

Minutes NFOG Board Meeting

Time: 3-4th November, 2017 (3rd November 08:00-17:00 and 4th November 08:00-11:30)

Place: Hotel Thon, Oslo

Present: Karen Reinhold Wøjdemann (President), Espen Berner (Treasurer), Lars Ladfors (Webmaster), Maija Jakobsson (Secretary General), Ganes Acharya (Chief Editor AOGS), Nils Uldberg (Guidelines Committee chairman), Ulrik Schiøler Kesmodel (Scientific Committee Chairman), Katrin Kristjánsdóttir (Educational Committee chairman), Elisabeth Frederika Rosen (NFYOG), Bjarne Rønne Kristensen (President NFOG 2018), Thomas Larsen (DSOG), Hanne Brix Westergaard (DSOG), Hannu Martikainen (SGY), Ragnheiður Baldursdóttir (FÍFK), Andreas Herbst (SFOG), Marit Lieng (NGF), Fionannula McAuliffe (guest from RCOG on Friday morning).

1. Opening of the meeting 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 Minutes were approved with small adjustments.

4. Educational Committee (EC) Katrin Kristjánsdóttir (KK) told that previous "Hormones- friends or foes?" Educational Course had 130 participants. Most of the participants came from Denmark. In general, course received very good evaluations. Some improvements for upcoming meetings were suggested. Discussion could be improved in the future. Non-members of NFOG could have a separate, higher fee. Balance was negative with -199 185 DDK. EC considered that courses for trainees are abundant, but there are fewer options for specialists and therefore courses should focus on them. EC suggested a course on ethical issues in obstetrics and gynecology (intervention on patient request, patient, media and doctors, equity and equality in OG, work life balance- how to avoid being burnt out?). Board discussed possibility to arrange this course in Svalbard, but also Stockholm was suggested. Time would be in the end of April 2019, or beginning of May 2019. KK presented an offer to arrange this meeting in Svalbard. Expenses are much higher in Svalbard, about twice as much compared to Copenhagen, or Stockholm. Board approved the topics and considered them to be excellent. Remote places are acceptable, if you have a good reason to travel there. However, Svalbard was considered to be too expensive, remote, and exotic place. For the next meeting KK will make a more detailed suggestion on budget for Stockholm.

5. Scientific committee (SC) Ulrik Schiøler Kesmodel (USK) presented minutes from the SC meeting October 2017.

The application procedure for the NFOG fund had been changed into an online application form with one or more attachments compared to the previous requirement of the submission of one single file including application form and attachments. During this application round the

application form was only accessible online, and the attachments had to be accessed separately. Hence, there have been some problems, such as the need to have on-line access when reviewing the applications and the need to open several files rather than having the entire application as one, single file. To adjust the online application form to the needs of the SC, there will be additional costs of around 50,000 SEK, which is within budget and were approved by the Board. SC received 24 applications, slightly more than average. Category 1 was the most popular. Scientific visits are often directed to other European countries, Australia or the USA rather than to other Nordic countries. NFOG should probably promote visits to other Nordic countries more actively in the future. Most common reasons for not receiving money were: entire application should be in English, application should be filled in correctly, trip should start before deadline, mandatory courses for specialization are not covered.

The Nordic Network for Fetal Medicine meeting in May 2018 was not supported. There were two reasons not to support this meeting. The meeting will be in May 2018, which somewhat conflicts with the NFOG congress. We have previously supported working groups, but this group aims to create a Nordic Society on Fetal Medicine, and therefore they should cover their own expenses, as this will be their 4th annual meeting. Due to technical problems the Board decided to give money to two applicants who applied for money in € instead of DDK due to a technical issue.

The Board discussed if we want to support the same groups for the same aims every year. The Board supported the idea of limiting support for any group to a reasonable, limited number of years. USK will make some new revisions for the instructions for applicants.

The SC Visit in Amsterdam in March 2017 to the Dutch consortium was further discussed. Before Nordic collaboration each country has to establish a national system. Sweden has already created the SNAKS collaboration. In September 2017, the Danish college of professors in OBGYN have established a working group that within six months will come up with rules and regulation for such a collaboration within Denmark. They will present ideas in the DSOG annual meeting in April 2018. In Norway the issue has been discussed at the annual meeting in October, and colleagues are expected to continue working on establishing a collaboration in Norway. In Finland they have discussed this as well. Iceland is most likely too small a country to have their own collaboration but are interested in participating in Nordic collaborative studies.

USK told about the abstract submission system in the next NFOG congress, which will be quite similar to the system used in 2014 and 2016. A new Abstract category -Global health - will be introduced.

6. Collaborations with other countries/societies in the future.

7.

Idea of collaborating with RCOG was discussed with Prof Fionnuala McAuliffe (FMA). She presented some RCOG activities for the Board. RCOG has separate curriculum for trainees. Exchange of trainees and collaboration between trainees, harmonization of curriculum and sharing of clinical guidelines, revalidation of authorization (license to practice), developing and sharing standards in postgraduate medical education and clinical practice were mentioned. RCOG has 100 Green-top-Guidelines, publishes BJOG journal, e-learning. Lifelong learning partner, evaluation and recognition of specialist qualifications in O&G and competency-based curriculum were discussed. FMA presented UK O&G speciality training

programme overview which includes work-based assessments (WBA).

How they progress this partnership? RCOG products are: 1. Conferences and congresses. Franchised training courses. Joint conferences, supporting local conferences. RCOG organises 70 conferences per year. Training the trainees courses. 2. Training programmes Medical Training Initiative (MTI)/ advanced fellowship programme. For MTI programmes trainee enters after 4 years of local O&G training. Advanced fellowship programme is aimed for trainees near completion of general O&G training.

3. Continued professional development (CPD) is mandatory in UK for all doctors post-training programmes. CPD 1 hour activity= 1 credit. Minimum 50 credits /year is required. Mandatory meetings, reflection is encouraged for all activities. ePortfolio is offered to record learning activities. RCOG offers also access to huge range of RCOG resources. 4. Associate membership (fee 220£ per year). This gives access to latest learning resources, which are regularly updated. Other RCOG collaborations in Europe were presented. Agreement with the Dutch College regarding associate membership of RCOG, proposal to Hellenic O&G society discussing professional development framework. Establishing MRCOG part 1 centers in Greece and Netherlands.

Could it be possible for NFOG to obtain an institutional membership of RCOG? Sponsorship for trainees to obtain part of their training in the UK (Nordic trainees could work in UK)?

Subspecialist programmes vary a lot in Nordic countries, could it be possible to collaborate in subspecialist training? Research training in Nordic countries for UK trainees/specialists? Advanced fellowship in certain subspecialities was discussed.

FÍFK has collaborated with RCOG for some time with specialist training programmes. Are Nordic Societies interested in formal education after specializing? Can we share and harmonize courses/ education-plans within Nordic countries and/or with RCOG? How about maintaining skills-CME/CPD?

No decision to start collaboration on a concrete project or sign a memorandum of understanding (MOU) was taken. It was suggested that these issues should be further discussed in the National Societies.

6.Guidelines Committee (GC) Nils Uldberg (NU) presented project on first Nordic guideline and meta-analysis on progesteron for prevention of preterm delivery. Guideline is GRADE based. GC had a meeting in January 2017 in Oslo. A big randomized study to be published very soon has been waited for a long time. Steering committee had a meeting a week ago and they decided proceed with this guideline. Endometriosis was chosen for a new topic for the next guideline. If Nordic guidelines are produced, they should be approved by each society. Individual societies should not produce their own, national guidelines on the same topic. Extra secretarial help could be useful. In The next NFOG congress there should be a time slot for discussion about the new guideline. In the NFOG website there is summary of the current national guidelines.

7.NFOG 2018. Bjarne Rønne Kristensen (BK) presented preliminary programme for the NFOG congress. There will be several pre-congress workshops on Sunday. BK presented updated

Budget for the congress. **The fees was discussed and decided.** The Board decided that the Congress Dinner should be included in the price. Non-members have the same fee than members. Prices are quite high. Members fee will be 4-500 DDK (early bird), regular 5-700 DDK, high 6-700 DDK. Trainees 2-900 DDK, 3-600 DDK, 4-000 DDK, respectively. One day 1-100-2-250 DDK. An offer for congress App was introduced. Price is lower if the same company provides app also for the two subsequent congresses. **Board decided that the same app will be used for the next two congresses (Odense and Reykjavik).**

8. AOGS (ACTA) Ganes Acharya (GA) introduced a new special issue of AOGS that was published in 2017, Endometriosis- and its impact on fertility. Methodology in Clinical Epidemiological Research is the next special issue planned for publication in early 2018. The journal has very good team of associate editors and it educates them actively. An active and competent International Editorial Board is very important for AOGS. NGF Bayer prize was given to the Chief Editor of AOGS this year, partially as a recognition of his efforts towards improving AOGS.

The CoRe Outcomes in Women's and Newborn health (CROWN) initiative is an international initiative, led by journal editors, to harmonise outcome reporting in women's health research. Last CROWN meeting held in London on 4th of October 2017 was attended by the Chief Editor. AOGS is a signatory of CROWN initiative. NFOG **Board decided to support the CROWN initiative.**

Tony Adibo has resigned as DCE. This job needs advertisement and replacement. This will be done soon so that a new DCE is in place by January 2018.

ACE Francesco D'Antonio's 2 year term will finished soon and needs to be extended or replaced by a new ACE. **Board decided that the ACE's term could be extended up to a maximum of 4 years and a new ACE should be appointed a year in advance so that the two could overlap for one year to provide better continuity.**

There has been a small drop in submissions to AOGS mostly due to reduction in low quality submissions. Rejection rate is around 80%. There is decline in submissions from Denmark. Acceptance rate for Nordic countries is over 50%.

The impact factor was 2.480 in 2016, which is the highest in the history our journal. AOGS still remains the fourth important general O&G journal globally (after Am J Obstet Gynecol, Obstet Gynecol and BJOG), but there a large gap in the impact factor to fill in.

AOGS Journal club has been successful. Articles presented in the journal club are significantly frequently downloaded.

Data sharing issue was presented to the board by the Chief Editor and discussed with the NFOG Board. International Committee for Medical Journal Editors (ICMJE) recommends journals to have a policy on data sharing and will mandate that such a policy is in place for clinical trials starting July 2018. The publisher of our journal has requested to have a policy in place for our journal as soon as possible. There are several health science data repositories where data can be deposited. There are three options for the data sharing:

1) Encourages Data Sharing

"[Journal] encourages authors to share the data and other artefacts supporting the results in the paper by archiving it in an appropriate public repository. Authors should include a

data accessibility statement, including a link to the repository they have used, in order that this statement can be published alongside their paper."

2) Expects Data Sharing

"[Journal] expects that data supporting the results in the paper will be archived in an appropriate public repository. Whenever possible the scripts and other artefacts used to generate the analyses presented in the paper should also be publicly archived. Exceptions may be granted at the discretion of the editor for sensitive information such as human subject data or the location of endangered species. Authors are expected to provide a data accessibility statement, including a link to the repository they have used, to accompany their paper."

3) Mandates Data Sharing

"[Journal] requires, as a condition for publication, that the data supporting the results in the paper will be archived in an appropriate public repository. Whenever possible the scripts and other artefacts used to generate the analyses presented in the paper should also be publicly archived. Exceptions may be granted at the discretion of the editor, especially for sensitive information such as human subject data or the location of endangered species. Authors will be required to provide a data accessibility statement, including a link to the repository they have used, for all accepted papers."

Authors can consult the global registry of research data repositories re3data.org to help them identify registered and certified repositories relevant to their subject areas.

Idea is to pool data to make it more transparent and even to make additional meta-analysis.

One problem is that who owns the data and the costs associated with data sharing.

Currently due to the uncertainty of regarding legal and ethical issues the Board has decided not to sign to any of the three options. This matter will be put in the agenda and discussed in the next meeting in April 2018, and a decision is expected to be made at that time

Policy on preprint servers was discussed and decided as:

AOGS will consider for peer-review articles previously available as preprints on non-commercial servers such as ArXiv, bioRxiv, psyArXiv, SocArXiv, engrXiv, etc. Authors may also post the submitted version of their manuscript to non-commercial servers at any time. Authors are requested to update any pre-publication versions with a link to the final published article.

Chief Editor presented the rules for selecting a candidate for AOGS prize that will be awarded during the NFOG Congress. April 2018 is the latest time to select a candidate for AOGS prize which will be given to the first author of the most cited article published in 2016 and 2017.

9. NFYOG Elisabeth Frederika Rosen presented NFYOG aims to harmonize trainee programs.

EC and NFYOG should make a proposal for Nordic requirements for specialist training.

Website updates are needed. NFYOG is planning to have a surgical platform and also a global platform for the trainees who are planning to work abroad. NFOY will participate NFOG pre-congress which concentrates on Global health issues, trainee dinner and exchange programmes (clinical visits). They are planning to write a short article about NFYOG on national papers. NFYOG is responsible for six chapters in the Nordic text book.

9. EBCOG Hannu Martikainen represented the Finnish society in the EBCOG meeting in Turkey in last May. There were very few Nordic participants. There will be EBCOG Congress in Paris in March 2018. In Bergen there will be another EBCOG congress in 2020. Lars Ladfors will represent Board in the EBCOG in the next meeting. EBCOG fees are quite high. **NFOG recommends National Societies to participate EBCOG meetings actively.**

10. Economy, budget, and accounts Espen Berner presented the results for year 2016 (+126 058,-) and balance per October 1st 2017. An estimate from the balance and expected expenses, NFOG probably will end up with a small surplus for 2017. EB showed time table for accounting for 2016-2017: Committees and Board Expenses for 2017 must be reported within January 31th. Accounting by Ildal is performed within February 28th. Internal editors (Johanna Mäenpää and Charlotta Grunewald) shall report/approve the proposed final accounts within March 31th. The NFOG board will be sent the proposed final account for 2017 and Proposed Budget 2019-20 within April 1st. Therefore, suggestions in Budget must be presented to EB within February 28th. The board will discuss the proposed Budget 2019-20 at the board meeting in April 2018. The NFOG General Assembly (June 13th 2018) is approving proposed final account 2016-217 and Budget for 2019-2020.

In 2017, there are 5185 paying members in NFOG. This is an increase from 2016 (5050 members). EB showed the routine and dates for reporting members and paying member fee for national societies in NFOG. EB presented the accounting of NFOG Fund. There are 1.300.000 DKK of unused Funds granted by NFOG Fund from 2009 to January 2015. The board discussed the rules of the NFOG Fund. The rule, “the grant is expiring two years after application deadline” was confirmed. Unused and expired funds will be moved back to the NFOG Fund. There was discussion, whether we shall buy more secretarial help in the future. EB presented the revised routines for reimbursement in NFOG. From 2018, the electronically reimbursement is mandatory. The reimbursement form and attachments are sent to treasurer@nfog.org.

11. News from the National Societies.

Hannu Martikainen (SGY) told that Finnish society will change their Board soon. The number of births is still declining and this year the number will probably be less than 50 000.

Marit Lieng (NGF) told that Norway will also change their Board soon. Scientific secretary has previously been the member of the NFOG SC and has usually stayed in the committee for 2 years. This will probably be changed, as NGF believe that it would be better to have the NFOG SC member for more than 2 years. NGF is critical to that the two-valent HPV vaccine has been chosen for the Norwegian vaccine program, and is working for a change towards the nine-valent vaccine. The new program for specialisation is still a main concern for NGF.

Ragnheiður Baldursdóttir (FÍFK) told that in Iceland the collaboration with RCOG has been the main issue.

Thomas Larsen (DSOG) told about subspecialist training programmes that have been performed in Denmark for some years for all subspecialization areas. Programme is currently available only for Danish doctors. There has been restructuration of maternity care programmes. Persons who have medical or psychiatric diseases should be offered more maternal care than before. Financial situation is poor, since number of births are rising. There is also

challenge with recruiting obstetricians. Discussion on home births is active. Denmark has started to use ninevalent HPV vaccine.

Andreas Herbst (SFOG) told that annual meeting was held in August with 1 100 participants. Subspecialties are informal in Sweden, since they are not recognized by the Socialstyrelset. There has been discussion about having Fetal medicine as subspecialization programme for 3 years. Number of births is increasing, therefore there is shortage of midwives and hospital beds. Late abortions: abortion is free until 19 weeks and it can be performed until 21+6. If fetus is not viable, it is possible also later on. SFOG provides six courses for specialist training annually. Working groups are active in different areas. AH suggested whether it would be possible to move the NFOG congresses to the end of the summer (August/September, preferably weeks 34-35). SFOG could make the SFOG-conferences biannual so that the participation from Sweden would be better at NFOG congresses.

12. www.NFOG.org

Lars Ladfors presented web-site.

Board approved of the cost of new NFOG fund application form on the web-site (which is within budget).

There was discussion whether we need a calendar in the NFOG web-site. **LL will put NFOG activities in this calendar.**

13. FIGO

NFOG symposium at FIGO congress in Rio was discussed and how the session should be advertised. Chairmans of the sessions was discussed. Oskari Heikinheimo and Ganesh Acharya were suggested. Co-chairs can be suggested to the Board and Oskari Heikinheimo.

Future connection to FIGO were discussed and should be further considered, since Seija and Anette will finish their work in FIGO committees. Do we want National, or NFOG representative in the future?

15. Nordic textbook

Nils Uldberg (NU) presented current situation on Nordic textbook. This book curriculum is for the Nordic medical schools. Editorial Board has prepared already some chapters for the book. Public Danish company Sundhed (sundhed.dk) has been involved with this process. NU showed the Board an example of the preterm delivery chapter. Budget will be presented in the next General Assembly and a decision whether this project will proceed. SFOG could not provide national chief Editor for this project, but there are some Swedish doctors who have already agreed to participate this process.

16. Coming Board meetings

The next Board Meeting will be held Thursday 19th –Saturday 21th April, in Bornholm, Denmark. We will start the meeting at 9:00 on 20th April (Friday morning). This suggest arrival on Thursday evening.

(Flight from Copenhagen takes 30 min, or ferry takes approximately 1h 30min.)

Subsequent Board-meeting will be held during NFOG-congress in Odense – Sunday 10th June (14:00) and Wednesday 13th June (starting at 15:15, duration 1-2 hours)

17. Other business

Decided on at the meeting.

1. Budget and fee for the congress, same app for the next two congresses (Odense and Reykjavik)
2. Datasharing – no agreement can be signed yet
3. Next NFOG-course – not in Svalbard, but OK with “remote” places in general.
4. NFYOG and EC will work together on harmonizing the trainee-programme in the Nordic countries.
5. Approval of costs for application form on the website (within the budget)
6. NFOG 2023 will probably be in Norway – venue will be presented in Odense?

Prepare for next boardmeeting:

- 1) Prepare for NFOG 18 – Odense (remember guideline discussion in the programme – Bjarne)
- 2) General Assembly, Discussion on extraordinary General Assembly or Special enactment (see below – chairman, treasurer and secretary general should be elected after 2/4 years). When to decide on NFOG 2023?
- 3) Feedback from the national societies: Are you interested in formal education after specializing? Can we share / harmonize courses/education-plans within the Nordic countries and/or with RCOG? How about maintaining skills – CME/CPD?
- 4) Future connection to FIGO? (Seija and Annett will stop). Do we want National or NFOG representative in the future?
- 5) Can NFOG-congresses be held week 34-36 (from 2023)?
- 6) Before next board meeting Budgets – suggestions for changes to Espen in February – so he can prepare one or more suggestions for the final Budget, to be decided on at the Board Meeting in April.
- 7) Annual reports 2016 and 2017
- 8) Before next meeting suggestions for chair-persons for the FIGO-sessions (send to the Board and Oskari)
- 9) Data-sharing statement – discussion again.

From the statutes:

5:2 The General Assembly holds

- an ordinary general meeting at least once every other year, preferably in connection with the

Nordic Congress.

- an extraordinary meeting to deal with special matters when the Board finds this necessary, or when one of the member societies so requests.

5:3 The Board shall ensure that the notice to attend and agenda for the General Assembly, both ordinary and extraordinary, is in the hands of the chairmen of the respective member societies at least two months before the meeting.

The agenda at the ordinary General Assembly shall consist of:

1. Election of chairman and two minutes checkers for the meeting.
2. Confirmation of budget and annual fee for the coming period of operation until the next ordinary General Assembly.
3. Election of Secretary General or Treasurer in the event of expiry of their period(s) of office. Ordinary election of Secretary General and Treasurer shall normally not take place at the same General Assembly.
4. Election of three auditors (of which one shall be an authorised public accountant) and a deputy auditor for the next period of administration.
5. Next congress.

Oslo, 4th November, 2017.

Karen Reinhold Wøjdemann
President

Maija Jakobsson
Secretary General