Prakash, to visit *Microsurgery Laboratory of the Department of Plastic Surgery, Cleveland, USA*.

Other Awards

Endometriosis Millennium Fund

Dr Thomas Aust MRCOG, Arrowe Park Hospital, Wirral, Merseyside

Research Fellowship in Laparoscopic Surgery at Sydney Women's Endosurgical Centre, Australia.

Dr Robert Sherwin MRCOG, Whittington Hospital, London

Progesterone resistance in endometriosis: a pilot study at University of North Carolina, USA.

Overseas Fund

Dr Neena Malhotra MRCOG, AIIMS, New Delhi, India

To visit the Assisted Conception Unit, Guy's & St Thomas' Hospital, London, and Aberdeen Maternity Unit, Scotland.

ENTOG Award

To attend the XIX European Meeting and Exchange Programme held in Budapest, Hungary:

Gloria Esegbona, MRCOG, St John's Hospital, Chelmsford.

Shreelata Datta, MRCOG, The Royal Sussex County Hospital, Brighton.

Geographical Distribution of Fellows and Members

BRITISH ISLES	FELLOWS	MEMBERS
BRITISH ARMED FORCES	2	0
CHANNEL ISLANDS	10	7
ENGLAND	2083	2891
ISLE OF MAN	4	3
NORTHERN IRELAND	74	98
REPUBLIC OF IRELAND	122	199
SCOTLAND	274	300
WALES	122	168
	2691	3666

EUROPE	FELLOWS	MEMBERS
AUSTRIA	2	0
BELGIUM	11	10
CROATIA	1	0
CYPRUS	14	4
FINLAND	4	0
FRANCE	7	2
GEORGIA	1	0
GERMANY	9	9
GIBRALTAR	1	0
GREECE	10	30
HUNGARY	3	0
ICELAND	2	5
ITALY	4	1
LITHUANIA	1	0
MALTA	21	11
NETHERLANDS	13	9
NORWAY	2	1
PORTUGAL	1	2
SPAIN	8	9
SWEDEN	5	0
SWITZERLAND	7	0
TURKEY	2	1
	129	94

AMERICAS	FELLOWS	MEMBERS
ANGUILLA	0	1
ANTIGUA AND BARBUDA	0	2
ARGENTINA	1	0
BAHAMAS	5	6
BARBADOS	4	7
BELIZE	1	0
BERMUDA	1	0
CANADA	181	78

CAYMAN ISLANDS	3	1
DOMINICA	0	1
GRENADA	1	0
GUYANA	2	0
JAMAICA	31	12
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	24	31
TURKS & CAICOS ISLANDS	0	1
UNITED STATES	270	79
VIRGIN ISLANDS (US)	0	1
VIRGIN ISLANDS (BRITISH)	0	1
	531	226

MIDDLE EAST	FELLOWS	MEMBERS
BAHRAIN	11	2
IRAQ	17	3
ISLAMIC REPUBLIC OF IRAN	1	1
ISRAEL	14	3
JORDAN	34	16
KINGDOM OF SAUDI ARABIA	87	99
KUWAIT	26	28
LEBANON	0	2
LIBYAN ARAB JAMAHIRIYA	9	8
OMAN	8	29
PALESTINE	8	1
QATAR	5	9
SYRIAN ARAB REPUBLIC	5	7
UNITED ARAB EMIRATES	60	148
	285	356

AFRICA	FELLOWS	MEMBERS
BOTSWANA	0	3
CAMEROON	2	2
EGYPT	91	66
ETHIOPIA	2	4
GAMBIA	1	0
GHANA	30	2
KENYA	10	1
MALAWI	1	1
MAURITIUS	15	10
NAMIBIA	5	0
NIGERIA	116	13
SIERRA LEONE	3	1

SOUTH AFRICA	188	35
SUDAN	26	16
SWAZILAND	1	0
TANZANIA	3	2
TUNISIA	0	2
UGANDA	3	0
ZAMBIA	4	6
ZIMBABWE	11	5
	512	169

ASIA & AUSTRALASIA	FELLOWS	MEMBERS
AUSTRALIA	758	211
BANGLADESH	11	11
BRUNEI DARUSSALAM	6	9
CHINA	3	0
FIJI	1	3
HONG KONG	220	172
INDIA	356	347
INDONESIA	0	3
JAPAN	1	0
MALAYSIA	189	202
MYANMAR	30	27
NEPAL	8	2
NEW ZEALAND	144	54
PAKISTAN	103	76
PAPUA NEW GUINEA	2	0
SAMOA	0	1
SINGAPORE	124	125
SOLOMON ISLANDS	1	0
SRI LANKA	88	56
THAILAND	11	0
	2056	1299

International Initiatives

Key objectives

- To review the functionality and effectiveness of International Representative Committees.
- To mobilise funds to meet the aspirations and key objectives of the International Board.
- To produce enhanced promotional material highlighting the RCOG's international work.
- To work collaboratively to join up the RCOG's international programme including educational/capacity building, advocacy and press office activities to maximise impact and streamline processes.

International Representative Committees

Country	Chairman
America	Dr Andrew Dean Hull, FRCOG – From March
Bangladesh	Professor Shahla Khatun FRCOG
Canada	Vacant
Caribbean	Dr Bharat Bassaw FRCOG
Egypt	Professor Amr Hassan Fahmy El-Shalakany FRCOG
Ghana	Dr Kwasi Okyere Boadu FRCOG
Hellenic	Dr Christopher Riris FRCOG
All India Coordinating Committee	Dr Alokendu Chattopadhyay FRCOG – to March Dr Pramathes Das Mahapatra FRCOG – from April
India: Eastern Zone	Dr Pramathes Das Mahapatra FRCOG – to March Dr Kusagradhi Ghosh FRCOG – from April
India: Northern Zone	Dr Urvashi Prasad Jha FRCOG
India: Southern Zone	Dr Arcot Jaishree FRCOG
India: Western Zone	Dr Nirmala Ramesh Vaze FRCOG
Iraq	Miss Atiya Mohammad Said Sabir Al-Salihy FRCOG
Jordan	Dr Ahmad Mohammad Abdelwahed FRCOG
Kenya	Dr Sumant Rai Patel FRCOG (Acting)
Kuwait	Dr Mrs Aleiah Faleh Sattam Zaher Al-Fadli FRCOG
Libya	Professor Suad Omran Otman FRCOG
Malaysia	Dr Kok Ying Ng FRCOG
Malta	Chevalier Dr George Buttigieg OSJ FRCOG
Myanmar	Professor Than Than Tin FRCOG – to September Professor Saw Lwin FRCOG – from October
Nepal	Dr Dibya Shree Malla FRCOG
Nigeria	Dr Fred Faruna Achem FRCOG
Pakistan	Professor Khalida Nahid Waheed FRCOG
Saudi Arabia	Dr Saad Hamad Al-Hassan FRCOG
Singapore	Dr Jothi Kumar FRCOG
South Africa	Dr Peter Roy De Jong FRCOG
Sri Lanka	Dr Harshalal Rukka Seneviratne FRCOG – to February Professor Prasantha Sudehana Wijesinghe FRCOG – From March
Sudan	Professor Mohamed Ahmed Ali El-Sheikh FRCOG – to June Dr Bushara Hag El-Fadl FRCOG – from July
United Arab Emirates	Dr Mohamed Mahgoub El-Sheikh FRCOG
Zimbabwe	Professor Jonathan Luyera Kasule FRCOG

The International Office's strategy and activities are guided by the [International Board](#), which is responsible for setting a realistic and achievable work plan. Our primary aim is to contribute to national,

regional and global progress towards the United Nations Millennium Development Goals (MDGs) 4 and 5. We do this by drawing on the expertise and experience of our global network of members who support us in making an effective contribution to improving sexual and reproductive healthcare and, in particular, reducing maternal and neonatal mortality and morbidity. The RCOG's many partners, but particularly the Liverpool School of Tropical Medicine (LSTM), give additional depth to our activities. Most of our projects are funded through donations, project grants and awards. This work is led by our Fundraising Sub-Group, chaired by Dr Ali Kubba. There is great momentum at present and philanthropic contacts are being developed to support our work for the next three years and beyond. There is an expanding need overseas for this work, so it is anticipated that demand will be there for the foreseeable future. Finding suitable trained personnel with available time to support these activities is a constraint in the modern NHS but we are fortunate in having a network of recently retired and international members who are also able to support us in this work.

The views of the International Members and Fellows are vital to the successful running of the College. To this end, early in the year, the College undertook two surveys, one of the Representative Committee Chairmen and the other of Fellows and Members working outside the UK. The intention of the survey was to ascertain how the College could improve its effectiveness and continue to meet the needs of its international membership. The reports have been carefully analysed and we are currently addressing some of the concerns raised with a number of new initiatives planned as a result.

One question in the survey related to whether members thought that the College had a role to play in Advocacy. A resounding 96% of the respondents said yes. Partly driven by this, we have now established an Advocacy Sub-Group, under the chairmanship of Professor Lesley Regan. Its remit is to establish active and genuine collaborations, inclusive of other professionals, especially midwives, involved in promoting sexual and reproductive health internationally and in particular to reducing maternal and neonatal mortality and morbidity.

The UK has a rich culture and very diverse population. Currently, 40% of the NHS workforce in the UK comes from other countries. Now, we are reaping the benefits of such a Diaspora. The Iraq Liaison Group was the first group of UK-based Iraqi specialists to form under the auspices of the RCOG. Sudan followed quickly and more recently Ghana, Egypt, Pakistan and Nigeria have formed groups; Nepal and India are expected to follow. The energy, enthusiasm and commitment generated in these groups are wonderful to witness. The concern shown for the women of their homelands is palpable and we should be proud of their achievements. A major outcome of these initiatives has been in Erbil in Iraq and Khartoum in Sudan, where we have very successfully conducted the Part 1 MRCOG examinations with the strong support of the Chairs of the local Representative Committees.

At the end of 2008, in partnership with LSTM, the International Office was proud to announce the award of a grant in excess of £2 million from the Department for International Development (DFID) to introduce our Life Saving Skills-Essential Obstetric Care and Newborn Care (LSS-EOC&NC) programme in five under-resourced communities within Asia and Africa. The countries selected are Bangladesh, India, Kenya, Sierra Leone and Zimbabwe. The inception phase was completed in 2009 and courses will begin to be delivered in 2010.

During the year the RCOG International Office has developed a new five-year working partnership with the LSTM, primarily to lead our collaboration on the successful rollout of the LSS-EOC&NC courses but also to develop other associated initiatives. This also resulted in a restructure of the committees supporting this partnership, including the establishment of a much-needed Quality Assurance Panel.

The College, together with LSTM, has succeeded in negotiating a contract with the World Islamic Call Society (WICS) to deliver three LSS-EOC&NC courses in Tripoli. It is hoped that clinicians from Sierra Leone and Burundi may be involved in this work, so that the potential benefits may be realised in other areas of Africa. This agreement was finalised in London in July when a Memorandum of Understanding was signed between the RCOG and WICS.

Obstetric fistula, an avoidable obstetric complication in the presence of adequate medical services, affects about two million women globally. To provide treatment requires an uplift in services and an improvement in training of potential surgeons. The RCOG International Office, in partnership with the FIGO Fistula Group (Chairman: Lord Patel) and the Obstetric Fistula Group (a newly formed group of international fistula surgeons) is trying to develop an ambitious package involving new educational initiatives to be delivered within specialist hospitals to local surgeons. Using the contemporary educational methods of our Education Directorate, a curriculum with competencies has been developed. This fistula teaching resource is being piloted with a view to revision and further rollout in 2010.

The Chairs of our International Representative Committees' annual meeting with the RCOG Officers was also held in Abu Dhabi to coincide with the conference. The content of their discussions is vital for defining the international activities and agenda of the RCOG. The results of our survey of international Fellows and Members earlier in the year dominated the agenda, with discussion focussing on communication with our members, educational programmes, MRCOG examination and opportunities for international medical graduates to work within the UK.

The opportunities for international doctors to work in the UK altered in 2008/09 and hence many Fellows and Members thought that the RCOG had let them down by reducing such opportunities for their trainees. However, this decision was made by the Home Office and the Department of Health. Since then, the Senior Vice President and Dr Manisankar Das, the Sponsorship Officer, have been negotiating with the Department of Health and a renewed training programme was introduced, the International Doctors' Training Programme. A total of 55 doctors from Egypt, Hong Kong, India, Iran, Iraq, Kenya, Malaysia, Nigeria, Singapore, Saudi Arabia, South Africa, Sri Lanka, Sudan and Trinidad participated in this scheme in 2009 for pre-membership doctors.

In July, the College organised the first induction course and clinical skills course for new trainees, thus facilitating a smoother transition for these doctors into the nuances of the NHS. There is also a possibility that the scheme will be expanded for post-MRCOG trainees to include attachments in ATSM and subspecialty work in the coming year.

RCOG Eurovision aims to use the expertise that our members have in setting standards and guidelines, implementing audit systems and analysing the results of the audit process to help other countries develop similarly rigorous procedures in women's health care. Kaunas, in Lithuania, was the location of a very successful inaugural meeting held in April between the RCOG and the Lithuanian Society of Obstetrics and Gynaecology in collaboration with the European Federation for Colposcopy and the International Federation for Cervical Pathology and Colposcopy. The initiative was developed under the tireless leadership of Mr Mourad Seif and a small steering group of interested specialists, some of whom had previous experience of teaching in this area of Europe. Four workshops concentrating on colposcopy, fertility, 'near miss' reviews and guideline developments were outstandingly successful. This programme of work is expanding with plans afoot for organising a second event in Kosovo in May 2010.

A very successful FIGO World Congress was held in Cape Town. Following on from the success of South Asia Day in July, the RCOG/LSTM partnership organised a satellite meeting immediately prior to the FIGO World Congress. The satellite meeting was an overwhelming success and was a tremendous encouragement to the RCOG/LSTM partnership. Many international members, paediatricians, midwives and anaesthetists joined the meeting. Our international journal, *BJOG*, also held a very successful workshop for authors as part of the Congress programme.

A great many of our Fellows, Members and trainees contribute their time and energy to sharing their expertise in places where it is most needed. An excellent example of this is one of our trainees, Dr Kate Lightly, the first Eleanor Bradley Fellow, who worked in Mulago Hospital in Kampala, Uganda. Dr Lightly's achievements in one year are quite remarkable in terms of her work in education and audit infrastructure. In addition, she also made some huge personal contributions, such as painting the labour ward with her friends.

Standards and Clinical Governance

Key objectives

- Maximise the Standards Directorate income; for example, research and audit projects to reflect true costs, explore funding for core activities (continuing).
- Manage the aspirations of the Guidelines Committee to ensure that it remains manageable and affordable; for example, review the Green-top Guidelines programme – format, size and range (June 2010).
- Review and update the national evidence-based guideline, *Care of Women Requesting Induced Abortion* (December 2010).
- Continue with publishing the Scientific Advisory Committee (SAC) Opinion Papers, ensuring that they remain appropriate and relevant (continuing).
- Publish the report of the Working Party on Fetal Awareness (March 2010).
- Complete and publish the report of the Working Party on Termination of Pregnancy for Fetal Abnormalities (April 2010).
- Develop an appraisal toolkit for appraisers/appraisees/Responsible Officers (December 2010).
- Review the new CPD Programme in the light of the pilot findings and produce a report for the Academy of Medical Royal Colleges (March 2010).
- Complete the work on the CPD e-portfolio (March 2010).
- Transfer all CPD participants to the electronic system (stepwise approach – August 2010).
- Develop and publish a care pathway for pregnant women with cardiac disease (December 2010).
- Develop and publish a care pathway for perinatal mental health.
- Respond to the national agenda which falls within the overall College strategy.
- Broaden the patient information programme through continuing projects and committees.
- Connect with those at the coal-front via the clinical directors and the Regional College Advisers to ensure that the standards programme remains relevant.
- Develop functional web pages for the clinical directors and Regional College Advisers.
- Organise and run a refresher training day for the external review assessors.
- Organise a Safety Conference.
- Establish a strong research and audit base via the Office for Research and Clinical Audit through continuing projects, publishing of papers and work through the National Reproductive Health Research Network work programme.

The focus of the NHS policy has shifted from targets to quality; high-quality services being defined as safe and effective services with positive patient experience. In parallel, there has been a move from central to local decisions, influenced by clinical leaders. This change in focus, Lord Darzi's legacy, is long overdue. The strategic direction of the standards work is underpinned by these quality principles.

We have continued to make a considerable contribution to national policies that command respect for all that we do. There is much recognition from the Government and the medical establishment that our work adds value to the NHS and the specialty. We have contributed to 46 national consultations during the year, in addition to contribution to a large number of discreet national projects. This work is complemented by our guidelines programme; we have published 21 guidance documents on clinical practice and service organisation.

The Professional and Clinical Standards Committee was disbanded during 2009, and replaced by two committees: one focusing on professional standards (Recertification Committee) and the second on service organisation (Safety and Quality Committee). The Professional and Clinical Standards Committee had

Regional College Advisers

Strategic Health Authority/ Equivalent

Regional College Adviser

Scotland	Dr David I M Farquharson FRCOG
Wales North	Mr Nigel J Bickerton FRCOG
Wales South	Miss M Ruth Howells FRCOG
Northern Ireland	Dr John H Price FRCOG
East Midlands	Mr Anthony J Breeson FRCOG
East of England	Mr Malcolm Griffiths FRCOG
North East	Mr Mohamed HMA Hatem FRCOG
NW – Mersey	Miss Iola A Williams FRCOG
NW – North Western	Mr Mourad W Seif FRCOG
South Central	Mr Michael J Heard FRCOG
South East Coast	Mr SH Jamal Zaidi FRCOG
South West	Mr Phillip A Smith FRCOG
London Thames North	Mr Antony A Hollingworth FRCOG
London Thames South	Mr Lawrence J Mascarenhas MRCOG
West Midlands	Mr Richard S V Cartmill FRCOG
Yorkshire and the Humber	Mr Ian Beck FRCOG
Republic of Ireland	Dr MJ O'Dowd FRCOG
Chair, Institute of Obstetricians and Gynaecologists:	
	Mr Rory A P O'Connor FRCOG (to Sept 2009)
	Dr M J O'Dowd FRCOG appointed from October 2009

completed three very important documents earlier in the year, *Responsibility of Consultant On-call, Gynaecology: Emergency Services – Standards of Practice and Service Organisation* and *Labour Ward Solutions for Consultant Onsite Presence*.

Much of the **Recertification Committee's** time has been expanded on responding to national policy consultations on revalidation. Our contribution has been based on the principle of keeping the revalidation processes simple but robust. It is essential that doctors' focus remain on patients and not be distracted or overwhelmed by bureaucracy. Now that the licensing component of the revalidation has come into force and the recertification process is becoming clearer, the Committee's next task is to develop a toolkit to support not only doctors but also those responsible for revalidation and regulators.

CPD will be a key component of recertification (second component of revalidation). The RCOG CPD Programme was revised and piloted during the year to ensure it is fit for purpose. It will be adapted to incorporate the pilot findings and the programme rolled out to all CPD participants during 2010. At the same time, paper diaries will be discontinued, to be replaced by the RCOG CPD e-portfolio, which is under development.

The **Safety and Quality Committee's** function is to develop standards for safe and high-quality services, as well as reviewing NHS developments on safety and quality, assessing their potential impact and developing advice for service providers and commissioners. It inherited a project from the former Professional and Clinical Standards Committee, which has resulted in the publication of a document, *Labour Ward Solutions*. The Committee has supported the work on the national electronic Maternity Dashboard and has contributed to several NHS consultations and provided expert advice to several DH working parties.

The **Guidelines Committee** remains responsible for the production and revision of our Green-top Guidelines. Its output during the year included:

- *Prevention and Management of Postpartum Haemorrhage*
- *Female Genital Mutilation and its Management*
- *Reducing the Risk of Thrombosis and Embolism During Pregnancy and the Puerperium*

- *Management of Unscheduled Bleeding in Women Using Hormonal Contraception* (jointly with the Faculty of Sexual and Reproductive Health)
- *Improving Patient Safety: Risk Management for Maternity and Gynaecology.*

A large part of the Guidelines Committee's time is spent on NICE documents. In 2009, it contributed to eight NICE consultations, as well as one each for the National Screening Committee and the Department of Health. The Committee also continues its collaboration with the Map of Medicine to ensure wider dissemination of its guidelines to the wider community.

The **Scientific Advisory Committee** (SAC) has many roles within and external to the RCOG. It provides the scientific review, analysis and interpretation required for RCOG decisions, external consultations and policy development. A significant proportion of its time is devoted to interpreting scientific evidence and providing College input to government policy documents, consultations and opinions. SAC represented the College at the All-Party Committee on Stem Cells. Horizon scanning is an important function of SAC. The committee liaises with specialist groups to identify new developments that are likely to influence scientific and clinical practice. Such information is helpful for identifying article topics for *The Obstetrician & Gynaecologist* and for study groups, as well as the development of opinion papers. SAC also develops and publishes opinion papers on topics where research is rapidly changing clinical practice or where debate among members, the public or other bodies indicates that a College position is appropriate. The following papers were published in 2009:

- *Clamping of the Umbilical Cord and Placental Transfusion*
- *Non-invasive Prenatal Diagnosis (NIPD) Using Cell-free DNA in Maternal Blood*
- *Vitamin Supplementation in Pregnancy.*

In 2009, the **Consent Group** continued updating existing consent guidance in line with the principles defined at the reformation of the group in December 2007. The guidance documents apply to both clinicians and patients and, thus, each is written in two styles for two target groups. The principle of both putting risks into a context understandable to patient and yet also ensuring that all significant risks are addressed has been upheld. New work addressing theoretical issues such as research in labour, and practical and common areas requiring consent such as evacuation of the uterus, third- and fourth-degree tears and operative vaginal delivery are nearing completion. Completed documents include:

- *Abdominal Hysterectomy for Benign Conditions*
- *Vaginal Surgery for Prolapse*
- *Caesarean Section.*

The Patient Information Subgroup became a standing committee in 2009, reporting directly to the Standards Board. Six patient information documents were published, as well as update of the glossary of medical terms that accompanies these documents:

- *Genital Herpes in Pregnancy*
- *Blood Transfusion, Pregnancy and Birth*
- *Umbilical Cord Prolapse*
- *Premenstrual Syndrome*
- *Polycystic Ovary Syndrome*
- *Understanding Risk.*

The **Patient Information Committee** has begun an externally funded multiprofessional project to produce eight consensus-based patient information documents on returning to fitness after common gynaecological operations, with publication planned for the spring of 2010.

The **Office for Research and Clinical Audit** (ORCA) is a collaboration between the RCOG Standards Directorate and the London School of Hygiene and Tropical Medicine (LSTM). In the last year, ORCA's activities have included completion of the *Safer Practice in Intrapartum Care – Care Bundles* project and work using the Hospital Episodes Statistics (HES) database to study variation in surgical management of heavy menstrual bleeding and caesarean section rates. This has led to the publication of a paper, 'Surgery for menorrhagia within English regions: variation in rates of endometrial ablation and hysterectomy' in

BJOG, which generated a press release and much interest. This work also led to the award of funding by Healthcare Quality Improvement Partnership (HQIP) to carry out a national audit of patient outcomes and experience of treatment for women with heavy menstrual bleeding, which will run over a period of four years.

The **National Reproductive Health Research Network** (NRHRN) was established in 2008. Its Board membership includes representatives from all the main stakeholders, including funders and providers of clinical research. The initiation and establishment of ten clinical study groups in the main areas of obstetrics and gynaecology, with the support of specialist societies, charities and industry, has been achieved. The formulation of a strategy to raise awareness and encourage participation in research networks across the UK is underway. The NRHRN is also exploring collaboration with the research infrastructures of Scotland and Northern Ireland.

The **Ethics Committee** met twice in 2009. Dr Chris Yapp, an expert in horizon scanning and futures planning, spoke about the dark art of futurology. This fascinating talk gave the Committee some interesting ideas. The Committee thought that it was sure to help its deliberations and that it would be very helpful for other areas of the College to consider 'horizon scanning.' Dr Yapp's talk instigated some discussion about the Committee's future role with particular emphasis on how it might contribute to the college more effectively and encourage more interaction between the College Council and this committee.

At the College's request, the Committee also drafted a view on women's requests to see doctors of a particular gender. The resultant paper took into consideration patient rights, women's individual autonomy, the limits of what can be achieved within the requirements of European Working Time Regulations and the Hospital at Night programme, and whether there is a difference between emergency and elective treatment. The Committee concluded that hospitals should always try their best to facilitate a patient's reasonable request, although there is no legal duty for the hospital to provide doctors of a particular gender and it is not always possible for a hospital to fulfil such requests, especially in emergencies and at night.

The **Joint Standing Committee with the Royal College of Anaesthetists** (RCA) met twice in 2009, in two different Colleges, as the chairmanship moved back to the RCA for three years in the summer of 2009. Certain aspects of the Committee's terms of reference were clarified and brought up to date.

The issues discussed at its 2008 meetings continued to dominate the Committee's deliberations. The Good Practice statement on the urgency of caesarean section was reviewed. Maternal critical care standards were being developed and the Committee considered further training and standards on this topic. At the same time the Committee reviewed a draft modified early warning chart for obstetrics and has brought together a multidisciplinary group which is taking forward the concept of maternal critical care.

During 2009 the **Joint Standing Committee of the RCOG, the Royal College of Paediatrics and Child Health (RCPCH), and the Royal College of Midwives** (RCM) met three times. They invited a representative of the RCA, as a result of which the committee changed its name to the **Four-College Maternity Committee**.

A topic that has received much attention from the Committee for the whole year was the introduction of the quality matrix and quality indicators, particularly related to their use for service accreditation and revalidation.

A joint initiative between the RCOG and the RCM on violence against women was also given consideration. This did not always have just an immediate effect but there was also a risk of pervasive and long-term neurocognitive damage. It was noted that while this is usually low on the medical training agenda, it was quite high on the midwifery training agenda. A study day for this is planned for September 2010.

The **Specialist Societies Liaison Group** had several discussions during the year. One of these concerned consultants appointed without College approval. It was confirmed that foundation trusts were free to appoint and choose the number of supporting professional activities in the job description. The College's

only way of indicating its non-approval was to refuse to nominate a representative for the Advisory Appointments Committee. Doctors needed more time available to fulfil their recertification requirements, and the group suggested that the profession needed to make its views clear. Several societies had expressed concern because subspecialist doctors were being appointed as generalists with a special interest.

The group also considered the effects of workforce issues on subspecialty training. Subspecialists were being trained in accordance with current service needs, but it was thought that fewer subspecialists and fewer training centres would be needed as the service changed. It was believed that subspecialty training was becoming less popular and that the introduction of the ATSMs was affecting recruitment into subspecialty training. In addition, the EWTR was reducing the number of electives and lengthening training programmes. The group agreed that closer collaboration between the College and the societies when organising courses was desirable.

Overall, the group has become ever more active and is developing its role with the support of the College and the societies.

The **Consumers' Forum** work both inside and outside the College ensuring that patient information and care is adequately supported. Members are actively involved with meetings of Council, Education and Standards Board, other committees, working parties and groups. Their input is also sought on consultation documents and their comments included in the formal College response. In this way, the work of the College is able to benefit from fresh ways of looking at issues from an informed public point of view.

Nationally, there is recognition politically that patients should be involved in the assessment of doctors, both in formal revalidation and in the assessment of trainees. However, there has been little guidance in terms of methodology and there are few examples of practice. The Forum believes it is important that patients are asked their opinion on how they have been dealt with by doctors. Research shows that a substantial number of complaints from patients relate to communication and attitudes, many of these occurring in the specialty of obstetrics and gynaecology. Several members have been involved in working with various groups to improve communication and services to patients through education and questionnaires.

A public lecture was commissioned in March from Professor Adam Balen on polycystic ovary syndrome entitled, 'Living with PCOS'. The webcast of this public lecture has since received over 500 hits.

A survey conducted by the Patient Liaison Group of the Academy of Medical Royal Colleges indicated that members of the RCOG's Consumers' Forum are involved in education and training issues in the College to a greater extent than in other Colleges.

During 2009, two topics of current concern in maternal health were brought to the attention of the public and patients:

- obesity in pregnancy
- mental health problems during pregnancy and after birth.

Mental health problems in pregnancy and after birth: suicide is a leading cause of maternal death and the Forum commissioned a public lecture in December from Dr Ian Jones, a psychiatrist in Cardiff, entitled *Motherhood and the Mind*. As a result of the excellent publicity undertaken for this lecture, (there was an interview with Dr Jones by Jenni Murray on BBC Radio 4's *Women's Hour*) on the day before the lecture, it attracted a record audience. Sophie Eggesfield, in association with Jane Preston, wrote an article to accompany this lecture which appeared on the College website and was available to those attending. It is hoped that Dr Jones, with expertise and experience in the field, will contribute an article on this important subject for *The Obstetrician & Gynaecologist* and be involved with a College working party on the subject.

In September, a workshop was held to look at how the Forum could engage more confidently with the College to fulfil its role in promoting the interests of public and patients. The following actions, considered

key to strengthening the effectiveness of the Forum, were agreed and will be included in the Forum's 2010 workplan:

- clarifying the terms of reference of College groups with Forum representation to strengthen the lay contribution to their proceedings
- influencing the development of the College website to facilitate its use as an authoritative source of information for patients and the public
- induction of new members through training, shadowing and mentoring
- team working, recognising strengths of members and use of collective knowledge, information and support
- becoming more diverse and inclusive in respect of ethnicity, disability and age
- a range of measures to make the Forum more visible within the College, and thereby increase its authority and influence.

The Forum had the benefit of two presentations during the year from:

- Beryl Stevens on the work of the RCOG International Office
- Ros Bragg on the work of Maternity Action, a national charity working to end inequality and promote the health and wellbeing of all pregnant women. The charity is particularly concerned with the situation of asylum seekers.

The **National Collaborating Centre for Women's and Children's Health** (NCC-WCH) is supported by a partnership, led by the RCOG, which includes the Royal College of Paediatrics and Child Health, RCM, Royal College of Nursing and a range of stakeholder and consumer partners including general practitioners. We are passionate about producing national clinically relevant and implementable guidelines for NICE which have led to improvements in outcomes and choices for women. We are currently finalising our forthcoming publications on hypertension in pregnancy and pregnancy with complex social factors and look forward to stakeholder comments.

In addition to improving clinical management, our guidelines have been pivotal in influencing national organisations to conduct research and are being used to develop and redesign quality services. A flavour of recent activity is given below:

- NCC-WCH has just recently completed a commission from the Department of Health to produce an Antenatal Care Assessment Tool which identifies high risk and vulnerable women who need additional care. We anticipate this will be validated by a national research project.
- RCOG has been commissioned to provide a national audit using our 2007 *Heavy Menstrual Bleeding* guideline.
- Our maternity guidelines form the basis of 2008 Maternity Standards published by four Royal Colleges, which in turn have fed into the *Principles for Quality Neonatal Services*.
- The *Feverish Illness in Children* guideline (2007) has led to several projects which include: a review of urgent care services, a Health Technology Assessment systematic review looking at signs and symptoms of children with acute illness, a (Department of Health funded) qualitative study about parent experiences and a multimedia tool to support the assessment of the acutely sick child.

We look forward to the initiation of similar projects over the coming years.

There were significant changes at the **Confidential Enquiries into Maternal and Child Health** in 2009. The unit remained hosted by the RCOG until 30 June but on 1 July became a company limited by guarantee registered with the Charity Commission. It took on the new name of the **Centre for Maternal and Child Enquiries** (CMACE). The RCOG will continue to be an important stakeholder in CMACE as one of the founding members of the new organisation and Professor Sir Arulkumaran is one of the first trustees of the new Board. Professor James Walker is the new Chair and there is much collaborative working between the College and CMACE.

Good progress is being made on the CMACE national enquiry into obesity in pregnancy, focusing on the management of this important risk factor in outcomes both for mother and baby. A joint CMACE/RCOG guideline on the management of obesity in pregnancy is expected early in 2010 and a joint conference on the issue is being held at the RCOG on 19 March 2010. The final report of the enquiry is due at the end of 2010.

CMACE is now designing its forthcoming study on intrapartum care, for which data collection is expected to start early in 2011.

CMACE continues the perinatal mortality surveillance work carried out by CEMACH, with annual reports at national level and for strategic health authorities and maternity providers with feedback on their own data.

A formal launch event for CMACE was held at the RCOG on 3 December, where the patron of the new organisation, Baroness Cumberlege, gave the keynote speech.

Education and Training Initiatives

Key objectives

- To review the number of courses and meetings offered at the RCOG by analysing attendance and cost contribution from 2007–2009, with a view to eliminating, in consultation with the Meetings Committee, those events that are poorly attended and/or losing money.
- To increase revenue through exhibitor and sponsorship sales and increased delegate numbers.
- To review delegate fees with a view to increasing the numbers of Fellows and Members, trainees and allied healthcare professionals attending meetings at the College.
- To create a comprehensive, well-researched educational marketing strategy, in consultation with key internal departments, to establish a unified brand identity and to identify working communication tools to reach our key target audiences.
- To identify and develop additional courses to the franchising package, for UK and international distribution, to develop existing relationships with successful centres to grow and create an annual programme of RCOG franchised courses.
- To increase awareness of RCOG conferences and courses to international audiences through video conferencing and webcasting, to develop existing relationships, and forge new links with national and international societies.
- To devise an implementation strategy to ensure successful delivery of the newly integrated competency frameworks in to the core curriculum.
- To continue to research and conduct a needs analysis to establish how the College can enhance education for international mid-level providers.
- To oversee website development work to integrate www.rcog.org.uk and expand StratOG.net so that the College is a step closer to having a fully integrated virtual learning environment.
- To coordinate and support the research of the new Simulation Advisory Board to conduct a 12-month scoping exercise to establish the College's simulation strategy.
- To review the November 2009 Abu Dhabi pilot for the Part 2 Oral Assessment and to decide whether to repeat it in November 2010, and subsequently.
- To review the examination fees structure for all examinations.
- To decide on the priorities for the expansion of international examination centres.
- To review the format of the Part 2 MRCOG examination in order to improve its feasibility and reliability.
- To take account of the findings of the Leeds research project on workplace-based assessment.
- To develop an equitable and streamlined application process for the Certificate of Eligibility Specialist Registration – Combined Programme route.
- To launch the new Census according to the agreed deadline and reporting timeframe.
- To rationalise the Appointment Advisory Committees process and produce more meaningful data.

College examinations maintained their global popularity in 2009. The Part 1 MRCOG examination was successfully held in Iraq for the first time in March 2009 and repeated in September. A total of 142 candidates were examined. This venture had been initiated during a visit to the province of Kurdistan in 2008 by a College delegation including the President and Senior Vice President. It is hoped that following the success of the Erbil centre, another centre in Iraq may be opened in due course. In accordance with the policy of improving the accessibility of the Membership examination, a pilot Part 2 MRCOG Oral Assessment was held in Abu Dhabi in November 2009 with the assistance of the United Arab Emirates Representative Committee. Six examiners from the UK participated in the pilot along with five

appropriately trained international examiners to ensure the examination's comparability in all respects with that delivered in London. Abu Dhabi was deemed to be an ideal location for this pilot venture, which was greatly appreciated by the candidates who were saved the expense of flying to London for their examination. A decision will be taken during 2010 on the extent to which the Oral Assessment will be made more widely available internationally.

In 2009, work continued on the development of workplace-based assessment (WPBA) tools and training trainers and trainees in their optimal use. This was principally achieved by the development of a suite of videos of best practice made freely available on the College website. Great emphasis has been placed on the formative rather than summative nature of WPBAs, and their format was modified to clarify this important point. The College-funded research project based at the University of Leeds into the reliability, validity, educational impact and cost of WPBA tools made regular progress reports during the year to the Assessment Sub-Committee. The project team is due to conclude its research in the spring of 2010 at the WPBA Symposium to be held at the College. The Examination Department also conducted its own research into the reliability of the Part 2 MRCOG Oral Assessment with an emphasis on achieving increased inter-examiner reliability.

In October 2009, the College submitted to Postgraduate Medical Education Training Board (PMETB) for formal review its curricula and associated assessment systems for the specialty of obstetrics and gynaecology and its subspecialties, which were conditionally approved. The College is on course for full compliance with the PMETB revised standards for curricula and assessment systems by 2010.

Beginning in May 2002, the College conducted a biannual examination for the Diploma in Advanced Obstetric Ultrasound in cooperation with the Royal College of Radiologists (RCR). However, following the incorporation of ultrasound training into the competence-based curriculum, the last exit examination for the diploma was held in December 2009. The diploma developed considerably in a short space of time and included innovative assessment techniques, which made it both a popular and important way in which to certify competence in the area of ultrasound.

During 2009, the new format DRCOG examination maintained its popularity, with 894 candidates in April 2009 and 838 in October 2009. This compares very favourably with the 537 candidates who sat the last examination in the old format in April 2007. From a survey of candidates conducted in October 2009, it is evident that the majority of candidates are GP trainees, resident in the UK, who are graduates of UK universities. Predictably, their main career goal is general practice, since this is the target group for the examination but it is interesting to note the increase in GPs planning to practise with a special interest in women's health. It is also notable that a small number of trainees plan to practise obstetrics and gynaecology outside the British Isles, which lends support to the development of an international educational resource, on which discussions continued during the year with the World Health Organization's Reproductive Health Library.

Following the establishment of major new Membership examination centres in Pakistan and Sudan in 2008, the number of candidates for both the Parts 1 and 2 MRCOG examinations in 2009 showed an increase on the previous year. In 2009, requests for new centres were received from Bangladesh, Myanmar, Greece and West Africa, which await final approval in 2010.

Numbers of candidates examined and passing the Part 1 and Part 2 MRCOG examinations during 2009:

Part 1 MRCOG	Part 2 MRCOG
Examined: 2751	Examined: 1908
Passed: 1040	Passed: 371

The [Curriculum Committee](#) continues to respond to the constructive feedback concerning the deliverability of the core curriculum, ATSMs and subspecialty training modules. In 2009, the College was commended for its comprehensive curriculum and assessment review and for successfully meeting the requirements of the PMETB Framework for Standards for Curricula and Assessment.

The core curriculum has been revised to integrate three frameworks which include: the Academy of Medical Royal Colleges the Common Competency Framework, the Health Inequalities Framework and the NHS for Innovation Medical Leadership Framework. Despite already including many competencies within these areas, the College commissioned a working group to integrate the recommendations of the Academy and PMETB. The College is now confident that the obstetrics and gynaecology curriculum ensures that trainees have the knowledge and skills required to produce the consultants that the future service requires. The Curriculum Committee will carefully monitor the implementation of the revised curriculum in 2010.

By way of successfully implementing the curriculum and WPBA, a series of best-practice videos have been produced by a project team lead by Mr Kevin Hayes and the videos are freely available on the College website to demonstrate the educational impact of correctly conducting WPBA. Dr Jo Mountfield is currently leading a team in the Wessex Deanery to produce a second series of freely available videos covering best practice in giving effective feedback and avoiding undermining behaviour in training.

All new trainees joining the specialty use the ePortfolio and over 500 trainees now use the ePortfolio as the main tool to support training. The College is a proactive member of the NHS Education Scotland (NES) ePortfolio User Group and will soon be implementing tools for trainees themselves to alter more personal details relating to their training. This then means that they need not contact the College or local administrators to have the tool configured. We will continue to ensure ePortfolio compliance with the Data Protection Act 1998 and further develop features and functionalities for trainees to organise their records of training and gain as much as possible from such an easily accessible tool.

The College has commenced work with e-Learning for Healthcare (from 2009-2011) to develop a freely available online learning and self-assessment programme to progress knowledge and awareness in the interpretation of CTG. The project is being lead by Emeritus Professor David James and aims to assist all professionals with the correct interpretation of CTGs. Improved education aims to ensure that obstetricians and midwives identify fetuses in distress, thereby reducing harm to fetuses, emotional damage to families and significant annual litigation costs to the NHS.

A second bid to e-Learning for Healthcare has been submitted to publish an online learning and self-assessment programme in the field of practical procedures in intrapartum obstetrics. With reduced training time, trainees find it difficult to grasp the finer techniques to gain the expertise that is required for them to be confident in performing practical procedures. These difficulties may be addressed by some of the new educational technologies, including small lectures and demonstration videos that can be delivered by e-learning. This can be further enhanced by practice on mannequins under supervision.

The College has appointed Mr Nigel Bickerton to lead on a project (formerly known as the International Diploma in Women's Health) to look at developing education and training for mid-level providers in under-resourced countries. This work is being conducted in conjunction with the World Health Organization Reproductive Health Library and a research exercise is currently underway.

In line with the Chief Medical Officer's 2008 report relating to patient safety and the value of simulation and to develop the successful practical skills course to cover more areas of the curriculum, Dr Mark Roberts was appointed as the Director of Simulation at the end of 2009. With Dr Alison Gale as an advisor, Dr Roberts will conduct a 12-month scoping exercise to determine the College's role in providing affordable and accessible simulation courses.

2009 has been another busy year for the [Specialty Education Advisory Committee](#) (SEAC). The first RCOG Annual Specialty Report (ASR) for 2007–08 was successfully submitted to PMETB. This provided an overview of training issues in obstetrics and gynaecology in the UK and highlighted areas of good practice and concern. The ASR for the period August 2008 to August 2009 was submitted in December 2009 and in particular the committee has started to look at progression from Specialty Trainee (ST) 2 to 3 and attrition rates, as well as gathering more formal data on academic training programmes.

PMETB launched the Certificate of Eligibility for Specialist Registration (Combined Programme) route which is pertinent to those trainees who entered specialty training after August 2007 who have some limited time in non-PMETB approved programmes counting towards their training. SEAC has been developing a process which will allow streamlined and efficient handling of these applications in discussion with PMETB. The details will be formalised and agreed in the near future.

A handful of trainees have delayed application for specialist registration for more than 12 months after their CCT date. SEAC has confirmed with PMETB that this will necessitate the applicant providing written evidence of both employment over that time and CPD.

The implementation of mandatory basic training in ultrasound for all trainees is high on the SEAC agenda. Mr Christoph Lees, Consultant in Maternal and Fetal Medicine in Cambridge, was successfully appointed to the post of RCOG Ultrasound Officer and has been tasked with facilitating the implementation of this skill. SEAC has maintained links with the RCR with the appointment of Dr Jo McHugo as the RCR representative.

SEAC continues to monitor the effects of the EWTR on less-than-full-time trainees. This is particularly pertinent as those on 50% whole-time equivalent contracts are necessarily limited to an average working week of 24 hours and deaneries will need to carefully monitor training progression.

The ATSMs continue to be appreciated by trainees in their final two years, as a supplement to their advanced general obstetrics and gynaecology training. Of the 20 modules, the Advanced Labour Ward Practice ATSM is very popular as trainees ensure appropriate skills to fulfil their ambitions for consultant posts. RCOG continues to receive feedback regarding the suitability of the ATSM curriculum from individuals and specialist societies. Future developments will be guided by this information.

The RCOG, in conjunction with the deaneries, undertook the first national recruitment for a newly released ATSM – Advanced Laparoscopic Surgery for the Excision of Benign Disease. The process went well and further recruitment is planned for 2011.

The new specialty of Community, Sexual and Reproductive Health (CS&RH) was recognised by formal legislation from the 28 August 2009. SEAC has ensured continuing discussion takes place between the new specialty and the Heads of Schools/Deanery STC Chairs Committee. A process for integrating the new specialty within the schools of obstetrics and gynaecology is being developed.

The RCOG once again ran a harmonised recruitment process in 2009. The main round commenced in January and saw the introduction of an online application form, which was much more user friendly than the previously used MS Word document. This led to a substantial reduction in the number of queries received to the ObsJobs email address over the application period (as compared with 2008). Nearly 2500 applications were received and over 400 posts filled; 215 of these were at ST1 level. Only one ST post remained unoccupied and this was filled during the autumn 2009 recruitment round.

The small autumn round saw eight ST posts advertised across three deaneries, including the remaining ST1 post (the other ST3 posts had not been offered in the main round). Over 300 applications were received for these posts (a ratio of 38.5 applications per post) and there was perhaps unsurprisingly a 100% fill rate.

Because of a change to the recruitment timetable, the main 2010 harmonised recruitment round actually commenced in December 2009, with the application period taking place before Christmas. Approximately 2100 applications have been received, a slight downturn on 2009 figures, but in line with other specialties. Interviews take place throughout February and post offers will commence in March 2010.

The last RCOG Census took place in May 2008, with the findings being published over a year later. It was decided in early 2009 that the census needed to be revamped and reinvigorated and, to that end, a Census Working Group has spent much of the year examining the Census in close detail and making changes to both its content and delivery method. As the year drew to a close, a new streamlined version of the census was made available to a small number of College Tutors to pilot. Their findings have been taken into

consideration and the Census will be made available for completion by College Tutors for every UK hospital in February 2010. We aim to have a full report available online in the summer of 2010.

A working party chaired by Mr David Richmond published a report entitled, *The Future Workforce in Obstetrics and Gynaecology (for England and Wales)*. This was a major undertaking for the RCOG, capturing for the first time a series of calculations based upon disease burden. There were 14 recommendations, ranging from the need to consider reconfiguration of services, to develop networks of care and a focus upon the needs of the Advanced Trainee in ST years 6–7 via the modules of the ATSM and subspecialty training packages. Predictions of consultant opportunity need careful mapping with recruitment numbers bearing in mind the variation in full time working patterns, the EWTR and then also changes in clinical practice. David Richmond and his team are warmly congratulated in bringing this enormous task to fruition.

The **Subspecialty Committee** has reviewed in detail the RCOG document on *The Future Workforce in Obstetrics and Gynaecology* and the implications for subspecialty training numbers. A paper reviewing the management of subspecialty training in the UK was presented to Council in November. Following the introduction of EWTR, the impact on the length of subspecialty training has been assessed. In comparison to two years ago an increased number of trainees have required an extension of their training programme to complete the curriculum. With the introduction of the new curriculum the Committee is revising the mid and end of term review assessments of trainees to reflect the new requirements.

The **Academic Committee** has responded, on behalf of the RCOG, to a number of national consultation documents over the last 12 months including the Full Economic Costing Review (Research Councils UK), Tomorrow's Doctors (GMC), Women in Academic Medicine (British Medical Association) and the Research Excellent Framework (Higher Education Funding Council for England). In addition, in collaboration with the Academic Association of Obstetricians and Gynaecologists (AAOG), the Committee helped coordinate a very successful Academic Meeting at the RCOG in December 2009 juxtaposed to the Blair Bell Research Society Meeting. Ongoing work involves a review of adoption of the National Undergraduate Curriculum in O&G, released in 2009. The Committee has completed an academic database of all senior clinical academics and academic trainees in the specialty and is currently undertaking a survey of the latter to help inform training opportunities and needs as well as future workforce estimations. It is anticipated that a detailed workforce report pertaining to clinical academia will be produced in the forthcoming year as well as a strategic overview of future collaborative working between the Committee and the AAOG.

This year has been a challenging year for the **Trainees' Committee**. In addition to the two formal meetings, the Committee has regularly interacted as a group via the RCOG web forum and given feedback regarding various training issues in O&G. A lot of time and energy has been devoted to addressing the concerns following the implementation of the 48-hour working week in August. The EWTR has been a mammoth challenge for trainees and trainers alike and the Committee has provided advice and information to colleagues to ensure they have been adequately supported. The Trainees' Committee has highlighted the important issues and produced guidance on relevant matters which have been widely circulated to trainees via the Chair's newsletter in *TROG* and the *RCOG News*. The Committee has continued to represent the trainee's views on the various committees of the RCOG. It has interacted with trainee leaders of other colleges and organisations through the AoMRC to ensure that the opinion of trainees has been heard on national issues.

The Trainees' Committee has successfully organised 'SPROGS' in Dublin, with the support of the Irish Junior O&G Committee. The committee has also supported trainees to attend European exchange programmes with the help of ENTOG. The Committee has continued to be proactive and has contributed positively to training by working in collaboration with RCOG training committees which oversee education and training in O&G.

This year the **Equivalence of Training Committee** assessed 16 applications and two reviews for equivalence entry on to the Specialist Register. The number of applications assessed was lower than previous years due to the backlog of applications having been cleared in 2008. Applications are processed swiftly and the Equivalence Committee continue to meet monthly to meet the seven-week PMETB assessment deadline.

This year, the equivalence work previously undertaken by the Specialist Registration Department was taken over by the Postgraduate Training Department. Personal consultations for the purpose of giving advice continue to be offered to both potential applicants and those making a second attempt to gain entry on to the Specialist Register.

Heads of Schools and Chairs of Deanery Speciality Training Committees

England/Wales

Miss F Ashworth FRCOG	Oxford	Head of School
Mr John Beynon FRCOG	KSS	Head of School
Miss D L Bisson FRCOG	Severn	Head of School
Dr K Brackley FRCOG	Wessex	DSTC Chair
Dr D Cruikshank FRCOG	Northern	Head of School/DSTC Chair
Mr A C Davidson FRCOG	East Midlands	DSTC Chair
Miss Diana Hamilton-Fairley FRCOG	London	Head of School
Mr H Gee FRCOG	West Midlands	Head of School/DSTC Chair
Miss J C Girling MRCOG	London	DSTC Chair
Miss E Hawkins FRCOG	London	DSTC Chair
Mr D Hay MRCOG	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 D Fothergill FRCOG	Yorkshire & The Humber	Head of School
Miss M J MacDougal FRCOF	East of England	Head of School
Miss J Mountfield FRCOG	Wessex	Head of School
Mr A Prentice FRCOG	East of England	DSTC Chair (From October)
Mr P C Reid FRCOG	East of England	DSTC Chair (To September)
Mr C Roseblade FRCOG	Wales	Head of School
Mr P Stewart FRCOG	Yorkshire & 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
Mr P Owen MRCOG	West of Scotland	DSTC Chair
Dr C P West FRCOG	South East Scotland	DSTC Chair

Ireland

Miss M Murnaghan MRCOG	Northern Ireland	Head of School/DSTC Chair
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Conferences and meetings

2009 was an exciting year for the [Conference Office](#), as it continued to expand on a number of new initiatives to disseminate conference material to a wider audience.

The franchising of courses has grown over the past 12 months and we now have 26 centres in the UK running the Basic Practical Skills course. Internationally, we have set up centres in Egypt, Hong Kong, India, Pakistan and Sudan. In 2010, we will be introducing new courses, such as the Training the Trainers series, to the franchise package.

We have continued working with a variety of specialist societies, including our first conferences with the International Society of Ultrasound in Obstetrics and Gynaecology. This partnership has so far organised

two successful meetings: Congenital Anomalies and Fetal Echocardiology and Doppler in Obstetrics and Ultrasound and Labour, each attracting over 200 delegates.

In July 2009, the RCOG, in partnership with the All-India Coordinating Committee and South Asian Federation of Obstetrics and Gynaecology, organised the South Asia Day conference, which tackled the issue of Millennium Development Goals 4 and 5 in South Asia. This event attracted over 200 international delegates and speakers.

The Conference Office has also developed a series of online lectures called 'RCOG Webcasts' for those unable to attend conferences at the College. In 2009, Living with Polycystic Ovary Syndrome and Swine Flu in Pregnancy lectures were available free of charge and we have further plans to introduce lectures for healthcare professionals and members of the public.

The 8th International Scientific Conference was held in Abu Dhabi in December 2009, under the leadership of Dr Mohammed El-Sheikh, and attracted over 1200 delegates to the Emirates Palace Hotel. The meeting was held in collaboration with the Abu Dhabi Health Services and under the patronage of HH Sheika Fatima Bint Mubarak, wife of the late Ruler Sheik Zayed. Her Highness was awarded an Honorary Fellowship of the College, in recognition of her role in empowering women in the area and for her great contribution to the development of health services for women and children.

The programme for the Medical Students and Young Doctors' Evening was extended to include a poster exhibition. Mr Tim Draycott provided the keynote address and the evening was sold out. The annual Christmas Lecture for Young People was given by Dr Maggie Blott, who spoke about birth choices and water birth. Once again, all three slots were full.

Development of Corporate Affairs and Services

Key objectives

Corporate Affairs Directorate

Corporate Affairs Dept

- To conduct a survey of Fellows and Members in the British Isles concerning services offered by the College.
- To implement actions identified in the 2009 survey of international Fellows and Members.
- to explore the annual subscription structure and payment policies to more fairly reflect the geographical diversity of the membership.
- To obtain 95% valid email addresses for the membership.

Communication and External Affairs

- To build better relationships with the trade press in order to place editorials and commentaries.
- To engage in stakeholder relationship-building with related medical organisations and health charities and not-for-profits for further activity.
- To prepare the College for the UK General Elections in 2010 by developing a manifesto and gaining influence among key politicians.
- To develop a communications support function for the International Office Advocacy Group.

Bookshop

- To develop the most cost-effective sales methods for RCOG Press titles, non-RCOG titles and gifts.
- To continue developing the Online Bookshop and, through implementation of a digital marketing strategy, to increase online sales by 40% by the end of 2011.

Publications

- To publish five new titles in 2010.
- To launch e-book sales of RCOG Press titles from the RCOG Bookshop by the end of 2010.

BJOG

- To send the first decision on a manuscript in under eight weeks for 90% of submissions.
- To reduce the length of papers in the print journal by including appropriate tables, figures and appendices as online-only material, with the aim of reducing the size of the print journal by 30%.
- To reach an impact factor of 4 by 2011.
- To increase the number of people signed up to receive the *BJOG* email alerts by 30%.

StratOG.net

- To review content of all tutorials by the end of 2010.
- To add an average of two elements per tutorial by the end of 2010.
- To respond to customer queries within one working day.
- To effect the redevelopment and transfer of the website to Sift by the end of 2010.

The Obstetrician & Gynaecologist

- To effect the transfer of publishing responsibility to Wiley-Blackwell by January 2011.

- To increase subspecialty involvement in commissioning articles in preparation for revalidation.
- To increase revenue from advertising and subscriptions by 10%.

Services Directorate

Estates

- All major building work will be postponed for the foreseeable future, although a business case will be written to prompt discussions and decisions about what this space should be used for.
- Continue to provide a high level of service in order to maintain our first rate facilities.
- Carry out redecoration of the College exterior in line with the Crown Estate maintenance requirements (four-year cycle – cost accrued).

Facilities

- To computerise the Domus booking system to enable better communication and speed up production of daily cleaning lists, arrival sheets and occupancy information.
- Link this system to the College website so that prospective guests are able to check availability online.
- Increase Domus occupancy and further develop revenue from this activity.
- Promote meeting room facilities and review pricing strategy to attract business during the continuing difficult trading period.
- Reduce external letting debt.
- Review College dinner attendance including numbers of complimentary guests and assess possible change.
- Review the provision of catering for staff and visitors with the aim of providing an alternative at reduced cost.

Information Services

- Electronic document and records management (EDRM): start EDRM implementation.
- Heritage collections.
- RCM's heritage collections.
- Information governance.
- Website:
 - develop website steering group
 - develop interaction with the website: knowledge sharing for the membership, feedback on College activities
 - develop editorial policies and a procedures manual for the website.
- Library services.
- Knowledge management: develop knowledge sharing culture to foster efficiencies, corporate identity, learning and development opportunities; use technology, systems and policies but also events and communication tools.
- Reading rooms and departmental offices: establish a long term plan for the development of the area

Information Technology

- IT will continue to support the business in all areas. The Information Management & Technology Strategic Group will bring together a long-term strategic plan to grow technology with the organisational needs.
- Security of the systems and data integrity is paramount and will remain so.

- The ISP has made an impact on the College and it is felt that that we can continue to aid and lead in its restructuring activities
- Support work around a number of web-based initiatives, such as the Census, CPD and online payments in support of Examinations and Conferences, continues.

The **Services Board** is responsible for developing and coordinating services for Fellows, Members, Trainees, Associates and Affiliates. In addition, it assists in supporting the College strategy by developing new services and regularly reviewing the provision of current services provided by several College departments.

Journal subscriptions were given consideration by the Board as they are a high-cost area in the Information Services Department. It was decided that the most used and more important journals should be kept and made readily available, whereas those that were not should be kept electronically or available through loan via another source. It was mentioned that the library is a resource that is used a lot by some members and should be operated as efficiently as possible.

The **Integrated Systems Project** continues, with new initiatives in working practices as a result of the system and its ability to deliver more business intelligence. We now offer 'true' website integration with the back office systems and benefits in the administration of activities like online bookings and payments for examinations and membership subscriptions. Other technologies due to be deployed in 2010 will be the Online Census and Online CPD services. These investments will improve the services to our membership.

The **Information Services Department** has continued to provide their relevant services but most notable has been the launch of the new website. As well as bringing a new look and feel to the College's web presence, the site offers vastly improved functionality including:

- easier navigation
- improved searching across the site as well as for College guidance under the heading 'Women's health'
- more effective management of personal details such as email address, password and post details
- streamlined online payments for subscriptions, conferences and bookshop purchases
- special interest groups and pages for conference delegates and committee members to pick up related documents.

Since the launch of the site, there have been further developments such as the introduction of the 'find people' directory and a Twitter site. The College is working towards delivering a unified suite of web-based products which will offer Fellows, Members and other users seamless access to information and services. The membership has been most helpful in providing feedback in this area and it is hoped this will be enhanced by the formation of the Website User Group.

Capital budget items were also looked at and discussed. Upcoming expenditure has to be carefully assessed and monitored. The items were prioritised appropriately and taken forward for consideration at Council.

Membership Services continued to be implemented during the course of the year, with all associated publications going to those who are eligible. Communications with the membership has improved through the maintaining of up-to-date contact details, particularly in the usage of email addresses. The intention in the forthcoming year is to obtain 95% (or more) email addresses for the membership base. Not only does this save costs but also assists in maintaining a 'greener; approach to all aspects of business. Total membership numbers remained steady from 2008 to 2009.

No significant building projects were undertaken during 2009; again due to the financial downturn in global markets and our need to use our reserves wisely. We will be looking to review all of our build options in 2010 particularly relating to the rear of the building. The previous caretaker's lodge has now been converted into much-needed office accommodation and is currently being used by the Estates and IT departments.

A contract was established with our neighbours, the London Business School, to use our facilities for running their Masters in Management course. This is a contract for five years, which is worth approximately £220,000 per annum to the College.

The Domus continues to be a popular feature within the College and completed its first full year of operation: it has had a successful year, achieving £80,000 in revenue and excellent feedback from guests.

With the downturn in the financial markets during 2009, a proportion of our regular hirers of **College facilities** have been reluctant to commit in the numbers that were experienced last year and this has had a direct effect on our income in this area. However, we still continue to invest in our facilities and are hopeful of a better 2010.

2009 was a difficult year for the **RCOG Bookshop**, with the new Online Bookshop creating a number of problems, some of which remain to be resolved, and the economic climate resulting in smaller than usual purchases. However, sales at the FIGO and Abu Dhabi international conferences helped us finish the year very strongly and total sales for the year were up very slightly from 2008.

The swine flu pandemic meant that the **Communications & External Affairs Department** was kept very busy throughout 2009. A special task force comprising RCOG members and representatives from the Department of Health, CMACE, UK Obstetric Surveillance System, National Perinatal Epidemiology Unit, Health Protection Agency and RCM was established. This meant that a rapid response system was in place to provide clear and accurate public information and to respond to negative news stories. Much good work was carried out by the group, including the development of a Department of Health-commissioned clinical guideline, positioning statements and algorithms for healthcare professionals on managing pregnant women with H1N1v flu. A dedicated webpage on swine flu and pregnancy was constructed so that pregnant women and their families had quick and easy access to reliable information at the height of the media scare in the summer of 2009. RCOG members also received monthly email updates about new research and guidance on the safety of swine flu vaccines in pregnancy.

The press office continues to receive a high number of media queries daily and new College spokespeople have been recruited to comment on areas such as intrapartum care and the use of alternative therapies to treat common gynaecological conditions. Alongside this, the RCOG press office oversaw the planned release of news stories to coincide with the follow up study group meeting on reproductive ageing. A podcast was recorded to complement the meeting. Extensive international media coverage was obtained, especially in Australasia and the Indian subcontinent. The RCOG's online information provision was further enhanced by the creation of a Twitter account (www.twitter.com/RCObsGyn). Members can now keep abreast of RCOG news by becoming followers.

The Obstetrician & Gynaecologist (TOG) started the year with a special anniversary issue to celebrate 10 years of the journal. The cover was commissioned for the issue to show how the design of TOG has evolved since it was first published. Specially commissioned articles included letters from Professor Sir Sabaratnam Arulkumaran, Professor Shaughn O'Brien (the founder editor-in-chief), the SAC and the specialist societies. There was also a collection of 'postcards' from Board members. The January issue was the last one edited by Professor Neil McClure before the current editor-in-chief, Mr Jason Waugh, took over the editorship. Mr Waugh will be playing an important part in ensuring that TOG is ready to fulfil its requirements for the CPD component of the consultant revalidation process when this begins in 2011.

StratOG.net (www.stratog.net) is the RCOG's e-learning resource designed to help trainees prepare for the MRCOG Part 2 examination. Although the last of the StratOG.net tutorials was completed in 2008, we continued to develop and improve the resource in 2009. As part of our commitment to keeping the material relevant and up to date, we reconstituted the StratOG.net Editorial Board and tasked the new Board with reviewing and updating all of the online tutorials. This review is due to be completed in 2010. We will also continue to add new assessments and multimedia elements to the tutorials. Sales in 2009 to both individuals and institutions increased from the 2008 levels and feedback from users has continued to

be positive and encouraging. In an online user survey, 80% of respondents said StratOG.net helped them in their clinical training and 87% said that it helped them in their learning.

BJOG: An International Journal of Obstetrics and Gynaecology continued to develop the journal online. In February 2009, a new website – www.bjog.org – was launched. Each Scientific Editor's 'disclosure of interests' was made available online for the first time. BJOG asks authors to disclose their interests in their published papers so it was considered to be important that the editors join them. A webpage of the scientific editors' profiles, detailing their areas of expertise, is also available on the site.

Another development is the 'Editor's Pick of the Month' article: the Editor-in-Chief selects one article each month to be featured on the homepage and made OnlineOpen (full text freely available). The first BJOG International Reviews supplement was released in October and distributed both at the FIGO conference in Cape Town and the RCOG Abu Dhabi Congress. This supplement is particularly useful for those working in low resource settings and is available free for all online at: <http://www3.interscience.wiley.com/journal/122589398/issue>.

Another successful BJOG Author Workshop was held in conjunction with the *International Journal of Gynecology and Obstetrics* at the FIGO Conference in October. One objective of the workshop was to educate authors as to the essential requirement for trials to be registered in a public registry before the first subject is enrolled, in order for the clinical trial results to be considered for publication. The aim of this requirement as set out by the International Committee of Medical Journal Editors is 'to promote the public good by ensuring that everyone can find key information about every clinical trial whose principal aim is to shape medical decision-making' and to enable decisions about care to 'rest on all of the evidence, not just the trials that authors decided to report and that journal editors decided to publish.'

The new role of Journal Club Editor was created, to which Dimitrios Siassakos was appointed. Selected papers have questions attached designed for use in a Journal Club discussion. Three new Scientific Editors were welcomed to the team as long-standing Editors Steve Walkinshaw (previously Deputy Editor-in-Chief), Lucy Chappell, Arri Coomarasamy, Andrew Weeks, Paul Hardiman and Stephen Dobbs stood down after many years of excellent work.

In the *MRCOG and Beyond Series*, the second edition of *Gynaecological and Obstetric Pathology* was published. Other new titles included *Models of Care in Women's Health* and *Gynaecological Ultrasound*. Study Group proceedings on *Reproductive Ageing* and *Reproductive Genetics* rounded off another busy year.

The Personnel Department

The Department provides a first-class and proactive HR service to all members of staff, SMT, College Officers and Heads of Department as well as other associated bodies such as FIGO, the NCC-WCH, WellBeing of Women and CMACE.

2009 was a busy year for the Department. Learning and Development remained a high priority and an exciting programme of different learning events, available to all staff, was successfully rolled out through the year. The feedback from attendees has been positive and we will continue to develop our work in this area during 2010, ensuring the programme remains relevant to the work of the College.

The changes to our recruitment processes continued to have a positive impact on our ability to attract and retain high calibre staff throughout the year. The Department has also considered various initiatives and benefits that we could make available to staff and as part of this we successfully launched an Employee Assistance Programme in 2009. The programme is accessible to all staff and has been positively received.

The Department has also continued to review and develop its policy and employment practices to ensure they embrace the principles of best practice and remain reflective of the RCOG's values and beliefs.

Composition of RCOG staff

Total number of staff: 111
Staff turnover in 2009: 14.5%

Gender:

- Female: 68.5%
- Male: 31.5%

Ethnic origin:

White:

British 58.5%
Irish 2.5%
Other 17%

Black:

African 3%
Caribbean 6.5%

Other:

Chinese 3.5%

Mixed:

White and Black African 0%
White and Black Asian 0%
White and Black Caribbean 1%

Asian:

Bangladeshi 0%
Indian 4.5%
Pakistani 2%

Other 1.5%

Age

20+: 19%
30+: 24.5%
40+: 27%
50+: 22.5%
60+: 7%

Managers and other staff

Manager: 17%
Other staff: 83%

Part and full time

Part time: 13.5%
Full time: 86.5%

Reports from Partner Organisations

WellBeing of Women



In 2009, WoW sought to build on the profile and relationships we had gained through the Lord Mayor's Appeal in 2008.

At the start of the year, our **Annual Women's Lunch Debate**, attended by over 200 very influential and high powered women, cemented many relationships and allowed those attending to better understand the serious and important nature of the work of the charity. The presence of our patron, Sarah Brown, and a number of celebrities ensured media coverage.

2009 was a year for raising our profile. Our relationship with **Fabulous** (the magazine of the *News of the World*) began with an edition in July edited by Sarah Brown, which received coverage in both broadcast and national media and our relationship with the magazine continued throughout the year and saw the launch of the Heels that Heal campaign in September which pledged to raise £500,000 for Wellbeing of Women. This campaign has brought women's gynaecological health awareness to the attention of 16 million *Fabulous* readers.

Our profile was again enhanced by our relationship with the *Daily Mail* **Inspirational Women of the Year** Awards in May.

We also developed an online social networking presence through Twitter, Facebook and blogs alongside an improved, dynamic website. The launch of our '**Friends scheme**' – an online health information programme – provides enhanced information and priority newsletters to members for £20 a month. The central 'Ask the Expert' feature includes a podcast with an expert on a particular topic and we have been assisted with this by many different Fellows and Members of RCOG.

In March, we also officially launched the **Baby Bio Bank** fundraising appeal via the Baby Bio Bank puzzle – pieces of the puzzle can be bought for £500 (or more). The puzzle is situated in the lower atrium at RCOG.

March also saw the return of the **Hike for Hope** – this time across the Sinai Desert. Organised by Marcus Setchell and Roger Kirby, the hikes raise money for gynaecological and prostate cancers. Marcus also organised a team of medical professionals to run for us in the British 10k and we hope to encourage more medical professionals to take part in challenges for us in 2010.

We were able to use the money raised in 2008 to fund four entry level **research scholarships**, 20 **bursaries** and five major **projects**, namely:

- Stem cells in endometriosis – their role in a search for a new treatment
- An investigation into rupture of the womb during childbirth
- What causes hot flushing
- The role of thyroid hormones in complications of pregnancy
- Assessing the safety of topical corticosteroids in pregnancy.

Our **Volunteer Branches** spread throughout the UK play a very important part in fundraising for the charity and are keen to support local research. We hope that local hospitals will support the branches wherever possible.

The latter half of the year saw more coverage in *Fabulous* and also the return of the very popular WoW Show, the focal point of our **Healthy Woman Campaign**. The event featured a series of women's health seminars on obstetric and gynaecological issues – most of these were led by Fellows and Members of the college and provided women with in-depth information on wide range of topics.

The aim of the Healthy Women Campaign for 2009 was to increase reach by four-fold – from five million to 20 million. Overall in 2009 compared to 2008 we achieved an increased reach of: 102,263,985 people. This is just under a 550% increase.

Everybody at Wellbeing of Women is very grateful for the continuing support of the President and Officers, Fellows and Members and staff of RCOG. 2010 promises to be yet another exciting and challenging year for the charity.

Ms Liz Campbell

Director

www.wellbeingofwomen.com

Faculty of Sexual and Reproductive Health Care



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

2009 was a successful and productive year for the Faculty. Together with the RCOG, Stage II of the application for the establishment of a new medical specialty was submitted in February to the Department of Health.

In August, the new specialty of Community Sexual and Reproductive Health formally came into being. This major achievement resulted from careful negotiation, leadership and collaborative working, and the Faculty would particularly like to thank Mr Ric Warren for his central role in this.

The entire training and assessment package was submitted to PMETB in September and conditional approval granted in November 2009. The Faculty has submitted its response and is hopeful of complete approval early January 2010. Particular thanks are due to Dr Ailsa Gebbie and Dr Gordon Watson for their work and to Miss Maggie Blott for her support with all matters educational.

The training programme is for six years starting at ST1. Currently options for multilevel entry are being explored. There is particular emphasis on leadership, public health and management as well as high-level clinical skills. The response to this training programme has been extremely positive. Professor Simon Gregory was appointed Lead Dean in Sexual and Reproductive Health (SRH) in August and is working with the Faculty in many areas including recruitment.

The Faculty produces the 'gold standard' for basic training in SRH, the Diploma (DFSRH). 2009 saw the development of the e-SRH. In effect the whole of the theory component is now e-learning and open to all health professionals in the UK. Dr Chris Wilkinson led for the Faculty working with e-Learning for Health. This development provided an opportunity to modernise the other component of the diploma. Dr Jenny Heathcote, Chair of the General Training Committee, and her team developed the 'Course of 5' a combination of teaching and assessment that has to be passed before going on to the practical training. It is anticipated that this will reduce the number of clinical sessions required to complete the training. All these changes will come into effect in January 2010 and will greatly increase accessibility. Dr Paul Dewart was the Officer overseeing this project.

The third major area of development was the establishment of the Clinical Studies Group in Sexual and Reproductive Health (CSG-SRH) under the NRHRN of the College. Professor Anna Glasier was appointed chair in July with the Executive Group and members being appointed later in the year.

All of the above work is additional to the day-to-day running of the Faculty, which now has a membership of over 13,500.

I would like to thank the officer team, Dr Kate Guthrie, Dr Ailsa Gebbie, Dr Alyson Elliman and Dr Paul Dewart, for their continuous hard work and commitment. Particular thanks are due to the Faculty office team, without whom none of the achievements in 2009 would have been possible.

2010 promises to be equally exciting and busy with development of equivalence and recruitment being key priorities.

Dr Christine Robinson
President

Finance

Key objectives

It is the purpose of the Finance Department to ensure that all financial transactions are recognised, processed, monitored and recorded in accordance with College policy and best financial practice:

- To increase the efficiency and effectiveness of the systems applied to the processing of financial transactions by reviewing current systems and investigating and applying amenable appropriate applications.
- Continue the review the staffing structure in the department in line with the application of new systems and approaches to output.
- Provide appropriate access of financial information to customers, to aid quicker turnaround in decision making – notable changes being made to Council reporting.
- To incorporate more analytical commentary to support the monthly management accounts

Honorary Treasurer's Report

I am pleased to report that, once again, we have ended the year with a positive operational surplus, although we have not done as well as in 2008. This situation has arisen as a result of two principal changes. The first is that our income in 2008 was substantially raised as a result of the sale of the President's House, which brought us a one-off, unanticipated injection of funds. The second change is due to the downturn in the UK economy in 2009, which for us meant a significantly reduced turnover and income. Fortunately, thanks to the efforts of the Chief Executive, Helen Gordon, our Head of Finance, Sandra Tetsola, the Senior Management Team and the College Officers, we were at least able to control our expenditure, although not by as much as we would have liked.

The reported net consolidated position for the group, before investment gains and transfers, was £102,815 (2008: £3,455,079). Income for the year totalled £13,163,037 (2008: £17,169,668) with expenditure of £13,060,222 (2008: £13,714,589). 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.

The results of the trading arm of the College, RCOG Trading Limited, whose principal activities include the hire of rooms, the Domus and provision of catering facilities, generated a surplus of £427,848 (2008: £614,069). These results are consolidated into the accounts of the College.

Our general activities have been successful both academically and financially. Our franchised courses, designed primarily to provide uniformly high standards wherever a course is held but also to protect the College from unauthorised or unapproved courses run in its name, continue to increase in popularity and are providing welcome additional income. The Domus is doing well, currently running at around 50% occupancy over a full week, but is much more used during the week, often with a 'waiting list' for rooms.

Similarly, StratOG.net continues to do well, as do our journal and book publications. In addition our examination income has risen as many more candidates, in many parts of the world, have decided to take the MRCOG exams. There are many underlying reasons for this, including a perceived need for a widely recognised, high-standard and internationally recognised qualification. The RCOG reputation has been enhanced, not just by the availability of its examinations but by the lectures given and seminars held by all the examiners and invigilators while in the host countries.

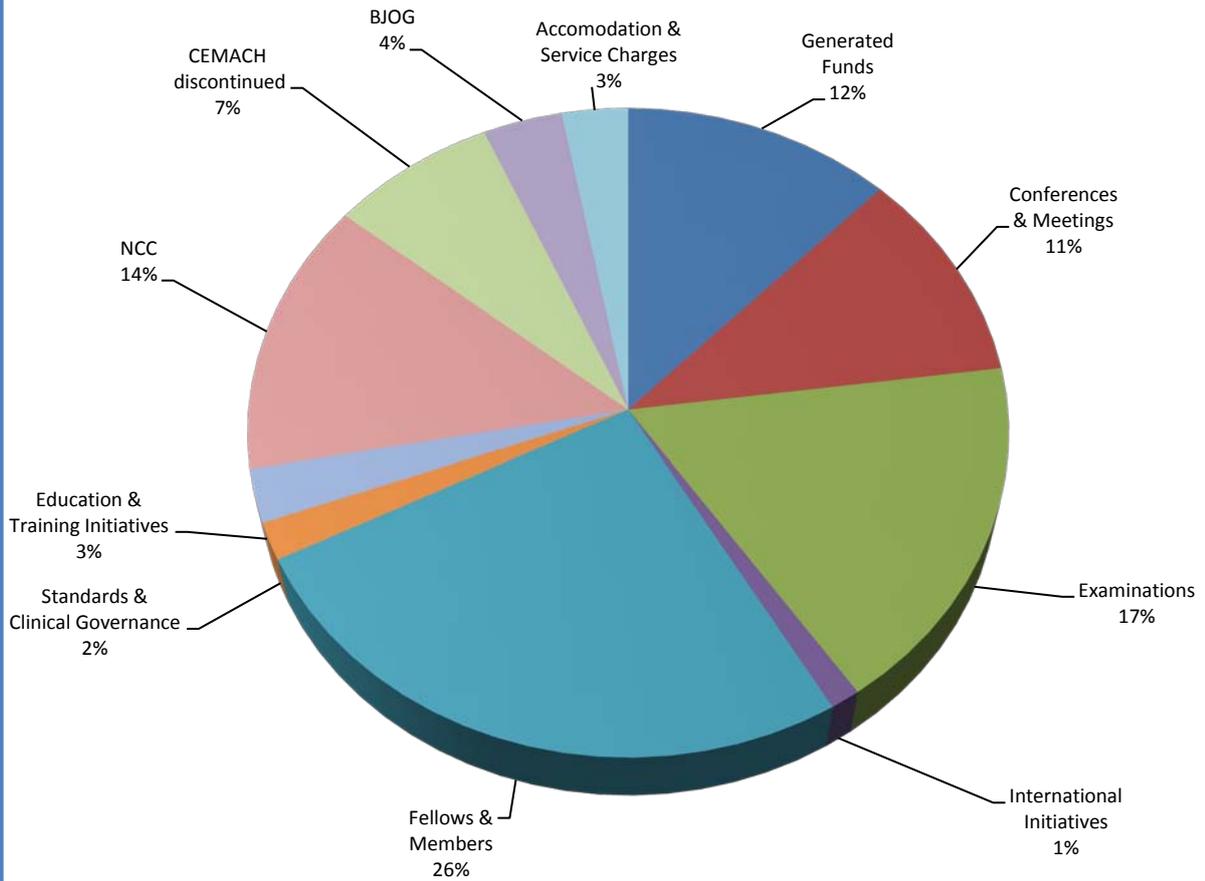
Fellows and Members of the RCOG will recall that ,towards the end of 2007 and into 2008, we identified a need to expand the College building to accommodate enhanced library and archive facilities, more small meeting and videoconferencing rooms and, most importantly, to provide an obstetric skills suite to

complement the existing surgical skills suite. Plans for this 'South Wing Extension' were drawn up and approved – coincidentally – at around the time that the world economy slumped and the value of equities and securities was dramatically reduced.

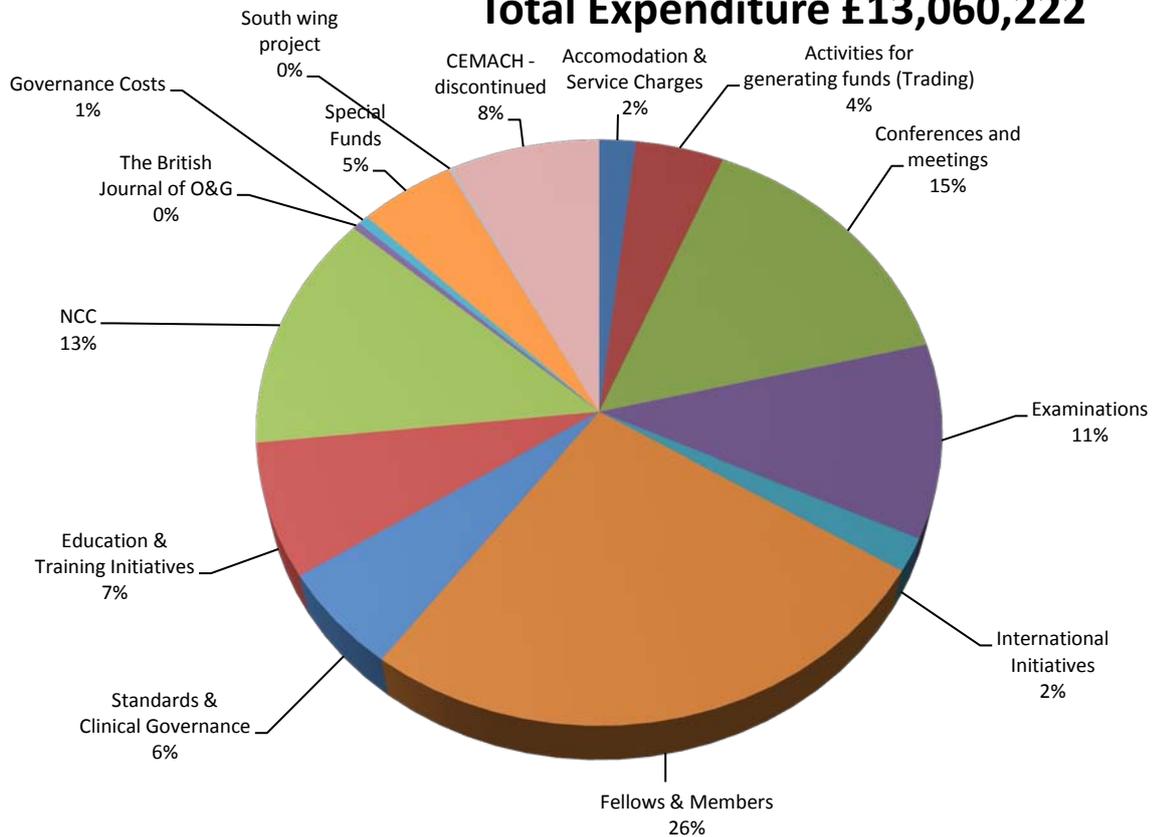
Over 2009, it became clear that the combination of the recession and decreased lettings of the College facilities was such that there was no need for additional space, at least until the economy had improved. We have therefore temporarily shelved any further building. Notwithstanding the global financial situation, our core business continues to remain stable and our reserves, albeit somewhat battered, remain in place, with a combination of cash and equities and other financial instruments safely invested. I am grateful to our Investment Panel for their overview and guidance.

As a College, we remain indebted to our Fellows and Members in the UK and abroad for their continued loyalty and support. For my part, I am once again indebted to my Officer Colleagues and all the staff of the College, who have worked particularly hard to maximise income and control expenditure in this difficult global financial situation.

Total Income £13,163,037



Total Expenditure £13,060,222



Investment policy

Under the power given in the Charter and as also authorised by the Trustee Act 2000, Council has delegated the responsibility for the management of its investment portfolio to the fund managers. The College has an Investment and Advisory Panel that reviews the performance of the investment managers and of the funds. This Panel includes external members who have particular expertise in relation to the stock markets.

The investment policy of the College is set in discussion with its fund managers and is subject to ongoing review in the light of portfolio performance as reported to Council on a regular basis under the current investment management control agreement. For the year to 31 December 2009, the target set for investment performance was to maximise total return, be it through capital or income with an emphasis on risk control and that the funds should not be invested directly nor indirectly as far as possible, in tobacco or tobacco stocks.

Total market value investment portfolio went from 2008: £9,169,250 to 2009: £10,311,311; a total net surplus of £1,142,061.

Funds managed by Newton Investment showed a total surplus return of 20.4%. The defensive strategy to invest in less volatile funds was a positive move in absolute terms. These investments were modelled over a long term average, designed to produce an active return with low volatility whilst maintaining an 'acceptable' level of risk.

Funds managed by Oxford Investment Managers (OXIP), showed a total surplus return of 4.5% . Since OXIP appeared to have performed so poorly, after careful review, analysis and consideration, Council took the decision to terminate the relationship and to transfer the funds to an alternative manager, Global Asset Management at the start of 2010. The Panel will continue to monitor the effectiveness of its investments in order to obtain maximum growth within the remit of its investment policy.

Reserves policy and funds adequacy:

- In the opinion of the Council the resources of the College are sufficient to meet its obligations on a fund by fund basis.
- It is the policy of the College to establish 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 £4,510,813 (2008: £4,873,844) carried forward at the balance sheet date represents just under six months' of unrestricted expenditure at current levels.
- The trustees have examined the College's cash flows and are satisfied that they remain adequate for the purpose of meeting its working capital requirements.

Designated funds reflects a total of £11,079,999 (2008: £11,339,228) 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 £10,410,897 leasehold property fund held for continuing use by the College. Details on all remaining funds are included in note 15 on page 21 of the Annual Accounts.

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 £8,446,334 (2008: £8,147,933). Significant funds are detailed in note 13 on pages 19 to 20 in the financial statements and include £2,643,954 (2008: 2,326,485) for scholarships and lectures and £3,165,016 (2008: £2,976,870) for research.

In accordance with accounting standards the College along with other charities and companies, is required to bring into these accounts, the deficit on the related pension scheme. At 31 December 2009 the deficit was £1,892,000. Further details of this are given in note 17 to the accounts.

The College will review its reserves position and policy on a regular basis.

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.

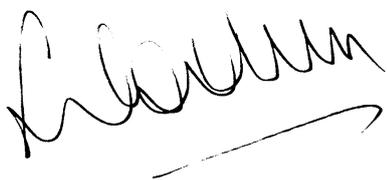
Donations towards the work of the International Office	£80,888
Donations towards the work of the Nigerian Liaison Group	£12,647
Dig Deep Appeal	£6,870
Other donations	£639
Total	£101,044

Auditors

The auditors, Buzzacott LLP will be proposed for reappointment.

Approved by Council on

and signed on its behalf by



Julian Woolfson OBE LL.M FRCOG
Honorary Treasurer, RCOG

Approved on: []