



EBCOG European Board and College of Obstetrics and Gynaecology



VISITING REPORT EUROPEAN BOARD AND COLLEGE OF OBSTETRICS & GYNAECOLOGY

1. Name of the Hospital: Landspítali University Hospital, Iceland.

Name of Department: Department of Obstetrics & Gynecology

Date of Visit: 22/11/2013.

Head of department: Professor Reynir Geirsson

Name of EBCOG/ENTOG visitors:

- a) Professor Juriy Wladimiroff, Chair EBCOG Standing Committee on Training Recognition.
- b) Professor Allan Templeton, EBCOG Executive Board Member.
- c) Dr Anna Aabakke, ENTOG Secretary General

2. Centre. Short description of the local organisation

Does the Centre fulfil the general and special requirements for training? **Yes**

Specify:

The Department of Obstetrics & Gynecology is part of a general hospital providing patient care and postgraduate training in all major medical specialties. It is the only hospital providing Ob/Gyn training which like in nearly all other medical specialties in this university hospital is limited to a 2 year training programme. A further 3 years of training is provided in a recognised training centre abroad and trainees have to apply for and arrange these years of training independently. Professor Geirsson has expressed his wish to further extend the in-house ob/gyn training period to 3-4 years.

Are the facilities provided by the Centre appropriate? **Yes**

Specify:

There are good facilities for ob/gyn patient care and teaching purposes including access to facilities outside.

Is the volume of clinical workload appropriate?

Yes

Specify:

There are 3500 deliveries, 700 of which are in a midwifery run unit. The CS rate is appr 17% and the vaginal instrumental delivery rate is 7%. There is a sufficient number of minor and major gynaecological procedures to ensure adequate training. Some aspects of Gynaecology such as general gynecology and basic infertility work-up, mainly take place in private units. There is a gynaecologic and breast cancer screening unit run by a separate charitable organisation (Icelandic Cancer Society). There is an out-patient gynaecology clinic with emphasis on (sub)specialised gynaecology. It is proposed to expand this clinic to provide more basic aspects of gynaecological care and training as well.

Is the quality and volume of scientific activities and audit appropriate?

No

Specify:

There is limited exposure to clinical research. Two out of eight trainees present at this meeting have been involved in research during training. There is limited involvement of trainees in audits in obstetrics and gynaecology.

3. Training programme

Is the quality of the training programme up to standards?

Yes

Specify:

There are adequate opportunities to support the current two year training programme in obstetrics and gynaecology but a structure is lacking. Currently the log-book only serves the first year of training. A curriculum and syllabus is missing for the full two year training programme

4. Tutors

Is tutorship adequate?

Yes

Specify:

Tutors have been appointed to all trainees but responsibilities are unclear. There is a need to have regular meetings and documented discussions of progress. There is a need of a training programme director with protected time for organizing the training program and to whom the tutors are accountable.

5. Feedback from the Trainees

The visiting team had a fruitful meeting with all the trainees in house including a GP trainee and a trainee who is currently finalising her training abroad.

The trainees are pleased with:

- having a specialist as back up at all times during work hours;
- adequate workload with enough volume for all trainees;
- access to the ALSO-course and PROMPT training;
- good quality obstetric training.

The trainees would like to have:

- more structured learning opportunities including lectures with protected time to attend;
- more protected time in surgery;
- time for supervision and tutoring.

6. Meeting with Dean of Medical Faculty and/or Medical Director of Hospital

The visiting team met the hospital Medical Director, the Dean of Medical Faculty, Director of Research and the Postgraduate Continuing Medical Education Director. They were very supportive of training development in the department including the relevant recommendations regarding further improvements in the training programme.

7. Meeting with Neonatologist and Anaesthetist

The visitors met with first the Head of Neonatology and then the Anaesthetist in charge of obstetrics and gynaecology. Both were very supportive of training in obstetrics and gynaecology and indicated that there are training opportunities for ob/gyn trainees in their respective specialties.

8. What are the strong points of the Centre?

- Well organised department;
- Excellent facilities;
- Positive attitude towards service provision and training;
- Sufficient work load to sustain the current number of trainees;
- Well organized obstetric service;
- Good attitude to clinical development and improvement of training;
- Started the process of introducing PROMPT;
- A single hospital serving a wide region including secondary and tertiary referrals;
- Close availability of other support services;
- Apprenticeship training works well;
- Excellent cooperation with neonatology, anaesthetics and midwifery;
- Positive attitude towards development within the hospital from the hospital Medical Director and Dean of Medical Faculty.

9. What areas of training require improvement?

- Curriculum; protected time for training; tutor system and log-book as specified in the recommendations.

10. Recommendations

- Recognition of two -year training programme subject to development of a syllabus, a curriculum and log-book for the two years;
- Development of a tutor-system to formalise supervision and frequent meetings. Attendance to training the trainer-courses should be facilitated;
- Need for the appointment for an overall training programme director
- Need for recognised training time within service responsibilities;

- Need for structured learning possibilities including lectures, audit meetings and case reviews and protected time to attend;
- Organisation of gynaecology clinics within the hospital or access to facilities outside the hospital would facilitate these aspects of training.

11. Conclusions

There is a longer term intention to develop further training in the hospital. In our view there are the facilities and patients to introduce a four year training programme in this hospital with 1-2 years as a senior trainee in a training unit abroad.

We propose the accreditation of this two year training programme for a period of three years followed by a re-visit on-site at the end of this period to assess the implementation of the above recommendations and the progress towards a four year training programme.

Signature visitor 1

Name: Juriy Wladimiroff

Signature visitor 2

Name: Allan Templeton

Signature visitor 3

Name: Anna Aabakke