**Maternal Medicine Clinical Studies Group Meeting**

**Place:** RCOG, London and on teleconference

**Date and Time:** 26 Sept 2014 at 10.00 am

**Present (via teleconferencing):** Prof Louise Kenny (from 10.15am), Dr Lucy Chappell, Dr Fiona Denison, Prof Guillermina Girardi, Dr Kate Harding, Prof Marion Knight (until 11am), Dr Lucy Mackillop, Prof Andrew Shennan (from 11am), Prof Shakila Thangaratinam

**Apologies**: Dr Ian Crocker, Ms Angela Hyde, Prof Fionnuala McAuliffe, Dr Fergus McCarthy, Dr Tracy Mills, Dr Jenny Myers, Prof Catherine Nelson-Piercy, Dr Dharmintra Pasupathy, Ms Molly Paterson, Prof Lucilla Poston,

1. **Current challenges around the Maternal Medicine CSG**

Lucy Chappell outlined some of the recent issues identified including long delays with research priorities being considered by funding bodies, CSG approval not being mandatory for grant submission, less experienced researchers not being aware of the CSG’s remit and ability to develop grant proposals, and the current meeting format (10.00-2.00 at the RCOG) making it difficult for some people to attend. Some people across the CSGs and within the wider community had expressed the view that there was a degree of overlap between the various pregnancy CSGs and that merging might be considered.

* 1. **Number of CSGs**

The executive members discussed the original remit and function of the MM CSG. It was discussed that a distinctive MM CSG still had an important role for research prioritisation as a degree of specialist knowledge was needed. Maternal medicine was broader than many of the other groups as it encompasses a breadth of other non-obstetric specialities and that developing these links should be important. Members were not aware of formal CSGs within the RCP but links with physician and anaesthetist researchers (e.g. in renal medicine, cardiology, haematology) should be encouraged. Ongoing links with the neonatal CSG were acknowledged as useful. There was general consensus that there was enough need for a stand-alone MM CSG but that the breadth of its remit (i.e. linking to non-obstetric groups) should be encouraged further.

* 1. **Research prioritisation**

It was agreed that this was still an important function of the MM CSG, and one that should remain a focus. This was supported by Kate Harding, in her role as president of MOMS. The frustrations with the long time lag between submission of PICOs to funding bodies (e.g. HTA) and commissioned calls being published was acknowledged, particularly as this was sometimes after the window of opportunity had passed or after key research papers had been published. There is a lack of feedback or dialogue with the HTA, and an opaque process about how the PICOs are considered (e.g. why the submitted PICOs had not been considered at the recent prioritisation meeting). Fiona Denison commented that Jane Norman, Sara Kenyon and Pam Loughna are on the HTA maternal, neonatal and child health prioritisation panel. After discussion, it was agreed that Louise Kenny would take these views to the Research Committee at the RCOG for discussion with the other CSG chairs, with the aim of producing a joint letter from the Research Committee (chair – Lucilla Poston) for sending to the HTA.

* 1. **Development of research proposals**

Despite the best efforts of the MM CSG to promote awareness of its role (flyers at BMFMS, presence and speaking at MOMS) the number of research proposals submitted for discussion had gone down compared to previous years. This was partly as recent submissions to funding bodes had come from experienced groups, often from MM CSG members, who would not usually need assistance in development of the proposal. Marion Knight pointed out that there was considerable pressure/ necessity for NIHR funding applications to have demonstrated RDS input, ahead of input of other groups such as the CSG. It was thought useful to develop links with non-obstetrician groups, particularly amongst the physicians, through ongoing presence at MOMS and through word of mouth, in order to encourage input into research proposals that were not led by obstetricians/ obstetric physicians.

The issue of competing/ conflicting interests within the MM CSG members was noted and it was agreed, as previously undertaken, that an executive member would not review a proposal if she/ he had a conflict. It was noted that the intrapartum CSG is active in reviewing proposals on a rapid turnaround in order to meet grant funding deadlines. This is usually done using a mixture of emails and teleconferencing where needed. Marion Knight reported that such input had been very useful for a recent proposal, including helping her to collaborate with other appropriate groups. Fiona Denison will forward the proforma used by the intrapartum CSG for reviewing proposals.

A mechanism for obtaining lay input into review of proposals was discussed, and it was unclear whether lay members should be paid for this.

* 1. **Deliverability**

There was discussion about the involvement of the MM CSG in addressing issues around deliverability of trials, either proposed or those actively recruiting. It was agreed that the NIHR Reproductive Health and Childbirth Group (chaired by Andrew Shennan) were primarily responsible for ensuing deliverability; the group had recently met and proposed that one of the group would sit on each of the CSGs (Andrew Shennan for MM CSG) in order to provide input on deliverability at research proposal/ application stage. Andrew Shennan advised that money earned from accruals are being returned to the CRNs so a local Chief Investigator needs to ensure that the money is being returned to a Women’s Health division to support recruitment to portfolio studies. Contingency funds can be used for unexpected activity e.g. new trials coming on within the financial year that did not have support staff allocated to it.

* 1. **Other roles**

The option of the MM CSG being involved in guideline development was discussed, but it was felt that the remit of the MM CSG was more directed to taking the research recommendations from guidelines and assisting in developing/ prioritising them.

*Actions:*

1. *LK to take concerns over research prioritisation timeline to next RCOG Research Committee with aim of gaining consensus from CSGs chairs and formal representation from Research Committee to HTA*
2. *LCC to contact Sara Kenyon to ascertain if lay members paid additionally for proposal review work*
3. **Format of CSG meetings**

It was agreed that it was now harder for executive members to make three meetings 10am-2pm three times a year at the RCOG, and that we would move to a shorter, more regular teleconference format (lasting maximum of 2 hours) on rotating weekdays with a face-to-face meeting at MOMS (or BMFMS) annually. It was hoped that a greater number of executive members would be able to make these. In addition, executive members should commit to reviewing proposals where possible. If members were not able to attend three consecutive meetings, then an invitation to step down would be considered. Executive membership would be formally considered at one meeting a year, and additionally as needed.

*Action: LCC to arrange dates for 2015 and circulate*

*These dates are now confirmed as follows:*

* Wednesday 28th January: 9.00am-11.00am
* Wednesday 22nd April: joint with MOMS – timings to be confirmed once programme finalised
* Thursday 9th July: 11.00am-1.00pm
* Friday 2nd October: 1.00pm-3.00pm