

**Minutes of the BMFMS Annual General Meeting
Thursday 5th June 2014
Main Auditorium
Harrogate International Conference Centre**



1. Welcome

MK welcomed members to the 2014 AGM and congratulated all today's speakers.

2. Minutes of the last meeting

These have been circulated to the membership twice and are accepted as accurate

3. Matters arising

Sponsorship Policy now written and on the website

4. Elections

MK announced the successful candidates in the recent elections as:

President	Tim Overton (replaces Mark Kilby)
Prize Co-ordinator	Richard Smith (replaces Tim Overton)
Labour & Delivery	Joanna Gillham (replaces Catherine Calderwood)
Fetal Medicine	Myles Taylor (replaces Leanne Bricker)
Education	Kim Hinshaw (replaces Dilly Anumba)

The next round of elections will take place in July 2014 for the following positions:

Pregnancy Outcome (vacated by Richard Smith)

Maternal Medicine (end of term)

Scientific Representative (end of 3 year term) – must be non clinical

MK informed the membership that at the end of 3 years candidates were allowed to restand. He informed the membership that voting would be via the website

5. Treasurer's report

MD informed the membership that the Society's finances were healthy, with £136K in the bank. He explained the three main influencers as:

1. Limited spend as under scrutiny as a charity for the first year
2. Dublin meeting generated £20K profit

3. Uncertainty over financial outcome for Perinatal 14 made us cautious

He outlined the need to be spending more and informed the membership that the Society had spent >£136K on charitable aims over the past two years. Income from subscriptions (£28K) and meetings (£50K) has been stable.

The issues of Trustees was discussed and the membership was informed that further information was required regarding Trustees as Committee members may not be eligible. If this is the case he suggested that past Presidents may be suitable as Trustees.

There were no questions regarding finance

6. **Bursaries**

TO thanked MK for his contribution to and leadership of the Society over the past three years. He proposed a change of Constitution to the membership to allow the ex-President to remain as an ex officio member of the Committee (no voting rights) for a period of one year to ensure an effective transition period.

The membership voted in favour

AP: Constitution to be changed to reflect

TJ

He then informed members that there were 10 bursary applications in the last round – 3 academic, 7 clinical and 2 travel. This compared to 21 the previous year. Five were awarded (2 academic, 2 clinical and 1 travel) to a total of £21K.

He announced that Sarah Stock was the recipient of this year's Richard Johansen Prize

He encouraged members to apply in the next round (September) and advised them to follow the rules. He stressed that travel bursaries would not be awarded to attend the annual conference. He discussed that applications for innovation grants and apps would be viewed favourably.

He then asked members to email any thoughts or ideas regarding the format of the 2015 conference

7. **Education & Training**

MK welcomed KH as the new Education representative. He went on to inform members that ATSMs were being reviewed by RCOG with BMFMS input, and that subspecialty training was being reviewed by RCOG.

KH then informed members that he had met with the trainees at the conference about improving the website and increasing the value of the conference for trainees

8. President's report

MK informed members that BMFMS had responded to 31 requests from NICE and 8 from RCOG mainly regarding guidelines etc. He said the Committee were keen to engage the wider membership in review processes to pull on the extensive existing expertise within the members, and to reduce the burden on Committee members. He also highlighted the financial support that the Clinical Study Groups receive from BMFMS, and that they would also be asked to contribute to the review process.

He announced that there is a vacancy for the Chair of the Fetal Medicine CSG, and asked interested members to contact either himself or Tim Overton

MK then informed the members of the subspecialty training review that was carried out by RCOG in December 2013. 23 programs with 36 trainees were reviewed, and 20 programs have re-applied for accreditation. Of the 20 applications, 14 have been assessed as green, 4 as amber and 2 as red. He pointed out that MFM SST was better than any other subspecialty. There is a possibility that SST will move to post CCT, and that it is under review by the GMC also, and the publication of Shape of Training is awaited.

Future meetings were discussed, and the members were asked to feed back their views regarding joint meetings, whether they should continue, and whether the Society should consider joint meetings with other specialist societies, including European specialist societies. One member advocated a joint meeting with perinatal pathologists.

9. Website

MK informed the members that although MW had done a great job improving the website, there still remains very little traffic through it. Texting questions for the conference was discussed, and members voted that this should continue. The trainees survey conducted by KM and AS was presented. Trainee members are mainly undertaking the ALWP ATSM, followed by MM ATSM then FM ATSM with only a few undergoing MFM SST. 90% of trainees fed back that they would like an app for the website. Only 20% use the Twitter feed and it is therefore being stopped. They like the scientific content of the meeting but in addition would like something at the conference that will help them with their training. The members were informed that it is proposed that more training materials will be developed and accessed through the website, and that a subgroup is being established to develop this further. GT informed members that mobile access to the website and forum is in progress, that there have been improvements in the password system, and that there is more

content on the website and forum, and again encouraged members to engage.

10. Future Meetings

TJ informed members that the next meeting is 23rd & 24th April 2015, at the Queen Elisabeth Conference Centre in London. The 2015 annual MOMS meeting is planned for 22nd April at the same venue, therefore the BMFMS maternal medicine session will be the morning of 23rd, and there will be a joint advertising strategy. The format of the meeting was discussed, and the members asked to feed back with suggestions. Joint meetings were discussed and by a show of hands, there was overwhelming support to continue with the joint perinatal meetings, although this should not prevent meetings with other specialist societies, and the frequency of the joint meetings could be altered. There was a suggestion for a joint meeting with OAA, and members were keen to explore a joint meeting with the Dutch specialist society in Amsterdam.

11. AOB

Members asked for an update regarding fetal medicine commissioning. Steve Robson updated members on the work of the Fetal Medicine CRG regarding what is and what is not specialist fetal medicine, development of quality standards and a dashboard, but stressed to all that it is all included in the pathway payment system, with no extra monies available. NHSE want to keep fetal medicine as a nationally commissioned specialist service, but there is no extra money to pay for it. This has been raised through all appropriate fora, but there is no possibility of change before 2016. He said the options were to either give up, or continue to work over the next 18 months to ensure everything is in place to support national commissioning. Once the scope is complete SR will circulate for views. He also said that coding for fetal medicine is very difficult as the OPCS is not useful, and he is developing a new coding system for fetal medicine.

Kate Harding then updated on maternal medicine CRG, which is working as a 'ghost group' and have been told to put all on hold, and stop what they are doing. The next meeting is scheduled for July and lots of work has already been done in terms of setting standards etc, but it is going nowhere. It was highlighted that although commissioning does not apply to England and Wales, the CRGs are keen to ensure universal standards.

There was no further AOB and the meeting was adjourned.

Tracey Johnston
June 2014