

## **NFOG Board Meeting Minutes 10/2016**

**Place:** **Friday:** Konferenshuset, Drottninggatan 55, Stockholm, Sweden  
**Saturday and Sunday:** Victory Hotel & Conference, Lilla Nygatan 5

**Time:** Friday November 4<sup>th</sup>, 12.00-17.00  
Saturday November 5<sup>th</sup>, 09.00-17.00  
Sunday November 6<sup>th</sup>, 09.00-12.00

**Present:** Karen Wøjdemann (President), Knut Hordnes (Former President), Thea Lousen (Treasurer), Espen Berner (New Treasurer), Maija Jakobsson (Secretary General), Lars Ladfors (Webmaster), Lotti Helström (SFOG), Andreas Herbst (New president SFOG from January, 2017), Hannu Martikainen (SGY), Thomas Larsen (DSOG), Marit Lieng (NGF), Alexander Smáráson (FÍFK), Ulrik Schiøler Kesmodel (Scientific Committee Chairman), Ganesh Acharya (Chief Editor AOGS, on Saturday and on Sunday), Katrin Kristjánsdóttir (Educational Committee Chairman), Niels Uldbjerg (Guidelines Committee Chairman), Anette Tønnes Pedersen (FIGO, on Friday and on Saturday), Anne Cathrine Hoffgaard Munk (NFYOG, on Saturday), Oskari Heikinheimo (President NFOG 2016, on Saturday), Bjarne Ronde Kristiansen (President NFOG 2018).

**Excuses:** Seija Grénman (SGY).

1. **Opening of the meeting** President Karen Reinhold Wøjdemann opened the meeting.
2. **Approval of the agenda.** The Agenda was approved.
3. **Approval of the minutes from the previous Board meeting** Knut Hordnes presented Minutes from Board meeting 6/2016 and it was approved with small corrections.
4. **Approval of the minutes from the previous Board meeting** Knut Hordnes presented Minutes from General Assembly 6/2016 and it was approved.
5. **Educational Committee (EC)** Katrin Kristjánsdóttir told that EC is finalizing the Educational Course that will be 27-28, April 2017, in Copenhagen, Bella Center, Denmark. There will also a sponsor (ICM). CME credits will be applied. Budget will be about 242 765 DDK (~32 627 €), which is slightly more than the original sum reserved in the budget (200 000 DDK ~ 26 880 €). The Board Meeting will be held also during the course. Course fee was already earlier decided to be 2 000 DDK (~268 €). Number of participants will be 100. There was some discussion regarding the Budget, but **the Board approved this plan.**
6. **Guidelines Committee (GC)** Niels Uldbjerg presented project that aim to produce Nordic survey about the role of progesteron in prevention of preterm birth. Two members from each Nordic country have already been nominated to this group. A Delphi round is currently being performed among multi-disciplinary specialists. The first meeting will be held in January, 2017 in Oslo. One member from Norway is currently living in USA. The Board considered that NFOG cannot pay tickets from other continents, but it may be possible to participate though Skype. There is one App company that would like to participate this process.

7. **Nordic textbook** Niels Uldbjerg presented an idea of a Nordic textbook for medical students. In Nordic countries we have very advanced health care system and therefore this e-book would be very good advertisement to Nordic Health care system and serve also as branding to NFOG. Book would be only electronic, free of charge, in English and each country would write chapters for the book. The new material should include videos as well.

Contact persons have already been chosen from each country. NFYOG has also been asked to participate this project. The Budget would be approximately 100 000 DDK (~13 438 €). In Sweden and Norway there are fresh textbooks and therefore at least Swedish society is somewhat unenthusiastic to participate this project. At least there should be some support for English language editing or some payments for the authors. In general, the Board supported this project. **For the next meeting we need a more detailed proposal for Editorial Board, Budget and perhaps some examples for the text. Each Society should approve the nominated contact persons for the next meeting.**

8. **Economy, budget, and accounts** Thea Lousen presented the Budget 2016-2018. Editorial expenses will increase because of the arrangements regarding new and old Editors. Expenses are related also to the number of manuscripts each Editor handles. Incomes come from mainly from the Acta, but also to some extent fees and earnings from financial investments.

In the 2010 NFOG fund was established and thereafter surplus has been transferred to the Fund, therefore fortune is not increasing like it used to do earlier. The Board suggest that the remaining 33% of the surplus from 2014-2015 (326 856 DDK) are used in upcoming years (2017-2018) according to the suggested Budget. Surplus for 2016 is 1 026 854 DDK, of which 67% of it goes to the Fund.

For the Educational Course there is reserved 200 000 DDK. Even if the deficit would be more than 200 000 DDK, it can be accepted. Development of the Homepage has a Budget for 20 000 DDK and for the FIGO activity 100 000 DDK.

In the future it would be reasonable to reserve more money for Guidelines Committee and Educational Courses. It was suggested that Treasurer and President could decide in end of each year where to use surplus, but the General Assembly should approve this.

We could use more money (like support Nordic textbook) or lower fees of the national societies or do educational courses.

New treasurer Espen Berner asked signatures for all of the voting members for a credit card to cover expenses of the Board meetings and also for the Bank. In the future there will be electronic re-imburement system, which will speed up that process.

## 9. News from the National Societies

**Norway-NGF** Marit Lieng told that they had just their annual meeting consisting of 350 participants. The main issue of the meeting was STAN- to STAN or not to STAN, sexual dysphoria, pelvic floor dysfunction and endometriosis. In Norway in specialist training they are shifting from system where young doctors count different procedures

is to broader skills evaluation. There has been a lot of discussion on aesthetic gynecological surgery and selective abortion of twins.

**Denmark-DSOG** Thomas Larsen told about busy summer because of baby boom (+14 %) during last summer. There has been discussion about subspecializing programs. The aim is to secure high quality of care. There has been discussion about certification processes, for example in doing hysteroscopies. There has been a huge project “Safe births”- project during the last two years: all the personnel had to be certified for example for KTG. The aim was to reduce birth asphyxia, which did not quite succeed, because numbers of asphyxia are so low in general. STAN is running in most places in Denmark. There has been project on fertility counselling among fertile-aged women in Denmark.

**Sweden-SFOG** Lotti Helström told that also “Safe Births”- project has been going on also in Sweden and there is a lot of discussion how to go on. The number of injured children has reduced during the process. There has also been discussion on cosmetic gynecologic surgery. Cervical cancer screening and treatment instructions have been finalized. NFOG leadership course have been discussed. Subspecialization programs have been planned already a long time. A very detailed National Pregnancy Registry has been established covering all delivery hospitals. Meeting with Midwife society, lead discussion to “midwife led deliveries” and they had fruitful seminar regarding “individualized delivery care”. SFOG makes a campaign “SFOG kul” which included communication, education and leadership.

**Finland-SGY** Hannu Martikainen told that the number of deliveries is declining, which is in contrast what has happened in Denmark. Fertility counselling is already available on the private sector. The huge reform of combining social care and health care systems is going on. The number of full service hospitals will decline to 12, specialized surgery is also centralized to these hospitals. The process of closing the smallest delivery units with less than 1 000 annual deliveries is ongoing.

**Iceland- FÍFK** Alexander Smárason reminded that NFOG 2021 will be held 12-15, June in Reykjavík. In a response to review of the current law regarding the use of medicines FÍFK had discussion and sent in report on whether nurses/midwives could prescribe medications such as contraceptive pills. The conclusion was that there no need for such change. Further work is in progress on writing protocols of structures specialist training instead of only counting the number of years spent in training. Specialist training in Iceland in internal medicine is now according to the program of the Royal College of Physicians. There now work in progress to adapt in a similar way the specialist training program from the Royal College of Obstetricians and Gynaecologists. However, doctors in specialist training in Iceland will still require some education abroad.

**10. NFOG 2016** Oskari Heikinheimo summarized NFOG 2016 congress. Program was built by Local Organizing Committee and Scientific Committee together. Abstracts were reviewed by both committees. The number of participants was 875 in total from 29 different countries. In pre-congress courses there were 133 participants, which was slightly less than expected. Pre-congress congresses were on Sunday, which might have affected. Hands-on courses were the most popular. Industry sponsored symposia had a high level of registrations. Social events were well attended; the most popular

event was the NFOG Dinner with 606 participants. There were 11 sponsors, but they made the final decisions quite late. Exhibition was even sold-out several times. Income come from registration fees and exhibition fees in total 652 700 € (~4 857 000 DDK). Almost the final cost was 580 798 (~4 321 950 DDK) resulting surplus of 71 902 € (~535 000 DDK).

Important things were good location of Finlandia hall, excellent selection of the congress bureau, congress app was successful, exhibition was successful, both scientific and social programs were good. Some things to consider in the future are the number of pre-congress congresses, the absence of abstracts book (which might be important publication to younger people). Local organization gives every congress some extra values added with the experience of the central organization.

**11. NFYOG** Anne Cathrine Hoffgaard Munk told that Dinner for trainees in NFOG 2016 congress was very successful and discussion continued afterwards. Surgical training in different countries varies a lot. They are evaluating evaluation and assessment tools, which can be used in different countries. The next Educational Course will be basic course. In the future next NFYOG meeting will be on Monday and a new president for NFYOG will be selected. Nowadays it is becoming harder to get a day off from the work to attend the meetings, therefore they have arranged only day meetings. There are some differences how representatives are selected in each country.

**12. NFOG 2018** Bjarne Rønne Kristensen told about congress in Odense 2018. A new congress center will be constructed by January, 2017. The program will be of similar structure than it was in Helsinki. The Board suggested that poster session should be placed in the middle of the day, as it was in Helsinki.

Conference days will be from Sunday to Wednesday. On Sunday there will be possibility for young doctors to visit local delivery hospitals. There will be also some pre-congress courses, but not so many as in there were in Helsinki. Crown princess Mary is invited to the Opening ceremony, as she has done work on women health issues.

There will be Get-together party on Monday and Gala Dinner on Tuesday in Old Harbour place. People will mainly be arriving by trains from Copenhagen airport. Overall topics will be pregnancy as a window to future health, innovative eHealth systems, cosmetic surgery of the vulva (including reconstructive surgery after female genital mutilation), HPV-vaccination, abortion: differences in legislation differences in Scandinavia and global perspective, selective twin abortion, abortion tourism, women of ethnic minority and their approach and attitude to gynecology (Immigrant health) and to obstetric service. Evidence based medicine, ethical and legal aspects and differences in gynecology in Scandinavia, reproductive medicine and ethical aspect in fertility treatment, obesity (NOCOGO session), medical education. Violence against women. Contraception, Minimal invasive surgery (NSGE session), Preterm birth, preeclampsia.

Some suggestions from the Board were "patient led delivery/ team supported" (vs "midwife led delivery"). Caesarean section rate. Robotic surgery. Endometriosis. There should be also place for hot-topic. Amazing stories on interesting patient cases. Complications session, learning from them and coping from complications. "Stump the experts". Are we medicalising deliveries?

**13. FIGO** Anette Tønnes Pedersen gave an excellent presentation on the basic facts regarding the FIGO. The mission is to promote the well-being of women and raise the standard in obstetrics and gynecology. Next congress will be in Rio de Janeiro, 2018 and after that in Sydney 2020. She presented vision statement, mission statement and values. She presented also the FIGO governance and committees.

She presented some problems in selection of committees and working group chairs and members. System is not transparent and new president selects members of the committees and working group chairs.

She presented a GLOWN-data sharing platform, where a lot of useful information can be found.

FIGO Rio de Janeiro 2018 program. There is a list of proposed scientific tracks. We can suggest speakers to the specific tracks (advisory board), workshops and symposias. It would be very important to have a NFOG symposium (or Nordic ACTA) or symposium in FIGO. There is some money in Budget reserved for FIGO to cover travel expenses and registration fee for the speakers. Caesarean section rate is very high in Southern America, which could be a good issue. Some other possible issues could be day-surgical procedures. Contraception, transgender issues, day-surgical procedures and abortion are sensitive subjects there, but can also be considered. Anette Tønnes Pedersen will find out is the symposium sustainable and how much it would cost. **The Board decided that Oskari Heikinheimo, Andreas Herbs and Ganesh Acharya will work with President to make more detailed suggestion for program. National societies collaborate with this process. Anette Tønnes Pedersen will write a small text that can be shared to National societies to advertise this process.**

**14. The Global pregnancy database (CoLab) collection** Knut Hordnes presented idea of this database presented (in more detailed in <https://pregnancycolab.tghn.org/> ). This database is very cheap, because it is founded by the Linda and Bill Gates Foundation. All of the Nordic countries have their National Medical Registers, but this data would be more detailed. The data sharing legislation and regulation is very strict. This idea is very attractive, but this is very hard to make. There will be presentation on this subject in Odense.

**15. AOGS (ACTA)** Ganesh Acharya presented new Editorial Board. From Finland Päivi Polo will replace Jorma Paavonen. Norway will suggest a new Associate Editor to the Editorial Board. Iceland has not been able to identify a new Associate Editor to replace Saemunder Gudmundsson yet. Alexander Smárason will suggest a candidate to the Chief Editor (Ganesh Acharya) before the end of November 2016. If not, the NFOG Board has agreed that Jon Ivar Einarsson, a Gynecologist from Iceland who is currently working in Boston, USA and is a member of AOGS International Editorial Board, could be asked to join as an Associate Editor. Alternatively the position will be advertised in all Nordic countries.

One of the important aspects for the continuing success of AOGS is the evaluation of International editorial Board members. Their individual performance varies remarkably, in terms of the number of evaluated manuscripts as well as the quality of reviews. Editors that were too busy and unable to deliver what they promised will be replaced next year.

There has been a proposal for publishing new commercial AOGS Supplement by Wiley. However, the manuscript that was submitted for the supplement was rejected after peer-review due to low quality. Publishing supplement could have resulted in some economic gain but integrity of the journal is more important.

AOGS has started publishing Patient Perspectives occasionally. AOGS Journal club (Acta club) is planned for starting 2017. It means that Journal would provide ready Power Point slides summarizing two selected articles per month (one in Obstetrics and one in Gynecology) to present in meetings.

New theme issues are planned following success of the theme issue on Fetal Cardiovascular Physiology. Theme issue on endometriosis and fertility will be published next spring, and next theme issue would be on methods in reproductive/perinatal epidemiology.

One or two important articles are made freely available per month by Wiley on the request from the Editorial Board. Wiley proposed a change in Open Access (OA) fee for publishing in AOGS. The fee for OA has been increased (from 3 000 \$ to 4 000 \$), but, there are only few such articles published in AOGS each year. OA income was 8 895 \$ (4 articles) in 2014 and 15 950 \$ (7 articles) in for 2015. According to Wiley, it is unlikely to have any significant impact in the income for NFOG generated by AOGS. Therefore, the president of NFOG has approved this increase in OA fee.

There have been some improvements in manuscript handling system, such as Publons, and reviewers can get credit and print certificates for reviews performed.

What else can be done to improve? We need to learn from other journals. We must choose our Editors carefully. We need to educate our Associate Editors, evaluate their performance and give feed-back. Self-appraisal was started this year and proved to be a good way of evaluating Editors. We need to increase visibility of our journal. We should consider having AOGS stands at conferences and meetings when possible. Conducting journal clubs, activity in Facebook, and increasing visibility in the USA are some important steps.

The number of submissions to AOGS has been quite stable, around 1 200 manuscript per year. Review process has been improved in general and manuscript-handling times have been shortened. Approximately 40-48% of all manuscripts are rejected directly by the Chief Editor. The total rejection rate is currently 85.4%. Impact factor was 2.191 for 2015.

The Deputy Chief Editor Position was advertised, there were two applicants, of which one has withdrawn the application. **Karen Wøjdemann, Espen Berner, Ganesh Acharya and Ulrik Schiøler Kesmodel were selected to interview the candidate by Skype/telephone conference.** Ganesh Acharya will send applicant's CV to Maija who will forward it to the NFOG Board members.

- 16. Scientific committee (SC)** Ulrik Schiøler Kesmodel told that poster session at midday was a success- and it should be repeated at NFOG 2018. Allowing delegates to vote for best posters (and possibly best oral presentations) via the congress app could also be attractive.

There were only 11 applications for the NFOG fund, 7 of them received grant. Some of the applicants did not have all of the required documents (like the invitation letter). Now the website has been updated and a model of application will be made.

Some adjustments of criteria for funding are done. The NFOG fund will cover only two speakers per year per National society. Applicants are reminded to use the most recent application form. Some meetings are actually congresses, the NFOG fund will not support participation of congresses. In the future no CV will be needed. Some spelling mistakes were corrected aswell.

Future focus area of the SC. How to define and subsequently fill in knowledge gaps by actively promoting cross borders studies within Nordic countries. The possibility of making it easier to perform Nordic Collaborative studies. This is inspired by the Dutch Consortium for Healthcare Evaluation ([ww.studies-obgyn.nl](http://www.studies-obgyn.nl)) and SNAKS= Svenskt nätverk för Nationella Kliniska Studier inom OB/Gyn (<https://www.sfog.se/start/arg-ig/intressegrupper-ig/svenskt-natverk-for-nationella-kliniska-studier-inom-ob-gyn-snaks/start/>).

Declaration of interest will be used in Scientific Committee and also possibly also for the NFOG Board. The English version of the Danish Declaration of Interest will be mailed to the Board members. This will be decided in the next meeting.

17. [www.NFOG.org](http://www.NFOG.org) Lars Ladfors told that SFOG uses cloud Sugar Sync and they have been very pleased with it. There would be two separate accounts, one open for all Board members and one closed for Secretary, President, and Webmaster. We decided to open two accounts in sugar sync, price 20 \$ monthly.

Webpage will be rebuilt. Lars Ladfors had asked from offers from different companies and he recommended Bernsskjöld with a price of 110.000 SEK + 25% VAT (~105.000 DDK), service agreement 400 SEK/month+ VAT (~400 DDK) and cost for web hotel is 334 SEK + VAT (~315 DDK) / month. This cost should be added to the budget already during this year. **This was approved.**

We decided that Minutes should not be commented only to General Secretary (not to everyone), who then makes a revision.

Lars Ladfors suggested that General Secretary should obtain a lap-top, which was approved.

18. **EBCOG** NFOG is not represented as such in EBCOG, but each individual National Society can have two seats at the EBCOG council. Meetings are usually two times annually. Next meetings will be 25-26, November, 2016 in Bryssels, May 17-21, 2017. The next EBCOG congress will be in Bergen in 2020. Knut Hordnes will report from the November Bryssels meeting to the NFOG Board. He encourages all Nordic societies to send their representatives to EBCOG, as the European work is important, hence NFOG has moved the NFOG congresses one year to avoid collision with EBCOG congresses allowing room for both. In the future national chairmen could ask national representatives to NFOG Board meeting to report EBCOG news. Alternatively, NFOG could ask EBCOG to have an official NFOG representative present in the EBCOG council.

19. **Leadership training** Karen Reinhold Wøjdemann told that this topic has been in the Agenda for many times. Sweden and Denmark have discussed the topic with the

Heads of the Departments. In Norway they have had discussion within the Norwegian Board. The program will last for two years program. There are some contact persons from each country. The aim to increase professionalism and promote leadership. Anesthesiologists have done earlier this kind of training. There should be one person from each country. There could be committee, which could develop this idea even more. **The Board Members should discuss this topic in their National Societies and this will be decided in the next meeting.**

## **20. Coming Board meetings**

Copenhagen 25- 28, April 2017. We will visit Odense on Wednesday 25<sup>th</sup>, and in Copenhagen on Thursday 26<sup>th</sup> and Friday 27<sup>th</sup>. In the fall 2017 we will have the Board meeting in 3-4 November (Friday, Saturday). The meeting will start early on Friday morning and continue until Saturday 4<sup>th</sup> at 14:00. Delegates should come to Oslo already in the Thursday evening.

## **21. Other business**

Board initiatives. Where to spend NFOG money?

Should we help projects and publications from Africa and other developing world help to publish their data and help them in their projects? There are also some ongoing projects in the Nordic countries.

Clinical skills workshop training? SC will have their meeting in spring.

Nordic textbook.

EC harmonizing training programs in the Nordic countries?

Cases for FIGO workshop?

Helsinki, 11<sup>th</sup> November, 2016.

Karen Wøjdemann  
President

Maija Jakobsson  
Secretary General