

Report to the NFOG Board

Clinical visit to The Centre of Reproductive Medicine, The Royal Infirmary Hospital, Edinburgh 1.5.-30.6.2013

I visited The Centre of Reproductive Medicine at the Royal Infirmary Hospital (RIE) for two months. The head of Edinburgh Fertility and Endocrine Centre (*EFREC*), Professor Richard Anderson, kindly hosted my visit with many of his colleagues representing excellent clinical skills and up-to date research in reproductive endocrinology and infertility.

During my visit I was regarded as an observer. I followed different clinics in reproductive endocrinology, infertility, general gynecology, endometriosis and high risk pregnancies. I followed days (and a night) of work at the labour ward and got to witness very experienced use of forceps in delivery. I observed endometriosis operations and followed outpatient hysteroscopies, hysterosalpingograms and gynecologic triage. I was also given the opportunity to visit the Assisted Conception Unit of the Ninewells Hospital, Dundee, with a brand new infertility unit and a top-quality laboratory filling all requirements for a modern IVF center, performing 900 cycles a year.

One of the most excellent entities within the gynecologic clinic of the RIE was the fairly recently established multidisciplinary Pelvic Pain Team. The team consists of two gynecologists, an anesthetist, a psychiatrist, a psychologist and a research nurse and deals with patients with different pelvic pain problems in conjoined clinics and biweekly meetings. They have their own web site providing patients with medical information, information on peer support as well as means of contacting the team nurse directly. Another interesting and functional unit within the RIE was the nurse-run Pregnancy Support Center, handling all early pregnancy-related issues like early scans, miscarriages and even extrauterine pregnancies. Only terminations of pregnancy and their complications were excluded from the center. A doctor was consulted practically only when medical or surgical treatment of a GEU was needed. Something indeed to think about - does a spontaneous miscarriage need a doctor?

In all, my visit was long enough to give me a very comprehensive picture of the work of a trainee in obstetrics and gynecology in Scotland. I would like to warmly thank the NFOG for supporting my clinical visit to Edinburgh.

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