

# ANNUAL REVIEW 2015/16



Royal College of  
Obstetricians &  
Gynaecologists



BETTER HEALTH CARE FOR WOMEN EVERYWHERE

“For 86 years the President of this College has been elected by the 30 or so members of Council, but from 2019 all our 7,000 UK and Ireland members will be able to vote.”

Dr David Richmond,  
President, RCOG



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Throughout the last year, quality and safety have continued to be a key focus of our work. As a member of the *National Maternity Review*, we welcome the recommendations for how services should change over the next five years to ensure the care given to women and their families is fit for the future and that personalised maternity services are available to all. Sustainable staffing models and service configurations for both maternity and gynaecology are now urgently needed and will be mapped out in the RCOG's Safer Women's Healthcare report, due to be published later this year.

The RCOG is dedicated to creating a culture of openness and

transparency. Understanding the differences in the care received by women giving birth in hospitals across England is critical and to this end our second *National Clinical Indicators* report was published in March this year. The report, carried out in collaboration with the London School of Hygiene & Tropical Medicine, gives a national perspective on patterns of care during labour and delivery, enabling NHS trusts to examine their own practice in context and ensure their services meet the needs of women and their families. It also provides an opportunity for reflection internally on a hospital or trust's performance for local and national benchmarking and consequently improvements in the care provided.

Several major RCOG projects are now in their second year and we look forward to the preliminary report from our Each Baby Counts quality improvement programme, which aims to halve by 2020 the number of stillbirths, neonatal deaths and brain injuries that occur during term labour. We also await the second report from our Leading Safe Choices programme

in South Africa, which promotes best practices in postpartum contraception and comprehensive abortion care. It's particularly important that we carry out robust evaluations of this international work to enable us to expand our programme to other countries and potentially even the UK.

We were delighted by last year's milestone NICE guideline on menopause diagnosis and treatment, and by the most recent Chief Medical Officer's report with a specific focus on women's health. The RCOG advocates a life-course approach to women's health, promoting prevention rather than intervention and placing women at the centre of their care. Pregnancy is a window of opportunity to maximise health gain for not just the mother but also her fetus and baby in later life. We also strive to ensure parity of esteem for mental as well as physical health. The RCOG is committed to ensuring that the care provided to women in the UK is of the highest quality and, through our advocacy work, we're increasingly being seen as the voice for women's health, both in the UK and overseas.

As I look back on my term as President, one of my proudest achievements has been completing the recommendations from the Representation Working Party. For 86 years the President of this College has been elected by the 30 or so members of Council, but from 2019 all our 7,000 UK and Ireland members will be able to vote. This will increase the transparency and accountability of the College and make us a more democratic and open organisation.

It's been an honour to be President of the RCOG for the last three years and I can honestly say it is by far the most satisfying, stimulating job I have had in 40 years of health care. The College is a vibrant hub of phenomenal enthusiasm and energy which I shall be sad to leave. I do, however, remain confident the College will go from strength to strength with the new team of Officers.

A handwritten signature in blue ink that reads "David Richmond". The signature is written in a cursive, flowing style.

**David Richmond**  
President



Over the past year the College has taken on new areas of work and continues to grow and develop. It has been a pleasure to welcome colleagues with strong professional skills and great enthusiasm to areas such as clinical audit and informatics, where our expertise is rapidly increasing. The most significant development has been the launch of the National Guideline Alliance, one of the two new centres producing guidelines on behalf of the National Institute for Health and Care Excellence. Although we have been developing guidelines for several years through the National Collaborating Centre for Women's and Children's Health,

the new Alliance takes us into new areas of cancer and mental health. This allows us to build capacity, knowledge and expertise on a wide range of health areas, all with the aim of improving patient safety and the quality of clinical care. We are proud to be increasingly recognised as a major centre of expertise and it has been tremendous to have the strong support and backing of College members.

As we expand, it's important we don't lose the reputation of the College for friendliness and person-centred services. We spend a lot of time investing in our staff, supporting their training and development, and encouraging colleagues at all levels of the organisation to be engaged in different aspects of our work. We must always remember that it is only when staff work effectively and creatively with College members that we have the basis for success. So at the end of 2015, we were delighted to achieve Investors in People national accreditation in recognition of this work. We want to build

on this award and ensure that we continue to provide an excellent professional environment for colleagues.

**“The National Guideline Alliance will take us into new areas of cancer and mental health, helping the College to continue to build its intellectual capacity, knowledge and expertise.”**

The College has also invested to strengthen our external affairs team during 2015. News media is a 24/7 operation and to be heard among the noise we need to know how to get our message across in this frenetic environment. Our strengthened media and PR team has significantly increased our profile as well as allowing us to diversify by using different social media to spread the message to different audiences. This has been in particular evidence during events such as International Women's Day.

As the College grows and our expertise becomes greater and more diverse, we realise more and more how important it is that we work with our partners. By collaborating with others and speaking in a single voice with a unified purpose, we can have an impact on decision-makers and advisers, news media and lobbyists, which would be difficult or impossible to achieve on our own. We will continue to develop these partnerships and alliances in order to find the best solutions for professionals and ultimately for women. Collaboration is even more important as pressure on resources for health care increases and so many regions of the world experience enormous geo-political change. The College's vision for good health for all women is as relevant as at any time in our 86-year history. It remains a privilege to work with people determined to bring about this vision.

A handwritten signature in blue ink that reads "Ian Wylie".

**Ian Wylie**  
Chief Executive



## DRIVING EXCELLENCE IN CLINICAL CARE

Our belief that all women deserve access to high-quality health care drives us to improve standards throughout the profession, today and for the future. We've increased our collaborative working, recognising that by working with partners we can achieve more.

## KEY ACHIEVEMENTS

- We achieved re-accreditation from the National Institute for Health and Care Excellence (NICE) for our guideline development
- [New guidelines](#) on the management of female genital mutilation, third- and fourth-degree perineal tears and birth after previous caesarean were introduced
- We produced [new patient information](#) on pelvic girdle pain, which affects one in five pregnant women
- Seven new [Scientific Impact Papers](#) were produced by our Scientific Advisory Committee, providing up-to-date reviews of issues relevant to obstetrics and gynaecology

## Each Baby Counts

Each Baby Counts, our ambitious nationwide quality improvement programme to halve by 2020 the number of babies who die or suffer brain injuries because something went wrong during labour, is well under way. A full year of data has been collected from hospitals throughout the UK and our first recommendations were published in June 2016.

Each Baby Counts works by: collecting and analysing data for all UK units; identifying avoidable factors; and monitoring when these incidents occur and why.

The campaign has received positive feedback from across the profession and last year we recruited 50 specialist reviewers who are analysing all the reports that come in.

“Sharing information derived from high-quality data is the catalyst to driving up quality in women’s health and is at the very heart of our work in developing world-class healthcare guidelines.”

Professor Alan Cameron,  
Vice President, Clinical Quality

## Group B streptococcal disease audit

Recommendations for improvements in care to help prevent early-onset group B streptococcal (GBS) disease were identified in the second and final part of an audit by the RCOG. GBS infection in the first six days of life is called early-onset disease and around 350 to 400 babies will develop the condition each year, with around 25 babies suffering a long-term disability and 40 babies dying. The audit made a number of recommendations, including revising national guidelines and applying them to all NHS trusts and that all trusts should review their local protocols every three years.



## National guidelines

Our national work to produce guidelines to support evidence-based practice and inform research continued, with the National Collaborating Centre for Women’s and Children’s Health (NCC-WCH) publishing three women’s guidelines and three children’s guidelines for the National Institute for Health and Care Excellence (NICE) during 2015.

The women’s guidelines included the first NICE guideline to focus on women at risk of preterm labour, covering strategies to reduce risks through prevention, diagnosis and management of preterm labour, and the first NICE guideline on the diagnosis and management of the menopause. Guidelines on diabetes in pregnancy were updated to address the management of type 1 and type 2 diabetes during the preconception period, pregnancy, birth and postnatal and neonatal care. In addition, new thresholds for the diagnosis of gestational diabetes were recommended based on a review of clinical and cost-effectiveness evidence and have been well received by the clinical community.

WE BELIEVE THAT

500

BABIES A YEAR COULD BE SAVED BY PROVIDING BETTER CARE DURING LABOUR

8

NEW AND REVISED GREEN-TOP GUIDELINES AND SEVEN NEW SCIENTIFIC IMPACT PAPERS HAVE BEEN PUBLISHED

87%

OF FELLOWS AND MEMBERS RATE THE GREEN-TOP GUIDELINES AS AN EXCELLENT RESOURCE

Children's guidelines included updating the paediatric guideline on type 1 diabetes in children and, for the first time, recommendations were made for the diagnosis and management of type 2 diabetes in young people. The remaining children's guidelines were recommendations for treating bronchiolitis and gastro-oesophageal reflux disease.

Key activities undertaken by the NCC-WCH team included:

- Preparing articles for the *BMJ* summarising the published guidelines
- Supporting NICE in delivering training workshops for professionals and lay people involved in guideline development
- Attending the annual Guidelines-International-Network conference
- Continuing to develop guidelines on subjects like end-of-life care for infants, children and young people, cerebral palsy and endometriosis

### National Guideline Alliance

The work of the NCC-WCH has now been incorporated into the new NICE guideline development centre which was set up after the College won the tender to bring together three centres to form the [National Guideline Alliance](#) (NGA). The NGA, which was launched on 1 April 2016, will focus on cancer and mental health as well as women's and children's health. It will position the College as a leader in health guideline development.

### Looking ahead

Our first Each Baby Counts Clinical Engagement Forum took place in June 2016, allowing stakeholders to hear first-hand about the findings and recommendations emerging from the project.

Having carried out the group B streptococcal audit, we now have a national picture of current practice across all aspects of maternity care. Our focus moving forward will be to revise our national guidelines and patient information to ensure consistency in care and to achieve the best outcomes for mothers and babies.



The Royal College of Midwives (RCM) has worked very closely with RCOG for the

last five years, which is essential as there is a need for midwifery and obstetric care to be delivered in an integrated way. By working together we can make sure that anything we develop is more likely to be fit for purpose and this actually provides shortcuts for a lot of the work. For example, when the RCOG was developing its care bundle aimed at reducing third- and fourth-degree tears during birth with the RCM, we felt there was a group of our members who might be less supportive of the guidelines than others. We were able to get them together with the people who were developing the bundle and they were able to question the evidence and provide their input. We're now piloting the bundle to see whether it's acceptable to women and something the professionals can manage before we move on to evaluating and scaling up this intervention in a Health Foundation-funded project.

A lot of our work is around looking at quality and safety and we've been involved with, and supportive of, the RCOG's Each Baby Counts campaign. We've also worked together overseas. Like the RCOG, we offer global support: four RCM members trialled the Leading Safe Choices training programme to see if it worked for midwives, and five RCM members have been trainers on the Excellence in Obstetric Skills courses in Uganda.

There are so many advantages to having a good working relationship between the Colleges. For example, it enabled us to react speedily to events like the Zika virus and Ebola crisis, when we were able to develop and issue joint guidance and statements very quickly.

In addition, we are jointly promoting a positive working environment for all, where individuals and teams treat each other with compassion, dignity and respect, and have produced a joint statement and developed a toolkit on undermining behaviour and bullying in the workplace.





Also, by standing together we have increased our lobbying power and provided a greater platform to reach both policy makers and patients. This means that there is less opportunity for others to misinterpret our shared messages.

Although there are some natural synergies between our work, there are also bound to be areas where we differ, purely due to the nature of our work. However, it's very helpful to demonstrate respectful and collaborative relationships that can be mirrored by professionals on the ground. As midwives and obstetricians, it's so important that we're able to put ourselves in each other's shoes. Of course, each of us has to go along with what our members want but, ultimately, we have the same goal. It's about getting it right for women and improving outcomes for them and their babies.

Louise Silverton, Director  
of Midwifery, RCM





## KEY ACHIEVEMENTS

- We teamed up with the Royal College of Psychiatrists to produce an **eLearning resource on perinatal mental health**
- Our **online lecture service** was launched which now provides 325 lectures recorded at RCOG conferences and courses
- Our eLearning team published **17 advanced-level modules** for maternal medicine and acute gynaecology and early pregnancy

## IMPROVING EDUCATION AND PROFESSIONALISM

Better health care for women everywhere can only be achieved if we continue to raise standards in our clinical education and training. Better training results in better doctors and that leads to better care.



## Leading the way

As leaders of the profession it is our responsibility to ensure that quality standards in education, training and services continue to evolve and improve.

## Improved exams

RCOG is leading the way with its world-class clinical education and training. Further improvements this year will support our strategic goal of developing and promoting high-quality clinical care through life-long education of doctors and the development of clinical standards.

We successfully introduced the new format Part 1 and Part 2 MRCOG exams in March 2015, so they are now more flexible, rigorous and relevant to clinicians in their day-to-day work. We also secured General Medical Council approval for the introduction of the **Part 3 MRCOG** clinical assessment in November 2016, which places increased importance on skills relating to communication, patient safety and applied clinical knowledge. These skills are fundamental to high-quality patient care and we've worked closely with our Women's Network to introduce lay assessors as part of the exam.

## Tackling bullying

Our resources to help reduce bullying and undermining in the workplace were substantially enhanced by the addition of a new toolkit in 2014. **The toolkit** was jointly developed with the Royal College of Midwives (RCM) and has just received its first annual content review. In addition, our eLearning resource designed to help doctors tackle these serious issues is now freely available to all health professionals. The video-based resource includes six interactive case studies based on real-life scenarios and aims to improve how healthcare staff deal with colleagues, provide feedback and respect cultural differences. The RCOG also recently updated its 2013 **joint statement** with the RCM, reinforcing both Colleges' commitment to reducing undermining and bullying behaviour in the workplace.

**"RCOG is leading the way in involving lay assessors in their exams. It's so exciting to see this come to fruition."**

**Lesley Briggs, Vice Chair of the Women's Network**

## Expert innovation

This year we expanded the courses we run to help members improve their skills as we realised that, although we run about 80 clinical courses a year, we weren't offering enough to help develop 'softer' skills.

For example, our Fellows and Members can be called upon to act as expert witnesses in court cases so, for the first time, we engaged an external partner to run two courses: Expert Witness Report Writing and Expert Witness Courtroom Skills. The one-day courses both sold out quickly and the excellent feedback we received means that we are running them again this year.



# 32

NEW E-LEARNING TUTORIALS WERE DEVELOPED

# 10

NEW ONLINE CASE STUDIES FOR CONTINUING PROFESSIONAL DEVELOPMENT WERE PRODUCED

# 325

LECTURES WERE RECORDED AT OUR CONFERENCES AND COURSES

## Support for GPs

GPs are the first port of call for women worried about their health so it's vital that we form closer working relationships with them. For the first time last year, we teamed up with the Royal College of GPs (RCGP) to run a one-day Essentials in Women's Health course, training GPs in issues ranging from adolescent gynaecology to the menopause. The successful event attracted 90 delegates and we have already repeated it in 2016, with 150 GPs attending.



Our positive relationship with the RCGP has developed further and we're delighted to have been given a 90-minute slot at their Annual Congress this year to talk about women's health to 1,500 GPs.

In addition, we realised that we weren't offering many resources to GPs who are particularly interested in women's health and who wanted to sit our popular DRCOG exam, so we introduced a **revision course** for the first time and 60 delegates attended. The more GPs that pass the exam, the more qualified they are to help women. We're all working towards the same goal of improved health care, so the closer we can work together the more effective we can be.



## Continuing curriculum development

Last year, the Curriculum Review Task and Finish Group completed a high-level piece of work on the need to change our core curriculum to make sure our trainee doctors are building up their key non-technical skills, as well as core clinical skills, right from the beginning of their specialty training. The general direction of travel has been approved by Council and now the detailed work has begun on making a brand new core curriculum and assessment framework.

“Developing education and continuing professional development is the key to improving professionals' knowledge and performance globally. The challenge is to ensure our high-quality products in education and clinical quality translate into improved patient care.”

**Professor Clare McKenzie,**  
Vice President, Education





It's so exciting to see five years of hard work come to fruition with the introduction of lay assessors to the new Part 3 exams. As part of the work we carried out to look at the Part 2 exam, we found that some people were really good on the technical things but not very good at all when it came to communication and making women feel at ease. Seeing a gynaecologist is a difficult time for a woman, as it's very personal and not easy to talk about the issues that are bothering them, so it's vital that the clinician makes them feel as comfortable as they possibly can – and, more importantly, obtains an accurate medical history in order to provide the most appropriate treatment. In the new exam, lay assessors will be at four of the 15 stations and the main thing we will be looking at is the way the clinicians interact with the patients. That is a skill that should never be underestimated.

It's fantastic that the RCOG has really grasped the nettle when it comes to this. Not many Colleges are involving lay people and, thanks in large part to my colleague Rosemary Harris, who is the lay representative on the Examination and Assessment Committee and has really driven this work forward, the RCOG now has a robust method for assessing trainees to ensure they are equipped with the right skills to provide excellent care to women. From a personal point of view, it makes the work we do on the Women's Network hugely rewarding. The relationship between the Women's Network and the RCOG has developed over the last five years. We have a really open dialogue, they really respect what we do and it's great to see some real results.

As well as the Part 3 exam, the Women's Network has been involved in a number of projects, including the eLearning and curriculum reviews, ensuring the integration of female genital mutilation within the curriculum, commenting on perinatal mental health care and follow-ups after a stillbirth, looking at how to ensure women with learning disabilities receive appropriate care and how this can be incorporated within the curriculum, and helping to judge the RCOG Excellence in Training Awards.

I'm passionate about women's health issues. It's vital that we make sure women get the best possible care and this is what spurs me on. A lot of women aren't vocal and don't know what they should be getting in terms of health care. We need to be their voice.

Lesley Briggs, Vice Chair,  
RCOG Women's Network





## ENGAGING WITH WOMEN AND PATIENTS

It's really fundamental to our work that we understand women's needs – not just their clinical needs but their experiences of our services.

### Involving women and patients

The RCOG champions the best in women's health care and supports doctors so that they're equipped to do the best job possible for women. But it's vital that we don't lose sight of what women themselves actually want.

There are two main ways for women to get involved in our work:

- Our [Women's Network](#) is made up of 14 lay people and three clinicians from across the UK. The group meets four times a year at the College but members also sit on a wide range of our committees and groups
- The [Women's Voices Involvement Panel](#) has grown over the last year and we now have a virtual community of 300 women of all ages and ethnicities to help us review our patient information and inform our work

## Health of older women project

Our Women's Network doesn't just react to what the College wants them to do, it also takes a proactive approach to tackling issues and telling us what we should be doing.

For the first time the Network decided to launch its own project looking at the health of older women. It carried out a survey of more than 2,000 women, asking what their health concerns were, whether they had access to high-quality information and where they would go to find it.



The report was published in September 2015 and has had a major impact, with two tangible results:

- As the first port of call for most women was their GP or practice nurse, the report identified a need for GPs to gain better skills in communicating information to women
- The second place women said they go for information was online, which has prompted the College to develop an information hub for women on our website, where they can access a range of evidence-based information from credible, trusted sources in one place

"We need to develop a more accessible public face so that we're recognised as a College that reaches out to women, offering guidance and lifestyle advice, effectively empowering them with the tools to look after themselves and their families."

**Professor Lesley Regan, Vice President, Strategic Development**

"I joined the Women's Voices Improvement Panel shortly after it was created in April 2014. It has given me the opportunity to pursue my passion for excellence in women's health and I'm excited about innovations that will give greater opportunities for panel members to contribute in a meaningful way."

**Marie Higgins**



# 180

HEALTH PROFESSIONALS AND LAY PEOPLE ATTENDED OUR EMOTIVE INTERNATIONAL WOMEN'S DAY EVENT ON GENDER-BASED VIOLENCE

.....

# 14

LAY MEMBERS AND THREE CLINICIANS SIT ON OUR WOMEN'S NETWORK

.....

# 300

WOMEN ARE NOW PART OF OUR WOMEN'S VOICES INVOLVEMENT PANEL

## Recovering Well resources

For the first time in 2015, we developed patient information in a different format from our usual PDF documents. Our [Recovering Well](#) resources were re-launched in October and cover what women should expect after surgery from eight gynaecological procedures. The resources, which were developed in collaboration with our Women's Network, include written leaflets, interactive PDFs and videos, making them more engaging and easier to access for women who may face particular communication barriers.

## Reaching out to women

We've revamped the [patient section of our website](#), making it more relevant to women and easier to navigate and the results have been good. The number of people visiting the site as a whole has increased by one-third and the patient section has seen a 50% increase in visitors.

We've also made changes which will make it easier for women who are searching for information online to find our high-quality evidence-based information and facts about common conditions.

## International Women's Day

Working together to stop gender-based domestic violence was the theme of our successful [International Women's Day event in 2015](#). Attended by more than 180 health professionals and lay people, it was emotionally charged and highly moving, with 90% of attendees saying they would take active steps to change or improve their practice as a result of the event. We've also published a list of hints and tips for healthcare professionals, generated during the day's workshops, on how to help their patients.



## KEY ACHIEVEMENTS:

- More than 500 women were involved in developing our [patient information leaflets](#) in 2015, bringing their own experience and knowledge of conditions, treatments and procedures to help draft information that suits women's needs
- Over 50 Lay Examiners were recruited and they will start examining the new Part 3 MRCOG later this year
- The RCOG Women's Network contributed a patient perspective to 15 consultations. These were a combination of internal guidelines and papers and external NHS consultations
- We're using social media to create an ongoing dialogue between the College and our patients and the public

## Focus for the future

Access to maternal mental health services will be a focus over the next year. Our Women's Network, together with other third sector organisations, have helped us to shape a survey asking women who have had a baby over the last five years about their experiences of trying to access mental health care before, during or after pregnancy. This will inform the College's policy work around this area.

We'll be developing the strong mechanisms we have in place for women to get involved and aim to increase our Women's Voices Involvement Panel by another 100 members as well as making sure we generate opportunities throughout the College for them to get involved. The new format of our patient information resources will be evaluated to find out how useful they are to our members in practice and we will promote them further to others involved in supporting women to better understand their health, such as GPs.



Feeling inspired and informed after a fantastic day at the [@RCObsGyn](#). It's time we talked more about [#domestic violence](#)





Unfortunately I perceived the birth of my daughter as a traumatic event and I developed post-traumatic stress disorder (PTSD). In addition I had a number of issues to deal with, including breastfeeding, which led me to the world of lactation consultants and other medical professionals. I met many other women in the same boat as myself and, although breastfeeding was our primary concern, the discussion soon turned to horrific birth stories, depression, PTSD and bodily functions impacted by birth, to name just a few. I was shocked by how much bad advice these women were receiving in an unregulated environment. Most of it wasn't based on any evidence at all, which made me extremely angry. I wanted to do something to help women like us but realised that it needed to be within a credible, evidence-based environment that had the power to make a real difference. When I saw the advert for the Women's Voices Involvement Panel I knew I had found the platform I needed.

Since joining I've been involved in several projects, including the second RCOG report on Patterns of Maternity Care in English NHS Hospitals. The report was generated using hospital data on key measurements that are important indicators for the performance of maternity units, from how many assisted deliveries and C-sections are carried out to the number of labour-related injuries.

Feeling that I am helping other women, even in a small way, has been part of the healing process for me and is immensely satisfying. But there is so much more to do. I'd love to see a project looking at PTSD related to birth or a project on mental health support for new mothers or, even better, a training module for physicians on how to interact with birthing mothers. Bedside manner and the language used are critical because mothers are in a very vulnerable state.

The RCOG is committed to advancing women's health care. It's crucial that we ramp up the volume of our voices and make ourselves heard.

Anastasia Liapi, member of the Women's Voices Involvement Panel



## JANUARY

1/1 Each Baby Counts data collection begins.



21/1 New RCOG guidelines on managing chickenpox in pregnancy.

28/1 New Scientific Impact Paper (SIP) on treatment for women with chronic pelvic pain.

6/2 New RCOG SIP on **Pregnancy and Air Travel**: safest time to fly is before 37 weeks and 32 weeks if expecting twins.

10/2 Updated national patient information on alcohol consumption during pregnancy.



5/3 GMC publishes review to tackle undermining and bullying in medical education and training, and RCOG launches new eLearning resource on improving workplace behaviour.

## APRIL

12/4 RCOG and RANZCOG host our **World Congress in Brisbane**, Australia with over 2,300 delegates from 43 countries.

## MAY

1/5 **New WHO vision** to improve the quality of care for every pregnant woman and newborn baby and to end preventable deaths.

22/5 RCOG publishes its formal response to the Kirkup Report.

29/5 Changes to the RCOG Membership exams announced with new Part 3 from November 2016 replacing the Oral Assessment.



# A YEAR IN OUR LIFE

## FEBRUARY

5/2 RCOG and Faculty of Sexual and Reproductive Healthcare (FSRH) publish joint manifesto for the 2015 General Election.

## MARCH

3/3 Kirkup Report published on failure of maternity services at Morecambe Bay; RCOG and RCM support recommendations in full.

5/3 First RCOG audit report on early-onset group B streptococcal disease (EOGBS) in newborn babies.

6/3 International Women's Day, conference and workshop at RCOG on gender-based domestic violence; keynote by Jane Ellison MP, Parliamentary Under-Secretary of State for Public Health.

31/3 100% of NHS Trusts and Boards sign up to Each Baby Counts.



13/4 New guidelines on preventing and treating venous thromboembolism (VTE) during pregnancy, birth and following delivery launched at the RCOG World Congress.

## JUNE

10/6 MBRRACE-UK publishes the Perinatal Mortality Surveillance Report on perinatal deaths.

12/6 New RCOG guidelines highlight importance of early identification and appropriate repair of severe perineal tearing.

22/6 RCOG awarded contract from NICE to develop the National Guideline Alliance.

24/6 Leading Safe Choices (LSC) launches Best Practice Papers in postpartum family planning and comprehensive abortion care.

26/6 New patient information produced on pelvic girdle pain, which affects one in five pregnant women.





**10/7** Revised RCOG guidelines published on clinical management of women with female genital mutilation (FGM).



## AUGUST

**19/8** BJOG reports 7m women a year in the developing world are treated in healthcare facilities for complications following unsafe abortion.



## SEPTEMBER

**1/9** First THET-funded Excellence in Obstetric Skills course at Kitovu trains over 60 health workers and trainers.

**23/9** RCOG makes first public statement about the junior doctors' contract proposals and potential impact on patient safety.

## OCTOBER

**1/10** Revised RCOG guideline advises vaginal birth after a previous caesarean section is a clinically safe choice for the majority of women.

**31/10** Mandatory reporting of female genital mutilation (FGM) starts.

**10/11** Part 2 MRCOG Oral Assessment (OSCE) at 3 centres, including Delhi for the first time.



**12/11** NICE publishes clinical guideline: Menopause: diagnosis and management.



## DECEMBER

**8/12** Confidential Enquiry into Maternal Deaths 2015 – Improving Mothers' Care MBRRACE-UK report.

**10/12** CMO England launches women's health report at RCOG National Trainees Conference 2015. London live on Sky news.



# 2015



## JULY

**8/7** *The Obstetrician & Gynaecologist* (TOG) finds that reducing the risk of stillbirth requires better monitoring of women during their pregnancy.

**22/8** RCOG signs tripartite agreement with Sri Lankan Ministry of Health and Sri Lankan O&G Society.



**1/9** President begins three-month consultation with global membership about changes to election of future Presidents.

## NOVEMBER

**2/11** RCOG eLearning to help doctors tackle undermining and bullying behaviour in O&G units made freely available to all health professionals.



**13/11** Department of Health launches new programme to reduce stillbirths, neonatal and maternal deaths by 50%.



**24/11** President attends 50th Anniversary meeting of the Nigerian Society of O&G.



**16/12** RCOG policy briefing: Zika virus in pregnancy.

**18/12** First LSC training course delivered in Cape Town.



## ADVANCING WOMEN'S HEALTH AROUND THE WORLD

Providing women with effective, affordable contraception could cut maternal deaths by 66% and newborn deaths by 75%. Our Leading Safe Choices programme is committed to addressing this acute need.

### Leading Safe Choices

The last year has been about putting the building blocks in place for **Leading Safe Choices**, our ground-breaking three-year pilot project which aims to address the unmet need for family planning and strengthen the competence and raise the professional standing of healthcare providers in South Africa and Tanzania.

Globally, one in six of all maternal deaths stem from unsafe abortions, and 225 million women would like to delay or prevent a pregnancy but have no access to contraception. Just providing women with effective, affordable contraception could cut maternal deaths by 66% and newborn deaths by 75%, according to the World Health Organization.



We know that many women only see a healthcare provider when they're giving birth and may have to travel for days to give birth in a hospital. This puts healthcare workers, including midwives and nurses, in a unique position to make sure the women leave with a long-acting reversible method of birth control such as an intrauterine device (IUD) or implants. We're supporting obstetricians and gynaecologists in our pilot programme by focusing on postpartum family planning and safe abortion care, increasing skills and improving quality of care through our Best Practice Papers and training courses. We aim to work with our colleagues in both South Africa and Tanzania to help professionalise family planning and abortion care with accreditation and certification systems.

It will be exciting to see the first results from this project come in during 2016. All the healthcare professionals will be keeping log books of how many IUDs they have inserted and we'll be able to see our work having a real impact on the lives of women and their families.

## KEY ACHIEVEMENTS

- **Best Practice Papers** have been developed and launched to all RCOG Fellows and Members, on postpartum contraception and comprehensive abortion care in South Africa and comprehensive post-abortion care in Tanzania
- Training courses and manuals have been written and tested by UK-based professionals and overseas partners, including training videos on the insertion of PPIUDs and on providing good counselling on both family planning and abortion services. We plan to run 20 training courses in South Africa this year and 12 in Tanzania
- Through our education and training we're helping to raise the professional standing of midwives and family planning providers in their communities

"None of my patients wants to be pregnant again in three months and it's obvious to me that the ideal time for inserting an IUD or implant would be immediately postpartum. I am looking forward to offering this new service. Some midwives are concerned that there will be too much blood postpartum, but we just need training and continued support to help us feel confident."

Sumaya Joseph, midwife in the Western Cape



MORE THAN  
**350,000**

WOMEN DIE EACH YEAR FROM COMPLICATIONS DURING PREGNANCY OR CHILDBIRTH, MOST OF THEM IN DEVELOPING COUNTRIES

WE AIM TO HAVE

**1,400**

DOCTORS AND MIDWIVES TRAINED BY THE END OF THE THREE-YEAR LEADING SAFE CHOICES PILOT PROJECT

OUR ADVANCED FELLOWSHIP PROGRAMME IS TRAINING

**70**

TRAINERS TO DELIVER PROGRAMMES ACROSS EIGHT CENTRES IN ABU DHABI, INDIA, QATAR, MALAYSIA AND SAUDI ARABIA

## Expanding global education

We recognise our global responsibility to ensure quality care for women and, as around 50% of our members are based outside the UK, it's important to support the development of specialised training worldwide. The quality of our education and training is renowned and RCOG exams and courses are run in more than 20 countries. Our goal is to raise awareness around the world of what the College has to offer in terms of improving care quality and life chances for women and newborn infants.



With the launch of the RCOG Advanced Fellowship Programme (AFP), we're expanding the training of high-level clinical skills and delivering a standardised training system in hospitals outside the UK. Using the UK's Advanced Training Skills Module curriculum and structure, the programme is being piloted with two modules, maternal medicine and acute gynaecology and early pregnancy. The pilot is being run in eight centres in India, the Gulf and Malaysia, where the Ministry of Health is part funding the new programme and the first Fellowship trainees are now being recruited. The AFP portfolio will be expanded to other modules in the future and, once the pilot has been evaluated, more centres will be able to deliver the AFPs.

"I did a termination of pregnancy course five years ago. It wasn't easy at first as I felt it was against my religious beliefs but through time I've grown to be strong enough to say there are women who need the service."

Judiac Ranape, Safe Abortion Provider in the Western Cape

## MORE KEY ACHIEVEMENTS IN GLOBAL HEALTH:

- RCOG secured income for the Excellence Project in Uganda. Based at Kitovu Hospital, the Excellence in Obstetric Skills project is training 260 health workers thanks to a grant from the Tropical Health and Education Trust (THET). So far we have delivered four courses, training more than 100 participants and 10 trainers. The course prioritises fistula prevention through early warning and appropriate referral and respectful care of women. In addition, the first pilot for the Excellence in Essential Gynae Skills took place in March 2016
- The Excellence in Surgical Training for the Austere Environment course trained 33 non-obstetric and gynaecology consultants to deal with obstetric cases in 2015
- Our Medical Training Initiative (MTI) scheme expanded by more than 30% in 2015, placing 47 doctors in UK hospitals including, for the first time, doctors from Turkey and Samoa
- We formed a new partnership to facilitate and inform Chinese consultants coming to the UK on three-month observerships
- New exam centres opened in Indonesia and the Lebanon



## The journey continues

We're looking forward to developing other courses in the Excellence Series and welcoming more Fellows, Members and Trainees to our global health work. We're developing successful partnerships with organisations like Voluntary Service Overseas, other royal colleges and national obstetrics and gynaecology societies, and the first global health stream at the [World Congress in Birmingham in June 2016](#) profiled key debates in global women's health.



We're so excited to be part of Leading Safe Choices and are already starting to see the benefits for women.

A patient was referred to me with a history of recurrent miscarriage and perinatal death. She is a nurse, and as soon as she became pregnant, she wanted to make sure that everything possible could be done to ensure that this pregnancy was a success.

I first met her in the initial month of her pregnancy and started the conversation about post-partum family planning. She agreed that she would like to go ahead with a post-partum IUCD, as soon as her baby was born.

As a result of being involved in Leading Safe Choices, I knew that best practice was to provide a long acting method of contraception within 10 minutes of the placenta being delivered and that this was safe and extremely effective. A post-partum IUCD needs to be placed high in the uterus, meaning that the strings do not stick out through the vagina but will drop down as the uterus contracts over a few weeks.

I was not convinced that the strings of the IUCD would eventually 'drop', so that the patient could check them and know that the IUCD was in place.

However, I had faith in what I had learned. I delivered the baby by C-section, inserted the IUCD and told the patient to return after six weeks and I would trim the strings to a more comfortable length. Then I waited.

After four weeks, I was surprised to receive a message from the patient saying she needed to see me. At first I thought that something was wrong, but she told me "I can feel the strings, they are out". I could not believe it. She came into my clinic, I examined her and there they were. After only four weeks. I called my registrars and the Director of the hospital and we were all amazed. I was so happy.

Now she has a beautiful baby girl and a reliable method of contraception that will last her several years. We all learned a great deal and are happy to be offering this service to more patients. Our doctors and midwives will now be trained in post-partum family planning, including IUCD insertion.

Dr Pendo Mlay, consultant O&G clinician at the Kilimanjaro Christian Medical Centre



"Global health is a significant priority for our College and we continue to make a major contribution to education, skills training, guideline development and capacity building across the world."

Dr Paul Fogarty, Senior Vice President, Global Health



## CHAMPIONING AND SUPPORTING OUR MEMBERS AND TRAINEES

We can only improve health care for women if our members are properly trained and supported to continue their professional development and lifelong learning. To do this, we need to listen and respond to what members tell us, which is why we've improved our communication channels and increased opportunities for members to get involved with College activities.

## Improving services

To ensure the best in women's health care globally, practitioners in obstetrics and gynaecology need to be able to access the latest resources, tools and guidance so they can operate to the highest standards. The information and support available through RCOG membership addresses this need. Through our Associate and Affiliate membership categories we're able to make RCOG resources and information available to a greater number of doctors and healthcare practitioners, which will lead to even more women receiving higher standards of care. By growing and representing the wider profession, we're providing opportunities for members to share knowledge and experiences with each other, contributing to the development of women's health care.





In the last year, the number of Associate Members increased from 70 to 900, with Associates able to access the RCOG's specialist [continuing professional development \(CPD\) programme](#) and ePortfolio and alerts on the latest clinical guidance. They can also access our online learning platform, StratOG, and our educational journal, *TOG*. By making our high-quality, up-to-date resources available to more healthcare professionals, we can ensure they have the support they need to improve women's health around the world.



## Faculty Development Framework

Our [Faculty Development Framework](#) recognises the contribution our members make to education and aims to help RCOG Fellows, Members and Trainees become better trainers and advance in their careers as educators. All our members are involved in education in some way and the Framework supports them to become properly accredited trainers.

"I am most grateful to all our Fellows, Members and Trainees who are involved in such a great variety of important work across the RCOG. Your contribution to the College is invaluable."

Mr Ian Currie, Vice President, UK Affairs



The Framework has four tiers. Our members can move up the tiers by taking on roles within the College, such as becoming an examiner. All Fellows, Members and Trainees have now received their first certificates, which state their tier and can be used towards their CPD, appraisals and revalidation. The General Medical Council requires doctors to revalidate by demonstrating periodically, usually every five years, that they are fit to practise in the UK and comply with the relevant professional standards, including accreditation as a trainer.

In October 2016, we will use the Framework as a way of getting people together at our inaugural [RCOG Faculty of Medical Educators summit](#), which we expect to become a key annual event at the College.

ASSOCIATE MEMBERS  
HAVE INCREASED  
FROM 70 TO

900

OVER

650

MEMBERS SIGNED  
UP TO GET INVOLVED  
IN COLLEGE WORK

400

MEMBERS WERE INVOLVED  
IN THE DEVELOPMENT  
OF GUIDELINES AND  
PATIENT INFORMATION

## Digital resources

Making our services and information easier to access for members has been a priority throughout the year. The website re-launch in 2014, which aimed to improve the service offered to RCOG members and other stakeholders, was a success, with visits to the site increasing by one-third in 2015. We've also adopted a digital first approach, with new apps and online-only content launched for *BJOG*, our academic research journal, and *TOG*, our educational and CPD journal. We've also started collating *TOG* articles on particular topics in online virtual issues, with topics including perinatal medicine and sexual and reproductive health. Taking a more digital approach has allowed us to expand our offer, particularly to members outside the UK, with Associate members being able to access information online. We've seen a huge growth in the number of Associate members, particularly in India, Australia, Nigeria, Sudan and Pakistan.

## KEY ACHIEVEMENTS:

- More than 650 members now receive our [Get Involved](#) e-alert and over 70 Fellows, Members and Trainees have signed up to get involved with our global health work
- Thanks to College benefactors, 18 [awards and prizes](#) were presented to students, junior doctors, Trainees, Members and Fellows to support, advance and recognise obstetrics and gynaecology work at all career stages
- The number of Fellows and Members who have been involved in RCOG activities has increased from 42% to 49% since 2013
- [The Library](#) team provided access to more than 3,500 articles to support practitioners in their daily practice and professional development

## Looking ahead

Providing opportunities for members to network enables them to share knowledge and develop their practice and we'll be developing additional networking and support opportunities, tailored to specific career stages, in 2016. We'll be trialling a peer-to-peer support service and are in the process of developing an enhanced support package for new consultants. We're also looking at the creation of online forums to support information sharing; the first groups we're looking at are new consultants and Clinical Directors. We'll continue to grow our [Associate membership](#) category so that all healthcare professionals working in women's health have access to best practice support resources to help them deliver the highest standards of patient care. Our [Affiliate membership](#) category will be re-launched in 2016, aimed at allied healthcare practitioners, specialist nurses and midwives.



As one of the first global Part I MRCOG international faculty based in India I'm

heavily involved with the RCOG because I have a passion for teaching and really enjoy the work. It just makes good sense to use experienced people based in the area where the courses are held. We run three-day courses to help local aspiring members and other healthcare professionals prepare for the Part I MRCOG exam, providing an introduction to the exam, lectures, important parts of the syllabus and exam questions.

We did our first course in Sri Lanka for 20 people in November 2015 and I'm due to do our next one in Nepal. As well as running the courses, I also train and support other local faculty so that they can then pass on their knowledge to others.

Dr Bhaskar Pal, Senior Consultant, Obstetrics & Gynaecology, Apollo Gleneagles Hospital, Kolkata





I was very involved with the College early in my career and then had a break, so it's good to be back now with more expertise and experience.

As Clinical Lead on the 'Case Studies for CPD' project, I've helped to develop 10 innovative StratOG eLearning case studies created specifically to support Fellows and Members in their clinical practice. These are specifically aimed at supporting professional development at the consultant level, but I wanted to make sure they were different from any resources that already existed.

The 10 case studies, which cover a range of clinical issues as well as more generic subjects such as risk management and professionalism, have a strong theoretical underpinning but are designed to be reflective and make people think. It's not just about ticking boxes; the idea is that clinicians take them back to their department and have discussions around them.

We want to launch 10 case studies a year, so we've just launched our first 10 and have another 20 in development. It's good that the College recognises that people learn in different ways – it's not just about attending courses, people learn by being part of a community and having discussions with colleagues in coffee shops.

Being a global College, it's a challenge to produce courses and products that cater for everyone but this is important as there is a big drive internationally for evidence-based information that can be used in practice.

I've noticed a definite change in the ethos of the College recently; it's more willing to change, but there's a definite challenge ahead to maintain its position of influence, its standards of education and to engage with members in greater numbers.

Professor Vikram Jha,  
Head of Undergraduate  
School of Medicine,  
University of Liverpool





## DEVELOPING OUR INFLUENCE AS A COLLEGE

**This year was the year we really found our voice, speaking up on behalf of women and making sure we are more proactive in influencing policies affecting women's health.**

### Speaking up for women

Our focus on external affairs began two years ago as we identified that the College needed to increase its external influence, to raise the profile of the work we do and become more instrumental in lobbying and having our say on policy changes that affect women.

We also listened to our membership, who were telling us that they wanted the College to be more proactive in speaking up for the profession and for women's health. We realised that we had to enhance our profile among decision-makers, women and the public.

To help us achieve these aims, we strengthened our teams working in external affairs, establishing separate Policy and Public Affairs and Media and PR divisions. This allowed us to step up our proactive approach in our government affairs and parliamentary relations, media engagement, influencing the news agenda, getting our message heard and ensuring women and the public receive information about their health based on facts not opinion.

## Media profile

Although we are still at the start of our journey, we have seen some early results, with the most visible change being our media profile and social media presence. Our RCOG World Congress in Brisbane received a very high profile in the press, online and broadcast media, both in the UK and Australia, with significant coverage relating to our new clinical guidelines on a range of subjects including female genital mutilation (FGM), blood transfusions and perineal tears. Patient information press releases and social media campaigns also received significant coverage, especially those on pelvic girdle pain, elective C-sections, polycystic ovary syndrome and smoking in pregnancy.



## KEY ACHIEVEMENTS:

- We reviewed our **representational structures** to become more democratic and open in the way we engage our members in the decisions the College makes. One key result is that all our UK members will be able to vote for the next President to be elected after 2016
- We worked with government departments on a range of key policy issues including FGM, abortion care and perinatal mental health
- We've taken a more proactive stance in responding to political activities in Parliament and Government and expressed our very real concerns that the new contracts for junior doctors would have a serious and negative impact on the morale of our specialty's 1,600 junior doctors
- We increased our social media presence and our LinkedIn page is now followed by more than 3,165 people, an increase of 50% on last year
- In December 2015, the **Chief Medical Officer for England launched her annual report**, which this year was devoted to women's health, at the RCOG National Trainee Conference live on Sky News. The report identified key areas where improvements are needed, including pre-conception health, perinatal mental health and women's cancers



TRAFFIC TO THE PATIENT SECTION OF OUR WEBSITE HAS INCREASED BY

# 50%

OVER THE LAST YEAR

NEARLY

# 13,000

PEOPLE FOLLOW US ON TWITTER AND WE HAVE 21,350 LIKES ON FACEBOOK

WE HAVE A BANK OF

# 70

EXPERT SPOKESPEOPLE TO COMMENT ON A VARIETY OF TOPICS, INCLUDING RESEARCH AND GOVERNMENT INITIATIVES

## Building on our success

Advocacy for maternity and gynaecological health will continue to be a focus of our work in the coming year and we're talking to women about how they'd like us to improve our services. For instance, we know that we need to provide more information for women about gynaecology, not just pregnancy and birth, as well as information about normal pregnancy. We'll be carrying out a full review of our information provision to identify any other gaps. We're also reviewing how we present this information to women and we have already started to move away from PDF versions of leaflets on our website to provide women with shorter, more digestible, more user-friendly information. We've also worked hard to make sure our leaflets are easier to find when women search for information online.



Other priorities for the year ahead include improving the way we work with charities and other stakeholder organisations, by taking a more strategic and holistic approach. Our aim is to continue to influence decision makers on key projects, including increased lobbying and campaigning with the Department of Health on areas such as how we believe maternity services should be developed in the future.

We're also looking at setting up an Advocacy Steering Group to help us identify key issues and focus our approach.

The building blocks are now in place for us to use our influence and authority to improve services and resources for our members and ensure women around the world get the health care they need and deserve.



Becoming an Honorary Fellow of the RCOG last year was one of the great moments of my life, especially as early on in my career as a doctor I wasn't impressed with the College at all as I used to think it was full of male chauvinists! I'm very happy to say that has all changed now and recently the College has been very good indeed and the level of cooperation is increasing all the time.

I am Chair of the UK All Party Parliamentary Group on Population, Development and Reproductive Health, which looks at various subjects in great detail, and the RCOG has worked closely with us on several projects. As far back as 2000, they sent witnesses to give us evidence on female genital mutilation (FGM) and this work resulted in the 2003 Act, which prevented girls being taken abroad for FGM.

The College has also given evidence for papers linking sexual and reproductive health with HIV and on maternal morbidity, which was about women who don't die in childbirth but are left terribly damaged and have to live with the awful consequences.

Most recently we wrote a paper on child marriage, urging the British Government to act to end child marriage in Britain and abroad, and again, the RCOG were very involved with that. There's been great interest and encouragement for the work we're doing in Parliament. In return, we've tried to support the College by hosting functions and events in the Palace of Westminster and encouraging MPs to attend. It's extremely welcome to see the increased liaison between the RCOG and Parliament, particularly the recent collaboration with the Global Health Group.

There is still so much work to be done in the field of women's health. Abortion is a continuing battle and the College has been very helpful in highlighting abortion rights.



In my professional lifetime I've seen women almost disregarded by health services and, on the gynaecological side, women were reluctant to see male doctors, so the fact that we've got lots of women doctors in the RCOG is tremendous and very refreshing.

I'd like to see the College doing even more of the same in the future. More functions in the Palace of Westminster, sponsored by Peers or MPs, would increase the profile of the College and highlight the important work it is doing.

It would also be good to take some members of our group out to somewhere like Tanzania to witness first-hand the work being done through the RCOG's Leading Safe Choices project, as access to services like safe abortion and effective contraception are huge issues for women in the developing world.

Baroness Jenny Tonge





## BENEFITS OF MEMBERSHIP

### Support and guidance:

- Clinical guidance – written to help you decide on appropriate treatment for specific conditions
- Research and enquiry services – to assist you in your research and clinical practice
- Global Health Toolkits – published for low-resource environments
- Database support – help with essential databases such as MEDLINE and the Cochrane Library

### Professional recognition

- Faculty Development Framework – formally recognising all Fellows and Members as educators
- Annual Awards and Fellowships – recognising professional excellence and achievement in O&G
- Online register of Fellows and Members – a public register to reassure your patients that you are associated with the RCOG and the highest standards of care

### Professional development

- A specialist CPD programme and ePortfolio
- StratOG: RCOG's online learning resource, including online lectures and well as videos to demonstrate best practice
- *The Obstetrician & Gynaecologist (TOG)* quarterly journal and app – an ideal CPD resource
- Revalidation helpdesk and resources – everything you need to meet the GMC requirements

### Stay informed

- *BJOG: An International Journal of Obstetrics and Gynaecology* – the latest medical research in women's health worldwide
- Scientific Impact Papers (SIPs) – opinion papers on emerging or controversial scientific issues
- Access to the Journal Article Summary Service (JASS) at preferential rates
- Regular membership communications – keeping you up to date on the latest news, issues and discussions in O&G

### Getting involved in College activities

- There are many ways that members can get involved in the College's work:
- Sign up to our Get Involved e-alert – email [getinvolved@rcog.org.uk](mailto:getinvolved@rcog.org.uk)
  - Keep an eye on [www.rcog.org.uk/getinvolved](http://www.rcog.org.uk/getinvolved)

Find the complete list of benefits at [www.rcog.org.uk/membership](http://www.rcog.org.uk/membership)



## Council

### President

David Richmond

### Senior Vice President, Global Health

Paul Fogarty

### Vice President, Clinical Quality

Alan Cameron

### Vice President, Education

Clare McKenzie

### Vice President, Strategic Development

Lesley Regan

### Vice President, UK Affairs

Ian Currie

## Elected Fellows

### London

Patrick O'Brien

Diana Hamilton-Fairley

### Eastern

Edward Morris

### Northern/Yorkshire

Mylvaganam Kumar

Kumarendran

### South West

Jonathan Frappell

### North West

Charles Kingsland

### South East

Felicity Ashworth

## Trent

Susan Ward

## West Midlands

Mark Kilby

## Wales

Christopher Roseblade

## Scotland

Mary-Ann Lumsden

Phil Owen

## Ireland

John Morrison

Robin Ashe

## International (England)

Alison Wright

Janice Rymer

Linda Cardozo

Hani Fawzi

(Justin Konje\*)

## International

### British Isles

Fionnuala McAuliffe

## Elected Members

### London

Daghni Rajasingam

Stergios Doumouchtsis

### Eastern

Edward Prosser-Snelling

(Medhat Hassanaïen\*)

### Northern/Yorkshire

Padma Bharathi Pathi

### South West

Katherine Edey

(Jane Mears\*)

## North West

Jonathan Ash

(Andrew Pickersgill\*)

## South East

Dib Datta

## Trent

Nicholas Raine-Fenning

## West Midlands

Pallavi Latthe

## Scotland

Vanessa Mackay

## Ireland

Cliona Murphy

## Members

### Chair, Trainees'

Committee

Matthew Prior

### Vice Chair, Trainees'

Committee

William Parry-Smith

### Chair, Academic Board

Zarko Alfirevic

## Invited Members

### Chair, Women's

Network

Cath Broderick

*Two Vice Chairs, Women's*

*Network on rotation*

### President, Faculty of Sexual & Reproductive Healthcare, RCOG

Christopher Wilkinson

## Board of Trustees

### President

David Richmond

### Senior Vice President, Global Health

Paul Fogarty

### Vice President, Strategic Development

Lesley Regan

### RCOG Fellow

David Farquharson

### RCOG Member

Daghni Rajasingam

### RCOG Council Representative

Dib Datta

### Lay Trustees

Naaz Coker\*\*

Roy Martin

Linda Nash

Eric Thomas

Kate Mathers

### Chief Executive

Ian Wylie

\* Members of Council up to 31 May 2015

\*\* deceased, 29 September 2015

## 2015 Record of Fellows ad eundem and honoris causa

The President had the privilege of admitting eight Fellows ad eundem and seven Fellows honoris causa during 2015 as follows:

Three Fellows ad eundem were admitted during the Fellows' admission ceremony on Sunday 12 April 2015, held as part of the RCOG World Congress in Brisbane.

### Fellows ad eundem

Professor Ian Frazer, Australia

Professor Murray Mitchell, Australia

Professor Roberto Romero, USA

Five Fellows ad eundem were admitted during the Fellows' admission ceremony on Friday 25 September 2015, held at the College.

## Fellows ad eundem

Professor Bissallah Ekele, Nigeria

Professor Bart Fauser, The Netherlands

Professor Ashley Moffett, England

Professor Philippa Saunders, Scotland

Professor Yves Ville, France

Seven Fellows honoris causa were admitted during the Members' admission ceremony on Friday 20 November 2015, held at the College

## Fellows honoris causa

Professor Nada Al-Ameen, Iraq

Professor Blami Dao, USA

Dr Dilip Kumar Dutta, India

Dr Rafique Parkar, Kenya

Professor Sir Michael Marmot, England

Professor Terence Stephenson, England

Baroness Tonge, England

## Financial overview

It remains essential to maintain a strong financial and business model to support and prioritise RCOG's key strategic objectives and to allow the College to build for the future.

2015 was a solid year for the College with a positive operational surplus of £800,954. This surplus was generated as a result of a number of factors, including the funding received for the Leading Safe Choices programme; the RCOG World Congress, which attracted 2,324 participants; the new format Part 1 and Part 2 MRCOG exams, which were successfully introduced in March 2015; and another very successful year for RCOG Trading, with continued growth providing vital support to the College's core activities.

This operational surplus was somewhat reduced by a loss on investments reflecting widespread market volatility, leaving a net movement in funds of £714,089.

The net movement in funds resulted in an increase to the

College's unrestricted free reserve. This reserve protects the organisation from fluctuations in income, permits the proper management of risk and enables the College to realise unforeseen opportunities that may arise from time to time. On 31 December 2015, this balance stood at £8,514,149. This represents approximately 8 months of budgeted running costs. The 2015 free reserve includes £902,026 of freely realisable cash.

## A heartfelt thank you to our donors

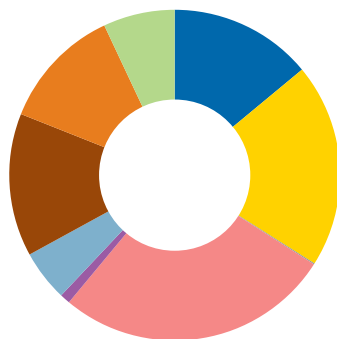
If the RCOG is to meet its ambitious strategic objectives, we will need to find new sources of funding to develop programmes and projects to improve women's health, such as Leading Safe Choices and the Excellence in Obstetrics Course. We would like to thank those who are helping to support such programmes, both trusts and foundations, individual donors and also everyone who has taken part in an RCOG Challenge Event. Thank you, your support is helping the RCOG to really make a difference to women's health in the global context.

## Statement of financial activities for the year ended 31 December 2015

	Endowment £	Unrestricted £
<b>Income from:</b>		
Donations and legacies	–	8,208
Charitable activities	–	9,850,789
Other trading activities	–	1,692,544
Investments	16,368	117,641
Other	–	32,460
<b>Total income</b>	<b>16,368</b>	<b>11,701,642</b>
<b>Expenditure on:</b>		
Raising funds	–	73,990
Charitable activities	–	10,863,117
Other trading activities	–	843,117
<b>Total expenditure</b>	<b>–</b>	<b>11,780,224</b>
<b>Net income / (expenditure) before net gains / (losses) on investments</b>	<b>16,368</b>	<b>(78,582)</b>
Net gains / (losses) on investments	(50,939)	(64,525)
<b>Net income / (expenditure)</b>	<b>(34,571)</b>	<b>(143,107)</b>
Transfers between funds	(156,036)	374,583
<b>Net income / (expenditure) before other recognised gains and losses</b>	<b>(190,607)</b>	<b>231,476</b>
Actuarial gains / (losses) on defined benefit pension schemes	–	126,000
<b>Net movement in funds</b>	<b>(190,607)</b>	<b>357,476</b>
Reconciliation of funds:		
<b>Total funds brought forward</b>	<b>4,003,899</b>	<b>18,244,009</b>
<b>Total funds carried forward</b>	<b>3,813,292</b>	<b>18,601,485</b>

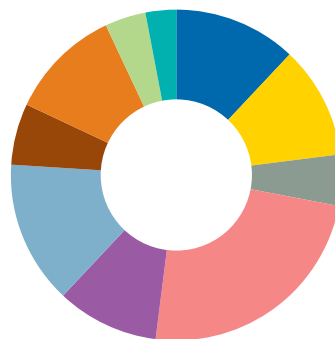
Restricted £	Total £
137,186	145,394
3,319,085	13,169,874
–	1,692,544
186,845	320,854
–	32,460
3,643,116	15,361,126
–	73,990
2,779,948	13,643,065
–	843,117
2,779,948	14,560,172
863,168	800,954
(97,401)	(212,865)
765,767	588,089
(218,547)	–
547,220	588,089
–	126,000
547,220	714,089
5,800,402	28,048,310
6,347,622	28,762,399

### Charitable activity income 2015



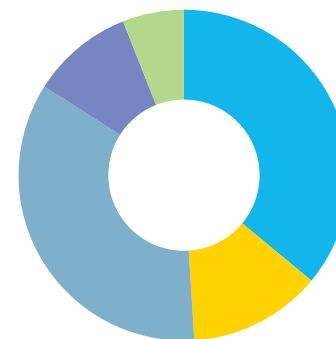
■ Conferences & meetings	14%
■ Exams	20%
■ International initiatives	0.1%
■ Fellows and Members	27%
■ Clinical quality	1%
■ Education and training initiatives	5%
■ Leading Safe Choices	14%
■ NCC-WCH	12%
■ BJOG	7%

### Charitable activity expenditure 2015



■ Conferences and meetings	12%
■ Exams	11%
■ International initiatives	5%
■ Membership services	24%
■ Clinical quality	10%
■ Education and training initiatives	14%
■ Leading Safe Choices	6%
■ NCC-WCH	11%
■ BJOG	4%
■ Other restricted funds	3%

### Cost analysis 2015



■ Staff costs – direct	36%
■ Staff costs – support	13%
■ Direct costs	35%
■ Support costs (excluding staff costs)	10%
■ Depreciation	6%



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