

The Society for Acute Medicine (UK)

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Annual General Meeting 4 October 2003 Queens Medical Centre, Nottingham

Minutes

Paul Jenkins assumed the Chair at the start of the meeting as incoming President of the Society.

1. Apologies
No apologies for absence were received.
2. Minutes
Minutes of the last AGM in Dundee were accepted as an accurate record.
3. Matters arising
 - a) Further changes to the constitution had become necessary to acknowledge changes to the executive and in response to the auditors report. These changes are to be circulated to the membership
Action: Secretary and Treasurer
 - b) Although the Society had attempted to make contact with other groups there had been no response to letters. These efforts are to be renewed.
Action: Secretary
 - c) Limited nominations had been received for various posts on the Executive

Mike Jones had been appointed to Vice President. Nomination of Rhid Dowdle as secretary was received and seconded. Rhid will duly serve as secretary from this meeting.

To replace Rhid as ordinary member Phil Dyer was proposed and seconded. No other proposals were made. Phil Dyer was therefore elected to join the Executive of the Society.

President	Vice-President	Secretary	Treasurer	Administrator
Dr P Jenkins	Dr M Jones	Dr R Dowdle	Dr C Roseveare	Ms A Deuchars

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In view of the changing nature of the NHS it was proposed that there should be trainee representation from both North and South. Roger Duckitt and Steven Close are to join the Executive

Nominations for an AHP member were not received at the meeting. Members are asked to pursue this issue and search for appropriate nominations in the next two weeks.

4. Meetings

The format and frequency of meetings was discussed. It was agreed that the twice yearly frequency remains appropriate although the Autumn meeting would be a mix of strategy and clinical topics whereas the Spring meeting should be largely clinical unless there are specific local issues or expertise highlighted. Both meetings should be on Thursday/Friday with half day session on each day. The need to create a specific meeting sub committee was discussed. It was felt that this was not needed at present. It is appropriate, however, that the organisers of the proposed next two meetings should meet with the organiser of the current meeting (and any other previous organisers) on the morning of the first day to ensure that expertise is shared. It is mandated that a provisional agenda for each meeting should be available 6 months before the meeting.

The next meeting will be in April 2004 in Bournemouth.

Future meetings will be in:

Edinburgh October 2004

Swindon and Gloucester April 2005

Portsmouth October 2005

Evaluation forms have to be available for each meeting. Local organisers should recognise this and use the form that has been available from the Society secretariat.

President
Dr P Jenkins

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5. Presidential report from outgoing President Derek Bell

The President reported a successful year for Acute Medicine and highlighted challenges for the Society.

- a) **Subspecialty status for Acute Medicine had been granted by the Specialist Training Authority.** A need to keep a vision of the future was emphasised, however, as this award would be reviewed with changes to medical training and the advent of the Postgraduate Medical Education and Training Board (PMETB). The Acute Medicine competency curriculum was emphasised and our need to ensure that this works. Concern was expressed that there may be a move to grant CCT at the end of three year training rather than four.
- b) Work with other specialities to agree common competencies was ongoing. There is a need to ensure that there is adequate representation from the Society on these groups. It was suggested that the incoming President should be included in these groups if possible.
- c) The recommendations that the group had made on the structures of MAU's had been widely accepted and Trusts were establishing such units did seem to be using this information. Similarly the Occupational Therapy guidelines produced within the Society were being adopted. Work was ongoing to develop Physiotherapy guidelines and the nursing members of the executive are working on guidelines for the nursing complement. It is hoped that these will also be implemented widely.
- d) The multidisciplinary nature of the Society was emphasised and the impact this was having. Further development of this important aspect of the Society was mandatory and all should encourage others from all professions involved in Acute Medicine to become members of the Society.
- e) Moves were being made to develop an academic part of the Society by the institution of new posts within Universities. This should increase the profile of much of the work that is already being done to improve system working and patient care.

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5. Financial report

The treasurer presented the financial report. A copy of this is included with the minutes. Discussion with regard to commercial sponsorship took place. The treasurer is to approach companies asking whether they wish to sponsor the Society. A wide approach to many companies was felt to be appropriate to avoid undue influence from any specific company.

6. Website

The maintenance of the website remains an unresolved issue. Dr Featherstone will continue to include presentations from previous meetings on the website. Dr Bell indicated that the site was visited frequently although hits had decreased over the summer. Members are encouraged to use the website as their way of keeping up to date with the ongoing issues affecting the Society.

7. AOCB

Dr Dowdle indicated that new trainee posts in Acute Medicine are to be advertised in the next week. Could Society members encourage suitable trainees to apply.

The meeting concluded with recognition of the work that Dr Bell had undertaken as President and the enormous strides that Acute Medicine had taken under his guidance.

Next meeting of the Society at Bournemouth April 2004
Next Annual General Meeting in Edinburgh October 2004

Dr Featherstone

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