Royal College of Obstetricians and Gynaecologists (1929–1970)

Starting in 1929, the Royal College of Obstetricians and Gynaecologists was a professional association of physicians in the UK that aimed to improve the care of women in childbirth through training and education and to establish obstetrics and gynecology as a medical specialty. The Royal College of Obstetricians and Gynaecologists has contributed to women's reproductive health by fostering research, establishing standards for physicians specializing in obstetrics and gynecology, and influencing legislation.

In the eighteenth and nineteenth centuries, male physicians in Europe increasingly involved themselves with childbirth. To some extent, universities in Britain and two professional associations of doctors regulated medical training, the Royal College of Physicians and the Royal College of Surgeons, both in London, England. However, the Royal College of Physicians discouraged male physicians from working in obstetrics. Many physicians treated gynecology as a minor branch of surgery because few surgeons attempted or successfully performed procedures on female reproductive organs until the invention of antiseptics, substances that prevent infection, in the late nineteenth century. Furthermore, many women died during pregnancy or childbirth.

Before the RCOG was formed, other obstetrical and gynecological societies in the UK such as the Edinburgh Obstetrical Society (1840), the Obstetrical Society of London (1858–1907), and the Gynaecological Visiting Society enabled physicians to share their research. The Gynaecological Visiting Society, founded by Blair-Bell in 1911, encouraged member physicians to observe hospitals and to spread and compile information from their research and work experience. Despite the increase in physicians collaborating on issues in childbirth and reproductive health, few physicians recognized obstetrics and gynecology as a medical specialty.

In 1924, Shaw expressed the idea of establishing a professional association that would combine obstetrics and gynecology into a discipline. He enlisted Blair-Bell, who helped bring Shaw's ideas to fruition. Shaw received a medical degree in 1906. During his career, Shaw helped popularize vaginal hysterectomies to surgically remove uteri as well as operations to fix damaged tissue supporting the uterus. Shaw's colleague Blair-Bell received a medical degree in 1896 from King's College medical school in London. He then worked as a consulting gynecologist at the Liverpool Royal Infirmary and a professor at Liverpool University in Liverpool, England.

On 2 February 1925, members of the Gynaecological Visiting Society, including Blair-Bell and Shaw, met to discuss their research endeavors, ways to combat maternal mortality, and their desires to form a professional association separate from the Royal College of Physicians and the Royal College of Surgeons. Four year later, the British College of Obstetricians and Gynaecologists (BCOG) was formed from the Gynaecological Visiting Society with Blair-Bell as president and Shaw as the first secretary.

Blair-Bell served as president from 1929 to 1932. During his tenure, he helped define the BCOG's mission. Through the formation of the BCOG, Shaw and Blair-Bell hoped to foster stricter standards of training for postgraduates and undergraduates and to clearly define standards of practice for obstetrics and gynecology. At its founding, the BCOG also began publishing The British Journal of Obstetrics and Gynaecology, a journal featuring research articles on issues including fertility, contraception, and clinical protocol. At the end of his term as president, Blair-Bell gifted the BCOG with its first facility on Queen Anne's Street in London.

In 1938, after his term as the inaugural secretary, Shaw served as president from 1938 to 1943. In

1947, George VI, the king of the United Kingdom, awarded the BCOG a Royal Charter, granting it the power to award physicians specialist degrees in obstetrics and gynecology. The organization then became the Royal College of Obstetricians and Gynaecologists (RCOG).

Between 1949 and 1952, Hilda Lloyd served as the first and only female president. Lloyd's platform during her presidency included reducing poverty, sexually transmitted diseases, and illegal abortions common in Birmingham, England. To combat such issues, Lloyd formed an obstetric flying squad that provided emergency obstetrical services to women in their homes.

In 1955, the RCOG received a monetary donation of £75,000 by businessman and philanthropist William Morris, also called Lord Nuffield, to construct a larger headquarters. Five years later, the organization moved to 27 Sussex Place in London, which is still the RCOG's headquarters as of 2016.

From 1966 to 1969, John Peel, a surgeon and gynecologist, held the position of president. He also worked for the royal family and attended the births of Elizabeth II's children, Charles, Anne, Andrew, and Edward. During his tenure as president, Peel chaired a committee that advised the British Parliament to legalize abortion. Despite opposition from Roman Catholics in Britain, Peel and the committee members aimed to convince Parliament members to legalize abortion in an effort to curb diseases and death attributed to illegal abortions. On 27 October 1967, Parliament passed the Abortion Act, which allowed the termination of pregnancy in cases in which the pregnant woman's life was at risk or the fetus had a high probability of being born with severe handicaps and abnormalities.

Peel was not the only president of the RCOG to influence UK medical policies. On 2 May 1970, Norman Jeffcoate, president of the RCOG from 1969 to 1972, published a statement in support of oral contraceptives. In that statement, Jeffcoate maintains support for oral contraceptives but urges medical professionals to tell patients all known benefits and side effects of various forms of oral contraceptives. Jeffcoate's statement rebutted other physician's misleading and exaggerated claims of contraception's hazardous effects.

In addition to the president, individuals involved in the RCOG included fellows and members. Fellows consisted of distinguished individuals in science. Members were physicians who passed the membership exam. However, others also took part in the organization's proceedings, including trainees preparing to take the exam and scientists, researchers, midwives, and nurses. Fellows and members created the organization's rules and could be elected officers, positions they served for three years. They could also choose to form and partake in committees to improve a variety of programs concerning patient safety, qualification exams, research, and finance.

The RCOG maintained standards about matters of physician qualifications, childbirth, and women's health. Those standards were maintained by requiring all physicians and trainees to undergo examinations to earn a diploma or specialty in that field. Those who passed received a Diploma of the Royal College of Obstetricians and Gynaecologists (DRCOG) degree to become a specialist doctor in obstetrics and gynecology, physicians had to undergo additional training and pass the Membership of Royal College of Obstetricians (MRCOG) and Gynaecologists exams.

Physicians who earned the Diploma of the Royal College of Obstetricians and Gynaecologists (DRCOG) typically already worked in family medicine. By earning the diploma, those physicians did not become specialists in obstetrics and gynecology, but instead acquired some training to treat some diseases affecting women's reproductive health. To earn that degree, physicians had to pass a written exam of clinical and surgical skills, prenatal care (before birth), labor and delivery, postpartum care (after birth), gynecological diseases, contraception, and abortion.

As a not for profit organization, the RCOG relied on funding through membership fees, donations, and gifts. Because the organization bore a royal title, the RCOG also received patronage and financial backing from members of the royal family. In addition, all fellows and members of the RCOG contributed by paying annual fees.

Sources

- 1. Abortion Act 1967, Section 1 (1967). http://www .legislation.gov.uk/ukpga/1967/87/contents (Accessed April 21, 2016).
- Chamberlain, Geoffrey. "British Maternal Mortalities in the 19th and Early 20th Centuries." Journal of the Royal Society of Medicine 99 (2006): 559–563. http://www.ncbi.nlm.nih.gov/pmc/articles/PM pmcentrez (Accessed March 28, 2016).
- 3. Ellis, Harold. "Notable Women in Healthcare. Dame Hilda Lloyd: First President of the Royal College of Obstetricians and Gynaecologists." Journal of Perioperative Practices 19 (2009): 192–193.
- 4. "Homepage." Royal College of Obstetricians & Gynaecologists. https://www.rcog.org.uk/ (Accessed April 21, 2016).
- 5. Jeffcoate, Thomas N. A. "R.C.O.G. Statement on Oral Contraceptives." BMJ: British Medical Journal 2 (1970): 293.
- 6. MacLennan, Hector R. "The Aims and Objects of the Royal College of Obstetricians and Gynaecologists." Obstetrics and Gynecology 24 (1964): 649–54.
- Moscucci, Ornella. "Shaw, Sir William Fletcher (1878-1961)." Ornella Moscucci in Oxford Dictionary of National Biography, edited by Lawrence Goldman. Oxford: Oxford University, 2008.
- 8. Peel, John. "Bell, William Blair (1871–1936)." John Peel in Oxford Dictionary of National Biography, edited by Lawrence Goldman. Oxford: Oxford University, 2008.
- Richmond, Caroline. "Sir John Peel." BMJ:The British Medical Journal 332 (2006): 366. www.ncbi.nlm.nih.gov/pmc/articles/PMC1363927/pdf/bmj33200366.pdf (Accessed March 28, 2016).
- "Royal College of Obstetricians and Gynaecologists: Lord Nuffield's Gift." BMJ: The British Medical Journal 2 (1955): 847. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1981065/pdf/brmedj03227-0061b.pdf (Accessed March 28, 2016).