

BRITISH ASSOCIATION OF PERINATAL MEDICINE

Minutes of the Annual General Meeting held on Thursday 15 September 2016 in the Watershed, Bristol

Executive Committee and BAPM Staff:

Present: Dr Alan Fenton (President, Newcastle), Dr Gopi Menon (Honorary Secretary, Edinburgh), Dr Sanjeev Deshpande (Honorary Treasurer, Telford), Dr Grenville Fox (Representative, South of England, London), Dr Steve Wardle (Representative, North of England, Nottingham), Dr Helen Mactier (Representative, Scotland, Glasgow), Dr Carol Sullivan (Representative, Wales, Swansea), Dr Susan Papworth (Deputy Representative, Wales, Newport), Dr David Millar (Representative, Ireland, Belfast) Ms Sandie Skinner (Representative, Nursing & Midwifery, Winchester), Dr Wendy Tyler (Representative for LNU/SCBU, Telford) Dr Katie Farmer (Trainee Representative, Bristol), Mrs Kate Dinwiddy (BAPM Executive Manager),

Apologies: Dr Julie-Clare Becher (Deputy Representative, Scotland, Edinburgh), Mr David Summers (Deputy Representative, Nursing & Midwifery, Newcastle), Dr Tracey Johnston (BMFMS Representative, Birmingham), Ms Caroline Davey (BLISS Representative), Ms Cheryl Obiakpani (BAPM Finance and Communications Coordinator)

Members:

Present: Dr Alison Bedford Russel, Dr Jennifer Birch, Dr Kathryn Blake, Dr Elaine Boyle, Dr Sandra Calvert, Dr Jon Dorling, Prof David Field, Dr Edward Gasiorowski, Dr Robert Ironton, Dr Alison Leaf, Dr Andrew Lyon, Prof Neil McIntosh, Prof Neil Marlow, Dr Shalini Ojha, Dr Anne Opute, Dr Elizabeth Osmond, Dr Elizabeth Pilling, Dr Chinthika Piyasena, Dr Vishna Rasiah, Dr Claire Smith, Prof Philip Steer, Miss Gill West, Prof Andrew Wilkinson.

Apologies: Ms Caroline King, Dr Rob Tinnion, Dr Alex Philpott, Dr Paul Clarke, Dr Judith Grant, Dr Una Mac Fadyen, Dr Merran Thomson, Wilf Kelsall, Prof Forrester Cockburn.

1.	President's welcome and Apologies for Absence The President welcomed everyone to the meeting and explained that a number of apologies had been received which would appear in the minutes. Prior to commencing the business of the meeting, the President invited those present to stand and observe a silence as a mark of respect for colleagues who had died during the year, Dr Gillian Gandy, Dr Simon Newell, Dr Shobha Cherian.
2.	Approval of the Minutes The minutes of the AGM held on 15 November 2015 were approved with no amendments needed. The minutes of the Executive Committee meetings held on November 2015, February 2016 and May 2016 were also approved.
3.	Election of Officers and changes in Executive Committee The President noted the changes taking place on the Executive Committee, thanked all those who had served throughout the year and welcomed those who were newly elected. He was very pleased to announce the appointment of Dr Gopi Menon who had been appointed uncontested as President Elect and would become President in September 2017. Dr Helen Mactier had taken on the role of Honorary Secretary and Dr Julie-Clare Becher had taken over as Representative for Scotland. Dr Susan Papworth had become the representative for Wales and Mr David Summers the representative for nursing and midwifery. Dr Tracey Johnston had taken over as BMFMS representative. The President thanked Ms Sandie Skinner and Dr Carol Sullivan whose terms on the BAPM EC had ended.

4	<p>Motion 1 – New Members</p> <p>The President drew members' attention to the list of new members added during the year. It was agreed that the new members as listed in the AGM papers would be elected into BAPM membership.</p>
5.	<p>Honorary Members</p> <p>Honorary membership had been given to Ms Lisa Nandi, Prof Peter Brocklehurst, Ms Sue Turrill, Dr Jag Ahluwalia, Dr Amanda Ogilvy-Stuart.</p>
6.	<p>Honorary Secretary's report: review of activity in the past year</p> <p>Dr Gopi Menon reported the following:</p> <p>BAPM had been working to engage as large an amount of the profession as possible. A Nurse Engagement working group had been set up and the first meeting was planned for November. In recognition of the fact that the majority of perinatal care took place in non-NICU settings, Wendy Tyler had been elected to BAPM's Executive Committee as representative for LNU/SCBU. A set of slides had been developed to assist members undertaking outreach work for BAPM which were available from the BAPM Office, and a membership database had been purchased to improve BAPM's record keeping.</p> <p>Quality of care permeated all aspects of BAPM's work and the Quality of Care Working Group had developed a long list of tasks that now needed to be prioritised and actioned. An ethical framework to govern BAPM's relationships with commercial companies had been developed.</p> <p>BAPM had also undertaken work to meet the organisational objective of promoting research and academic excellence with the introduction of a research skills training day. A pilot session had been run in 2015 and another was planned for October 2016. The session was primarily aimed at trainees and nurses and included role play activities as well as formal presentations. An article about the research skills training had been featured in the Archives of Disease in Childhood.</p> <p>BAPM continued to undertake work on both the Clinical and Service Standards and Government sides of Perinatal work. In the last year working groups on Fetal and Neonatal brain MR Imagine, Parenteral Nutrition, and the Use of Donor Breast Milk had all completed their work programmes. Groups on Congenital Diaphragmatic Hernia, Neonatal Mortality Review and Quality Standards were still ongoing and working groups on Transitional Care, and Consent and Provision of Information for Families were in development.</p> <p>BAPM had continued to promote and contribute to education, training and CPD opportunities for the sector and had also undertaken wider engagement activities participating in the English Maternity Services Review, Scottish Maternity and Neonatal Services Review, NNAP, MBRRACE, Each Baby Counts and new Maternity and Perinatal audit.</p> <p>The BAPM office had had a full changeover of staff in recent months. Dr Menon thanked Lisa Nandi, Hayley Watts and Tia Siddiqui for their dedicated service and contribution to BAPM and welcomed Kate Dinwiddy and Cheryl Obiakpani who had taken over as Executive Manager and Finance and Communications Coordinator respectively.</p>
7.	<p>Financial Report</p> <p>Dr Sanjeev Deshpande, BAPM's Hon Treasurer, reported the following:</p> <p>It was Dr Deshpande's first meeting as BAPM treasurer and he thanked previous treasurer Dr Ogilvy Stuart for leaving BAPM's finances in an excellent state.</p> <p>The major proportion of BAPM's income was still member subscriptions. Overall the organisation had made a net deficit of £26K in the last finance year. This was mainly due to rising costs as BAPM had invested in actioning the new strategy work streams and hired a temporary member of staff to catalogue the library.</p> <p>There were plans to increase the number of members particularly in the categories of trainees,</p>

	<p>LNU/SCBU staff and nurses. This was not just to increase member numbers but because these areas of the profession needed to be engaged to contribute to BAPM's work. Members were all encouraged to sign the gift aid form so BAPM was able to claim back 25% on membership income.</p> <p>It was proposed that new members would no longer need to be formally nominated by an existing member of BAPM to join. This was approved by the AGM participants.</p>
<p>8.</p>	<p>The President's Report</p> <p>Dr Alan Fenton, BAPM President, reported the following:</p> <p>BAPM at 40 years old remained central to perinatal care, raising standards in neonatal care, advising on major decision making, working with Bliss to ensure family involvement and contributing to training, research and education. BAPM recognised that the perinatal community was expanding and included AHPs, ANNPs, and transitional care services. Collaboration was key and care must be safe, effective, high quality & efficient.</p> <p>Upcoming challenges would be managing the effects of Brexit on the NHS which could affect funding and lead to less focus on quality. Moving forward BAPM would continue to run working groups to undertake important pieces of work and implement the BAPM strategy in a context where staff are working under increased pressure and with fewer resources.</p> <p>Several of the BAPM Founder members and Past Presidents had submitted their personal recollections of BAPM. Professor Cockburn recalled how the founding members of BAPM acknowledged the huge gaps in knowledge and understanding of how to meet the medical and surgical challenges arising from disorders occurring during embryonic, fetal and neonatal life and in the early 1990s BAPM worked with EAPM to establish definitions and standards for perinatal audit and research.</p> <p>Andrew Wilkinson recalled attending his first committee meeting of the BPPG in 1979 and how the name change in the 1980s to BAPP increased member numbers rapidly. He also remembered the 1989 annual meeting where Peter Dunn's Founders Lecture was on the topic of Perinatal Pride and Prejudice and Malcolm Chiswick's Mercedes broke down.</p> <p>Philip Steer recalled that the concept of perinatal care as a continuum seemed natural and remembered appreciating the 'lack of stuffiness' of neonatal colleagues.</p> <p>David Field declined to give any anecdotes for fear of embarrassing anybody and instead gave advice how participants could keep themselves entertained during long BAPM meetings.</p> <p>Dr Alan Fenton thanked the other Officers, EC members, the BAPM Office staff and the membership for all their hard work, input and valuable contribution to the work of BAPM throughout the year.</p>
<p>9.</p>	<p>Group discussion: BAPM's Objectives</p> <p>Participants were asked to discuss BAPM's objectives and consider if these objectives were still appropriate for the next phase of BAPM's work.</p> <p>Feedback from the groups included:</p> <ul style="list-style-type: none"> • Trainees should be more involved in all aspects of BAPM's work • The objective 'Raising awareness of, and proactively influencing the policy environment, in which perinatal care is delivered' should be a priority for BAPM. • BAPM could have a role in educating the public (through NCT?) • BAPM currently focuses on the end result – could the organisation do more to prevent pre-term birth? • BAPM should be an advocate, not just an advisor (similar to cancer charities). • BAPM could produce guidelines for producing standards. • BAPM could be a facilitator for linking professionals with research organisations. • The objectives could cover service delivery. • The education objective should not just focus on 'meetings'. • All strands of BAPM work should stress 'multidisciplinary'.

	<ul style="list-style-type: none"> • BAPM no longer has a seat on the neonatal CSAC – BAPM needs to regain this seat or find another way to input into training. • BAPM should be proactive rather than reactive. It should be the lead voice for Perinatal Care. • The partnerships with Bliss and BMFMS are important and should continue. • There should be more engagement with parents. • BAPM has a role in promoting careers in neonatology.
<p>10.</p>	<p>Any other business</p> <p>There was no other business. Dr Fenton thanked all attendees and closed the meeting.</p>