

ANNUAL REVIEW 2016/17




Royal College of
Obstetricians &
Gynaecologists



BETTER HEALTH CARE FOR WOMEN EVERYWHERE



To really ensure the College continues to go from strength to strength, we need to work more collaboratively in the future with other Colleges and partner organisations, sharing data and contributing to each other's success. 

Lesley Regan
President, RCOG



CONTENTS

FOREWORD FROM THE PRESIDENT	4
WELCOME FROM THE CHIEF EXECUTIVE	5
DRIVING EXCELLENCE IN CLINICAL CARE	6
IMPROVING EDUCATION AND PROFESSIONALISM	10
ENGAGING WITH WOMEN AND PATIENTS	14
A YEAR IN OUR LIFE 2016	18
ADVANCING WOMEN'S HEALTH AROUND THE WORLD	20
CHAMPIONING AND SUPPORTING OUR MEMBERS AND TRAINEES	24
DEVELOPING OUR INFLUENCE AS A COLLEGE	28
RCOG IN 2016 AND RECORD OF FELLOWS AD EUNDEM AND HONORIS CAUSA	33
BENEFITS OF MEMBERSHIP	34

Unless indicated otherwise, all appointments are as at 31 December 2016.

© 2017 Royal College of Obstetricians and Gynaecologists. Registered charity no. 213280

Published by the Royal College of Obstetricians and Gynaecologists, 27 Sussex Place, Regent's Park, London NW1 4RG

All rights reserved. No part of this publication may be reproduced, stored or transmitted in any form or by any means, without the prior written permission of the publisher or, in the case of reprographic reproduction, in accordance with the terms of licences issued by the Copyright Licensing Agency in the UK [www.cla.co.uk].

Enquiries concerning reproduction outside the terms stated here should be sent to the publisher at the UK address printed on this page.

rcog.org.uk

Produced by RCOG Marketing.

Written by Anne Michael.

Designed and produced by Cavendish Design & Advertising.



As the first woman President of the RCOG for 64 years, it's interesting to reflect on the changes in women's health during that time. The health care I was trained to deliver involved waiting for a woman to develop a problem and trying to cure it. People's views of doctors have changed over the years and there's now much more emphasis on prevention and tackling social inequality as well as traditional medicine.

It's so important that we harness these changes. As a group of doctors we have unique access to women over a long period of time and many of those interactions are not about ill health, but helping them do normal things like have safe sex, prevent pregnancy, get pregnant or to have a healthy later life. We are in a perfect position to share information with women about how better health care can improve their lives. During pregnancy, women are very receptive to these messages and the messages are simple – mainly around weight, alcohol abuse, drug use and smoking. There is an obesity epidemic and we have to tackle this. Women who are overweight have many more complications in pregnancy, as well as a higher risk of illness such as heart disease, strokes and cancers. Every time there is an encounter, we have a

responsibility to share information with women that will improve their lives as empowering them with this information is really rewarding and beneficial.

One way the College is aiming to reach more women is through our focus on external affairs, which has paid dividends in 2016. My aim is for the College to be the go-to place for the public, press, policy makers, politicians and professionals. Turning the College from being inward-looking to more outward-looking is hard and takes time, but we have definitely turned the tanker around. It's great progress, but my real goal is to get to the stage where the College is asked to help formulate policy rather than being asked to comment on the penultimate draft. It's important that the policy makers recognise the skills and information we have and involve us at the building blocks stage so we can ensure we are representing and supporting our members and that women receive high-quality, evidence-based health care.

Our major clinical audit programmes and our global Leading Safe Choices project all reached milestones over the last year and it is rewarding and exciting to see them continue to develop. I am particularly proud of the fact that we have set up an abortion taskforce. There is understanding among our Fellows and Members that we need to improve the standard of care women receive in the future, and it's good to show that the College is not frightened of taking on a difficult subject and making sure we deliver on it.

We know there are challenges ahead. One of these is workforce, as we simply don't have enough staff and we need to find clever ways of getting around that. This is such an important

issue, not just for the safety of women, but for the morale of our staff. As 80% of junior doctors in the specialty are women, we need to make sure we can support them to become mothers themselves and take maternity leave. Many of our most talented and experienced consultants are making plans to retire early because they are stressed and pressured by the workload and are not delivering the medicine they want to provide because of Government cuts. Our 'Providing Quality Care for Women: Obstetrics and Gynaecology Workforce' report is an important step.

To really ensure the College continues to go from strength to strength, we need to work more collaboratively in the future with other Colleges and partner organisations, sharing data and contributing to each other's success. We also really need more of our members to get involved and engage with us. We need them to offer leadership, good practice, continuing professional development and to contribute their skills. Anyone who comes forward can be assured of a warm welcome. It's vital that we all go on this journey together, with the ultimate aim of improving health care for women around the world.

Finally, I'd like to thank former President David Richmond for everything he achieved, along with a talented and enthusiastic team of Officers. I'm very much looking forward to carrying on this excellent work with the new Officers who came into post in September.

A handwritten signature in blue ink that reads 'Lesley Regan'.

Lesley Regan
President



With our first woman President for 64 years, 2016 was a landmark year for the RCOG and I am proud of the significant developments there have been across the College in the past year.

The Lindsay Stewart Centre has continued to grow and its clinical audit and outcomes work has proved that the faith we had when we set it up was justified. The Centre is attracting a high level of interest for its expertise in clinical data, winning new grants and contracts to increase our knowledge and understanding of clinical services. I have every confidence this will continue to expand.

The National Guideline Alliance (NGA) has been successfully integrated into the College and it is hard to believe it was only launched in April 2016. It has already expanded its remit, and is now also working on social care guidelines, which is a great tribute to the staff. NGA staff are also getting involved in working across the College and contributing to projects. It's great to have them.

Another important achievement in 2016 was the reshaping of our global health activities, and I'm optimistic that we now have the right

partnerships in place and the right internal structures to provide a real focus for our work. Our Leading Safe Choices programme in South Africa and Tanzania is having a genuine impact on the health and wellbeing of women and their families. It's vital that we continue to take the best of what we do in the UK, in clinical quality, education and training, and apply this to global settings, particularly to make good health care available to women in countries with lower resources.

With the President's leadership, our work on abortion care, both in the UK and abroad, and our work to strengthen mental health services for women is gaining profile and we are grateful to all the women who came forward to share their experiences.

There has been a greater focus on health policy and external affairs over the last year. We need to play a greater part in influencing policy, ensuring the College's position is clear to policy advisers, ministers and the opposition frontbench, backbench MPs and the House of Lords. We should build alliances to make sure issues are raised and debated, and to do this we need highly developed external affairs skills and expert staff. Working in partnership with the significant resource of the College's Women's Network and Women's Voices is particularly important to achieve these aims.

I would also like to thank our educators, examiners and staff colleagues for their skilful and successful introduction of the new Part 3 MRCOG examination. This has been a large amount of work but has led to an improvement in the structure of the exam for all future candidates. Together with

the excellent initiatives in the membership department, we are now able to offer specialists in obstetrics and gynaecology, wherever they are practising, a new range of member services to suit their needs.

Over the coming year we will be working hard on a suitable location for our new offices in London. We know that change can be unsettling and challenging, but a building designed in the 1950s is not necessarily right for an organisation working at the cutting edge of healthcare delivery and training in the 21st century. We had the chance to release the residual value of our Sussex Place lease, which will enable us to create a new environment that really meets the needs of a modern College, its members and staff, for decades to come.

Ian Wylie
Chief Executive

DRIVING EXCELLENCE IN CLINICAL CARE

Developing and assessing implementation of world-class guidelines will help us to drive up the quality of women's health care. This is at the very heart of our work, along with our Invited Review service and the projects being carried out by the Lindsay Stewart Centre for Audit and Clinical Informatics.



Each Baby Counts

Our national quality improvement programme to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour published its first report. This highlighted the need to improve the quality of local investigations into incidents during labour and to improve communication with families when incidents occur. Our next report will be published in June 2017.

New guidelines from NGA

We're delighted with the early success of the National Guideline Alliance (NGA), one of two centres set up to produce guidelines on behalf of the National Institute for Health and Care Excellence (NICE). The new centre, which has taken the College into new areas of cancer, mental health and social care, represents significant growth in the RCOG as a centre of expertise and knowledge.



Quality care for women

Healthcare professionals can only deliver a safe service if they have safe staffing levels in both maternity and gynaecology units. That was one of the recommendations from our major report 'Providing Quality Care for Women: Obstetrics and Gynaecology Workforce'. Published in November 2016, the report identified key workforce challenges and made recommendations to ensure those working in the specialty are supported to deliver high-quality, safe care. All units need to ensure a locally agreed safe and sustainable solution to address workforce issues to manage care in both obstetrics and gynaecology.

Lindsay Stewart Centre expands

Our Lindsay Stewart Centre for Audit and Clinical Informatics has continued to expand its work in 2016. The centre is now recognised for health service evaluation, the publication of national clinical indicators and clinical audit in obstetrics and gynaecology. As well as the Each Baby Counts project, it has also made significant progress in its other major projects such as the Obstetric and Anal Sphincter Injury (OASI) Care Bundle project and the National Maternity and Perinatal Audit.

Obstetric Anal Sphincter Injury (OASI) Care Bundle Project

With the number of women suffering from severe perineal tears increasing, the aim of this project is to provide a package of interventions designed to reduce the number of severe tears during labour through an increase in the use of standardised prevention practice. In this project, a collaboration with the Royal College of Midwives, local clinical champions from 16 sites are being trained to implement

Finley's death could have been prevented.



Mel Scott supported the Each Baby Counts programme by talking about how she lost her son Finley during labour.

"I'm so pleased and grateful this RCOG campaign exists. I lost my own son Finley during labour in 2009, so I thought Each Baby Counts would be a valuable project to support as I'm now really passionate about reducing stillbirth.

"Finley's death could have been prevented. Key opportunities to save him were missed. I was put on a monitor when I got to the hospital as there was meconium in my waters and we now know that the first cardiotocography trace was suspicious. I was 41+4 weeks when I went into labour and it was recognised that the opportunity to talk to me about the need for induction, and the risks of not accepting it were missed. There were also delays in a doctor seeing me due to the busy labour ward and queries over whether a different outcome may have occurred had I had one-to-one care on the labour ward.

"While no-one can say that Finley would have survived, having doubts about the path that my labour took is distressing to me. I wish that everything that could have been done had been done and I want to try to ensure fewer women go through this terrible experience.

"I really welcome the first report from the Each Baby Counts programme

and two of the key messages which are that when something goes wrong a robust review is carried out and that parents are aware of the review and can participate if they want to.

"There was an investigation into why Finley died, but we weren't allowed to contribute and weren't given the results of that investigation. We had to go down the legal route and it took four years for us to find out about all the errors and the things that could have been done differently.

"We still weren't able to go to court, so we went back to the hospital and five years after Finley's death they opened an investigation that we were allowed to be part of. It's really important as it gives parents a chance to contribute their concerns and helps them towards healing. Parents often say they knew something was wrong and this isn't something that would be picked up as part of a review of the clinical notes.

"The focus on communication during labour is also important. When I was in labour with Finley, I had to call the midwife back to look at Finley's heart rate dropping because they didn't stay with me. It was really difficult to get my concerns heard and responded to.

"There needs to be improvements in these areas and projects like Each Baby Counts are so important in helping to make this happen."



the bundle. The local champions will train their colleagues in techniques to reduce third- and fourth-degree tears. The evaluation of the Care Bundle's implementation outcomes has begun via site visits and focus groups, with multiple contributors including the local champions, clinicians and women.

Clinical Indicators Project

In April 2016, we published 18 maternity indicators that can be used to compare the performance of English NHS trusts on a new website: indicators.rcog.org.uk. This work has now been subsumed within the National Maternity and Perinatal Audit which commenced in July.

Similar projects are now under way in benign gynaecology and gynaecological cancer.

Evaluating care

In July 2016, the College was delighted to be awarded a £2 million contract by the Healthcare Quality Improvement Partnership to deliver the new National Maternity and Perinatal Audit (NMPA), in partnership with the Royal College of Midwives, Royal College of Paediatrics and Child Health and the London School of Hygiene and Tropical Medicine. For the first time, this audit will evaluate the quality of care received by women and newborn infants in order to identify good practice and areas for improvement in the care of women and babies looked after by NHS maternity services in England, Scotland and Wales.

The outputs from the audit will allow healthcare professionals, NHS managers, commissioners and policy makers to examine the extent to which current practice meets guidelines and standards and to identify areas for improvement.

@BBCWoman'sHour @lregan7

Thank you for raising the profile of women's post-reproductive health. Taboo subject for too long



It would have made such a difference if, in the first few hours, someone had said 'It is rare for a term baby to be born in such a poor condition, therefore we are going to conduct a review. We would like to involve you as much as possible'. ☺☺

Nicky Lyon

Co-founder of the Campaign for Safer Births

WE PUBLISHED

17

PIECES OF CLINICAL GUIDANCE

.....
THE COLLEGE BROUGHT IN OVER

£2.5m

FROM EXTERNAL GRANTS AND TENDERS TO CARRY OUT QUALITY IMPROVEMENT PROJECTS IN THE UK
.....

WE PUBLISHED

18

INDICATORS FOR MATERNITY CARE THAT CAN BE USED TO BENCHMARK SERVICES

IMPROVING EDUCATION AND PROFESSIONALISM

We know that we need to continually evolve our high-quality education and training to make sure our members stay at the forefront of clinical care and continue to lead the specialty.



Lay assessors

One of our key achievements last year was the introduction of lay assessors to the Part 3 MRCOG clinical assessment. An exam that places increased emphasis on skills relating to communications and making the patient feel at ease, as well as patient safety, information collection and applied clinical knowledge.

Developing non-clinical skills

We launched the first of a suite of optional training modules that recognise the importance of developing professional, non-clinical skills. The Advanced Professional Module (APM) in Clinical Research, which can be undertaken at any stage during a career, gives professionals in non-academic posts the chance to develop a specialised understanding of research governance and will increase the knowledge and participation of O&G specialists in clinical research. Other doctors on different career paths can also take this APM. Work is starting on developing other APMs and, if they are successful in the UK, we hope to extend this training to other global centres.



Progress on new curriculum

Our comprehensive project to renew and refresh the core curriculum is on track, with the first draft of the curriculum and assessment framework due to be completed in December 2017. The review, which will ensure our trainee doctors build up their non-technical and core clinical skills from the beginning of their specialty training, has already resulted in changes to the curriculum in relation to perinatal mental health and female genital mutilation.

Improving skills overseas

We are delighted with the progress of our Advanced Fellowship Programme, which is taking our Advanced Training Skills Modules into new areas overseas. We have approved eight hospitals in Saudi Arabia, India, Malaysia, Qatar and the United Arab Emirates, who are all undertaking the Maternal Medicine and Acute Gynaecology and Early Pregnancy modules.

As well as our own packages of care, we continued to work with partners to deliver other relevant training. In 2016, we ran two courses with the Royal College of Surgeons, providing surgical training in obstetrics and gynaecology for use in humanitarian disaster zones. These were aimed at surgeons on the UK Trauma Register and those from crisis-hit areas of the world.

Committed to life-long learning

As leaders of the profession, it's essential that we continue to improve and evolve the life-long education available to members. Our continuing professional development (CPD) programme is undergoing a major review and will be re-launched in 2018.

“Communication skills don't come naturally to everyone.”



Sarah-Jane Pluckrose, who has a long-held interest in education and training, was delighted to become one of the first lay assessors for the Part 3 exam.

“Of course, clinical training is the most important aspect, but it is essential for doctors to be able to put patients at ease and explain to them what is happening. Gynaecological problems can be embarrassing for women so it's vital they feel comfortable with either a male or a female doctor as one bad experience can put people off going back.

“I think this new exam is brilliant, not just because it will improve healthcare experiences for women, but because it will also give doctors the support and training they need. When it comes to communication, there's a big assumption that people can just do it, but it doesn't come naturally to everyone and this became very obvious in the training I did and the mock exams I took part in. Also, with the health service under such tremendous pressure, if a doctor can put a woman at ease they are more likely to get the information they need quickly and easily.

“All the lay assessors attended a really useful two-day training course. The first day was classroom based and the second day we were involved in mock exams, where we had to say whether the trainees had passed, failed or were borderline. The doctors did their mock exams in June before the real thing in November and the only difference was that during the mocks we were able to give direct feedback to the doctor. This was really daunting at first as it was hard to tell someone they weren't of the calibre you would expect.

“We were told the type of things we should be looking out for, but my main criterion was whether I would feel comfortable if that was my doctor and I was in that particular situation. In one case, the doctor kept referring to the baby as 'it' and when I pointed this out to him he just hadn't realised he was doing it. But this can feel very impersonal for a woman.

“The most rewarding thing was seeing the difference in some of the doctors between the mock exams and the real thing. The improvement in their communication skills was immense so I really felt I had made a valuable contribution and helped to make a difference. At the end of the day, it's all about women getting better care. Lay assessors can really bring a different perspective and I'd like to see more Colleges following the RCOG's lead.”



The aim is to create a programme that supports the various ways specialists learn in the digital age and recognises the extended roles our members undertake above and beyond their clinical expertise. During 2016, the Professional Development Committee developed a new CPD Framework and this will be followed by a new CPD ePortfolio in 2017.

First national event for educators

Our Faculty Development Framework gives our membership formal recognition as educators. We held our first Faculty of Medical Educators Summit in November 2016, which was attended by 136 trainers and was an important milestone in the development of the Framework. The aim is to increase the skills of O&G teachers and trainers, resulting in better doctors and improved and safer patient care, as well as to provide updates on important College initiatives in education and training. We are now piloting the Framework internationally.

Improving the quality of training in the workplace


We revised the Training Evaluation Form so that it is now completed on the training ePortfolio. The form allows trainees to give direct feedback on the quality of their O&G training. The information is sent to heads of schools, deans and trainee chairs for them to use in their local quality improvement activities. It also means the College can monitor training at a national level, recognise excellent training and identify any trends or issues.

Tackling workplace bullying

We undertook the first investigation into incidents of bullying and undermining among O&G consultants in the UK. The study, published in *BMJ Open*, involved 664 consultants and showed that 44% of those who responded had been persistently bullied or undermined. This represents 14% of the consultant workforce. We have already carried out a great deal of work to tackle this issue, including developing a bullying and undermining toolkit with the Royal College of Midwives, creating an eLearning resource and establishing Workplace Behaviour Champions, but this study demonstrates there is more work to be done.

Congratulations to RCM & RCOG for calling out bullying in maternity care



As the next generation of medical leaders in obstetrics and gynaecology, it is imperative that trainees are encouraged and supported to continue training. Failure to support them is likely to impact on the quality and safety of care they are able to provide to women and their babies. 

Professor Janice Rymer
Vice President for Education, RCOG

219

CANDIDATES PASSED
OUR NEW PART 3
MRCOG EXAM

259

E-LEARNING TUTORIALS
ARE NOW AVAILABLE,
WITH 18 NEW ONES
LAUNCHED IN 2016

82%

OF FELLOWS AND MEMBERS
AGREE WE PROVIDE
FIRST-CLASS EDUCATION

ENGAGING WITH WOMEN AND PATIENTS

It is vital that O&G doctors understand how women really feel and what's important to them. That's why we are delighted that the groups of women who inform our work have continued to grow in numbers and in influence.



Listening to women's voices

Our Women's Voices Involvement Panel is an online group of 400 members of the public who want to use their experiences of women's health services to influence and shape the work of the College. They are involved in a range of activities, from commenting on guidelines and patient information to being involved in key project groups. The Women's Network is a group of 14 women who provide a lay perspective at a strategic level across many of the College's core committees.

Better resources for women

We introduced 12 new and revised information leaflets last year, developed by clinicians and the public, to help women and their partners better understand a range of conditions, treatments and procedures. These included leaflets on birth options after a previous caesarean, endometriosis and early miscarriage.



It is important our information for women is presented in an accessible and engaging way. The area of our website designed for patients and pregnant women, which grew significantly in 2015, saw traffic increase by 50%, pushing page views to more than a million.

Shaping better health outcomes

Women, as patients and mothers, are helping to shape the quality improvement projects being run by the Lindsay Stewart Centre. Several members of the Women's Voices Involvement Panel sit on project advisory groups, using their first-hand experiences to feed in at a strategic level, as well as determining how to best communicate the outcomes of these projects with the public and other women like themselves.

Helping women make informed choices through clinical audit

The National Maternity and Perinatal Audit (NMPA), which will identify good practice and areas for improvement in maternity services, has a Clinical Reference Group that is chaired by a member of the Women's Network.

A women and families involvement group has also been created to provide critical input into what the NMPA measures, how it measures it, and how the findings are presented and communicated. The end result will be an interactive website where maternity care providers, commissioners and service users will be able to benchmark the care provided by one service against another, similar services, regional or national averages or local or national standards.

☺☺ We're passionate about women's health. ☺☺



Kate Brian, a former television journalist, was appointed as the first Women's Voices Lead in June 2016. Her role includes chairing the Women's

Network and ensuring women's views are embedded across all RCOG activities. She is determined that the College should become the gold standard for patient involvement.

"The women who are involved with the Women's Network and Women's Voices are passionate about women's health and so are obstetricians and gynaecologists. Working together presents great opportunities.

"Since I started, we have made an effort to increase the diversity of the women involved. We particularly focused on recruiting younger women and some of them took part in their first workshop, run in conjunction with Cardiff University. It was fantastic to see how excited they were about having their views heard. It was really eye opening to hear about the things they weren't properly informed about, wanted to know more about and also where they got information from.

"It has also been a fabulous achievement to finally get the information hub for women about the menopause and health in later life on the RCOG website after a great collaborative effort from the Women's Network, clinicians and other women's health organisations. Every woman goes through the menopause, yet when you compare the information available about pregnancy and birth with what's available about the menopause you can see it's

something we don't talk about enough. It's good that women now have access to reliable evidence-based information from a range of trusted sources.

"There is so much information out there about medical issues, but a lot of it is inaccurate or coming from a particular point of view, so it's really important that people are offered solid, reliable evidence-based information. The College's commitment to producing information for women helps them to make informed and empowered choices about their health.

"The College is increasingly being seen as an advocate for women's health. I think the perception that it's an old-fashioned organisation that doesn't want to listen is fast becoming a thing of the past. The College has changed so much in its culture and profile and how it interacts with women and this message needs to get through to everyone.

"There is a really genuine understanding within the College of the value of engaging with women; listening to them, taking their views seriously and involving them in decision making.

"At the end of my three year term in office I'd like to be able to say we had increased the diversity of the women giving their views, had made more women aware of the good work the RCOG is doing, increased our impact within the College and were sharing best practice with other Colleges as there is great merit in sharing ideas. I really feel we're heading in the right direction but there's a lot more work to do."

Providing a patient perspective

If a maternity or gynaecology unit feels there is an issue with their service they can commission a review and invite a panel of clinical and non-clinical experts from the RCOG to carry out an Invited Review. In November 2015 we appointed and trained 10 lay assessors to join the clinicians who carry out the reviews. Lay assessors have now become a core part of our review service, offering an invaluable perspective on the service and the impact it is having on women and their partners.




International Women's Day

The focus for our successful 2016 International Women's Day was breaking down the barriers to high-quality maternal mental health care. As many as 10–20% of women develop a mental illness during pregnancy or within a year of having their baby, but almost half of pregnant women in the UK and new mothers have no access to specialist maternal mental health services. The 189 delegates who attended the event all agreed it was inspiring.

Fab 3 days at #RCOG. Gr8 to feel that putting women's experiences at the centre is really happening



It's important for women's wellbeing to have access to help and support when suffering from postnatal mental health issues but this help is also essential for the future wellbeing of the whole family. 

Maria Viner
Director, Mothers for Mothers
Speaking at our International Women's Day

70

PATIENT INFORMATION
LEAFLETS ARE NOW
AVAILABLE ON VARIOUS
CONDITIONS, TREATMENTS
AND PROCEDURES

43%

OF WOMEN IN
GREAT BRITAIN ARE
AWARE OF THE RCOG,
UP 5% SINCE 2015

OUR FACEBOOK
PAGE REACHED

25,382

LIKES, UP 18.3% ON 2015



A YEAR IN OUR LIFE 2016

JANUARY

12/1 We welcome Government pledge to boost mental health care spending by £1 billion

18/1 RCOG publishes information for women on ovarian cancer

29/1 RCOG makes recommendations for improvements in care in the prevention of early-onset group B streptococcal disease

29/1 We produce interim guidelines on Zika virus in pregnancy for healthcare professionals



29/1 Fellows, Members and friends of the College climb Mt Kilimanjaro, raising £60,000 for pilots of the Essential Gynaecology Skills course



FEBRUARY

12/2 RCOG statement following imposition of junior doctor contract

23/2 We welcome the publication of Better Births, the report of the National Maternity Review

26/2 New joint national guideline from RCOG and BSGE on signs and symptoms of endometrial hyperplasia, warning abnormal bleeding strong indication of pre-womb cancer condition



MARCH

4/3 Over 180 delegates attend International Women's Day conference on maternal mental health



8/3 RCOG receives funding to lead the new National Maternity and Perinatal Audit (NMPA)

NMPA

National Maternity & Perinatal Audit

9/3 BJOG study reports that intimate partner violence during pregnancy increases risk of preterm birth, and having a low-birth weight or small-for-gestational age baby

23/3 Second clinical indicators report from RCOG and London School of Hygiene & Tropical Medicine (LSHTM) highlights variations in maternity care across England

APRIL

1/4 National Guideline Alliance launched

NGA

Part of RCOG

15/4 National Fertility Health Summit at RCOG in partnership with British Fertility Society (BFS) and Faculty of Sexual and Reproductive Healthcare (FSRH)



9/4 Over 480 candidates sit the DRCOG exam at 8 centres



MAY

1/5 Former television journalist turned women's health advocate, Kate Brian, becomes the first RCOG Women's Voices lead. Read Kate's interview on page 15



17/5 MBRRACE-UK annual report on deaths of babies from 24 weeks of pregnancy reported almost 6 deaths per 1,000 births with significant variation across the UK



21/5 Prof Lesley Regan elected new President of RCOG, the first female President of the College in 64 years



JUNE

9/6 Each Baby Counts first annual report calls for more robust and comprehensive local reviews



20-22/6 RCOG World Congress takes place in Birmingham with over 2,000 delegates from around the world



20/6 New RCOG guidelines and information for women highlight pregnant women with epilepsy need specialist care to reduce preventable deaths

21/6 Best Practice Paper in Comprehensive Postabortion Care launched as part of the Leading Safe Choices programme

22/6 RCOG's new guidance says women's quality of life can be adversely affected by nausea and vomiting in pregnancy and hyperemesis gravidarum. Information for women published to help them better understand the condition

29/6 RCOG reports results of the first investigation in UK O&G consultants into bullying and undermining with 44% of respondents saying they had been consistently bullied or undermined

JULY

8/7 New team of RCOG Officers elected to take up post in September



11/7 Leading Safe Choices Programme undertakes first training of Master Trainers in Postpartum Family Planning in Moshi, Tanzania

leading
SAFE
choices

13/7 BJOG reports that women with short or long birth spacing face a greater risk of preterm birth

22/7/1 Information for women published on birth options after previous caesarean birth

31/7 RCOG team of 21 members, staff, family and friends take part in Prudential RideLondon and raise £16,000 for Each Baby Counts



AUGUST

19/8 BJOG study suggests that ethnicity can affect fertility treatment outcomes

SEPTEMBER

1/9 BJOG reports women who give birth at age 48 years or above are at higher risk of pregnancy complications

14/9 NGA-developed NICE guideline on mental health problems in people with learning disabilities published

23/9 Installation of newly elected Honorary Officers – President: Professor Lesley Regan; Senior Vice President for Strategic Development: Mary Ann Lumsden; Vice President for Clinical Quality: Mr Edward Morris; Vice President for Education: Professor Janice Rymer; Vice President for Global Health: Mr Hani Fawzi; Vice President for UK and Global Membership: Dr Alison Wright



OCTOBER

17/10 First annual meeting of Faculty of O&G Educators takes place

17/10 New RCOG President Prof Lesley Regan welcomes the Government's commitment to, and long-term investment in, improving the safety of maternity care

20/10 RCOG presents its work on transcare awareness to the NHS England Gender Identity Symposium

NOVEMBER

4/11 Revised guideline from RCOG and the Association of Early Pregnancy Units (APEU) on early diagnosis and appropriate treatment of the different types of ectopic pregnancies and information for women

7-8/11 First MRCOG Part 3 exam takes place in London

Part 3 MRCOG

16/11 RCOG updates guidelines to help save the lives of unborn babies by ensuring early diagnosis and identification of complications in monochorionic twin pregnancies together with new information for women about multiple pregnancies



DECEMBER

1/12 RCOG responds to annual General Medical Council (GMC) survey of medical education and training in the UK, which found heavy workloads are eroding the time doctors have for training

5/12 National Trainees Conference supports activism against gender violence at Sage Gateshead as RCOG turns Millennium Bridge orange as a symbol of a future free from violence against women

6/12 First Excellence in: Obstetric Skills training course conducted completely by Ugandan Master Trainers in Rakai district, Southern Uganda as part of fully funded donor project

6/12 President Lesley Regan gives high-profile interview to *The Guardian*

theguardian

7/12 NGA-developed NICE guideline on end of life care in infants and young children published

7/12 Confidential Enquiry into Maternal Deaths and Morbidity MBRRACE-UK report highlighted heart disease risk for pregnant women

7/12 Exclusive article in the *HSJ* on RCOG's *Providing Quality Care for Women: Obstetric and Gynaecology Workforce* report

9/12 First UK clinical guideline on the management of bladder pain syndrome published by RCOG

31/12 Congratulations to Prof Mary Ann Lumsden, Senior Vice President, awarded an OBE in the 2017 New Year's Honours list for services to women's health



ADVANCING WOMEN'S HEALTH AROUND THE WORLD

We believe all women have the right to respectful, timely, quality care. As a world leader in women's health, it's essential that we use our expertise to improve health care for women around the globe.



An exciting year

2016 was an exceptionally busy and exciting year for global health. The RCOG's major training programme, Excellence in Obstetric Skills, which is funded by the Tropical Health and Education Trust (THET), has trained more than 300 health professionals in Uganda in preventing and managing obstetric emergencies.

Leading Safe Choices

Globally, 225 million women would like to delay or prevent a pregnancy but have no access to contraception. Our ground-breaking pilot project aims to address the need for family planning and abortion care as well as increase the professional standing of healthcare providers in South Africa and Tanzania. Our project has now recruited small teams in both countries to deliver training courses in Post-Partum Family Planning, Comprehensive Abortion Care in South Africa and, Comprehensive Postabortion Care in Tanzania. The South Africa team delivered 20 courses last year, training a total of 235 healthcare workers. We have teamed up with the Tanzanian Post-Partum Family Planning National Training Curriculum to run three courses, resulting in 54 healthcare providers being trained, including 18 trainers. Our Best Practice Papers continue to be widely promoted and have received positive feedback. We are speaking to representatives from other countries who want to adapt them for their local situation.

“ One of the most important elements of the training is the monitoring and evaluation. ”



Dr Ssenyondo Gonzaga attended the first Excellence in Obstetric Skills course the faculty ran at Kitovu, Uganda, and then attended the train-the-

trainer day. Having returned to teach on several Excellence courses at Kitovu, he has now become a Master Trainer, delivering local training and implementing an action plan at the regional referral hospital using elements from the course to train large numbers of his staff.

“I am so grateful to the RCOG for bringing this course to Uganda. Maternal mortality is very high in the area and one of the main causes is that women don't always receive appropriate care. Although our health workers are trained, there are definitely gaps in their skills and knowledge which is why the Excellence in Obstetrics course is so valuable. It is difficult for the Ministry of Health in Uganda to maintain standards and practical skills are not emphasised during the training.

“It's the first time people have been able to experience such comprehensive skills training, in one place, at one time. It's not just learning the theory that's important, this course allows workers to test their practical skills as well.

“I originally decided to do the course myself as I could see the content would give me good skills and set high standards, not only for myself but for my departments and team of midwives, to allow us to improve the quality of care for women.

“I went on to do the Train the Trainer Course and then the Master Trainer course which really cemented my knowledge and has allowed me to pass this on to others. Not only did it give us the skills and evidence-based knowledge, but there were psychologists on the course who taught us how to help our participants and that was one of the most useful things.

“We have now trained a significant number of people in the area but one of the most important elements of the training the RCOG offers is the monitoring and evaluation. We ask people to perform certain skills and then give them feedback. They have never had that kind of support before and it really helps to revitalise the skills.

“We have found that the majority of health workers have been very receptive to learning new ways of doing things and we are really seeing a difference. We have saved quite a number of lives, stillbirths have come down by about 40% with the use of the partograph and the midwives have learnt resuscitation skills.

“We adopted the early warning system we learnt on the course and are using it to monitor our patients so midwives are learning to call in a doctor much earlier. The system warns us earlier when complications are occurring, especially in mothers with sepsis and internal bleeding. As well as giving you skills, the course gives you confidence so when you're back in the clinical setting you're ready to go. It's so inspiring, I see a bright future, with more and more midwives improving their skills which means the maternal mortality and neonatal mortality will continue to come down.”







Expanding skills in gynaecology

We have also developed a set of modules on managing gynaecological disease for under-resourced areas that were piloted in 2016 in Sri Lanka, Nigeria and Bangladesh. The 10 modules, which include training on cervical cancer and family planning, adopt a holistic, human rights approach that put women at the centre of the delivery of health care.

New territories


The MRCOG continued to expand into new territories, including Saudi Arabia. We held the Part 1 exam in Sri Lanka and 90 candidates sat the Part 2 exam in Myanmar. In partnership with local Fellows, Members and partner organisations, we organised 28 courses that attracted 461 delegates. We are delighted to have secured new centres in Ghana and Kenya for 2017.

Rising to the challenge

We're proud that our members, Officers, staff and friends have always been keen to rise to a challenge to raise money to support our work. In 2016, 72 people got involved in challenge events, raising a total of £80,000, including a trek up Mount Kilimanjaro that provided funds for three pilots of our Excellence in: Essential Gynaecology Skills courses. They also took part in RideLondon, raising money for our Each Baby Counts programme.

Excellent talk by RCOG President Prof Lesley Regan FMF2016 Risk of dying while pregnant is higher than getting to secondary school in Chad



I decided to become a trainer on the course because it opened my eyes. All the midwives in Uganda need to go through this emergency obstetric training course. 

Angella Najjuuko

Clinical Officer, Bukeeri Health Centre, Masaka

MATERNAL MORTALITY AFFECTS

40

TIMES MORE LIVE BIRTHS IN UGANDA COMPARED TO THE UK

150

MIDWIVES AND HEALTH WORKERS WERE REACHED THROUGH OUR PILOT TRAINING PROGRAMME EXCELLENCE IN: ESSENTIAL GYNAECOLOGY SKILLS

55

DOCTORS FROM AROUND THE WORLD BENEFITTED FROM AN O&G PLACEMENT IN THE UK IN 2016 AS PART OF THE MEDICAL TRAINING INITIATIVE RUN BY THE UK GOVERNMENT

CHAMPIONING AND SUPPORTING OUR MEMBERS AND TRAINEES

At a time of great pressure on resources and workforce, it's more important than ever that we listen to members and support them through professional development and lifelong learning.



Supporting the wider profession

As part of our mission to improve health care for women around the world, we are expanding the resources available to our Associates and Affiliates. By representing the wider profession, not just those who hold the MRCOG qualification, we're providing a platform for healthcare workers to advance their skills and share knowledge and best practice. We have 1,500 active RCOG Associates in 74 countries, who have access to the latest resources, tools and guidance to support their continued professional development and clinical practice. Later this year, we will also be re-launching our Affiliate category, aimed at allied healthcare practitioners, specialist nurses and midwives.

Supporting our members

We know that providing opportunities for members to network, share knowledge and discuss issues and ideas offers them essential support at various stages of their careers. Our Peer2Peer Support service is an online directory that enables members to connect with each other to provide non-clinical guidance on topics such as people management, leadership, professional development and job planning.

The project was piloted in 2016 but will be officially launched in 2017 as part of the Supporting Our Doctors Task Group. The aim of this group is to actively support our members so they can advocate more effectively for women. We know many doctors are suffering from workplace-based stress, which has a detrimental effect on their wellbeing and on their patients. Also, a recent RCOG survey found that 14% of

the UK O&G consultant workforce had been persistently bullied or undermined. As the professional body for obstetricians and gynaecologists, we have a vital role to play in supporting doctors encountering training and workplace issues and also for their employers in effectively managing such situations.

Easier access to our services

We're continuing to develop our digital services, making information and resources more accessible, and our plans for 2017 include using digital technology to engage innovatively with members and stakeholders.

BJOG, our academic research journal, has developed new digital content, including audio versions of the monthly editorial, audio podcast interviews with editors and authors and video abstracts. Making the journal easily available online means we can offer more content than we could in a print issue.



“ RCOG membership is the best way to keep up with latest developments. ”



Dr Indranil Dutta, an Assistant Professor in the Department of Obstetrics and Gynaecology at a medical college in India, became an RCOG Associate in November 2015.

“I was really keen to become an RCOG Associate as I wanted to keep up to date with best practise and have access to the guidelines the College issues. I can already say that being an Associate has helped me enormously and has improved the way I practise day-to-day. The RCOG is really leading the way when it comes to providing accurate guidelines and they have helped me to solve problems and acted as a useful reference point when I have had any doubts about the best way to proceed.

“Having access to the resources available to Associates has helped me to learn more about obstetrics and gynaecology practice in general. I have also been able to pass information on to my students and make sure they are up-to-date with the latest developments in the field. The resources are excellent and I think it's extremely good that they are available to a wide range of healthcare workers. As well as the guidelines, we also have access to tutorials to help with career development and newsletters and magazines for news and activities.



“I have been encouraging other healthcare workers to become Associates and I will continue to do so, as it really is the best way to keep up with the latest developments in obstetrics and gynaecology. This is particularly important for healthcare workers in rural areas as they often have very little access to accurate, evidence-based resources, yet they have to deal with large numbers of women and some of the most difficult cases.”




Working together

Membership engagement has continued to grow, with 51% of Fellows and Members currently or previously engaged in College activities, up from 42% in 2013. Our annual membership survey allows us to evaluate how satisfied members are with our services and the latest figures are encouraging, with 81% believing the College keeps in touch with members. Satisfaction levels among Associates are high, with 88% saying that they are likely or very likely to re-subscribe to their Associate package and 83% saying they would recommend our Associate membership to a colleague.

Downloads continue to increase for *TOG*, our educational and continuing professional development journal, which also has a new app and a new website. In 2017 the Editorial Board will be scoping other digital opportunities to further enrich *TOG* content and we will also re-launch our revamped, mobile-friendly StratOG site.

Our membership magazine *O&G Magazine* was re-launched in 2016 with a new layout and more engaging content, placing greater focus on workforce issues and using tools and case studies to support clinical practice.

We're always looking for new ways for members to get involved and welcome any ideas. The more members who come forward to share their experience and expertise, the better able we are to support all our members in their mission to improve health care for women.

Consultant cover should provide a benefit of continuity & maybe an increase in training opportunities #OGmagazine 

“Being an RCOG Associate makes me feel part of the RCOG family and has opened many doors both in clinical and academic circles.”

Dr Ravi Sumi
President of the Malaysian O&G Society and Associate Champion for Malaysia

84%

OF ALL FELLOWS AND MEMBERS ARE SATISFIED OR FAIRLY SATISFIED WITH THE COLLEGE OVERALL

81%

OF ALL FELLOWS AND MEMBERS AGREE WE KEEP IN TOUCH

MEMBERSHIP USE OF E-JOURNALS HAS GONE UP

138%

577

LECTURES HAVE BEEN RECORDED AND ARE AVAILABLE ONLINE



DEVELOPING OUR INFLUENCE AS A COLLEGE

Our work to reach more women around the world and influence key decision makers paid huge dividends in 2016.



Raising our profile

In order to truly advocate for women and become a more powerful lobbying force we realised that we needed to increase our external profile and influence. We recruited and trained more expert clinical spokespeople to represent the College on a range of issues and introduced 22 case studies from women talking about their experiences to complement our media work.

Influencing policy

Our strengthened Policy and Public Affairs team expanded its stakeholder activities in 2016, taking part in a range of closed discussions including the Department of Health's Equalities and Vulnerable Groups meetings. We also participated in a cross-departmental working group to develop a national service specification for abortion care and worked with the RCOG's Clinical Quality team, Department of Health, Public Health England and Health Promotion Scotland to produce clinical guidelines on the management of the Zika virus in pregnant women.

We continued to advise government and the NHS on issues including abortion, female genital mutilation, maternal mental health and urogynaecological conditions. We understand the need to work closely with other organisations. We successfully collaborated with the Maternal Mental Health Alliance, other charities and women themselves to compile a report on women's experiences of access to perinatal mental health care. Our Policy and Public Affairs team is working closely with the Women's Network to launch a Health Policy Forum which will help us engage better with women, including those covered by the protected characteristics of the Equality Act 2010.

We've also:

- Spoken out in political debates including the junior doctor dispute
- Made submissions to some controversial consultations including the Nuffield Bioethics Council on non-invasive prenatal testing, the Government's consultation on child sexual exploitation and the House of Lords inquiry into NHS sustainability
- Submitted evidence to the Health Select committee and London Assembly on maternity services
- Briefed Peers about the College's position on abortions up to full term

Media profile

Scaling up our work in the media and on social media has allowed us to reach more women than ever before. Our new President Lesley Regan led the way with interviews in several national newspapers, magazines and radio programmes and our Media and PR team accepted over 100 interviews and secured more than 16,000 articles in the media, reaching an estimated 290 million people.

The volume of coverage peaked with the launch of the Each Baby Counts report and the RCOG World Congress, new guidelines on ectopic pregnancies and managing nausea and vomiting in pregnancy, and an announcement on maternity services by the Health Secretary.

Our social media activity, which included 1,700 tweets, covered a wide range of College activities including our National Trainees Conference and International Day to End Obstetric Fistula.

Being a spokesperson has been an amazing experience.



Consultant obstetrician Daghni Rajasingam has been a spokesperson for the College for the last 13 years and is fully supportive of the move to be more robust in speaking up for the profession and for women's health.

"The College has become much more proactive in its interactions with the media and is looking to increase its profile further, which is excellent. It's partly about getting important health messages out to women, but also becoming the go-to organisation for decision makers and to influence national and international policy.

"It's also about sharing some of the good practice we have and learning from other people and healthcare systems. When an organisation's profile is raised, the networks and relationships that you have developed are strengthened, and that enables you to have more influence.

"I think I may be one of the longest standing official spokespeople for the College. When I started, we were very keen to get the women's health message out there and to raise the profile of women's health around the world.

"One of the reasons that I got involved was to try to mitigate the traditional view people had of the Royal Colleges. As a female of BAME origin, I wanted to demonstrate that the College was making

significant strides to be more inclusive.

"Being a spokesperson, particularly on medical conditions in pregnancy like diabetes and also for vulnerable women like asylum seekers, has truly been an amazing experience. We had media training at the beginning which was hugely helpful. It's been interesting, not just learning how to do it, but also understanding what drives the media and how to get important health messages out there which are not always the key messages the media wants, like the fact that women should be in the best possible health before embarking on a pregnancy.

"I've done pretty much the whole spectrum of media work over the years, including live TV interviews and chat show programmes, but some of my most challenging and enjoyable experiences have been on Radio 4's Woman's Hour; they really do explore the subjects in detail. There's an important responsibility for healthcare professionals in any media interaction to inform the public and, if there are incorrect perceptions of things, to try to right them.

"It's wonderful to be able to speak on behalf of the College and, as a global organisation, the media helps us to reach women around the world and highlight issues such as the fact that women are dying due to a lack of health care. I look forward to continuing as a spokesperson in the future and would encourage other colleagues to come forward too."





Successful events

Our courses and conferences had a very successful year with more than 5,000 delegates attending 84 courses in the UK. The highlight was the RCOG World Congress in Birmingham with a record-breaking 2,651 people attending from 71 countries. Of these, 62% were Fellows and Members and 27% Trainees. The event, which included a moving speech on Fair Society by Sir Michael Marmot, Director of the Institute of Human Equity, was a great success with 85% of delegates extremely or fairly likely to recommend the event to a colleague.

Our story continues

Our recently published report on perinatal mental health care has helped us to raise our profile and influence. We will continue to invest in our external profile to improve health care for women around the world and evolve our resources and services for members. The coming year will see us develop our work on gender identity and the care of undocumented pregnant migrants. The College will continue to evolve. This is reflected in the fact that we have started the process of leaving our base in Sussex Place to move to new premises in London, a project which will take up to three years to complete.

I really think [@Iregan7](#) is going to use her RCOG presidency to make a great difference to women's health. Exciting times



In my view the original contract was unsafe and unfair.

Although it could be better, I believe the new contract has a lot of positives. The next steps will be to ensure that this new contract works in practice to benefit trainees, training and, ultimately, patients.

Matthew Prior

Chair of the RCOG's Trainees' Committee, speaking about the junior doctor dispute

WE RESPONDED TO

775

MEDIA ENQUIRIES

WE NOW HAVE

100

SPOKESPEOPLE TO COMMENT ON A VARIETY OF TOPICS IN O&G

1.76m

USERS VISITED OUR WEBSITE RCOG.ORG.UK IN 2016

86,933

VISITORS TO OUR WEBSITE FROM FACEBOOK, TWITTER AND LINKEDIN IN 2016



RCOG COUNCIL AND RECORD OF FELLOWS AD EUNDEM AND HONORIS CAUSA

Council

President

Lesley Regan

Senior Vice President, Strategic Development

Mary Ann Lumsden

Vice President, Clinical Quality

Eddie Morris

Vice President, Education

Janice Rymer

Vice President, Global Health

Hani Fawzi

Vice President, UK and Global Membership

Alison Wright

Elected Fellows

London

Patrick O'Brien
Diana Hamilton-Fairley

Eastern

Jane Thomas Preston

Northern/Yorkshire/ Humber

Mylvaganam Kumar
Kumarendran

South West

Tim Overtton

North West

Sarah Vause

Kent, Surrey and Sussex

Hany Habeeb

Thames Valley and Wessex

Felicity Ashworth

East Midlands

Susan Ward

West Midlands

Mark David Kilby

Wales

Christopher Roseblade

Scotland

Kirsty Dundas
Phil Owen
John Morrison

Republic of Ireland

John Morrison

Northern Ireland

Carolyn Bailie

International (Middle East and North Africa)

Hassan Shehata

America/Australasia/Pacific

Tim Draycott

Sub-Saharan Africa

Rhona Hughes

South Asia

Ranee Thakar

Europe

Fionnuala McAuliffe

Elected Members

London

Jane Currie
Stergios Doumouchtsis

Eastern

Ed Prosser-Snelling

Northern/Yorkshire/ Humber

Usha Nair

South West

Katharine Edey

North West

Jonathan Ash

Kent, Surrey and Sussex

Maya Basu

Thames Valley and Wessex

Deborah Harrington

East Midlands

Nicholas Raine-Fenning

West Midlands

Pallavi Latthe

Wales

Anthony Griffiths

Scotland

Vanessa Mackay

Ireland

Declan Quinn

Members

Chair, Trainees Committee

Jonathan Frost

Elected Trainees Committee representative

William Parry-Smith

Chair, Academic Board

Zarko Alfirevic

Women's Voices Lead

Kate Brian

Vice Chairs, Women's Network

Catharine Nestor
Lesley Briggs

President, Faculty of Sexual and Reproductive Healthcare

Asha Kasliwal

Board of Trustees

President

Lesley Regan

Senior Vice President, Strategic Development

Mary Ann Lumsden

Vice President, Clinical Quality

Eddie Morris

RCOG Fellow

David Farquharson

RCOG Member

Daghni Rajasingam

Lay Trustees

Patrick Finch
Roy Martin
Linda Nash
Eric Thomas
Kate Mathers

Chief Executive

Ian Wylie

RCOG Council, 1 April 2017

2016 Record of Fellows ad eundem and honoris causa

We had the privilege of admitting ten Fellows ad eundem and seven Fellows honoris causa during 2016 as follows:

Admitted on 20 May 2016

Dr Deborah Driscoll
Professor Basil Tarlatzis
Professor Martin
Widschwendter

Admitted on 19 June 2016

Professor Rizwana Chaudhri
Professor Linda Giudice
Professor Walfrido Sumpaico
Dr John Thorp

Admitted on 23 September 2016

Professor Isaac Adewole
Professor John DeLancey
Professor Jan Van der Meulen

Fellows honoris causa

Admitted on 19 June 2016

Mrs Catherine Broderick
Miss Debra Holloway
Dr Jaideep Malhotra

Admitted on 1 December 2016

Dr Indrani Ganguli
Professor Christine Kettle
Dr Beena Sam Mathews
Dr Alice Welbourn

BENEFITS OF MEMBERSHIP

The RCOG works to improve women's health care across the world by improving the standard of care delivered to women and encouraging the study, science and practice of obstetrics and gynaecology.

Find the complete list of benefits at rcog.org.uk/membership

Support & Guidance

RCOG guidelines present recognised methods and techniques for good clinical practice, based on published evidence.

- 26 pieces of clinical guidance and patient information published in 2016
- 10 new pieces of clinical guidance and 8 new patient information leaflets to be published in 2017
- 633 women's healthcare providers trained through RCOG global programmes in 2016
- RCOG guidance available

50

Green-top Guidelines

49

Scientific Impact Papers

70

Patient Information leaflets

Stay Informed

RCOG communications and publications keep members up to date on the latest news, developments and issues in O&G.

- Over 60 subscribed journals and 18 eBooks currently available
- 18% increase in article downloads from *BJOG* and *TOG* in 2016
- New O&G membership magazine covering the latest in women's health care



Professional Development

RCOG resources support members to develop and maintain their O&G skills, enabling them to do the best for patients.

- Online resources

11 Technical and non-technical skills

44 Advanced/CPD tutorials



96 Teaching materials



18 New eLearning tutorials



17 New CPD articles available via *BJOG* in 2017



RCOG World Congress 2016, Birmingham, UK



Royal College of
Obstetricians &
Gynaecologists

Find out more at:

annualreview.rcog.org.uk

BETTER HEALTH CARE FOR WOMEN EVERYWHERE

Royal College of Obstetricians and Gynaecologists
27 Sussex Place, Regent's Park, London NW1 4RG, UK

Registered charity number 213280

© Royal College of Obstetricians and Gynaecologists 2017

RCOG, the RCOG Shield logo, TOG, BJOG, StratOG and Green-top Guideline are registered trade marks of the Royal College of Obstetricians and Gynaecologists



Royal College of
Obstetricians &
Gynaecologists

Find out more at:

annualreview.rcog.org.uk

BETTER HEALTH CARE FOR WOMEN EVERYWHERE

Royal College of Obstetricians and Gynaecologists
27 Sussex Place, Regent's Park
London NW1 4RG, UK

Registered charity number 213280

© Royal College of Obstetricians and Gynaecologists 2017

RCOG, the RCOG Shield logo, TOG, BJOG, StratOG and Green-top Guideline
are registered trade marks of the Royal College of Obstetricians and Gynaecologists

FSC
LOGO