Minutes of the EBCOG and Section Council Meeting  
Hotel Bristol Stephanie, Brussels  
29th & 30th November 2008

Present:

Prof William Dunlop, President  
EBCOG & UEMS Section O & G

Prof Wolfgang Holzgreve, Secretary-General EBCOG & UEMS Section O & G

Prof Peter Hornnes, Treasurer  
EBCOG & UEMS Section

Prof George Creatsas, Vice-President  
EBCOG

Dr Runa Sigrid Aabø (Norway)

Prof Sabaratnam Arulkumuran (UK)

Prof Bjorn Bäcke (Norway)

Prof Chiara Benedetto (Executive & Chair Antwerp Scientific Committee)

Prof Göran Berg (Sweden)

Prof Josef Bodis (Hungary)

Prof Luis Cabero-Roura (Spain)

Prof Todor Chernev (Bulgaria)

Dr Panagiotis Christopoulos (ENTOG)

Prof Klaus König (Germany)

Prof Jan Kotarski (Poland)

Prof Jacques Lansac (Executive)

Dr Albert Lila (Kosovo)

Dr Nicolas Linardos (Greece)

Prof Mario Litschgi (Switzerland)

Prof Shefq Lulaj (Kosovo)

Prof Tahir Mahmood (UK)

Prof Juha Määkinen (Finland)

Prof José Martinez de Oliveira (Portugal)

Prof Ziva Novak Antolic (Chairman SCTA)

Prof Attila Pál (Executive)

Prof Patroclous Patroclous (Cyprus)

Prof Dace Rezeberga (Latvia)

Prof Igor Rusnak (Slovak Republic)

Prof Milko Sirakov (Bulgaria)

Prof Marek Spaczynski (Poland)

Prof Juha Tapaneninen (Finland)

Prof Allain Templeton (Executive)

Prof Vlad Tica (Romania)

Dr Erik Torkildsen (PWG)

Dr Nicolas Tsatsaris (Greece)

Prof Kadri Liina Vahula (Estonia)

Prof Johan Van Wiemeersch (Belgium)

Prof Klaus Vetter (CME/CPD Germany)

Prof Giorgio Vittori (SIGO-Italy)

Prof Jurij Wladimiroff, Coordinator EBCOG

Hospital Recognition & Chairman SSSC

Invited: Ms Déirdre Daly, European Midwives’ Association

1. Welcome & Apologies

Apologies were received from: Prof Ali Baloglu, Prof Carlos Freire de Oliveira, Prof Lone Hvidman, Mr Joe Jordan, Dr Rolf Kirschner, Prof Ioannis Messinis, Dr Michael O’Hare, Prof Norbert Pateisky, Prof Daniel Pereira da Silva, Prof Felice Petraglia, Prof Cihat Sen, Prof Guy Schlaeder and Dr Erica Werner.
The President opened the meeting by welcoming the new member countries, Bulgaria and Kosovo and he also welcomed Cyprus & Romania which were attending Council for the first time.

In addition, the President welcomed new delegates: Prof Bjorn Bäcke (Norway), Dr Todor Chernev (Bulgaria), Dr Panagiotis Christopoulos (ENTOG), Prof Jan Kotarski (Poland), Dr Albert Lila (Kosovo), Prof Shafeq Lulaj (Kosovo), Dr Tahir Mahmood (UK), Dr Patroclou Patroclou (Cyprus), Prof Ryszard Poreba (Poland), Prof Milko Sirakov (Bulgaria) and Prof Vlad Tica (Romania).

Finally he welcomed Ms Déirdre Daly, the President of the European Midwives’ Association.

The President told national delegates that an election would take place the following day and reminded members that they should inform the Secretary-General if they would not be present and wished to nominate another country’s representative to vote on their behalf.

2. Adoption of the Minutes of the Council Meeting of 8th & 9th March 2008
The Minutes were adopted as a correct record of the meeting.

3. Matters Arising
The Chair of the Journal Management Committee, Prof Hornnes, reminded Council that the EBCOG Journal ‘European Clinics in Obstetrics & Gynaecology’ had been terminated. He said that the original terms agreed with the publisher, Springer Verlag, prevented EBCOG, on the termination of the contract, from beginning another Journal or a relationship with another journal for 10 years. He reported that he had renegotiated this clause with Springer and that the time period had been reduced to 2 years and that, as of October, the matter was closed.

4. Minutes of the Executive Committee Minutes of 28th & 29th June and 26th & 27th September 2008
The President informed Council that the Minutes of 28th and 29th June had been approved by the Executive but that the Executive had not yet had the opportunity to discuss the minutes of the September meeting. However, he pointed out that on page 10 there was an error under point 11.2 EUGA, and the sentence reading “The President of EUGA informed the Executive that gynaecological oncology was the youngest pillar of the subspecialties in Europe”, should be corrected by replacing “gynaecological oncology” with “urogynaecology”.

5. Report of the President of EBCOG & the Section
5.1 European Meetings
The President reported that he had had meetings with a number of European parliamentarians: Dr Irena Belohorska MEP, Ms Anna Zaborska MEP and Mrs Glenys Kinnock MEP. He said that all were interested in EBCOG’s work and that Ms Zaborska had invited him to a future meeting of her interest group. The President said that Mrs Kinnock was primarily interested in women’s health issues outside Europe. He informed Council that he, the President of the RCOG and the President of FIGO had jointly written, in advance of the G8 summit, to all of the G8 leaders and the Prime Minister of Japan about the difficulties in implementing Millennium Goal 5, which concerns maternal mortality. He reminded Council that it had been consulted about this matter and he
understood that the letter had been well received, but that no responses had been forthcoming to date. He said he believed that it was important for EBCOG to be visible at the level of the European institutions and to be recognised as the voice of obstetrics and gynaecology in Europe.

5.2 FIGO Executive meeting
The President reported that he had attended the FIGO Executive meeting. He reminded the meeting that the FIGO World Congress would take place, on 4th-9th October 2009, in Capetown and that a link to this Congress site was available on the FIGO website.

The President said that the meeting had addressed a number of important matters and, in particular, the issue of the representation of national societies by federations. The President said that EBCOG could have an important intermediary role to play in representing national societies within FIGO.

The President explained that FIGO is conducting an exercise in capacity building and producing a document. He said that he had been approached by the CEO of FIGO (but not in his capacity as President of EBCOG) and that he would be in touch with a number of people about this exercise in future.

Prof Cabero Roura, who also represents FIGO within EBCOG, told Council that the FIGO Executive had debated changing the FIGO Congress intervals and finding resources for the future. He said that the meeting had also discussed a strategy to determine projects that FIGO should be involved in in the future.

The Treasurer pointed out that as EBCOG is an association of national societies, it is encouraging to see that FIGO recognises the importance of national societies in improving maternal and fetal health and that FIGO has created a post of Programme Director in order to progress this matter. He said that EBCOG could also make this a focus in dealing with national societies in other parts of the world.

Prof Mahmood told Council that FIGO has attracted a lot of funding from the Department of International Development in the UK, and from other sources, to work on Millenium Goal 5.

The President reminded Council that he had circulated a paper on the relationship between EBCOG and FIGO prior to the current meeting. He said that unless national societies are represented on the FIGO Executive Board, the only opportunity for them to interact is at the Congress.

The President reminded Council that EBCOG has 35 national societies, all of which are members of FIGO and together represent 29% of FIGO’s total membership. Furthermore, EBCOG has both professional and academic representatives, who are very often senior officials in their own countries. The Executive and Council meet twice a year, which gives national societies regular opportunities to interact with EBCOG.

The President said that EBCOG also had close links with the subspecialist societies, which are represented on both Council and the Executive and play an important role in organising the Congress. In addition, he pointed out that EBCOG has important links with ENTOG and the PWG, all of which means that EBCOG is an important organisation in terms of political representation in Europe. The President told Council that FIGO
suggested a closer working relationship with EBCOG. He said that he could not envisage many shared activities between the two societies, but that FIGO is keen to encourage partnerships between richer and poorer countries, so EBCOG could identify these relationships and bring them to FIGO’s attention. In addition, regional representation is an issue to be discussed with FIGO and EBCOG would be in a strong position to do this if FIGO recognised EBCOG as the voice of European obstetrics and gynaecology. The President stressed that EBCOG did not wish to interfere with the relationship between national societies and FIGO but could perhaps help national societies to have a voice.

Prof Cabero Roura reminded Council that the next President of FIGO will be from Europe and that the 2012 Congress will take place in Rome, which may be a good opportunity to change the status of Europe within FIGO.

Prof Mahmood said that if EBCOG were to discuss a re-defined relationship with FIGO there must be some logical discussion point as to what EBCOG is offering in addition to what FIGO can offer national societies, for example capacity building in under-developed countries.

Council supported the Memorandum of Understanding with FIGO and agreed that the President should send it to FIGO to instigate a discussion.

5.3 UEMS
The President said he had attended a meeting of Presidents and Secretaries-General of the UEMS Boards and Sections in April which coincided with the 50th anniversary of UEMS. He said that UEMS is struggling to have its voice heard at European level whilst at the same time the Boards and Sections of UEMS did not feel their voices were being heard by UEMS.

The President reported that at the UEMS Council in Copenhagen in October an election had been held and that the following people had been elected or re-elected:
President: Dr Zlatko Fras (SI), Secretary-General: Dr Bernard Maillet (BE), Liaison Officer: Dr Gerd Guido Hofmann (DE), Treasurer: Dr Giorgio Berchicci (IT) Vice-Presidents: Dr Ricard Gutiérrez (ES), Dr Romuald Krajewski (PL), Dr Zoltán Magyari (HU) and Dr Kari Pylkkänen (FI).

The President expressed his concern that UEMS is more interested in medical politics than science. He said that he was a member of a working group looking at the future structure of UEMS and that the surgical group had made a number of proposals. The President reminded Council that following the surgical group’s change of stance on the European Working Time Directive (EWTD) he was now, with EBCOG’s agreement, one of the two Chairmen of this group and will have observer status on the UEMS Council for the next two years. The President said that he would liaise with EBCOG and would have the opportunity to pass on EBCOG’s views to this grouping. He also reminded Council that after demitting office as EBCOG President, he remained President of the Section. He told Council that he would discuss with the incoming President how he could best serve EBCOG.

The President told Council that no minutes of the UEMS Council had yet been circulated but that the meeting had addressed: an action plan, cross-border health care, armed conflicts and the accreditation of e-learning. Prof Tica, who attended the meeting, said
that the representative of the European Commission’s DG Health had said that the only organisation which this DG will listen to in Europe is the CPME. He said that it is important for UEMS to take a more political role with the European Institutions, sustained by the medical profession in a scientific way. Prof Templeton said that he was keen to see EBCOG continue to develop its links with the European institutions and the President told Council he believed it was also important for EBCOG to strive for UEMS’s recognition of EBCOG as THE voice of obstetrics and gynaecology in Europe.

5.4 Cervical Cancer Prevention Week
The President informed Council that ECCA was running a cervical cancer prevention week from 18th – 24th January 2009 and that EBCOG has been asked to endorse this event. He said that he had consulted ESGO which was happy for EBCOG to do so and Council agreed that EBCOG should endorse the initiative.

5.5 European Board of Urology (EBU) Sexual Medicine
The President reported that the EBU had invited EBCOG to take part in the division of sexual medicine under the auspices of UEMS and EBU and he said that the Executive had been generally supportive of the request, but believed that it is not appropriate for the EBU alone to be involved or have ownership of this topic. The President said that the question to be addressed was how EBCOG would relate to this division and how this division would be represented within UEMS. He proposed that the Officers of EBCOG and the EBU should meet to discuss this topic.

Prof Mahmood said that as the standard bearers for women’s health, EBCOG should have a key role in this initiative. The President told Council that the initiative would need to involve a number of specialties and that he had expressed his reservations about the examination proposed by the EBU in this field.

5.6 Sphygmomanometers
The President reminded Council that he had circulated a letter from the European Commission concerning restrictions on the marketing of measuring devices containing mercury and asking for an official statement from EBCOG.

The President said he believed that EBCOG should identify experts who could advise on this matter and he agreed to write a holding letter to the Commission and proposed that EBCOG should carry out widespread consultations among others with the International Society for the Study of Hypertension in Pregnancy.

6. Report of the Vice-President of EBCOG
The Vice-President reported that a Congress on Women’s Health had taken place in Athens and that EBCOG had been represented and also at a meeting of the Association of Paediatric and Adolescent Gynaecology, in Florence. Council expressed some concern that there had been no official request for EBCOG to endorse these meetings. The President told Council that he had recently taken part in a SIGO meeting but only after careful discussion with the Executive and he said that he believed the Executive should always be involved in such decisions as EBCOG should not be seen to be endorsing matters in which it is not involved. He reminded the meeting that EBCOG has a policy on the endorsement of documents and proposed that this be extended to cover meetings and events.

Strategy Paper 2008-2010

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The Vice-President presented the Strategy Paper which was tabled at the meeting and asked delegates to send him their feedback on the document.

He said that he would like to include the goals of the PWG in the paper and had discussed this with the PWG representative. The Vice-President told Council that there were no significant changes. The President reminded the Vice-President that the reference to the Working Party on Claims and Litigation should be removed from the paper.

Prof Koelbl asked how CME accreditation for European meetings could be facilitated on a national basis as CME in Europe is not harmonised. Prof Vetter explained that responsibility for national accreditation lies at national level and so it cannot be influenced by EBCOG. Prof Tica proposed two possible solutions. One was that every national meeting that involves at least two international speakers should be regarded as international and so qualify for UEMS accreditation. Secondly, he proposed that EACCME could change the UEMS Bye Laws to allow good national meetings to be accredited. He explained that Romania wants to make this proposal to UEMS and would be grateful for EBCOG’s support.

The Coordinator of EBCOG Hospital Accreditation expressed his concern about the proposal that national visits in countries with their own national visiting systems, should be performed under the auspices of EBCOG, as this would be extremely difficult to do.

Prof Mahmood proposed that the Strategy Paper include CPD and the possibility of seeking EU funding for research.

The Vice-President proposed that a trainee should be included in subspecialist visits, but Council agreed that this would not be appropriate for subspecialist visits.

The President told Council that as the Vice-President had asked for feedback on the Strategy Paper, it could not be taken as having been agreed by Council.

7. Report of the Secretary-General of EBCOG & the Section
The Secretary-General reported that the web site’s server would be transferred from Belgium to the UK.

The Secretary-General told Council that EBCOG had received five requests from countries wishing to join EBCOG but that as they were not part of Europe, he had had to reply negatively. The President reminded Council that he had consulted FIGO about a definition of the boundaries of Europe, but that FIGO did not appear to have such a definition. The Secretary-General suggested that EBCOG develop a policy on this matter. The President of ESGO told Council that ESGO had adopted the FIFA definition of Europe and that this had worked well. The Treasurer agreed with the Secretary-General and suggested that EBCOG discuss the issue of non-European countries being granted observer status.

8. Report of the Treasurer of EBCOG & the Section
8.1 EBCOG & Section Accounts
The Treasurer presented the EBCOG and Section accounts from January – November 2008 and the budget for 2009. He told Council that the current financial crisis had had an
impact on EBCOG’s revenue from interest and he informed Council that the European Congress in Lisboa had generated an income for EBCOG of €148,000.

- Income 2008: €272,312.54
- Budget 2008: €220,668

- Expenses
  - Real: €96,966.92
  - Budget: €148,500

- Result: €175,345.62
- Budget: €72,160
- Assets: €Total – 647,597.27

The Treasurer explained that following the last Executive meeting he had spread EBCOG’s assets in order to better protect them and he confirmed that the Danish government had pledged to cover any losses incurred by a bank’s collapse. He also said that one of the advantages of using the Belgian ING bank scheme was that EBCOG does not have to pay withholding tax and that there was no limit in Belgium to what EBCOG could save without paying tax.

The Treasurer reported that the countries which had not paid the 2007 subscription were: Croatia, FYROM, Poland, Romania, Russia and Spain although Poland and Spain have paid their 2008 contributions. Prof Cabero Roura said he would look into the matter of the Spanish subscription.

The Treasurer reported that the countries which had not paid the 2008 subscription were: Austria, Croatia, FYROM Hungary, Lithuania, Romania, Russia, Sweden and Turkey.

He went on to remind Council that countries which had not paid their subscriptions for two years lost the right to vote until the arrears were settled. Under these circumstances, Romania lost its voting right for the elections the following day.

The President of ESGO said he believed that EBCOG should concentrate on spending rather than acquiring money. The Treasurer said that whilst he agreed with this, he felt that it was important to ensure that EBCOG was financially strong enough to undertake new initiatives. The President said that whilst he agreed with the principle of the advice of the President of ESGO, he did not believe it was unreasonable to use money to generate income and that a minimum amount was necessary to use as a buffer for security. The Treasurer also reminded Council that as next year is not a Congress year, there would be significantly less income.

8.2 2009 Budget
Budgeted income: €121,660 (for 2008 it was €220,660)
Budgeted expenses: €142,000 (for 2008 it was €148,500)
Assets reduced to €627,257.
The Treasurer said he did not propose an increase in national contributions from 2008-2009 and that he had included a 15% rise in the salary of the EBCOG Administrator in his budgeted figures.

The Treasurer informed Council that he would present more detailed financial results from Lisboa the following day under the agenda item on the European Congress.

Dr Goverde proposed that the Executive prepare a long term financial plan to present at the next meeting of Council and this was agreed. The President said that he believed that EBCOG should build up a larger amount of money before committing funds to new projects.

Dr Christopoulos asked if EBCOG could provide financial assistance to support ENTOG trainees to attend a trainee meeting in America. The President said that a formal written proposal was necessary and this had been requested, but had not yet been received from ENTOG. It was agreed that this proposal could be sent by e-mail and dealt with by the Executive Committee through e-mail consultation. However, the President went on to stress that ENTOG should not be dependent on EBCOG for funding. Dr Christopoulos agreed and explained that this was an ad hoc case. He stressed that ENTOG worked largely via e-meetings and did not spend a lot of money on Executive meetings.

Prof Templeton thanked the Treasurer for his prudent budget and on behalf of Council the President thanked the Treasurer for all his efforts over the last three years and congratulated him on his success.

9. SIGO
9.1 SIGO & FIOG
The President explained that there had been some disagreement at national level between these two organisations. The President of SIGO, Prof Vittori, told Council that SIGO and FIOG very recently signed an agreement and that he believed that the matter may be resolved very soon but that as a result, he was unable to say more about the issue. He confirmed that Prof Giambanco and Prof Petraglia would remain as the representatives of SIGO on Council and that under the current circumstances, FIOG would not pursue its request for separate membership of EBCOG.

9.2 SIGO for FIGO
Prof Vittori explained that the development of this project was directly connected with new situation between SIGO and FIOG and that he hoped further progress with the SIGO for FIGO initiative would occur soon.

10. CME/CPD
Prof Vetter told Council that CPD is a process that includes:
- Continuing Medical Education (CME) with regard to medical knowledge and skills in addition to subjects such as:
  - leadership;
  - communication skills;
  - economics;
  - law;
  - whatever is needed to perform as a physician.
Prof Vetter said that CPD designates the continued professional development that follows after formal qualifications have been obtained. The methodology for acquiring knowledge is based on the educational principles characteristic of adult learning, including:

- self-controlled learning;
- problem-oriented learning;
- teamwork and on the-job learning;
- CPD is the process of systematic, lifelong, learning;
- CPD enables doctors to meet the needs of patients;
- CPD enables professionals to fulfil their potential.

Short term aims
- Maintain knowledge and skills
- Improve knowledge and skills
- Learn new knowledge and skills

Long term aims
- Improve performance
- Improve patient care

Prof Vetter suggested that EBCOG could make proposals about CPD at governmental level. Prof Templeton underlined the fact that EBCOG's role was to proceed on a specialty basis.

The President reminded Council that the CME points awarded by the EACCME are based on a simple calculation of attendance. He said that UEMS accepts CPD but wants to call it CME. The President said that EBCOG has moved beyond CME and that it was unfortunate that the EACCME has not moved as far. There was also poor quality control of the points awarded. He said that he had raised this issue at the meeting of Presidents and Secretaries-General and had been told that UEMS wishes to maintain CME in order to be in line with America.

The President agreed to address the issue with the Surgical Section. Council agreed on the principle of moving from CME to CPD, but accepted that national situations differ. The Treasurer proposed that specialists use their influence with politicians at national level and Council agreed that EBCOG should continue to try and urge UEMS to take action at European level.

The President reminded Council that the now dissolved CME/CPD Working Group had compiled criteria for CPD and suggested that it may be useful to appoint a Working Party to repeat this exercise and produce European Guidelines.

11. Special Topics
11.1 The timing of EBCOG meetings
The President reminded Council that at its last meeting, Dr Kirschner had suggested that Council meetings be moved from Saturday and Sunday to Friday and Saturday. He said that the Executive had tried this system for its last meeting and that whilst the people who could not attend said it was not for this reason, the attendance was significantly reduced. There was some discussion and an informal vote was taken:
● Votes for holding meetings on Saturday and Sunday: 17
● Votes for holding meetings on Friday and Saturday : 20

It was agreed that the next Executive would again be held on Friday and Saturday and the issue re-discussed with Council on the basis of the attendance.

11.2 The Future of EBCOG
11.2.1 Professional Congress Organiser (PCO)
The President explained that in June, the Executive had proposed that he should write to a number of PCOs to ask for information. He said that in trying to do this it became apparent that the brief was unclear and that he had taken this issue back to the Executive. The President reported that the Executive had discussed the idea of using a permanent PCO to organise future Congresses but had recommended that EBCOG should not go down this route. He reminded Council that a PCO has already been appointed for Antwerp and that a number of people had reported bad experiences with permanent PCOs. The President said that instead, the Executive had recommended appointing a clinician with appropriate experience from within EBCOG whose role would be to support the local PCOs and ensure continuity.

The President told Council that there had been no support from the Executive for using a PCO to run EBCOG and Council agreed, and that there had been very little support from the Executive for appointing a permanent PCO for Congresses. Therefore the question to be decided was whether EBCOG should appoint a PCO to run the Congress or appoint a different PCO for each Congress with the support of an appointed clinician within EBCOG who would also help to maintain continuity between Congresses.

The President proposed that this issue should be rediscussed by the Executive and brought back to Council.

11.2.2 Memorandum of Understanding (MoU)
The President presented the MoU between EBCOG and the national societies which he had revised after its discussion by the Executive. He stressed that the MoU was simply intended to describe a clear working understanding between EBCOG and the national societies and that national societies could decide whether or not they wished to sign this document. There was discussion about the purpose and importance of the MoU. Prof Mahmood suggested that the MoU might incorporate funding opportunities.

Council agreed that the President should circulate the MoU to national societies and ask for their feedback on the document.

11.2.3 European Working Time Directive (EWTD)
The President pointed out that the EWTD is a very important issue for the profession and that this Directive could cause problems in both training and working. He reported that a statement had been made at the UEMS Council meeting implying that there might be a change to the Directive, but that this would not happen before September 2009, when the Directive would come into force. The President read Council a letter from the European Commission to Greece threatening sanctions for non-compliance. In addition, he said that France, Greece, Italy and Spain had written to the Commission asking for the Directive to be amended, although there is considerable opposition from many countries to any amendment.
The President said that the UK had prepared a report on possible solutions to the problems posed by the EWTD and that the web address for this document had been circulated prior to the meeting. Dr Christopoulos reminded Council that ENTOG had devised a questionnaire for trainees on the EWTD to map the current situation and that in order to get a full picture, surveys had been sent in each country to a trainee in a university hospital, a trainee in a teaching hospital and a trainee in a rural hospital. ENTOG hopes to present the results of this survey in June 2009.

A number of delegates reported on the effect of the EWTD on training in their own countries and said that it was possible to train under the EWTD but that training systems had to be adapted or prolonged to do so.

11.2.4 EURAPAG
The President informed Council that he had received a letter from EURAPAG (European Association of Paediatric and Adolescent Gynaecology) asking for subspecialist membership of EBCOG. He told Council that he did not believe that EURAPAG could be recognised as a subspecialty by EBCOG but proposed that it could collaborate with EBCOG in the same way as other specialist societies such as EFC, ESC and ESGE. He proposed that a representative of EURAPAG be invited to a future Council meeting to present this organisation.

12. Standing Committees and Working Parties
12.1 Standing Committee on Training and Assessment
12.1.1 Assessment and Appraisal
The Chair of the SCTA told Council that the work of the SCTA was focused on harmonisation and on assessment and appraisal. She explained the main features of assessment and appraisal as:

**Appraisal:**
- Sets goals
- Support, guidance
- For the trainee
- In-house
- Informal

**And Assessment:**
- Tests competence
- Objective measurement
- For the licencing body
- Independent
- Formal

The Chair of the SCTA stressed the importance of assessor training and feedback, including multi-source feedback, which assesses behaviour, team work and communication skills by:

- The collection of data on a doctor’s performance from a range of co-workers
- Trainees nominating the assessors
- Feedback collected by an educational supervisor
- Discussion with trainees to address strengths and areas for development
12.1.2 Psychosomatics
Prof Benedetto reminded Council that a series of slides had been prepared by Prof Johannes Bitzer and presented at the last Council meeting. She said these slides had since been amended and could be used as teaching material for one or two day courses in different countries to teach trainers and would be put onto the web site. She said that a course on psychosomatics had been run at the Lisboa Congress in conjunction with ISPOG and that a similar course would be organised at the Antwerp Congress.

12.1.3 Training the Trainers (TTT)
The Chair of the SCTA reported that Prof Van Belle from the European Academy of Gynaecological Surgery had proposed a joint TTT course with EBCOG. The Academy has developed a three-day TTT course which covers medico-technical aspects, theoretical content, practical content, data processing, scores and surgical experience.

12.1.4 Gender Imbalance
The Chair of the SCTA reported that two German trainees had expressed an interest in working on this issue and that Prof Templeton had agreed to provide his assistance.

12.1.5 Research Methodology
The Chair of the SCTA informed the meeting that Dr Nizard had agreed to write a proposal for a sentence on research methodology to be added to the basic training programme and log book. She said that it had also been suggested that the issue of research methodology be introduced into visits and that there was a consensus that the log book and training programme should be slimmed down.

The Chair of the SCTA told Council that the SCTA was working on a number of new areas:
- E-learning - Prof Makinen
- Structured courses, European Federation for Colposcopy - Mr Jordan
- Skills training in a standardised, patient free environment - Dr Campo

She went on to say that other issues for consideration were patient safety and a no-fault system.

12.1.6 Medico Legal Problems for Trainees
Prof Tica told Council that residents do not always have legal responsibility and so must be constantly supervised. It was agreed that this should be a future agenda item for the SCTA.

12.1.7 Composition of the SCTA
The President thanked the Chair of the SCTA for all her work over the last 8 years and congratulated her on the SCTA’s achievements. He reminded Council that she had decided to stand down as Chair of this Standing Committee and that some people had also recently left the SCTA. He said that the Chairmanship and composition of the SCTA was a matter for the new Officers to discuss. The President proposed that an educationalist be included in the Committee and the Chair of the SCTA agreed that a range of different professionals should be involved.

12.2 European Midwives’ Association
The President introduced Ms Déirdre Daly, the President of the European Midwives’ Association and a practising midwife.
Ms Daly explained that the EMA is an NGO which was set up in 2003 to succeed the European Midwives’ Liaison Committee and that it aims to represent all midwives in the EU and the EEA. She said that the EMA’s aim is to promote midwifery care and to focus on promoting women’s general and reproductive health through education and the sharing of evidence based practice. Ms Daly said that the European Directive for Midwifery (2005/36/EC), first adopted in 1980 and later incorporated into the 2005 General Directive, provides a European framework for midwifery education and practice. Ms Daly explained that midwifery training standards are laid down in this Directive, but that it prescribes only a basic minimum standard and within this there is huge national variation and the EMA would like to see midwifery education at university level as a minimum European standard.

Ms Daly reported that the EMA has 25 member associations from 24 countries and was actively trying to expand towards eastern Europe. She explained that the EMA Board comprised volunteers who were all elected for a maximum term of six years.

Ms Daly said that the EMA hosts meetings around Europe to try and raise the profile of midwifery and address issues pertinent to each specific country. The EMA has conducted a survey throughout Europe and is in the process of compiling a final report. Ms Daly said that the EMA produces statements and is active at European Commission level as a member of the European Health Policy Forum and as a signatory to the strategy of the European Alcohol and Health Forum. She reported that a Green Paper on sustaining health professions in Europe would be launched on 10th December. Ms Daly offered to send a copy to the President of EBCOG and suggested that EBCOG and EMA make a joint response.

Ms Daly said that the EMA was seeking further opportunities to have a greater presence in Brussels and has been discussing collaboration with women’s organisations and various NGOs and the opportunities to produce joint statements and joint lobbying that this might present.

The President thanked Ms Daly for her presentation, saying that he was keen to see EBCOG and the EMA work together and jointly strengthen their links with the European institutions.

Prof Lansac said that he believed it was important for midwives and gynaecologists to work closely on guidelines and harmonise working practices and Prof Templeton suggested that EBCOG and EMA work on a joint project as a way of beginning collaboration. The Secretary-General agreed to ask EAPM to contact EMA as EMA is in the process of developing networks and contacts.

The President said that cross representation on both councils may be helpful but that both Councils would need to discuss this matter and also identify areas for collaboration.

Council discussed the issue of collaboration further after Ms Daly had left the meeting and opinion was somewhat divided. It was agreed that this matter be discussed by the Executive and with the SCTA and EAPM and brought back to Council.

12.3 Visiting and Hospital Recognition
The President thanked Prof Wladimiroff, the Coordinator of EBCOG Hospital Recognition & Chairman of the Subspecialist Sub-Committee for attending the meeting as he had made a great effort to attend despite illness in the family.

The Coordinator of EBCOG Hospital Recognition & Chairman of the Subspecialist Sub-Committee reported:

12.3.1 Specialist Visiting
Recent Visits
Visits took place to: Munich, Istanbul and Ulm,

12.3.2 Forthcoming Visits
A visit is planned to Brescia.

He told Council that the Central European consortium had also carried out visits to Prague and Brno and recommend accreditation.

The Coordinator of EBCOG Hospital Recognition & Chairman of the Subspecialist Sub-Committee said that information had been requested by Regensburg, Jena and Düsseldorf.

On the recommendation of the Coordinator of EBCOG Hospital Recognition, Council approved the centres for accreditation.

12.3.3 Subspecialist Visits:
EAPM
The Coordinator of EBCOG Hospital Recognition & Chairman of the Subspecialist Sub-Committee told Council that EAPM visiting was beginning to move forward slowly and that visits had been carried out to Ankara, London and Liverpool and visits to Brno and Prague were planned.

ESHRE
The Coordinator of EBCOG Hospital Recognition & Chairman of the Subspecialist Sub-Committee reported that visits had taken place to Ankara, Brussels, Leuven/Louvain and Thessaloniki and that visits to Maribor, Prague and Milan were pending.

EUGA
The Coordinator of EBCOG Hospital Recognition & Chairman of the Subspecialist Sub-Committee said that visits had taken place to Mainz and Athens and that two visits had taken place in Prague.

ESGO
The Coordinator of EBCOG Hospital Recognition & Chairman of the Subspecialist Sub-Committee said that visits had taken place to Lübeck, Athens, Düsseldorf, Lille, Heidelberg and Groningen and that visits to Prague and Poland were pending.

12.3.4 Visit Requests from Departments Accredited by their National Accreditation Authority
The Coordinator of EBCOG Hospital Recognition & Chairman of the Subspecialist Sub-Committee explained that he had received some requests for subspecialist visiting from departments already accredited by their national systems and that auditing by EBCOG
could be seen as duplication. He said that he had written to the four subspecialist societies and was awaiting their replies.

The Coordinator of EBCOG Hospital Recognition & Chairman of the Subspecialist Subcommittee said that another issue was that of the increasing amount requests for automatic EBCOG accreditation from countries with their own national specialist visiting systems. He said that he was currently drawing up a position paper on this matter and that it would be discussed at the next Executive meeting. He said that for both general and and subspecialist training, EBCOG should always ascertain whether the centres have been accredited by their national societies as it would be invidious for EBCOG to reconsignise centres which are not recognised by the national system.

The President pointed out that EBCOG’s intention has always been to encourage countries to start their own visiting system by conducting visits and then withdraw so that the national accrediting authority took over the visiting process. He said that this meant that after the national system had started, trainees in departments accredited by the national authority were then unable to be certified by EBCOG.

The Treasurer said he believed that EBCOG should respond positively to such requests on the basis of the national visiting report. The President said that this could create problems if EBCOG could not accept national visiting standards and said that there would need to be minimum requirements for national recognition to be accepted by EBCOG. Prof Berg said that he felt that two-tier recognition would be dangerous and proposed that EBCOG simply write to national accrediting bodies to indicate that EBCOG approved of the visiting system in any given country. Dr Goverde proposed that EBCOG develop criteria to audit national systems. Prof Templeton said that perhaps EBCOG should develop a strategy of positive engagements with the national societies to develop visiting, although he stressed that not every country would welcome this idea, and he suggested that EBCOG take a lead in providing quality assurance criteria.

12.3.5 Trainee participation in Specialist Visits
Dr Christopoulos raised the issue of the official inclusion of trainees in visits. The Coordinator of EBCOG Hospital Recognition & Chairman of the Subspecialist Subcommittee explained that he believed that the inclusion of a trainee should be considered as official policy, and he said that a trainee had been present at every visit to date.

12.3.6 Trainee participation in Subspecialist Visits
The Coordinator of EBCOG Hospital Recognition & Chairman of the Subspecialist Sub-Committee said that he did not believe that trainees should participate in subspecialist visits and that this is an issue that should be discussed by the Subspecialist Sub-Committee. Dr Christopoulos asked that ENTOG be involved in this discussion.

Prof Giambanco referred to a visit request from Lebanon. The Coordinator of EBCOG Hospital Recognition & Chairman of the Subspecialist Sub-Committee said that he was generally positive but that a mechanism for such visits needed to be developed. It was agreed that the Executive should discuss the matter of non-European visit requests in depth. The Coordinator of EBCOG Hospital Recognition agreed to prepare a discussion paper and circulate it to the Executive Committee.
The President thanked the Coordinator of EBCOG Hospital Recognition and congratulated him on his great efforts and his success.

12.4 E-learning and Telemedicine Working Group
Prof Mäkinen, the Chair of this Working Group, told Council that he had given a demonstration of the “Connect Pro” system to the SCTA at its last meeting in September. However, he explained, for technical reasons connected with the computer system in the hotel, it was not possible to demonstrate it to Council at the current meeting. He told Council that the e-Learning Working Group had met in Brussels and had agreed that a primary goal should be to identify the key people and material in this field in Europe.

The Chair of the Working Group on e-Learning said the “Connect Pro” e-learning programme had been developed in Finland and could host up to 100 users at any one time. He said the system, which is similar to Skype, can show videos, Power Point and Word documents and the users can discuss whatever is necessary. The system can also store lessons for later access.

The Chair of the Working Group on e-Learning said that he hoped that this system could be used by the Working Group on e-Learning and that he hoped to demonstrate it at the next Council meeting.

The Chair of the Working Group on e-Learning explained that the host for this programme was his own University, the University of Turku, and that guest users simply required the address to access the system and have Flash Player 9 installed on their computers.

12.5 Data Collection Working Group
The President, who Chairs this Working Group, told Council that this was a virtual group and that he had been in touch with the group’s members by e-mail to determine how best to proceed. He explained that the group would be working on describing maternity care pathways and establishing nodal points in pregnancy. The President said he would like to work closely with Europeristat, although that group was focusing more on clinical outcomes and he believed it was important for EBCOG to begin by looking at care pathways.

13. The Reports of the Subspecialties
13.1 The Report of ESGO
The President of ESGO reported that ESGO was financially healthy and was using some of its funds to provide travelling fellowships to enable young gynaecological oncologists from Eastern Europe to spend three months working in the West. ESGO is also organising meetings and workshops in Eastern Europe and has run 8 workshops which attracted over 2,500 participants. The President of ESGO said that ESGO has visibility on Wikipedia and has also created an ESGO forum which represented a major financial investment.

The President of ESGO said that 25 centres were now accredited and ESGO has set up an organisation of young gynaecological oncologists with a visiting system and a special session at the ESGO meeting. He said that in future ESGO hoped that the young gynaecological oncologists may be involved in visits.
The President of ESGO reported that the ESGO 2009 meeting would take place in Belgrade and that the keynote lecture would be given by last year’s Nobel prize-winner for medicine. He said that there would be a three tier registration fee to enable delegates from poorer countries to participate.

13.2 The Report of ESHRE
ESHRE’s report focused on visits, which are listed above, and on the fact that Prof Tarlatzis was a member of the Antwerp Scientific Committee, as are all the subspecialist societies, and that ESHRE had made a number of proposals for the scientific programme.

13.3 The Report of EUGA
Prof Koelbl told Council that he would continue as the EUGA representative to EBCOG but that the new President of EUGA was Prof Michael Halaska.

Prof Koelbl said that EUGA was keen to increase the acceptance of the fellowship programme with national societies; to increase the number of applications for subspecialisation and to increase EUGA membership. Prof Koelbl said that EUGA would meet in Budapest in December and that the EUGA/IUGA Annual Meeting would take place in Como, Italy, on 16-20 June 2009. The focus of the meeting will be on research.

Prof Kotarski said that Poland wanted to develop subspecialisations and Prof Koelbl told Council that he had agreed to try and help the Polish Society with this development.

14. The Report of ENTOG
Dr Christopoulos, the Secretary-General of ENTOG, reported that ENTOG has three new member countries and is increasing cooperation with American trainees. He said that as it is comprised of trainees, ENTOG’s personnel turns over quickly and so the organisation focuses on the near future. Dr Christopoulos said that the next trainee exchange and meeting would take place in Budapest and that the date would be set to correspond with EBCOG’s next Council meeting. He said that this meeting would focus on modern trends and technologies. Dr Christopoulos said that ENTOG will continue to support and promote trainee involvement in the Congress and that ENTOG was working with a small group of Belgian trainees to prepare for the Antwerp Congress, although unfortunately, there was no national trainee network in Belgium.

Dr Christopoulos reiterated ENTOG’s request to be formally and officially recognised as members of the visiting teams and as mentioned under point 12.3.5, the Coordinator of EBCOG Hospital Recognition & Chairman of the Subspecialist Sub-Committee indicated that he believed that this should be the case.

Dr Christopoulos informed Council that ENTOG had a new web site: www.entog.org which was intended to be more interactive and that it receives over 300 hits per day. He went on to say that one of ENTOG’s projects was to facilitate longer term exchanges and that a list of EBCOG accredited departments would be included on the ENTOG web site so that trainees could organise their own exchanges directly with these departments. Dr Christopoulos said that ENTOG would continue to support all national efforts to improve training conditions and will continue to conduct one or two surveys per year. He thanked everyone who had provided feedback on the EWTD survey.
Dr Christopoulos concluded by thanking EBCOG for its cooperation and the President thanked Dr Christopoulos for his presentation saying that ENTOG represented the future of the discipline.

15. European Congress
15.1 European Congress Lisboa
The Chair of the Lisboa Scientific Committee reported that preparations for the Congress had begun in 2005 and that the contract had been signed in 2007. He explained that the deadlines had been flexible which helped to attract more participants.

The Chair of the Lisboa Scientific Committee said that it was important to analyse the advertising. The advertising for Lisboa had been conducted through:

- Flyers;
- Attending local congresses;
- EBCOG’s national societies;
- PCO mailings;
- Journals.

He said that the lesson to be drawn from Lisboa was that advertising needs to begin as soon as possible, as early registrations had been on the low side. The Chair of the Lisboa Scientific Committee said that it was important for the PCO to have a good data base of contacts.

He reminded the meeting that all of EBCOG’s national societies had been given a free advert, but that only a few of them had used it. He said that he believed that the fact that 20% of the participants were trainees was important. The Chair of the Lisboa Scientific Committee said that the HOT sessions had attracted 210 participants, with a preponderance of trainees. He reported that 525 abstracts had been submitted – 52 oral presentations, 363 posters and 60 posters with discussion. He said that significantly more obstetric abstracts had been submitted than gynaecological abstracts.

The Chair of the Lisboa Scientific Committee reported that the Congress had been divided into the following sessions:

- 7 Plenary Sessions
- 10 Parallel Session
- 5 Lectures
- 6 Pre-Congress Courses
- 2 Workshops
- 3 Lunch Symposia
- 2 Special Symposia
- 4 Afternoon Symposia
- 12 Hands on Training (HOT) Sessions

The Chair of the Lisboa Scientific Committee said that the HOT sessions had been a very successful feature of the Congress as had the live surgery. He said that German-speaking countries had been under-represented and it was agreed that it is important to attract international companies as sponsors. The Chair of the Lisboa Scientific Committee said that pharmaceutical companies were not focusing on women’s health as
strongly as before and the President of ESGO advised that breast cancer be included as a major topic as this is very attractive to sponsors.

Prof Koelbl told Council that the European Urogynaecology Association had the biggest meeting in the world in its field and proposed that a representative be invited to the next meeting of the Antwerp Congress Management Committee.

The Treasurer presented the financial results of the Congress:

- 1489 participants
- Registrations €716,000

He said that the final fixed expenses of €493,000 were over budget, compared to the budget of €408,000. However, the variable expenses were €40,000 under budget. The total budgeted income was €975,000 and the actual income was €1,162,000 yielding an income of €543,000 of which:

- EBCOG received €148,000
- The Portuguese Federation received €14,800
- Mundiconvenius received €380,000

The Treasurer explained that this division is based on a calculation of 1500 paying participants as laid down in the contract. He pointed out that the number of paying participants had not reached 1500, but that Mundiconvenius had made its calculations on the assumption that this number had been reached. This meant that there was no additional surplus to divide between the PCO, the Portuguese Federation and EBCOG. However, had the calculations been made on the basis of 1000 paying participants, EBCOG would have received a lump sum of 116,000 EUR plus 40% of the additional surplus. The Treasurer said, however, that the Contract can be interpreted in several ways. He told Council that the Executive discussed this matter and agreed that the Treasurer should seek legal advice about the interpretation of the contract. He explained that he had contacted a British solicitor who acts for the RCOG who said that he believed the percentage rule should apply. The Treasurer explained that the Congress Management Committee had discussed this issue the previous day and proposed that EBCOG should discuss this matter with the Portuguese Federation and Gynaecologists to see if further action should be taken, as the contract stipulates that arbitration should be performed by the Portuguese Law Society. It was agreed that this matter be discussed with the Portuguese Federation and brought back to Council.

Prof Martinez de Oliveira stressed that the contract should be amended to remove any ambiguities and he said he believed that EBCOG should assume more financial risk in future, as it is asking a lot of a PCO to agree to a guaranteed income.

The President thanked the Chair of the Lisboa Scientific Committee and the Lisboa Scientific and Management Committee members for all their efforts for the Congress.

15.2 European Congress Antwerp
The Chair of the Antwerp Scientific Committee thanked all the members of the Scientific Committee for their collaboration and said that she had asked for proposals for the scientific programme from members of Council, ENTOG, the subspecialist societies,
EFC, ESGE, ESC, EMAS, ISPOG and ISSC, ISUOG, ESCVD and EURAPAG and had received proposals from many of these organisations and from several Council members. The Chair of the Antwerp Scientific Committee said that Ms Daly had agreed to send her some proposals for a session and she explained that the structure of the programme would be very similar to that of previous Congresses.

The Chair of the Antwerp Scientific Committee said that a total of 5 plenary sessions were planned and that there was a total of 7 slots for parallel sessions. She explained that the call for abstracts would go out in May 2009 with the deadline for submissions being 31st December and author notifications to be made by 28th February 2010.

The Chair of the Antwerp Scientific Committee asked if national societies would like space at the beginning of the Congress to have the opportunity to organise national meetings. Council agreed that this was not necessary.

The President, who Chairs the Antwerp Congress Management Committee, told Council that this Committee had met the previous day and discussed the outcomes of the Lisboa Congress in detail. He explained that no budget was available as yet because it had been necessary to first develop the programme. He said however, that a budget was now being prepared by the PCO, Semico.

The Chair of the Congress Management Committee said that there had been some concern expressed about the timing of the ENTOG Exchange Programme, which will run from Monday to Thursday and so overlap with a significant part of the Congress. He said he felt that this sends out a discouraging signal to trainees. The President said that he would discuss the matter with ENTOG to see if the timing of the Exchange could be changed. Dr Christopoulos explained that the Exchange Programme would only involve 30 people and so this situation should not have a significant impact on trainee participation.

15.3 European Congress Tallinn
The President reminded Council that EBCOG has not yet appointed a PCO for Tallinn and he asked Prof Karro to give EBCOG information about any Estonian PCOs she is aware of or would recommend. He also reminded Council that a date for the Congress has yet to be set although the end of May was being considered as a possibility.

16. Any Other Business
16.1 Voting Rights for the Subspecialist Societies
The President explained that the Subspecialist Societies had requested voting rights within EBCOG. He said that EBCOG and these societies worked very closely and that the four subspecialist societies contributed an enormous amount to EBCOG. The President said that he supported full voting rights for EAPM, ESGO, ESHRE and EUGA and it was agreed that this proposal would be taken to the next Council meeting for decision.

16.2 Honorary Fellowship
The President told Council that he believed an Honorary Fellowship should be awarded to Prof Juriy Wladimiroff in recognition of all his efforts and achievements for EBCOG as Secretary-General, Vice-President and Visiting Coordinator. Council agreed unanimously.
17. Elections

President
The results of the elections were as follows:

Prof George Creatsas – 9 votes
Prof Peter Hornnes – 15 votes

- **Prof Hornnes was duly elected President.**

The posts of Vice-President, Treasurer and Executive Members were uncontested. This being the case, the candidates were requested to withdraw and Council asked to indicate if it agreed that these candidates be elected. The agreement was unanimous and there was no formal vote. Hence:

- **Prof Van Wiemeersch was duly elected as Vice-President**
- **Prof Holzgrewe was duly elected as Treasurer**
- **Prof Templeton was duly elected as an Executive Member**
- **Dr Kirschner was duly elected as an Executive Member**

The President reminded Council that the posts of Secretary-General and one Executive member remained to be filled and that there would be an election for these positions at the next Council meeting. Under the terms of the Constitution, nominations should be sent to the President, with a copy to Mrs Mercer, before March 12th 2009.

The President congratulated the newly elected Officers and Executive Members and wished them every success for the future. He thanked Council and the Officers and Executive Committee for their help and support over the last three years as President and previous six years when he was Treasurer.

On behalf of Council, the Officers and the Executive thanked the President for all his hard work and achievements on behalf of EBCOG and wished him every success in all his forthcoming endeavours.

18. Dates and Places of Next Meetings

- **Executive Committee:** Brussels, 27th & 28th March 2009
- **ENTOG:** Budapest 12th June 2009
- **Council:** Budapest, 13th & 14th June 2009

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Points for Action

1. Mrs Mercer agreed to amend the Executive minutes of 26 & 27 September (4)
2. The President agreed to contact certain people about the FIGO capacity building exercise (5.2)
3. The President agreed to send the Memorandum of Understanding to FIGO (5.2)
4. As one of the two Chairmen of the UEMS surgical group, the President agreed to liaise with EBCOG (5.3)
5. Council agreed that EBCOG should endorse the ECCA cervical cancer prevention week (5.4)
6. The Officers of EBCOG agreed to discuss the proposed division of sexual medicine with the EBU (5.5)
7. The President agreed to write a holding letter to the Commission about Sphygmomanometers (5.6)
8. Council members agreed to send the Vice-President feedback on the proposed Strategy Paper (6)
9. The Executive agreed to prepare a long-term financial plan (8.2)
10. The Secretary-General agreed that ENTOG would submit a formal, written request for financial support for ENTOG trainees to attend a trainee meeting in America (8.2)
11. The President agreed to address the issue of CME/CPD with the Surgical Section (10)
12. The Executive agreed to rediscuss the question of using a permanent PCO to organise Congresses and bring this matter back to Council (11.2.1)
13. The President agreed to circulate the MoU to national societies and ask for their feedback on the document (11.2.2)
14. The Secretary-General agreed to put the slides on psychosomatics onto the web site (12.1.2)
15. It was agreed that the incoming Officers should discuss the composition of the SCTA (12.1.7)
16. The President of the EMA agreed to send the President of EBCOG a copy of the EU Green Paper on sustaining health professions in Europe (12.2)
17. The Secretary-General agreed to ask EAPM to contact EMA as EMA is in the process of developing networks and contacts (12.2)
18. The Coordinator of EBCOG Hospital Recognition & Chairman of the Subspecialist Sub-Committee agreed to present a position paper to the Executive Committee on requests for automatic EBCOG accreditation from countries with their own national specialist visiting systems (12.3.4)
19. The subspecialist societies and ENTOG agreed to discuss trainee participation in specialist visits (12.3.6)
20. Prof Koelbl agreed to help the Polish Society in terms of the development of subspecialisations in Poland (13.3)
21. The Treasurer agreed to discuss the issue of the division of the surplus income with the Portuguese Federation (15.1)
22. The President of the EMA agreed to send proposals for a session to the Chair of the Antwerp Scientific Committee (15.2)
23. The President agreed to discuss the timing of the ENTOG Exchange Programme in 2010 with ENTOG (15.2)
24. Prof Karro agreed to give EBCOG information about Estonian PCOs (15.3)
25. Council agreed to send nominations for the posts of Secretary-General and one Executive member to the President, with a copy to Mrs Mercer, before March 12th 2009 (17)