

RCOG Patient and Public Involvement mechanisms and Clinical Quality commitments

The RCOG has a number of ways of engaging with women, birthing people and their families, ensuring they are at the heart of everything the College does. We propose that there are a range of ways of enabling this engagement and different approaches will fit different activities. There is no gold standard, but there is a drive to ensure that meaningful engagement happens proportionate to the activity.

College wide

[The RCOG Women's Network](#)

The Women's Network is a strategic RCOG committee. There are 14 core lay members and 4 clinicians from across the UK on the Network which meets 4 times a year. All lay members have personal experience of obstetrics or gynaecological services.

The Women's Network is supported by the broader [Women's Voices Involvement Panel](#) – an online group of over 700 O&G service users. The panel brings a breadth of health experiences and outcomes from the wider women's health community to inform the Network's involvement in College activities.

The RCOG Women's Network and members from the Women's Voices Involvement Panel are also involved in project work across the College, and are represented on all formal RCOG Committees.

Clinical Quality

Engagement is also core to all [Clinical Quality](#) activity – in project advisory groups, lay reference groups, and Committees including [Guidelines Committee](#), [Clinical Quality Assurance Group](#) and [Patient Information Committee](#).

Some examples of the way in which the voices of women and their families have been incorporated within the work of Clinical Quality can be seen below:

- [COVID Maternity Equality Project \(CMEP\)](#): a project conducted in 2021/22 looking at whether and how changes to maternity care during the COVID-19 pandemic affected existing inequalities. Alongside more traditional quantitative data analysis methods, the project also gathered insights directly from women, purposively recruited from various backgrounds, who had given birth in the UK before or during the pandemic and who formed the projects 'women's reference group'. This group provided continuous input to the project.
- [The National Maternity and Perinatal Audit \(NMPA\)](#): The National Maternity and Perinatal Audit (NMPA) is a large scale quantitative audit of the NHS maternity services across England, Scotland and Wales. As part of the governance structure of this audit, the Women and Families Involvement Group is made up of 8 lay representatives, externally recruited and appointed based on their recency and diversity of lived experiences. They provide strategic input, contribute to interpretation of results from the audit and support the dissemination of findings in an accessible and user-

friendly format, such as the co-production of [lay summaries](#) and the co-creation of the [Family Gateway](#).

- [Tommy's National Centre for Maternity Improvement](#): The Tommy's centre has an employed PPI Workstream Lead who, as CEO of a grass roots charitable organisation, is responsible for overseeing the inclusion of women's voices throughout the Tommy's programme of work. There is an embedded Women's Advisory Group which is at the heart of programme activity from inception and development of the functionality of the digital app, through the clinical implementation, evaluation and outcome assessment.
- [RCOG Women's Network](#) members sit on all of our guideline committees to ensure the service user perspective is at the heart of RCOG discussions and decision making around guidelines and patient information. Members are selected for their broad expertise and passion for women's health, whilst also bringing insight into the College on current and emerging issues in women's health which may need consideration and action.

For the work of the Clinical Quality, improving the quality of care that women, birthing people and their babies receive is at the forefront. That means, in the projects and wider work led by the team it is imperative to ensure the lived experiences of those who use our maternity and gynaecology services are recognised and acted upon. Users of healthcare services have a right to be involved in decisions made about care that affects them, and maternity care is no different. If we involve those who use maternity services in the work that we do to improve them, it is more likely we will create outputs that are relevant and meaningful to everyone involved in the provision and use of these services. Our ultimate goal is to make maternity services better, and as such, we should learn from those who use them as well as those who work in them to jointly reach this aim.

In practice, this means that every new project commissioned by the Clinical Quality team will:

- Think critically about how they plan to engage women in their work, learning from previous and existing projects, to advise on the direction of the project, support interpretation of findings and dissemination of results.
- Ensure remuneration of time and expenses is appropriately costed and fully budgeted within all project proposals in line with best practice.
- Coproduce outputs accessible to a range of audiences, incorporating lived experience voices to bring findings to life wherever suitable and meaningful to do so.
- Offer women opportunities to attend and present at project events where appropriate, providing development opportunities wherever possible.

Engaging, involving and recognising the experiences of women and their families will be at the heart of all Clinical Quality's work.