1. Organisational structure of EBCOG:
   1.1 EBCOG Executive Board
   1.2 EBCOG Council

1.3 Standing Committees:
   1.3.1 Standing Committee on Training and Assessment (SCTA)
   1.3.2 Standing Committee on Hospital Recognition (SCHR)
   1.3.3 Standing Committee on CME/CPD

1.4. Working parties
   1.4.1 Working party on Examinations and diploma’s

2. Subspecialist Developments

3. Relationship between EBCOG and the UEMS Section of Ob/Gyn

4. EBCOG Collaboration with EAGO

5. The European Congress

6. The European Journal

7. EBCOG collaboration with ENTOG

8. EBCOG Communication with National Societies of Obstetrics and Gynaecology

9. Research
   9.1 Areas of Ob/Gyn Research

10. Finances

11. EBCOG Publicity
Introduction
Similar to previous years, the EBCOG Strategy document will in part represent an overview of what has been achieved over the period November 2001 – November 2002 and in part represent a set of recommendations of how EBCOG could move forward over the next 12 months. It has, therefore, become a working document rather than a Strategy document. The structure of the document 2003 will again be as follows:
- achieved 2002
- in progress 2002
- recommendations 2003

Before presenting the different issues, which are on the regular EBCOG Executive and Council agenda, it is suggested that every year EBCOG allows some time on the agenda which is entirely devoted to strategy. This could provide the organisation with a selected set of relevant themes, which should have a prominent position on the EBCOG Executive and Council agenda.

1. Organisational structure of EBCOG

1.1. EBCOG Executive Board
Achieved 2002:
- The EBCOG Executive Board has convened three times. It has prioritised recommendations put forward in the Strategy Document 2002 and has reviewed the progress and outcome of these recommendations at each Executive meeting.

1.2. EBCOG Council
Achieved 2002:
- The EBCOG Council has convened twice. Well-prepared proposals submitted by the Executive Board as well as progress reports from standing and ad hoc working groups were discussed.

1.3. Standing Committees

1.3.1. Standing Committee on Training and Assessment (SCTA)
Achieved 2002:
- A logbook for gynaecological oncology has been completed.
- The logbook for basic training in Obstetrics and Gynaecology has been distributed to the National Societies.
- The first four EBCOG volumes have been published (€ 60,- per volume).
In progress 2002:

- A protocol for the recognition of European training centres is being prepared. A training centre is defined as a centre for training (specific area, i.e. endoscopy) regarding a certain method or procedure within Obstetrics and Gynaecology.
- Publication by Elsevier of eight more EBCOG volumes on Obstetrics and Gynaecology during the second half of 2002 and 2003.
- SCTA together with the standing Committee on CME/CPD will produce EBCOG guidelines.
- SCTA is in contact with National Societies regarding professional guidelines. It is proposed that professional guidelines will be translated into English and published in the European Journal. This would be a first step towards EBCOG’s producing its own guidelines. This includes a strategy for their implementation. The subspecialist organisations will facilitate access to their professional guidelines via the websites.

Recommendations 2003:

- SCTA should explore the legalities of European Exchange Programmes for trainees.
- A separate Committee should be set up for looking at the role of tutors/trainers, possibly with a view to developing a course for tutors/trainers.
- The European Network for Trainees in Obstetrics and Gynaecology (ENTOG) and the standing Committee on Training and Assessment (SCTA) should jointly plan subspecialty postgraduate training courses together with the major subspecialty societies for the European congress.
- The standing Committee on CME/CPD should investigate the possibility of awarding credit points to those attending these courses.

1.3.2. Standing Committee on Hospital Recognition (SCHR)

Achieved 2002:

- A brochure has been produced explaining the objective of hospital Visiting, and the procedure for requesting a hospital Visit.
- A paper has been submitted on hospital Visiting by the Chair of the SCHR and the ENTOG member of the SCHR to the European Journal.
- A total of seven Visits have been conducted during the last 12 months: Basel, Innsbruck, Prague, Brno, Turin, Cologn and Sienna.
- The SCHR met in Rotterdam, 12-13 January 2002.

In progress 2002:

- Visits are being planned in a further six University Departments in Germany.
- A meeting between the Chair of SCHR and SYNGOF to discuss the French Visits will take place in Marseille, 18th November 2002.
- New forms for the Visiting process will be introduced.
• Further Visits will take place in Liège and Ljubljana (renewed request; recognised EBCOG training centre in 1996).

Recommendations 2003:
• An assessment of the German Visits and which further steps to be taken will be the subjects of a next meeting between the Chair of the SCHR and the Executive Board of the German Society of Obstetrics and Gynaecology in spring 2003.
• Based on previous EBCOG Visits a number of countries should decide on whether to start a Visiting programme on a regional or national level. EBCOG is prepared to act as a consultant and offers assistance in conducting Visits.
• Visiting of recognised subspecialist centres should be developed (see subspecialist developments).

1.3.3. Standing Committee on CME/CPD
This Committee needs to be reactivated. A new chair has to be found. The Secretary-General will write a letter to all national delegates.

Achieved 2002:
• The EACCME has agreed to help credit meetings using the standards set by the EBCOG standing Committee on CME/CPD.

Recommendations 2003:
Recommendations are similar to those presented in the Strategy document 2002:
• Issue guidelines for European CME targets in Obstetrics and Gynaecology
• Review CME arrangements agreed by National Accrediting Institutions
• Approve CME activities not subject to review by National Institutions
• Award CME credits to doctors who cannot participate in a National scheme
• Consider appeals against the decisions of National Institutions

1.4. Working Parties

1.4.1. Working Party on Examinations and Diploma’s
A document on examinations in Europe was drawn up by the Secretary-General of EBCOG. It was decided that an examination should not be started in Europe at this moment in time.
2. **Subspecialist developments**

**Achieved 2002:**
- ESGO has produced guidelines on training in gynaecological oncology.
- EBCOG cannot recognise an organisation as a subspecialty unless such an organisation meets EBCOG’s definition of a subspecialty. It can, however, make their voice heard to EBCOG.
- EAPM is now able to evaluate training courses and accredit CME points by internet.

**In progress 2002:**
- EAPM is developing a system of internet Visiting and accreditation.
- ESGO is developing a definition of a gynaecological cancer centre.
- ESHRE will set up a Working Party to identify subspecialist training centres in order that this group can cooperate with the standing Committee on Hospital Recognition.
- All three subspecialist organisations are in the process or have their websites linked to the EBCOG website.
- A definition of a subspecialty is being discussed.
- EBCOG accepts in principle urogynaecology as a subspecialty. Professor Ulmsten will produce a document on creating a subspecialty of urogynaecology.

**Recommendations 2003:**
- EBCOG should further explore how links between Obstetrics and Gynaecology related European Societies and EBCOG can be created.
- The three subspecialist Societies should continue in their efforts to:
  - define a subspecialist centre;
  - identify subspecialist centres in Europe;
  - develop a Visiting system and programme in Europe;
  - to draw up a credit point system for subspecialist training courses together with the standing Committee on CME/CPD;
  - to develop courses in the European Congress;
  - cooperation should be directed towards producing ongoing “standards of good care” (evidence based medicine) in close cooperation with the STCA: to set up a task force to identify areas of interest, to prepare expert meetings at the European Congress and to publish results in the European Journal.

3. **Relationship between EBCOG and the UEMS Section of Ob/Gyn**

EBCOG continues to look into its role in the more professional aspects of Obstetrics and Gynaecology.
Achieved 2002:
The Secretary-General has prepared a demographic table concerning the number of doctors in each country which has been sent to UEMS.

In progress 2002:
UEMS will publish a summary of EBCOG and the Section’s activities including the field of education and the results of the Section survey on the professional status of Obstetrics and Gynaecology in Europe.

4. EBCOG collaboration with EAGO
The Working Party on Amalgamation has made substantial progress in the process of amalgamation of EAOG and EBCOG which should be completed at the European Congress in 2004.

Achieved 2002:
- The General Assembly of EAGO had voted to accept the agreement of amalgamation and to amalgamate with EBCOG.
- The Declaration of Amalgamation has been signed by the Presidents of EAGO and EBCOG at the European Congress in Prague, May 2002.

In progress 2002:
- Constitutional changes will be necessary for EBCOG.
- The By-laws will also have to be changed and will need to incorporate the principle of a congress and the fact that the name “European Congress of Obstetrics and Gynaecology” belongs to EBCOG.

Recommendations 2003:
- The financial issues regarding the amalgamation between EAGO and EBCOG needs to be resolved.

5. The European Congress
The main objective of the European Congress is to further raise the standard of fundamental and clinical research in Obstetrics and Gynaecology leading to further improvement in clinical care, scientific output (European Journal) and education in Obstetrics and Gynaecology. Late 2001, serious concern was expressed by Council about EBCOG’s involvement in the European Congress. A discussion followed resulting in the decision that EBCOG should continue to be associated with the Congress under the following conditions:
- EBCOG must take overall control of the Congress.
- The Congress Management Committee should become more powerful.
The joint Scientific Committee should be reduced.

**Achieved 2002:**
- Following initial concerns about the budget, the European Congress in Prague turned out to be a scientific success.
- Presentations for future European congresses were made by AIMS International, a professional congress organiser (PCO).
- It was decided that the next Congress will be held in 2004.
- It was also decided that the European Congress will be held every two years.
- A new Congress management was set up which included the Presidents of EBCOG, EAGO and the Section, the Secretary-General of EBCOG and Section, the Liaison Officer EAGO/EBCOG, the Chairs JSC and local advisory committee.
- The Joint Scientific Committee (JSC) consists of members of EBCOG, the three subspecialist organisations and a representative of ENTOG.
- AIMS International was proposed as the PCO for 2004, on condition that the subsequent contract and financial proposals were acceptable.

**In progress 2002:**
- The Congress Management Committee is considering Athens as a candidate venue for the 2004 European Congress.
- The Management Committee will make recommendations on whether:
  - Athens will be the venue for the European Congress in 2004
  - AIMS International should be appointed as the PCO for 2004, providing that there is a satisfactory contract which includes financial revenues.

**Recommendations 2003:**
- **Organisation:**
  - The relationship between EBCOG, PCO and local advisory committee in the preparation of future European Congresses should be further defined.
  - The Scientific Committee should be working more closely with the Management Committee.
- **Scientific Programme**
  - There should be a well-balanced programme of fundamental, epidemiological and clinical research to be included in the European Congress.
  - The Scientific Committee in close co-operation with ENTOG should organise pre-congress educational activities for trainees and medical specialists. Credit points should be awarded.
  - The ENTOG Organisation should be better incorporated in the Congress organisation.
  - A general outline of the research/educational programme will be available at least 15-18 months in advance.
  - Forms will be developed to evaluate:
    - The selection of research/educational themes
- The quality of the presentations
- The organisational aspects (catering etc.)
- Ways of improving publicity of the European Congress should be explored.

6. The European Journal

Achieved/in progress 2002:
- The Journal has undergone a transformation under the Editorship of Dr. Jim Thornton, U.K. A new Editor-in-Chief will have to be found as Dr. Thornton will become Editor-in-Chief of the British Journal of Obstetrics and Gynaecology.

Recommendations 2003:
- The lag time between submission of EBCOG material and publication in the Journal should be drastically shortened.
- There should be a separate section on educational matters.
- ENTOG should be activated to publish training issues in the European Journal.
- A one year subscription of the European Journal should be included in the registration fee of the European Congress.
- The financial revenues from the European Journal should be renegotiated with the publishers.

7. EBCOG collaboration with ENTOG

Achievements 2002:
- A successful ENTOG meeting was held in Prague.
- A change of Presidency and several Executive members took place.
- ENTOG annual meetings and exchange programmes will run together with the annual autumn Council meeting, separately from the Congress.

In progress 2002:
- A draft business plan will be presented at the EBCOG meeting in November 2002 with emphasis on:
  - exchange programmes
  - ENTOG website
  - creating a network or organisation for trainees in each country supported by National Societies
- EBCOG National Delegates will address their National Societies about stimulating interest/activity in ENTOG at national level and how National Societies can help to support ENTOG at national level.
- The Training and Assessment Working Party should assist ENTOG at looking into the legal, medical, insurance and cost aspects of trainee exchange programmes.
• To maintain close links between EBCOG and ENTOG, there should be a monthly exchange between the two organisations through the EBCOG Secretariat.

8. EBCOG communication with National Societies of Obstetrics and Gynaecology
Recommendations 2003:
• It remains essential that EBCOG includes the National Societies in EBCOG affairs by asking their view on current issues/policies and inform them on important decisions/occasions at regular intervals.
• The National Administrator is the contact between EBCOG and the National Society. He/she should (see also Strategy document 2000/2001):
  • Assist their National Society in making them fully understand EBCOG policies and decisions
  • Activate their National Societies to voice their view on EBCOG policies and decisions to EBCOG
  • Circularise EBCOG policies and decisions through publications in National Journals and/or lectures.

9. Research
Much of what was recommended in the Strategy document 2002 still stands for 2003.

9.1. Areas of Research
Recommendations 2003:
• EBCOG and the three Subspecialist Societies should, via the JSC, identify:
  • future major research areas in Obstetrics and Gynaecology which are in need of (further) exploration;
  • Ob/Gyn centres which possess knowledge, experience and infrastructure to jointly initiate and submit projects in the various areas of Ob/Gyn research for European funding (shared knowledge/shared infrastructure principle).
• The European Congress serves as a forum for the exchange of data from general and subspecialist Ob/Gyn research.
• Funding should be sought from the European Union Leonardo da Vinci programme which aims at developing quality and innovation in training through transnational co-operation.

9.2. Research Methodology
Research methodology, statistics and epidemiology are part of the Ob/Gyn training programme.

**Recommendation 2003:**
- The Joint Scientific Committee and the Standing Committee on Training and Assessment (SCTA) should jointly consider a postgraduate course on research methodology for Ob/Gyn trainees. ENTOG and SCTA should be involved in this undertaking.

**10. Finances**

**Achievements 2002:**
Also in 2002 the financial status of EBCOG is considered healthy. Travel and accommodation costs for Committees were kept as low as possible. Income is currently generated from subscriptions, the European Congress, ECOG, certificates and bank interest. Income has remained higher than expenditure.

**In progress 2002:**
- The possibility of putting some EBCOG money into a low-risk high-interest deposit account is being investigated.
- The tax situation with regard to any income from investments will be clarified.

**Recommendations 2003:**
- Further income should be generated through:
  - CME/CPD
  - certification of trainees
  - publicity
  - commercial sponsorship
  - advertising on the EBCOG website
  - European Journal
  - internet participation by European gynaecologists in postgraduate courses and the European Congress

**11. Publicity**

**Achievement 2002:**
- The 2002 Strategy paper has been put on the EBCOG home page and was published in the European Journal after adoption by EBCOG Executive Board and Council.
- A paper on specialist training in Obstetrics and Gynaecology in UEMS countries in Europe was published in the European Journal.
- A paper on European Visiting by the Chair and ENTOG member of the EBCOG Standing Committee for hospital Visiting was published in "Der Frauenarzt" and was accepted for publication in the European Journal.
Recommendations 2003:

- EBCOG National Delegates and ENTOG National Representatives should continue to play a pivotal role in disseminating information/brochures regarding EBCOG activities to their colleagues.
- The Strategy/Working Paper 2003 should appear in the European Journal within three months after submission to the Journal. The paper will also continue to be put on the EBCOG homepage and will be circularised to all European National Societies.

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8 October 2002