



# INSTITUTE OF OBSTETRICIANS & GYNAECOLOGISTS

## Message from the Chair

I hope you all had a good Christmas and new year. The Institute is facing into a very busy period and hopefully we'll be able to move a number of important agenda items forward despite the air of doom and gloom that appears to pervade our society at present. There maybe an economic downturn but this certainly does not appear to be complemented by a similar downturn in the number of deliveries we are all managing.

The HSE National Service Plan for 2009 refers to the recently published KPMG report on reconfiguration of maternity care services in Dublin. While much of what is in the report is to be welcomed some of the conclusions particularly in the area of gynecology are based on wholly inaccurate work load figures.

The service plan goes on to discuss "configuration of maternity units". Deliverable targets for 2009 include; "current delivery model in maternity units nationally examined in light of emerging trends and best practice, both nationally and internationally. Figure minimum number of births per unit determined. Reconfiguration plans developed for existing units where minimum number of births is less than that required for comprehensive safe services". The Institute strategy document puts forward the view that all existing units should continue to function into the future and that rationalization has already taken place with the closure of a significant number of smaller units. Indeed most units are delivering in excess of 1800 births per annum. Geographic spread makes it difficult to see how existing units can be further rationalized without significant capital investment. We have augured strongly against the establishment of stand alone MLUs as a model of service provision.

We have also been arguing hard for consultant expansion. The KPMG report recommends one consultant for every 500 deliveries. A conservative estimate would indicate that we are approximately 38 consultants short

around the country. The understaffing is particularly striking in a number of three consultant units who are now delivering in excess of 2500 babies per annum. The Institute needs to take every opportunity to drive this message home.

Professor Drumm and Ann Doherty attended the recent Executive Council meeting. We had a very full and frank discussion around the issue of maternity services. Clearly the HSE are looking at ways top reconfigure current service provision around the country.

I think there was general agreement that the Institute would support such initiatives provided that they were accompanied by the necessary infrastructural changes to support any amalgamation of existing units. We have managed to open up and a regular channel of communication with the National Hospitals Office which can only be beneficial going forward.

## National Cervical Screening Programme

The launch of the National Cervical Screening Programme in September 2008 is most welcome. It is probably the most significant development in women's health for the last decade. Like all new initiatives it has not been without its teething problems. There has been significant disquiet about the tendering process for cervical cytology. The Faculty of Pathology has raised significant issues with Mr. Tony O'Brien Chief Executive National Cancer Screening Services. The Institute have supported their concerns, however it is unlikely that the decision to outsource cervical cytology to the United States will be reversed. It is therefore imperative that we work with the current system to maximize efficiency for our patients.

A number of colposcopy clinics have written to the Institute about difficulties in arranging multidisciplinary meetings to review cytology slides. It appears that this issue is being addressed with what looks like an excellent web-based system to allow a

clinicopathological CPC meeting is to take place for colposcopy clinics. Grainne Flannelly is taking a lead on this and is happy for any colposcopy clinic to contact her about this at [grainne.flannelly@cancerscreening.ie](mailto:grainne.flannelly@cancerscreening.ie)

The NCSS have given a commitment to facilitate training with access to cytopathology services for the purpose of completing training in colposcopy

Another issue that has been raised by a number of members has been the taking of cervical smears in gynecological outpatients. Obviously all gynecologists must be in a position to take a cervical smear if it is clinically indicated. We should not however take routine smears, women should be advised to check [cervicalcheck.ie](http://cervicalcheck.ie) and see who their local registered smear takers are.

Any smears taken in the gynecological outpatients will be registered as the woman's first smear on the screening programme and she will be informed of the result. However if there is an abnormality on the smear is up to the individual clinician to ensure that appropriate follow-up arrangements either repeat smear in six months or referred for colposcopy are put in place.

Grainne is to be commended for all her efforts in driving forward the colposcopy arm off the National Screening Programme. While not all decisions are universally popular it must be recognized that they are in the main driven by the equality agenda in an effort to provide the best possible service to women.

## Training

Short listing has taken place for this year's SpR programme and interviews will take place in mid February. This year we have secured four posts for Fixed Term Training Appointments. This allowed for a period of supervised training, usually of one year. If completed satisfactorily it will result in the award of a certificate of equivalence which enables registration on the specialist



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register. Again there has been significant interest in these posts. Interviews will take place on the 13th of February.

Dr. Gerry Agnew who is currently working as a SpR in Cork is to be congratulated obtaining a Dr. Stevens scholarship. This provides funding for one years training abroad. Only five are awarded nationally across all specialties so this is a particularly prestigious achievement. Gerry is off to Melbourne to work with Professor Peter O'Dwyer and Professor Maher to work in the field of urogynaecology and robotic surgery.

Dr. Cathy Burke has kindly agreed to take on the onerous task of organizing the Basic Skills Course in obstetrics and gynecology for GPT trainees. The first of these will be held on 20th and 21<sup>st</sup> February at the National Skills Centre. It is hoped to run two courses a year going forward. Satisfactory completion is a mandatory requirement of GPT training.

Formal end of your assessments will be organized in May for all GPT trainees who are registered in year one of the programme. I would urge all educational supervisors to ensure that their assessment forms are completed. This is the first time that we have introduced OSTATS as a method of an assessment which should ensure competency based assessment of clinical procedures. It is fully appreciated that this is a somewhat time-consuming exercise and we would value your feedback on its effectiveness. The Specialty Training Committee is under increasing pressure to introduce this type of formal clinical based assessment into our SpR training programme.

## Snippets

Those of you who were privileged to attend Dr. Valerie Donnelly's excellent presentation on her experience in Africa at the recent Four Provinces meeting cannot fail to have been moved. She certainly gave us all significant food for thought and will

hopefully have enthused others to follow in her footsteps.

On a similar theme Dr. Jack Conway has written to the Institute about both short term and medium-term work opportunities in Africa. Anybody who is interested is encouraged to contact Jack directly.

Congratulations to all those who have recently been appointed to consultant posts: Drs. Maeve Eogan, Tom Walsh, Fionnuala Breathnach and Rishi to the Rotunda; Drs. Mairead Kennelly, Ashling Martin and Cloina Murphy to the Coombe; Drs. Rohna Mahony and Shane Higgins to the National Maternity Hospital; Drs. Helen McMillan and Mairead O'Riordan to Cork University Maternity Hospital; Drs. Veni and Arabi to Clonmel. Dr. Michael O'Leary has taken up his appointment at Galway University Hospital.

Apologies to anybody I have omitted but it is difficult to keep track of so many new appointments.

Congratulations to Eddie O'Donnell & his colleagues at Waterford Regional Hospital for their excellent Annual Report.

## Meetings

The programme for the forthcoming International Meeting is included with this newsletter. Keelin is again to be congratulated on an excellent programme. This meeting is also an SpR study day and again I hope we'll have a good turnout from trainees, particularly to support the Royal Academy of Medicine in Ireland's Registrar's Prize meeting.

We have included a diary of forthcoming meetings with this newsletter. You'll see that there are a number of very important international groups visiting Dublin or the coming months. There are also a number of important national meetings with the Irish Perinatal Society on the 21st of March and the Continence Foundation of Ireland pelvic-floor workshop on the 24th of April. This will include Prof Bob Shull

undertaking live surgical procedures. The first of these meetings was held last year showcased the excellent audiovisual facilities in the new Cork University Maternity Hospital. In view of this we have arranged a SpR training day on the 27th March which will again feature live surgery with Matt Hewitt undertaking a robotically assisted laparoscopic abdominal hysterectomy and Barry O'Reilly performing a more traditional vaginal hysterectomy. Again these surgical procedures will be complemented with a number of talks on surgical anatomy.

In these days of diminishing gynecological surgery one hopes that such workshop will be useful for the trainees. Again a full attendance is expected.



Discussions at the Four Provinces Meeting 2008

## In closing

I have had some favorable comments regarding the first newsletter and hopefully there will be items of interest in this one as well.

I would reiterate that the Institute is only as effective as its membership. I would encourage all to contribute. There are ample opportunities, particularly as a new Executive is due for election next June.

Further details of this will be sent to you in due course. Please feel free to contact me with any issues or ideas

With regards

*Rory O'Connor*



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PHYSICIANS OF IRELAND