

ANNUAL MEETING OF FELLOWS

**in the Max Rayne Auditorium
Monday 4 March 2019 at 6.30pm**

AGENDA

1. To receive and sign the Minutes of the last Annual Meeting of Fellows held on 5 March 2018.
2. To receive the President's Report (AMF 18/19/1).
3. To receive the Dean's Report (AMF 18/19/2).
4. To receive the Acting Chief Executive's Report, including the financial situation of the Society (AMF 18/19/3).
5. To receive and adopt the audited Accounts for the session 2017/18 (AMF 18/19/4).
6. To approve the appointment of BDO as auditors for the 2018/19 session. It is recommended they be re-appointed for the 2018/19 session, subject to confirmation by Council.
7. Questions from Fellows.
8. The next Annual Meeting of Fellows will be held at 6.30pm on Monday 2 March 2020

CONFIRMED Minutes of the ANNUAL MEETING OF FELLOWS of the Royal Society of Medicine held at 1 Wimpole Street, London W1G OAE on Monday 5 March 2018

Present: Mr Martin Bailey, Vice-President (in the Chair)
Professor Sir Simon Wessely, President
Dr Fiona Moss, Dean
Mrs Helen Gordon, Chief Executive
70 Fellows

The Vice-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 6 March 2017 were signed as a correct record, subject to the following amendment:

Item 7, para 8: Dr Georg Brox was a Section Council member, not Section President.

2. PRESIDENT'S REPORT

The Report from the President had been circulated (AMF 17/18/1) and Sir Simon drew from the text:

This time last year I was sitting in the audience heckling the President... now I am the President.

I would like to thank my predecessor, B Sethia, for handing over the reins last year. These are difficult shoes to fill but I would like to assure both him and the fellowship that I will do my best to carry on the work that B did.

One of my first jobs when I took over was to chair what was supposed to be a well-attended, uncontroversial, public debate on the past, present and future of the NHS, which was held on Saturday 19 August 2017. The keynote speaker was Stephen Hawking. However, once a tweeting war started between Professor Hawking and the Secretary of State for Health, this turned into a well-reported event which, literally, stopped the traffic on the surrounding roads as TV crews and journalists turned up to report on the meeting. An example of the power of social media and of the excellent meetings we hold here at the Society.

Several Trustees have demitted office on Council in the past year and I would like to thank Professor Sir Andy Haines, Professor James Malpas, Dr Rashmi Patel and Mr Peter Richardson for all they did during their tenure. As with the Sections, so with Council – we rely on Fellows to volunteer their time to ensure the governance of the Society is adhered to, and to produce strategy to keep the RSM at the forefront of medical education in the future.

So I would like to welcome the four new Trustees who joined Council, namely Professor Philip Bloom, Dr Sarah Filson, Professor Nadey Hakim and Dr Suzy Walton.

We were also due to lose our Honorary Treasurer, Miss Rachel Hargest, as she was due to demit office at the end of September. However, in order to ensure some continuity on the Audit Committee, Council passed a Special Resolution allowing Rachel to continue in post for a further year. I would like to thank Rachel for being willing to do this.

I took over as President last July and as part of the Inauguration Ceremony, several eminent individuals were awarded with Honorary Fellowship in recognition of their contribution to medicine and science, namely Baroness Sally Greengross, Professor David Howard, Professor Tilli Tansey and former President of the RSM, Professor Sir Mike Rawlins. In addition to these awards, Professor John Betteridge received the RSM Medal in recognition of all he has done for the Society. Finally Sir Michael Marmot received the Society's highest honour, the RSM Gold Medal, in recognition of his major contributions to global health. Very sadly, as most of you will be aware, we also lost one of our Honorary Fellows when Sir Roger Bannister died a few days ago.

I previously referred to Council's role in the governance of the Society. As some of you will be aware, we are currently carrying out a major review of the Society's governing documents, the Charters and By-Laws. This is a major task being undertaken by the Audit Committee. We are now almost at a point where these documents are reaching their final draft stage. The next step will be to have a consultation with Fellows on the changes, which we hope is will take place from early summer of this year. Once the consultation has taken place, final amendments will be made and an Extraordinary Meeting of Fellows will be held to vote on the changes, and adoption of the new governing papers.

There are other major changes taking place with regard to IT systems, but I will let Helen Gordon, our Chief Executive, report on those.

Helen has now completed her first year as our new Chief Executive, and in that time has carried out an extraordinary amount of work, particularly with regard to the education strategy. I would like to thank Helen and the Executive Team for their ongoing commitment to the Society and their willingness to help out and answer any questions, however inane they may seem!

I have carried on the custom, started by my predecessor, of publishing a monthly update on the website. I hope that you get the chance to read these and if you have any suggestions or questions that you would like addressing, please do let me know.

I would like to thank all those on Section Councils, without whom we would not have an academic programme. I appreciate all the work they do setting programmes and running meetings, particularly when the majority of them also have a day job! Without these people we have nothing of an educational nature to offer – and as medical education is our core business that would put us in a bit of a bind. Some examples of this were the excellent, topical meetings held recently on end of life care and another on terrorism.

I referred earlier to the education strategy. This has been major piece of work, led by Helen Gordon and the Dean, Dr Fiona Moss, to make sure the RSM is at the forefront of everyone's mind when they think about CPD. The Dean will report further on this later in the meeting but once again I would like to thank everyone involved in this project.

Finally, I would like to acknowledge the debt we owe to all the RSM's staff. They look after the Society, and its members, with an extraordinary combination of skill, kindness and courtesy. This was shown in a perfect light recently when the events of 'Black Friday' took place, when it was believed that an act of terrorism was taking place in Oxford Circus. Scores of people took shelter in the RSM and they were looked after calmly and competently. Without their efforts the Society would be in a very different place.

3. DEAN'S REPORT

The Report from the Dean had been circulated (AMF 17/18/2) and Dr Moss drew from the text: Last year was a year of change: RSM has a new President, Sir Simon Wessely and new Chief Executive, Mrs Helen Gordon. Both significant events in the world of the RSM. But other, and perhaps more profound changes are planned for a future which is already here. Following work which started with a Council Awayday in 2016, and accelerated by Helen Gordon, RSM in consultation with over 200 participants – external and internal, RSM members and non-members, doctors at all career stages and other health care professionals – has developed an RSM Educational Strategy which was approved in January 2018 by RSM Council. Implementation of the strategy will require different ways of working across the whole of the RSM. The aim is to build from the RSM's unique heritage a platform for the future continued success of the RSM as an educational provider.

But whilst the work of strategy development was underway, RSM Academic Department continued to work as usual and organised with RSM Sections and others 369 meetings on topics reflecting the work of most of the recognised specialities and attracting delegates from many medical disciplines and from other healthcare professionals.

RSM Sections: RSM Sections are at the heart of the Society and responsible for almost 80% of RSM educational programmes. I want to start this report to RSM Fellows, as last year, by acknowledging the huge amount of work contributed to the RSM by Section Presidents, their councils and their colleagues and thanking this “voluntary faculty” for their contribution to the RSM and its educational work.

The academic year 2016/7 was again successful in terms of the number of Section meetings, the range of topics covered and the numbers of attendees. About 27,000 people came to meetings at the RSM of which about 20,000 were meetings run through RSM Sections. Sixty percent of attendees were not RSM Fellows. This is an important statistic as it demonstrates both the reach and the relevance of these meetings to all colleagues.

Most but not all RSM meetings focus on the specialist or technical aspects of care. But team working and leadership continue, appropriately, to be part of some Sections' programmes. RSM Open ran a meeting on high-performance team-working and RSM Patient Safety ran a meeting focusing on transforming the hospital into a learning organisation.

A land mark event, reported by “BBC futures” and other media outlets, was “Social Media: challenges and benefits for mental health and well-being” organised by RSM Psychiatry. This raised a current concern within medicine and the public about the impact of active use of social media. And this year, healthcare consequences of Brexit, the political issue of the day, was considered by three Sections, RSM Geriatrics and Gerontology; RSM Trainees and RSM Occupational medicine.

Academic Fund: RSM Sections each year contribute to a Fund that supports International Speakers contributing to RSM meetings; underwrites small “niche” meetings and supports one or two RSM Visiting Professorships. Last year, the Fund supported 18 international speakers who presented at meetings organised by 17 of our 54 Sections. These speakers included Dr Bruce Miller from San Francisco who spoke at a programme titled “Radical change; a blue print for the 50 years of dying”, celebrating 50 years of the hospice movement jointly organised by RSM Palliative care, St Christopher's Hospice and Hospice UK; Professor Carol Swallow from Canada who spoke at a gastro-intestinal study day jointly organised by RSM Coloproctology and RSM Surgery. Small meetings that were supported by the Fund included a meeting organised by RSM Intellectual Disability that explored the recent advances in the management of diabetes in people with intellectual disabilities.

Last year RSM asked speakers supported through the Academic Fund to consider giving a “Masterclass” for Trainees. We hear that this is popular both with Trainees and also with the speakers.

Working across Sections and with other partners: The RSM is keen to encourage collaboration both internally between Sections and externally with partner organisations. As an organisation that is multi-disciplinary and increasingly multi-professional, the RSM is well positioned to bring together disciplines and professions to discuss and debate topics relevant to their combined work. This year “cross-sectional working” included a day discussing “Obesity science, food and waistlines” supported by RSM Paediatrics and Child Health and RSM Endocrinology and Diabetes. In addition the RSM ran 95 meetings in collaboration with external organisations including the Royal College of Anaesthetists, the Royal College of Paediatrics & Child Health and the Royal College of Psychiatrists, the Crown Prosecution Service and St Christopher’s Hospice.

RSM Spotlight events: Being able to respond quickly to current controversies, events or concerns is one of the aims of the RSM Educational Strategy (see below). This year the RSM hosted three successful “Spotlight” events. The first in April “Patient Safety, litigation against doctors and gross negligence manslaughter” examined many aspects of this tough and fraught topic and included contributions from Sir Robert Francis and Mr David Sellu, whose manslaughter conviction was reversed on appeal.

“Talk NHS: a public debate on the NHS past, present and future”, co-hosted with “Discourse” and chaired by Dr Sarah Woollaston MP, featured a contribution from Professor Stephen Hawking and discussion with panellists including Nigel Edwards of the Nuffield Trust and Liz McNulty of the Patients Association. The meeting prompted much passion, media attention and twitter activity – 700 posts and nearly 2 million impressions.

Later in the year, RSM brought together representatives from the emergency services that responded to the terrorist attacks in Manchester and London. It was humbling to hear contributions from doctors and nurses, senior and junior, and from the fire and police services, including Metropolitan Police Commissioner Cressida Dick, who had all clearly worked so well and so hard together, reflect on the lessons learned and the changes they have already made so that their care and co-ordination would be better in the future.

Global Health: Last year was the first year of the RSM’s Global Health Partnership with King’s College London and RSM Global Health hosted an interesting groups programme based around three themes: Emergencies, Education and “Big issues”. Events included the first Global Surgery Summer School, a very successful two-day event that brought together over 100 participants, including students and trainees and global health advocates; a conference organised in partnership with UK Sierra Leone Health Partnerships and the All Party Parliamentary Group on Global Health that discussed health “post-Ebola”; as well as a conference on Global Aging.

Public Engagement: Events designed to involve patients and the public are an important part of RSM’s annual programme. “Medicine and Me”, flagship events generously supported by anonymous donors, are at the heart of RSM’s patient engagement work. Organised in conjunction with a relevant patient charity, these provide a forum where patients come together with specialists to discuss their care: it is clear that the specialists learn as much if not more than their patients. Last year, RSM’s charity partners included the Sickle Cell Society, UK Sepsis Trust, PCOS UK and Verity-PCOS the Marfan Association UK, the British Lung Foundation, the Proteus Family Network, UK and Fifth Sense.

Evening lectures, open to the public continue to be hugely successful. Matthew Syed, columnist for the Times, gave the Easter Lecture where he discussed “Creating a high performance revolution in health care”; this year’s Jephcott Lecturer, Baroness Hayman, gave a unique personal perspective on health care as she shared her wide experience and insights gained as a “lay representative” working

within health care in a range of circumstances; and the Royal Society of Arts and RSM collaboration continues to flourish, last year Conrad Shawcross RA examined his fascination with themes of science.

Supporting career choice

The RSM is a place for everyone at any stage of their career in healthcare starting with those who aspire to a career in medicine or the healthcare professions. RSM held three regional events that attracted over 500 school students with their teachers and advisors who were able to hear about and discuss the opportunities that a career in medicine offers. Hard career decisions and difficult choices continue well after medical school. The RSM Annual Speciality Careers Fair was also popular and attracted a mix of students and Foundation and Core Trainees who were able to discuss the pros and cons of possible career choices with experts.

Looking forward; RSM Educational Strategy and its implementation

Change at the RSM has in the past been largely incremental. But today we face a series of circumstances that significantly challenge both how we work and our readiness to continue to be one of the main providers of CPD. It is crucial, if the RSM is to remain a relevant and significant provider of CPD and be a voice in today's world of healthcare education, that we modernise the content, delivery and scope across RSM educational programmes. In the increasingly stressed and stretched environments of health and social care, both time and funding for CPD are very limited and so more precious than ever. RSM education must respond to this challenge, work with today's connected world and take up the opportunities offered by application of digital technologies to education. These challenges will be met through a necessarily ambitious strategy.

RSM educational strategy has six themes: the development of "RSM Learning" as an educational "Hub" and resource; involving patients and the public; increasing the use of digital technologies; expanding RSM's support for innovation; becoming a partner to and, underpinning all of this, making the necessary internal organisational changes to enable and drive RSM's ambition to be a leading provider of CPD.

Ensuring RSM Sections continue to deliver excellent learning is a central feature of the strategy and some of the organisational changes that are planned will increase and improve the support that RSM provides for Section Presidents and their councils. "RSM Learning" will focus on content and product development and allow the RSM to respond quickly to any relevant controversial and challenging issues linked to education and learning in health care. The work of implementing the strategy is phased over 3½ years and is starting right now.

Thank you

Educational programmes are generated through the Academic Department. But their success depends also on input from many other parts of the RSM: Marketing, Library Services, Facilities and AV, Fundraising and, of course, Finance. I would like to end this report by thanking my colleagues across all RSM departments for their continuing and vital support of the work of the Academic Department and in particular to acknowledge their contributions to the development of the RSM Educational strategy and their commitment to their roles in its implementation.

4. CHIEF EXECUTIVE'S REPORT

The Report from the Chief Executive had been circulated (AMF 17/18/3). Mrs Gordon reported.

First of all I would like to say a big thank you to you all for your welcome and support during the past year. And also your feedback and challenge, which has been fundamental in our work to take the RSM further in its development.

The past twelve months have been characterised by the themes of improving services for members and delegates, making better use of our resources, and ensuring the NHS and others in the wider healthcare arena know more about what we do.

As said in my preface to the Annual Report, it has been a year of considering longer term strategy against the backdrop of considerable change and challenge in health services, and also the general economic pressures faced by charities, membership bodies and business in general.

During the past year we have been considering our offering of education. This is our core purpose as a charity and how we deliver public benefit, as required by charity law, and shown in the graphic on page 2 of the Annual Report, by educating medical and healthcare professionals to improve patient outcomes. The Dean has outlined this in more detail, but a major priority for us has been to consider our offering in respect of its scope and range of content (what we offer), and modes of delivery (how we offer it), so that members and delegates have the best possible choice of relevant continuing professional development and an experience that really does support learning. After all, our mission is to improve health through education and innovation.

I also said in the Annual Report our unique strength is our ability to focus on a wide variety of specialties, as well as to offer breadth through cross-cutting health themes to our well-established network of doctors, but also to other members of the healthcare team as well. Our education strategy aims to build on the brilliant work of the specialty Sections, plus add other content into that mix reflecting the real multi-specialty and inter-disciplinary world that our members and delegates work in near to the front line of healthcare and associated settings.

We will need to evolve the way we work internally to be even more successful, balancing quality of content with a more nimble and responsive approach, ensuring that all our education, plus information and Library resources support our core aims coherently. We need to do more online as well as face to face, reflecting that busy health professionals need access to learning opportunities in a variety of ways in amongst busy lives.

The RSM has had a decade of running Innovation Summits to share exciting developments. These popular events continue and have been joined by RSM supporting the NHS England's Clinical Entrepreneur Scheme, which aims to foster innovation through direct support of cohorts of health professionals. Members of this scheme can also take up membership of the RSM to support them in their course. RSM being a partner to this scheme is not only the right thing to do to spread developments and support innovators in healthcare, but is noticeably helpful in the eyes of the NHS and has raised visibility of the RSM.

Fellows, such as yourselves, are the backbone of the Society and we continue to consider how best to serve you, and also how to attract other, particularly younger, members into the RSM. We will continue to balance the RSM's traditional values and heritage with modernity, and your feedback on what we do is vital to our considerations.

Much of our response to you and our ability to bring strategy to life going forward, depends on us having smart and efficient infrastructure. We have a number of IT programmes underway scheduled to deliver through this year, the foundation stones being a new customer relationship management system and a new website. We know that the current website doesn't meet everyone's needs, it is 'clunky'. We need one that is more responsive to you, more personalised, easier to navigate and can adapt over time. We may not be able to deliver all of this on day one of the new systems, and the switchover will bring some short-term challenges, but we will deliver as soon as possible and we will continue to invest into 2019 and beyond to deliver the IT systems vision. So do look out for news

about this later in the year. I would like to thank the Executive team and a very large number of staff who are helping with these projects. It is impressive work so far and all going to plan.

More widely, we need to continue to look at how best to use our space. For example, as part of the education strategy we need flat floor space to complement our lecture theatre space. I would like staff to be accommodated in more open office environments that support team working in and between departments. Our ability to be more agile depends on different working practices internally and design of space can help that. We could also use our space more effectively to serve more third party customers, attracting income for the RSM. And of course, we need to ensure that we invest in the members areas, to achieve the standard that you would expect of a professional membership organisation. More news will emerge later in the year about possibilities.

On to the financial position. It is a time of pressure, for all membership organisations, charities, and event and hospitality businesses in general in London. RSM is facing stiff competition, both in providing educational events and event space. We are challenged by a hardening of trends as to how doctors and others use their time and money, given there are multiple demands on both. The general financial position is tough for all. You will see in the annual report at page 16 that we have reported a net deficit in our total funds of £429k and we expect to report a deficit again in the 2017/18 financial year. Our income has remained flat for the past four years whilst our costs, which we manage as tightly as we can without affecting service quality, inevitably rise year on year. We cannot ignore this and must make changes so that we can build resilience and flexibility.

Throughout the year we have been challenging our cost base across the board, and we are looking to ways to grow more income through our educational offering, plus retaining and growing membership, as well as optimising income streams from the Society's asset base (including the property strategy I've already referred to). This accompanies a focussed strategy to sell our space to third party customers who want to run their events in central London.

RSM must become more resilient in this challenging economic climate and ensure a buoyant position with regards to income and expenditure, with more flexibility in surpluses to support further developments for members and delegates. We have yet to move to this more comfortable position that can support developments more easily, but work is underway.

We also continue to work hard to continue to attract donors. A big thank you to our donors from me. A number of our educational programmes are helped by generous gifts, I am truly grateful for these.

The RSM is a charity and we are serious about working to show that we are making an impact, as health professionals learn and improve their practice in some way to the benefit of their patients. We are serious about putting our values into practice every day. Respecting each other, investing in people, aiming for continuous improvement, carrying out our intentions and, importantly, collaborating. So much of what we do just simply couldn't happen without the profoundly important partnerships that we have with our members and also other individuals and health organisations. It's so important that partnership is a theme in our education strategy. But this is an opportunity for me to say a huge thank you to all members who help us develop and deliver our education programme through the Sections and other channels. As our very special 'voluntary Faculty', we respect you greatly. Your views have been fundamental to us in building our education strategy going forward. Thank you.

May I also add my thanks to Council for their challenge and support in equal measure; to the President, Executive team and each and every member of staff. Our collective sense of purpose and optimism will be vital in the year ahead.

5. AUDITED ACCOUNTS FOR THE 2016/17 SESSION

The Meeting received and accepted the audited accounts for the session 2016/17 (AMF 17/18/4).

6. APPOINTMENT OF AUDITORS FOR THE SESSION 2017/18

It was reported that, in accordance with best charity practice, a review of Auditors had been held in 2017 and BDO had been appointed as the Society's Auditors for 2016/17 session. The President and Council recommended that BDO be appointed as Auditors for the 2017/18 session. The Annual Meeting of Fellows approved this recommendation.

7. QUESTIONS FROM FELLOWS

Mr Adrian Beckingsale asked what was being done to address the anticipated deficit in the budget. Mrs Gordon advised that a financial stability plan was in place with the aim of being back 'in the black' within the next three years.

Dr Brox, Section of Telemedicine Council member, had some ideas for Sections to work together and it was suggested that he should approach the President of the relevant Section to discuss this.

Dr Bashir Qureshi thought it would be appropriate for two pages of each JRSM to be dedicated to the educational activity of the Sections. It was noted that Dr Kamran Abbasi, the Editor, had final say in what was published but the President suggested that Dr Qureshi contact Dr Abbasi about this. Professor John Axford said that one of the Sections had submitted a paper to the JRSM and Dr Abbasi had been quite positive about publication. Professor Axford thought that one of the drawbacks would be getting Sections to actually write something. The Dean suggested that if a Section wished to use the Academic Fund to engage an overseas speaker, then part of the agreement for this could be for the Section to submit an article to JRSM.

Dr Nigel Crawford raised a question regarding the Medical Innovation Summits, suggesting that the time allotted to each individual was too short. However, both the Dean and the President believed that the short timing for each presentation was right. Attendance at previous Summits seemed to bear this out, with all of them being oversubscribed.

A FELLOW questioned what the protocol was with regard to holding meetings and taking phone calls in the Common Room, Buttery and Restaurant. Mrs Gordon talked about balancing attracting a wide spectrum of doctors and members to the RSM with different needs. It is also important that those who wanted to sit in a quiet area should be able to do so. The Club Rules do specify that consideration should be given to those using these areas, and that mobile calls should only be taken in the Foyer area. A reminder of this, together with a list of the quiet areas, would be included in the next e-Bulletin.

Professor Kirby, the Chairman of the Academic Board, referred to several meetings that had been held recently, making particular mention of the End of Life debate, the Terrorism meeting and the manslaughter conference, all of which had been very topical and arranged at short notice. All had been very well received and attended. He said that he would welcome ideas for future topics and asked that if any Fellows had ideas to contact him in the first instance.

Professor David Kieff, an Overseas Fellow, thought there were good opportunities for joint meetings with other institutions in the USA, particularly on the Eastern Seaboard. He didn't think the US Fellows were aware of the resources here at the RSM and more could be done to attract new members. The Dean would look into this.

A FELLOW suggested that more could be done in connection with communities. The Dean advised that although there were events that brought groups together, e.g. Medicine and Me, more was needed to cross boundaries with all sectors, communities and patient groups.

Dr John Scadding said that in the past, there had been a lot of initiatives to attract new members which had been quite successful. He asked if there were any particular groups that were not joining. Mrs Liverseidge advised that the Society had a good record for retention of members but although overall numbers appeared to be static, there were fewer younger trainees joining. The reasons for this was that they had more choice and were not as loyal to one or two institutions, as was traditionally the case. Increasingly, people wanted only one or two particular areas of membership rather than a whole package. A pilot was currently being trialled for new members allowing them to 'cherry pick' what they wanted, with the aim of retaining them as members in the years to come.

A FELLOW suggested that there were currently too many Sections and this was affecting delivery of the education programme. The Dean agreed with this, saying that the current situation could not be sustained and part of the aim of the Education Strategy was to leave a legacy for those who come after. Mrs Gordon added that there was need to engage people in debate to prioritise what change was needed.

8. ANY OTHER BUSINESS

There was no further business to discuss.

9. DATE OF NEXT MEETING

The next meeting was scheduled to be held on Monday 4 March 2019.

RSM Annual Meeting of Fellows 2019

President's Report

Continued learning is the root of our professional development as doctors and healthcare professionals, and the Royal Society of Medicine has a responsibility to advance new ways of learning and sharing knowledge. To that end, much of our work in the last year has focused on re-shaping our organisation to be in a position to deliver the Society's Education Strategy, which was launched in April 2018. Inevitably that meant that we have had to undertake significant re-structuring of our Education Department, Library team and Customer Services. That sounds a bit like corporate speak, but there are times when it cannot be avoided. The good news is that we were able to appoint Bridget Gildea as the first RSM Director of Learning. Coming to the Society from Harvard Kennedy Business School, Bridget brings a wealth of experience of creating and delivering educational programmes and will be leading our ambition to deliver an invigorated postgraduate education curriculum to the wider RSM membership and beyond.

To support the work of RSM staff, several major projects have been running through the year to help us operate effectively. These have included the move to cloud-based IT infrastructure, which means that we will be much better equipped to cope with a major business continuity incident. This may sound a little far-fetched but we did have an unexpected dress rehearsal for such an incident when we went into police directed lockdown, following what was at first thought to be a major terrorist incident at Oxford Circus. On that occasion, thankfully, it was nothing more than a common-or-garden fracas.

Our new Customer Relationship Management system (CRM) has now gone live, and we also have a fantastic new website up and running. At least it was this morning – so I hope I haven't jinxed it, as my sons say.

I would like to thank both Mark Johnstone, our Finance Director, and Janice Liverseidge, our Marketing and Communications Director, and the Project Lynx team whose hard work made both these new initiatives such a great success. They have worked exceptionally hard and as a result of their staunch support we are now in an excellent position to achieve the goals set out in the RSM Education Strategy, which we launched last year.

As I reported last year, another major project was the revision of our governing documents, the Royal Charter and By-Laws. This has brought together the original Charter and two supplemental Charters into one overall governing document. We also took the opportunity to update our By-Laws as well. Following a consultation with Fellows and an Extraordinary Meeting of Fellows, these documents have received RSM approval and are now with the Privy Council for final sign-off, which we hope to receive by the end of the year. I would like to thank the Chairman of the Audit Committee, Stephen Gilbert, for all his hard work on this project.

One of the highlights of our 2017/18 academic year was a visit from His Royal Highness, The Duke of Cambridge who was admitted as an Honorary Fellow during a ceremony at the Society in January. Given in recognition of The Duke's contributions to healthcare in general, and both mental health and emergency medicine in particular, the Honorary Fellowship was presented by myself and Immediate Past-President Mr Babulal Sethia, who delivered the citation. And when I say a jolly good time was had by all, this time I mean what I say.

We have had a host of entertaining, informative and challenging sessions throughout the year, ending with a sell-out evening with Stephen Fry, Henry Marsh and Rachel Clark, which really did have people

queuing round the block. My thanks to Roger Kirby, Chair of the RSM Academic Board for helping make this and many other events possible.

My sincere thanks also go to former Chief Executive, Helen Gordon, who left the RSM during the year and to directors Caroline Langley, Wayne Sime and Paul Summerfield who have also moved on to pastures new. I am delighted to advise that we have now appointed a new CEO who will take up post in May. I would like to thank Nigel Collett who has done a fantastic job stepping up as Acting Chief Executive following Helen Gordon's departure.

We said farewell to two Trustees in 2018, namely Professor Nadey Hakim and Professor Roger Motson. We gained four new Trustees namely Dr Claire Baynton, Dr Libby Haxby, Dr Stephanie Kaye-Barrett and Professor Linda Luxon, who joined Council in October 2018.

Finally, my thanks go to our members, volunteers on our Section Councils and donors. With their continued support and the tremendous work of our staff and senior leadership team we can look forward to a new and exciting phase of development for the Society.

Professor Sir Simon Wessely
President

RSM Annual Meeting of Fellows 2019

Dean's Report

Change

Last year's report to Fellows began with a note about change and ended with the news that the RSM Education Strategy had just been approved by RSM Council. In May the Strategy was published. Copies are available for you or otherwise it can be accessed digitally via <https://indd.adobe.com/view/af7a273b-c6fe-4461-8764-eb3e1120b2bb>

The strategy outlines six strategic themes which are in brief: the development of "RSM Learning" as an educational "Hub" and resource; involving patients and the public to deliver richer learning; increasing the use of digital technologies to extend access and improve impact; expanding RSM's support for innovation; becoming a partner to NHS and other organisations; and, underpinning all of this, making the necessary internal organisational changes to enable and drive RSM's ambition to be a leading provider of CPD.

These strategic themes point the way forward for RSM Education as we work to ensure that RSM educational events continue to be contemporary and relevant to the continually changing world of health and health care and play a significant role in provision of CPD for doctors and other health care professionals. Of course, that has always been an at least an implicit aspiration for the RSM. But today, with development of digital and other technologies that improve reach of learning materials and the educational impact; of better understanding about how adults learn and with emerging insights into what prompts behavioural changes, this aspiration needs to be an explicit aim. We must ensure that RSM learning programmes are demonstrably competitive in terms of content, delivery and educational impact. For, meanwhile, not only is health technology improving and changing at pace, but health care professionals are increasing stretched and stressed with less time and other resources available for CPD. The next few years will be pivotal

Organisational changes within the Academic Department

Major organisational changes and re-structuring within RSM Education, to support the delivery of the strategy, started last year and continue. The Academic Department and the RSM Library are now a single department under the direction of a Director of Learning. I would like to take this opportunity formally to welcome Bridget Gildea as the inaugural RSM Director of Learning. Bridget brings a wealth of knowledge and experience, all of which is very relevant to the work of the RSM including most recently responsibility for Executive Education programmes at the Harvard Kennedy Business School.

Thematic managers and a team responsible for assisting the development of programme content have been introduced to assist the curation of programmes and link the expertise of different sections and so improve and rationalise the support that we give to RSM Sections. Other changes relevant to the delivery of RSM Education include transferring responsibility for promoting events to the marketing team. The introduction of the new website should make an enormous difference to the everyday running of RSM Education. These changes have been massive and are continuing. My thanks to all those who continue to work to support this important re-organisation.

RSM Sections

RSM Sections remain at the heart of the RSM and continue to be responsible for 75% of RSM educational events. As I have done in previous years' I would like formally to recognise the enormous amount of work done by RSM Presidents, programme organisers, section councils and others and to pay tribute to their patience and stamina during the inevitable disruptions caused by the change process. The contribution that Presidents and others have made to round table discussions at

Academic Board meetings have been very helpful to the change process. So a huge thank you to this incredible “voluntary faculty”, the mainstay of RSM Education programmes, and who contribute in so many ways.

The academic year 17/18 was again successful. RSM Sections curated 295 educational programmes reflecting many current and contemporary themes. Almost 20,000 delegates attended these Section events. As in previous years more non-members than members attend RSM Meetings. This remains an important statistic for strategic development, demonstrating the reach of RSM.

In addition to putting on events, RSM Sections encourage students and trainees in many ways including awarding over 150 prizes. The work involved in this is considerable and, like so much of the work of the Sections, goes unrecognised. Flagship prizes include the Wesleyan RSM trainee of the year award, which after an extensive judging process of top award winners from across the Sections, provides 5 short listed candidates who give oral presentations to an audience that includes 4 judges. The quality of presentations is astounding and the judging a difficult task. The 2017 winner was Dermatologist Dr Satveer Mahil for research that identified a group of inflammatory proteins as a new target for the treatment of psoriasis.

Dean’s Dialogues

For the past 2 years, in addition to the formal “Academic Board” meetings, RSM Presidents and others have been invited to more informal evening events to discuss matters relevant to educational delivery and impact, sometimes with a guest facilitator. Topics discussed included, “Quality assurance, how do we know how well we are doing?”; “enhanced use of AV facilities for improving interaction, facilitated by Kevin McLoughlin; “Improving patient engagement”, facilitated by Mark Doughty from the Kings Fund and Centre for Patient Leadership. These have proved popular and a very useful approach to engaging with Presidents and others in discussion about educational matters.

Public Engagement

Involving patients and the public in all that we do is one of the themes of RSM Education Strategy. The aim is of this theme to develop the already strong commitment the RSM has shown over the years to public engagement. The Medicine and Me series, now in its 15th year, and sponsored by generous anonymous donors continues as an RSM Flagship series bringing together patients and their health care professionals as a “meeting of experts” . Last year Medicine and Me programmes considered: “Living with multiple sclerosis” in conjunction with the MS Society UK; “Children – the hidden victims of Huntingdon’s chorea” in conjunction with the charity HDdenmore; “Life after facial injury” with the charity Saving Faces; Living with narcolepsy, in conjunction with Narcolepsy UK; and “Your mental health as a doctor” in association with the Royal Medical Benevolent Fund. Over 600 delegates attended these events.

Mental Health

Mental health at last is receiving the sort of public attention necessary if its fundamental importance to wellbeing is to become widely recognised and the chronic, desperate underfunding of mental health services properly reversed. Linked to this and to the RSM Presidency of Professor Sir Simon Wessely, Regius Professor of Psychiatry at Kings College, London, more programmes at the RSM have had a mental health theme. Through RSM Professionals a meeting about the review of the 1983 The Mental Health Act, which then had yet to report, was delivered by key members of that review, including, a retired High Court Judge, a lived experience advisor and the chair of the review, Simon Wessely. Funding was found to support a series of meetings that addressed some key mental health concerns, including Migrant mental health: rights, access and advocacy. And one of the Medicine and Me series in conjunction with 5 charities (Sands, Group B Strep Support, Wellbeing of Women, National Obesity Forum, Tommy's and 4Louis) considered Coping with losing baby

RSM Psychiatry Section dedicated a one-day event to “Social Media: challenges and benefits for mental health and wellbeing” and asked what effect is social media having on us and importantly, how it is influencing the development of young people? This ended with a panel debate asking “What are social media providers doing to protect the mental health and wellbeing of individuals using their online platforms?” – a question that has even more significance today

Partnerships

Developing partnerships with the NHS and other organisations with the aim of combining strengths and enhancing educational content, delivery and impact is another of the Educational Strategic theme. This year RSM linked with the Canadian International Conference on Residency Education and hosted a meeting “Clinical Leadership: responsibility not an option” that included a live streamed panel discussion from Canada followed by contributions from an NHS CEO, a physician, a surgeon and trainees and ended with a panel discussion facilitated by trainees. A collaboration between RSM Paediatric Section, RSM Global Health and the Royal College of Paediatrics and Child Health, produced a multi-disciplinary and multi-professional programme that explored in depth the challenges of refugee health – a responsibility for us all. Other partners included Institute of Sports Exercise and Health and the first joint meeting between the RSM and The Pathological Society of Great Britain and Ireland. In total RSM ran 85 meetings in partnership with external organisations.

Digital and other technologies: learning beyond the lecture

Expanding the digital learning within RSM Learning programmes is important both for the RSM today and for the future, to improve the impact of RSM Learning events and to increase reach. The award winning RSM Audio Visual department, which has a great deal of expertise, is crucial to this aspect of development of RSM Learning events. Lectures are an important part of the structure of RSM programmes but can be rather static or “chalk and talk”. But through technology such as Sli.do (<https://www.sli.do/>) that is freely available at the RSM it is possible to engage delegates much more actively and improve the educational impact.

The first RSM Child health Festival, conceived by paediatric trainees, aimed to help expand the outlook of paediatric training and focus on the wider picture of child health through helping participants reimagine child health and its future configuration in the UK. Another example of programmes developed with partners, this exciting day was a collaboration between the RSM, the Royal College of Paediatrics and Child Health and the British Association for Child and Adolescent Public Health, and through the use of workshops, interactive lectures and experiential learning methods encouraged people from different parts of the system to work and learn together. Some of the revelations were surprising – who knew that the Whittington Hospital has rabbits on the paediatric ward? Click here to find out more about the rabbits and their impact on staff and patients <https://www.whittington.nhs.uk/default.asp?c=33622&print=1>.

RSM Patient Safety Section, in partnership with Boston Health, and BAPRAS hosted the RSM’s first Hackathon. Seven teams competed in this sold out weekend event to devise innovative approaches to preventing surgical “never events”. The winning team, the one judged to have the most innovative solution likely to improve patient safety received a significant seed investment.

This year RSM produced a series of audio podcasts. Put together by RSM Associate Dean Kaji Srithranan these discuss a range of contemporary health themes from the acutely unwell child, to whistleblowing to the role of NICE and use of Artificial Intelligence. If you missed these here is the link: <https://itunes.apple.com/gb/podcast/rsm-health-matters/id1376624236?mt=2>

RSM Lectures

Lectures will, of course, continue to have a place in the programme of RSM events, in particular the RSM special lectures. Last year's lecture series were as excellent as ever. Professor Eric Alton, gave the Darwin Lecture and explored the development of genetic therapies from identification of a gene to clinical application in the field of cystic fibrosis Professor Dame Sally Davies, graphically described the challenges and threats presented by the global spread of antibiotic resistance; Cathy Pilkington RA gave the annual Royal Academy and RSM Lecture and explored how her work challenges ideas about the female form. For the RSM London Clinic Lecture Adam Kay author of "This is going to hurt" read from his book and played and sang to a packed lecture theatre- and in doing so brought the average age of attendees at RSM meetings down by about 2 decades.

Finally

Last year was a year of significant change and this will continue as RSM Education works to develop the organisational structures to enable RSM to develop and deliver education for doctors and other health care professionals that is cutting edge, contemporary, controversial and challenging but above all is unmissable and relevant to today's health professionals.

I began with a welcome and I want to end with a valediction to Caroline Langley who served the RSM as Director of Education for seven years and supported me, and several of my predecessors, as Dean. Caroline is a consummate professional, ever cheerful and positive. She tirelessly supported RSM Sections and amongst a list of specific achievements she conceived of and set up the Academic Fund that supports visiting speakers and awards an annual visiting professorship. I wish her every success in her new role as Chief Executive of the Institute of Psychoanalysis

Fiona Moss CBE MD FRCP
Dean

RSM Annual Meeting of Fellows 2019

Acting Chief Executive's Report

The last twelve months has seen significant change at the RSM as we have re-shaped the organisation and invested heavily in infrastructure. The major part of the infrastructure project was a new RSM Website and a CRM system, which was undertaken across the whole of 2018 with a successful launch in early February 2019. These new platforms will bring about an improved membership and delegate experience.

In spring 2018 the RSM launched its Education Strategy. The new strategy has resulted in a major re-organisation and restructuring of the RSM Education, including the introduction of Thematic Managers to centralise and rationalise relationship management with the RSM Sections. RSM Education has joined with the RSM Library to encourage collaboration and integration of RSM resources. These changes represent the most significant transformational change the RSM has seen in many years and holds great potential for the organisation.

The RSM is never more vibrant than when filled with schoolchildren and students. Some of our philanthropically supported public engagement programme contains a range of events tailored to these audiences. Building on the success of our meeting programme we have worked closely with a local Academy to encourage more children to consider medicine and the caring professions as potential careers.

The RSM's Global Health partnership with the Global Health Department of Kings College continues to deliver a programme with three objectives: promote educational innovation in the field of global health, encourage the medical profession to engage with global health, and collaborate with key institutions working to improve health worldwide. The RSM will move from being an effective platform for discussion to also contributing original work to this debate. A video conference pilot scheme was delivered by representatives of the Section of Rheumatology to twenty-five rheumatologists in Lahore, this piece of education was warmly welcomed and will shape and form the basis for future projects and global education initiatives.

The services provided by our Library continue to evolve. It has been extremely encouraging to witness larger numbers of student doctors using the Library across the whole year. The provision of a space close to the Library where collaborative study can take place has been very popular with groups of students and their mentors. Small additional meeting rooms have been added into the portfolio of Library facilities for members personal use. Part of the restructure now repositions the Library in the RSM Education department. A new Head of Library was appointed in November 2018, who will lead work on enhancing service and knowledge provision through the new RSM website. Future plans include a full audit of e-resources and publisher relationships working with RSM members to assess use of current resources, potential gaps and potential under use to ensure best practice and value for members.

In the field of Development, we continue to benefit from the generosity of a small number of major donors as well as a larger number that have supported the Wall of Honour scheme. In the last twelve months we received a significant legacy which helped the RSM finance its provision of the medical education programme. These philanthropic donations allow the RSM to invest in facilities and undertake programmes of work that would otherwise be impossible. The RSM's Innovation Programme continues to provide a platform for innovators of all ages from all around the world and we look forward to the April and September summits this year.

RSM Support Services not only provides a high standard of service to our members, whether it be in Domus Medica accommodation, the Restaurant or the Buttery, but also attracts and retains commercial customers to 1 Wimpole Street, so generating very significant levels of funding to support our charitable objectives. We continue to review how best this is achieved and how we can make best use of our facilities.

Nigel Collett
Acting CEO