

BMFMS Annual General Meeting
23rd April 2015
Queen Elizabeth Conference Centre
Westminster, London

The relatively small number of attendees were welcomed and thanked by the President for staying on for the AGM.

1. 2015 Conference

TO requested feedback particularly given the updated format and IT use. He re-iterated that to obtain attendance certificate one must complete the feedback questionnaire first.

2. 2016 Conference

Announced as being on 21st & 22nd April 2016 at ICC, Birmingham

3. 2017 Conference

TO discussed the Committee's feeling that every three years for Perinatal was a bit too frequent and that it would be more valuable every 5 years, and informed those present of the idea to hold an Overseas meeting in 2017 in Holland with the Dutch equivalent of BMFMS, with a view to cementing relationships with our European colleagues. A show of hands showed very positive support.

4. Election Results

TO announced the results of the elections since the last AGM

Maternal Medicine	Cath Williamson
Pregnancy Outcome	David Howe
Prize Co-ordinator	Richard Smith
Scientific Rep	Mike Taggart
Fetal Medicine	Alec McEwan
DGH	Louise Page

He also announced that Katie Morris has been appointed as Senior Lecturer in Birmingham and as such has resigned as Trainee rep. He thanked Katie for all her valuable input, and asked those present to encourage their trainees to apply for the vacancy which will be advertised via the website in the near future. He also informed those present that Graham Tydeman will reach the end of a 6 year term at the end of the year and therefore there will be a requirement for a new DGH rep which will be advertised at the end of the year.

5. BMFMS Subcommittees

Those present were informed of the subcommittees that have been formed for each of the four main themes, to assist with review of national documents etc that BMFMS is asked to do on a regular basis. The comments will be fed back to the Committee reps and collated. TO thanked those involved and asked that any others interested in contributing to contact him

6. ACCEA

TO reminded all that he has emailed the membership last week informing them that the call for submissions had been announced, again with a very tight timescale. Any members wishing a citation from BMFMS need to send in their application, which is then reviewed by a Committee before TO writes the citation. He emphasised the reduction in the number of awards given compared to previously and encouraged members to seek as much support as possible.

7. Finance

MD gave a brief resume of the financial position of the Society; there is currently £212K in the bank, with a £20K profit for 2014-15 (£87K income and £67K spent). The year end accounts have been approved by the Charity Commission. Trustee Indemnity Insurance has been taken out up to £0.5M. He outlined the Society's drive to not make excessive profit, and as such there has been increased investment in both the 2015 conference, by freezing the registration fee, sponsoring the dinner and spending more on IT, and spending more on this year's bursaries. As such, the predicted conference profit is somewhere in the region of £5-10K.

8. Bursaries and Prizes

RS fed back that 5 bursaries had been awarded to a total of £20K, and that conference prizes would be announced the following day. He went on to further discuss the two joint TAMBA / BMFMS bursaries of £20K each.

Applications are available on the TAMBA stand highlighting the 7 key priorities. The invitation for applications will be emailed out following the conference

9. Political Direction of the Society

TO informed those present that the fetal medicine CRG had changed to cover complex obstetric services and was now under the remit of collaborative commissioning as opposed to specialist commissioning, and is chaired by Steve Robson. Steve then informed that meetings were due to take place over the next couple of months. He stressed the importance of close links between SCNs and the CRG, particularly as a national review of maternity services is pending, giving an opportunity to influence how maternity care is delivered, including mapping and funding of priority pathways.

TJ raised the idea of BMFMS representation on SCNs. Matthew Jolley and Donald Peebles (both SCN leads) stated that SCNs are good at making things happen at a local level, so if BMFMS want something promoted then the SCNs are a good vehicle for this. A discussion was had about the potential benefits of having BMFMS representation on the SCNs and it was agreed that this should be taken forward.

AP TO to discuss with NHSE

TO spoke of the developing links with TAMBA, and of the upcoming meetings with both NHSLA and DoH maternity and Starting Well Team. Kate Harding asked what the political aims of BMFMS are. She highlighted the potential for BMFMS to influence issues through SCNs such as the lack of funding / commissioning of preconceptual care. Myles Taylor suggested that there may be a need for a communications department if the Society were to raise its political profile publically, to enable prompt responses. TO stated that currently he was staying removed from the press aspects and focussing on influencing change politically, but that there needed to be a strategy to ensure focus and following proper channels. Donald Peebles raised the issue of fetal medicine commissioning and the financial impact on fetal medicine services. David Howe suggested picking 3 or 4 'core' topics to address in collaboration with the CRG. There was a reminder to consider the rest of the UK, as many of these issues are specific to England.

Steve Robson suggested there is a need for formal senior BMFMS Committee access to RCOG Council to ensure better representation and influence. TO agreed and highlighted the fact that issues / documents that go to RCOG are passed to BMFMS for comment, and that at the Specialist Societies Meeting of the RCOG there are approx 15 gynaecological specialist societies as

opposed to one for obstetrics, giving rise to a significant gynaecological bias at RCOG level.

AP TO to write to David Richmond to try an increase formal representation at RCOG / seat on Council

TO then summarised the discussion as:

- Greater appetite to become more politically involved but difficult to work out how
- TO will ask membership for practical ways to take this forward
- Committee to then formulate strategy and circulate to membership
- Determine national picture re fetal medicine funding issues

Jane Norman suggesting that a report be written regarding the fetal medicine funding issues which should be published on the website and a press release issued. Sue Bewley suggested we need to be doing something that no-one else is doing, and that BMFMS must feed into the Maternity Review that Baroness Cumberlidge is leading. She also suggested that we should catalyse Public Health regarding future reproductive health, and that we need to work with other bodies such as our customer base eg Epilepsy Society to get their views and ideas.

AP TO to write to membership for:

- **practical ways to move the political agenda forward**
- **national picture re fetal medicine funding issues**

Committee to formulate 'political strategy' and circulate

10. Timing of AGM

In view of the poor turnout, it was suggested to move the timing of the AGM to encourage better attendance eg lunchtime session

AP Trial change of timing at next conference

On this note the meeting was drawn to a close to allow members to ready themselves for the Society dinner.