ANNUAL MEETING OF FELLOWS

in the Max Rayne Auditorium
Monday 6 March 2017 at 6.30pm

AGENDA

1. To receive and sign the Minutes of the last Annual Meeting of Fellows held on 29 February 2016.

2. To receive the President’s Report (AMF 16/17/1).

3. To receive the Dean’s Report (AMF 16/17/2).

4. Report from the Chief Executive and the Finance Director.

5. To receive and adopt the audited Accounts for the session 2015/16 (AMF 16/17/3).

6. A review of Auditors is currently being undertaken. The Meeting is asked to authorise Council to approve the appointment of the successful candidate for 2016/17 session.

7. Motions from Fellows:

8. Questions from Fellows.

9. The next Annual Meeting of Fellows will be held at 6.30pm on Monday 5 March 2018
UNCONFIRMED Minutes of the ANNUAL MEETING OF FELLOWS of the Royal Society of Medicine held at 1 Wimpole Street, London W1G OAE on Monday 29 February 2016

Present: Mr B Sethia, President (in the Chair)  
Professor John Betteridge, Dean  
Mr Ian Balmer, Chief Executive  
58 Fellows

The President welcomed everyone to the Annual Meeting of Fellows.

1. MINUTES OF THE PREVIOUS MEETING

The Minutes of the last Annual Meeting of Fellows held on 2 March 2015 were signed as a correct record.

2. PRESIDENT’S REPORT

The Report from the President was noted (AMF 15/16/1).

The President reported on another active and successful year at the RSM. The Society continued to bring focus to its educational programmes, promote innovation and partnership development and, necessarily, ensure financial prudence within all areas of Society activity. He was especially pleased to note the high levels of satisfaction amongst the membership in the survey conducted last summer. None of this would have been possible without the contributions of RSM Section Councils and the administrative teams who support all the Society did. RSM Council had also worked tirelessly in pursuit of the strategies agreed in the Action Plan. On behalf of the Fellowship, the President wished to express appreciation to all those who had contributed to this vision.

This vision for the future was to ensure that we are recognised nationally as the voice of UK postgraduate healthcare education. He was therefore delighted to welcome Dr Fiona Moss to the post of RSM Dean in October 2015. Fiona had already started to build upon the initiatives of her predecessors in pursuit of our ongoing quest for educational excellence. The President was confident that the developments Dr Moss was promoting, especially within the area of CPD, would contribute significantly to the quality of patient care. The President also took the opportunity to acknowledge the work of Professor John Betteridge, now Dean-Emeritus, who had contributed so much to our educational programmes, especially those involving patients and young people.

Two new initiatives this year were especially worthy of mention. The first, as noted in one of the President’s monthly updates, related to our Global Health programme. During the past year we had established a new partnership with the Global Health programme at Kings College London. For the first time, the RSM would be contributing to published research in line with our mission as innovators in medicine. Secondly, the Society had committed, in partnership with other experts in education, to the mission to widen access for young people to careers in Medicine and Healthcare. Whilst it would be some time before the results of these partnerships were fully apparent, we could be proud to be members of a Society which was both innovative and altruistic.

The President said that at the AMF in 2015, he had concluded his report with an exhortation directed towards the pursuit of greater engagement by the Membership in the affairs of the RSM. This had achieved limited success to date, notwithstanding the opportunities afforded through the use of modern technology! He was, however, pleased to note that the recent restructuring of meetings of the Academic Board appears to be contributing to more effective dialogue between
Sections and within the Society overall. Restructuring remains a focus for some of the discussion at RSM Council. It was now apparent that realignment of our facilities at Wimpole Street and Chandos House should enable us to augment the benefits we provide to both our membership and the public. He assured Fellows that the Society continued to strive for excellence in all that it did in order to ensure that the RSM remained the leader in UK healthcare education.

3. DEAN’S REPORT

The Report from the Dean was noted (AMF 15/16/2).

Sections

Academic year 2013/2014 had been extraordinarily successful in terms of the number of Section meetings, the numbers of attendees both our own Fellows and others that I was concerned that it would not be possible to maintain this degree of activity. However a detailed breakdown of the figures for 2014/2015 and through the tireless endeavours of our section Presidents and their Council members, we came within a whisker of matching 2013/2014! The efforts of our Fellows in producing their excellent meetings was well supported by the Academic Department and the Dean wished to acknowledge their efforts. Increasingly, Fellows are able to view video presentations from Section and other meetings on the web, which was an enormous bonus and helpful to those who needed to prepare Appraisal Portfolios. The Academic Fund helped in bringing overseas speakers to Section meetings and the feedback from meeting organisers was very positive in terms of the enhancement of the academic quality of this activity.

Public Engagement

The ‘Medicine and Me’ programme brought together healthcare professionals with patients and carers in a non-threatening environment, thereby allowing exchange of information and opinions for mutual benefit. For year 2014/2015 the RSM teamed with the major charities, Diabetes UK, British Neuroscience Association, Crohn’s and Colitis UK, British Heart Foundation and British Society of Heart Failure to organise these meetings, which attracted 861 patients carers and healthcare professionals. These events were also made available on the web. Feedback from these meetings was extraordinary and very rewarding and the RSM was very grateful to our generous anonymous donors for helping to fund these events, which are free of charge to patients and carers.

The Schools programme had grown enormously as its usefulness to prospective medical students became appreciated in more and more institutions across the whole spectrum of education. We aimed to reach the brightest and best students from all backgrounds. A new venue was added this year, namely Upton Hall School for Girls, a state school for girls on the Wirral. This attracted 150 Year 11 and 12 students keen to consider medicine as a career. The Dean thanked colleagues from Medic Portal for their enthusiastic support of these events. He was also pleased to report that we continued our new venture reaching out to schools career advisors and heads of science to inform them of the requirements for prospective medical students.

The Dean reported that Public Engagement lectures went from strength to strength and the newest of these, the ‘Art, Society and Medicine Lecture’, held jointly with the Royal Academy, had just been held and had been a huge success. These flagship lectures continue to be hugely successful and often we had over 200 registrants in the first 48 hours of the announcements. We managed to attract a glitterati of talent for these events which really brough a buzz of excitement with full lecture theatres and more importantly new visitors to RSM.
Conclusions

Professor Betteridge advised that this would be his last report as Dean, although he continue to run public engagement as Dean Emeritus, as he had demitted office in September 2015. He had enjoyed my time as Dean enormously and he wished to thank colleagues for their support. His successor, Dr Fiona Moss, was distinguished in the field of medical education, and he had no doubt that RSM educational activities would continue to flourish under her expert stewardship.

The President thanked the Dean for his report.

4. CHIEF EXECUTIVE’S REPORT

The Report from the Chief Executive was noted (AMF 15/16/3).

Mr Balmer gave a presentation which began with some reflections on the aims and objectives of the Society emphasising the fact that we had a ‘pyramid’ of beneficiaries at which members were at the top, but with a much wider base representing the general public.

When looking at the performance of the academic programme, it was gratifying to learn from recent surveys that 94% of those attending meetings felt they were very or fairly useful. Mr Balmer emphasised that it was good that a very significant of audiences were non-members but on one hand they were potential members, but on the other had chosen to attend the event purely on its own merits.

The public engagement programme was going from strength to strength and particular emphasis was given to the ‘Medicine and Me’ programme.

The plans for the RSM’s future role in the widening access agenda was outlined in some detail.

Information was provided about the Library services with emphasis given to the increasing number of items available online and the fact that the Library was now truly 24/7.

When it came to membership, it was reported that over the last 12 months the approximate mix of new members had been half Fellows, quarter Students and a quarter allied health professionals, which felt ‘healthy’ in terms of the future of the RSM. Although retention remained strong, it was emphasised that the RSM had to work to continue to understand what members wanted and how these services could be best provided.

During the presentation of information regarding who used services at the RSM, it was pointed out that there were three distinct groups who either used the academic function, the Library services or the hotel services and there was relatively small overlap with individuals using several services.

The results of a recently undertaken survey of junior doctors showed the need to focus our message on value and indeed think more about how we could provide services outside London. On the positive side, the survey showed that those junior doctors who had experienced the RSM felt it was of high quality. However, those juniors who had not experienced the RSM were unclear as to the role.

Fundraising remained crucial in terms of providing necessary resource for our initiatives.
The medical innovation programme included 27 briefings during the year and continued to attract speakers from all around the world. The challenge now is how to continue to develop the RSM’s role in the field of medical and health innovation.

Mr Balmer once again emphasised the fact that our conferencing and hospitality business was crucial to the financial well-being of the Society and information was provided which suggested commercial users of our services are very satisfied.

Turning to the overall financial position, it was reported that the free reserves of the Society have now reached in excess of £3.5m compared to a negative position in 2011 and although this was good news, the Society had some way to go before establishing the sort of free reserve levels that would provide long-term comfort.

Mr Balmer emphasised the importance of the RSM working towards becoming the voice of CPD in the UK but felt that we were in a strong position to do this and other exciting developments. Our success would be determined by the quality of the services we provide and the level of understanding we have of what people want. Increasingly the RSM would need to be flexible in terms of what it provided and how it provided it.

The President asked for questions from the floor.

Sir Barry Jackson congratulated the team on good results and asked whether there was any update on the space review that was being undertaken. Mr Balmer reported that this work continued both to ensure that our charitable objectives could be achieved to best advantage and whatever space may be available for other purposes was also used to its optimum in support of the charity’s objectives.

In response to other questions from the floor Mr Balmer reported that the two areas being investigated with regard to the pilot study of widening access, were an inner London area (Dagenham) and a rural area in Norfolk.

In response to a question about regional meetings Mr Balmer agreed that partnership with regional societies of whatever type could be very useful.

Following a question regarding the involvement of patient groups, information was given by both the Dean and the Chief Executive regarding the Medicine and Me programme and how successful this had been to date.

The President thanked the Chief Executive for his reports.

5. **AUDITED ACCOUNTS FOR 2014/15**

The Meeting received and adopted the audited accounts for the session 2014/15 (AMF 15/16/4).

6. **APPOINTMENT OF AUDITORS FOR THE SESSION 2016/17**

The President and Council recommended that Grant Thornton be appointed as Auditors for the 2016/17 session. The Annual Meeting of Fellows approved this recommendation.
7. **QUESTIONS FROM FELLOWS**

There were no further questions.

8. **DATE OF NEXT MEETING**

The President thanked everyone for attending. He formally closed the meeting. The next meeting would be held on Monday 6 March 2017 at 6.30pm.
President’s Report

The past year has, as always anticipated, been an eventful time at the RSM. During the last Academic Year 399 meetings were delivered to 35,800 delegates. This was an outstanding educational contribution at a time when attendance at meetings is so often constrained by financial considerations in hospitals and Deaneries. I therefore commence my report with a big thank you to everyone in our Sections as well as the staff of the Academic Department who made the delivery of their meetings possible.

Of course, the Academic contributions at the RSM extend beyond the running of conferences and meetings. The list of available RSM videos is constantly increasing and now stands at nearly 1,000 videos. The Library strategy has resulted in the availability of over 6,000 e-journals and 1,500 e-books to our members and Library staff continue to provide an invaluable resource to our Society members.

Our hugely successful Public Engagement programme included conferences for school students and teachers, as well as five Medicine and Me meetings where 62% of those attending were either patients or carers. Our Medical Innovation Conferences were oversubscribed and we were privileged to hear from hugely talented national and international colleagues including two 16-year old students! We have much to be grateful for at the RSM.

I am especially grateful to executive colleagues at the RSM who work so hard to facilitate the smooth running of the Society. The financial pressures faced by the Society have been contained through economic prudence and innovative thinking. We have remained financially solvent and have maintained high quality in all that we do but we cannot be complacent. The next few years will continue to be financially challenging as the effects of local and government regulation and the side effects of Brexit are manifested. RSM Council has recognised this and has now agreed to bring added focus to a limited number of major strategic areas, in particular, education and membership. Council also agreed clearly defined Mission and Vision Statements which will be the metric against which ongoing proposals for development are considered.

Recognising the need for Sections to be able to contribute more effectively to discussions about strategic direction, the Academic Board has restructured its debates to enable Section Presidents to share ideas and concerns in a constructive manner. Early feedback suggests that these changes are proving to be valuable.

Our Chief Executive, Ian Balmer, left the RSM at the end of December 2016. I have already publicly thanked Ian for his massive contributions to the RSM over the past nine years and we were delighted to identify his successor, Ms Helen Gordon, following an exhaustive recruitment process. Our Finance Director, Mark Johnstone, acted as interim CEO for two months and I should like to express grateful appreciation to him, on behalf of Council, for his unstinting contributions during this time. I should also like to thank Professor John Betteridge for his work as Dean Emeritus during the year as well as Mr Adrian Beckingsale who completed his term of office as Chair of the Academic Board at the end of September.

The RSM was very saddened to learn of the deaths during the last year of two of our most distinguished Fellows. Mr Adrian Marston and Lord John Walton both served our Society with great distinction for many years and their presence is sorely missed.
Finally, I hope that you will know that my successor as President, Professor Sir Simon Wessely, will assume office in July. I therefore conclude this report by thanking all my colleagues on Council for their hard work as well as all the staff at the RSM for their contributions to our success. I wish the RSM and Simon every success for the future. I believe that we have a great future and I thank you all for the great privilege of serving the Society as your President.

B. Sethia
Dean’s Report

RSM Sections

RSM Sections put on 80% of RSM events and so provide the backbone to the RSM academic programme. I want to start this report to RSM Fellows by acknowledging the huge effort that RSM Section Presidents and others put in to the organisation of RSM Sections’ meetings and to thank them all for this invaluable effort.

Academic year 2015/6 was again an extraordinarily successful one in terms of the number of Section meetings; the range of topics covered and the numbers of attendees. Over 25,000 people came to Sections’ meetings of which 70% were not RSM Fellows. This is an important statistic as it demonstrates both the reach and the relevance of these meetings to all colleagues.

Extending participation in RSM events

Coming in to the RSM in Wimpole Street is just one way of accessing RSM educational events, but is not practical for many people. Modern technologies are one way of increasing participation. For example, we now have over 800 videos of RSM lectures (of which 231 were added this year) that can be accessed from desktop PCs; tablets or mobile phones.

More importantly, the RSM now has the capability to live stream events. The meeting ‘Beyond Borders: The future of global surgery’ set up by the RSM Students’ Section in partnership with ‘Medsin’ and ‘Lifebox’, involved live streaming a world-class assembly of speakers and over 300 international delegates from Europe, Africa, America and the Middle East. The day included interactive workshops and voting on a range of topics. Not only was this a very successful event and a very effective of extending the RSM’s reach not just beyond London but outside the UK, it was also awarded the best “in-house organiser award” by ABPCO (Association of British Professional Conference Organisers – the UK’s leading professional body for association conference and event organisation). The Judges praised the event for innovation in terms of reaching audiences around the world. RSM AV department have also scooped up two awards. We now need to work to extend use of this technology across the RSM.

Using Information Technology to involve delegates in meetings

Active participation and interaction is a key characteristic of effective adult learning. Today’s information technologies provide effective way of engaging delegates during a meeting. Last year the Section of Orthopaedics introduced an app for the Trauma Symposium. This has had many functions – including allowing quick polls and online surveys; allowing delegates to network more effectively; and supporting the use of twitter.

Twitter

Twitter is a good way of promoting and extending the reach of meetings, and involving participants. For example, it is possible to use Twitter as a way of asking questions to a panel, and to share content, comments, facts or pictures to people not at the meeting. RSM has Twitter account (@RoySocMed), as do I (@RSM_Dean) – please follow both if you have a Twitter account. It is being used more at RSM meetings – but there is room for improvement. Some of the best RSM Twitter usage is at events such as the at the Medical Innovations Summits, where the number of tweets using the meeting # can be > 1,500; the reach of these (i.e. the number of Twitter users and sum of their followers) is > 2.5m, and the number of impressions (i.e. the number of times a user is served a tweet in the timeline or search) is > 12m.
**Academic Fund**

RSM Sections each year contribute to a Fund, to which they can each ‘bid’, that supports International Speakers, one RSM Visiting Professorship annually and underwrites small ‘niche’ meetings. Last year, the Fund supported 21 international speakers who presented at meetings organised by 21 of our 54 Sections. These included Dr Warguru Wanjau who spoke at the Student Section meeting ‘Beyond borders: the future of global surgery’; Professor Groesbeck Parham who spoke at the Oncology Section meeting ‘Cancer control in middle and low income countries’ and Professor Pieter Kapetein speaking about ‘Evolution or Revolution: the survival of the cardiothoracic surgeon’. Last year’s visiting professor was Professor PJ Wormald from Adelaide, Australia who contributed to a programme organised by the Laryngology and Rhinology Section.

**Interdisciplinary and inter-professional meetings**

One of the “USPs” of the RSM is that we are multi-disciplinary and increasingly multi-professional. Putting on meetings that link Sections and professions requires even more effort than that required for meetings aimed at one group of specialists. But as good functional team working is such an important factor in the delivery of good patient care, the RSM is keen to encourage more meetings that cross professional boundaries and perhaps even encourage teams to attend. Last year successful events included the Ophthalmology Section’s ‘Transforming the ophthalmology team’; Surgery Section’s, ‘Making surgery safer through teams, training and technology’ and a programme of events about many skills relevant to good team working was developed by Paediatric Section for their trainees.

**Public Engagement**

Patient participation and the expansion of the role of lay partners are increasingly understood as being central to effective health service delivery and its development. The RSM has for some years reached out to the public through its public engagement programmes. These include the ‘Medicine and Me: Living with…..’ events that allow exchange between patients and carers and health care professional as a ‘meeting of equals’. By all measures these events are very successful and of clear benefit for all involved. Last year the RSM worked with five charities, Alzheimer’s Association; National Autism Society; British Lung Foundation; Encephalitis Society and the Lymphoma Society to together run five popular and lively events. We are enormously grateful to our anonymous donors who support these events which are free of charge to patients and carers.

The importance of involving patients and the public is recognised by Sections. For example, last year, the Section of Paediatrics jointly with the Royal College of Child Health and Paediatrics, organised a meeting ‘Patients and families as the new educators’. The programme included exploration of the team; understanding how to support adolescents; how to involve parents as equal partners in neonatal care and when a baby dies and ‘co-producing’ an expert patient care programme to grow parent educators. Some difficult topics that made a very successful day and perhaps a glimpse of future development of learning within the RSM.

**Flagship lectures**

These evening lectures, that are open to the public, continue to be hugely successful and boast the fastest up take of places with sometimes over 200 people registering in the 48 hours after announcement. This year there were 10 lectures that ranged from Professor Dame Sue Black explaining forensic techniques including the certain identification of an individual from a photo of just an arm (venous patterns, it turns out, are unique!); Professor Sir Keith Porter describing just how much civilian medicine has been able to learn from the experience and developments of military medicine and Henry Marsh explaining just why brain surgery is difficult.
Supporting career choice

The RSM is a place for everyone at any stage of their career in health care starting with those who aspire to a career in medicine. The RSM programme for school students continues to provide a very useful forum at which prospective medical students, their teachers and career advisors to hear about and discuss the range of opportunities within health care and we hope to get answers to many of their questions. Hard career decisions and difficult choices continue well after medical school. The RSM Annual Speciality Careers Fair was, as ever, very popular attracting over 1,000 delegates who were able to discuss the pros and cons of possible career choices with experts.

Looking forward

At a time of increasing pressure on the health service, making sure that the work of the RSM is relevant to current practice; encompasses the breadth of skills – including team working and leadership – needed for good patient care; and reaches and many people as possible, is more than ever essential. The RSM will continue to work with Sections to increase collaboration between Sections and to develop more partnerships with other organisations. We will work with Sections to increase participation through integrating live streaming into meetings and improve delegate interaction through harnessing modern information technologies.

Thank you

I would like to take this opportunity to thank my predecessor Professor John Betteridge for his contribution to the RSM over many years but particularly for his work as Dean and latterly as Dean Emeritus with responsibility for Public Engagement. He supported the Sections and worked on many aspects of the RSM programmes but in particular he set up the joint meetings with the Royal Academy of Arts and continued to develop the very successful Medicine and Me programmes. I for one miss his wise counsel and supportive presence in the Academic Department.

Dr Fiona Moss
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