Minutes of the 27th Annual General meeting, 20th October 2015, held at the Medical Society of London

1) Present: David Bender, Kenneth Bodman, Susan Bewley, Barbara Wesby, Walli Bounds, Diana Brahams, Malcolm Brahams, Catherine Mellinek, Lawrence Mellinek, Iain Chalmers, David Colquhoun, Margaret Colquhoun, Wong Li Chin, Rupert Fawdry, Andrew Fulton, David Haslam, Alan Henness, Keith Isaacson, Jenny Isaacson, Richard Lansdown, James May, Peter May, Mandy Payne, Philippa Pigache, Anne Raikes, Caroline Richmond, Nick Ross, Gillian Tindall, Michael Baum, Emily Jesper, Sophia Hart

2) Apologies were received from: Roger Fisken, John Kirwan, Tom Moberley, Debra Bick, Sally Gordon-Boyd.

3) Minutes of the 26th AGM had been available on the website; there were no matters arising.

4) Chairman’s report (James May)

The last year has been characterised by increasing joint working between HealthWatch and organisations which share our goals such as Sense about Science and The Nightingale Collaboration. The number of issues which HealthWatch is contributing to seems to increase year on year. We have always had a broad focus on promoting evidence based medicine across healthcare. However our focus shifts as time passes and new challenges appear. Alternative medicine, the behaviour of drug companies, political support for screening programmes, corruption within orthodox medicine, support for whistleblowers and the regulation of medicines through trading standards and medical regulation bodies have all been and continue to be areas of action for HealthWatch. With such diverse activities it is very helpful to have other organisations working alongside us contributing their resources. Our expertise in health is often a resource for them too - and we have contributed to publications and projects by Sense about Science in particular.

Alan Henness from the Nightingale Collaboration has joined the HealthWatch committee, and in addition to being able to keep us up to date with the Nightingale Collaboration, has also been reconstructing the HealthWatch website to make it more user friendly for which we are very grateful. We recommend revisiting the website if you haven’t done so recently to see the progress that has been made.

A core area of shared action has been in opposing the Saatchi Bill for medical innovation which under the last parliament almost became law. In March we held a debate at King’s College with Nick Ross and Nigel Poole QC opposing the Bill and mistakenly in our view our patron Mike Rawlins and parliamentary lawyer Daniel Greenberg supporting the bill. The Bill’s premise is that current law restricts medical innovation, although the opposition and the highly informed audience argued strongly that this is not the case and that liberalising the law risks a quacks charter where the only restriction on innovation after a few administrative hurdles is the whim of an individual clinician. Three people all of whom attended with a view to supporting the Bill voted in favour of it, whilst 90 people voted against with 3 abstentions. The video of the lively debate is on the King’s college website and is recommended viewing. Afterwards there was some hopeful talk that the debate may have taken the wind out of the sales of those drafting the Bill. Sadly however, the Bill has been resurrected with some changes and had its second reading in the House of Commons on the 16th of October. The concerns that there is weakening of negligence provisions which provide immunity to irresponsible doctors remain, despite protests from those proposing the Bill.

Les Rose has after some considerable challenges managed to recruit a full team of investigators to the CPR2 study which is designed to see how effective consumer legislation is at regulating commercial claims of health benefits, and the extent to which Trading Standards legislation is actually enforced.
Healthwatch has continued to raise concerns about national screening programmes, ably supported by previous award winners Michael Baum and Margaret McCartney among others. There is far wider acceptance now that Breast Screening has significant risks, and that the benefits have been overstated. However, Breast Screening and the National Cardiovascular risk screening programmes remain in place and clinicians are encouraged to promote them despite the evidence.

Homeopathy has long been a test case target for HealthWatch, symbolising as it does the core problems of alternative medicine - the lack of a rational and the lack of supporting evidence. In 2010 the parliamentary Science and Technology Committee concluded that the NHS should cease funding homeopathy because of lack of evidence of efficacy. Since then NHS information has been clear on the lack of evidence for any homeopathic claim, and yet funding continues. The current financial climate in the NHS is renewing pressures to cut NHS services, so we need to keep up the pressure for common sense to prevail in cutting services we know have no benefit as a first priority.

In September HealthWatch ran a stall at the European Skeptics Congress at Goldsmith’s college, and Susan Bewley and I contributed to a panel discussion on the question of whether there are orthodox medical practices we should be sceptical of. We raised issues of bias in clinical trials and the medicalisation of society. There were also lectures by HealthWatch award winners Simon Singh and Edzard Ernst as well as a lecture by Sense about Science promoting their ‘ask for evidence’ campaign and chaired by Alan Henness. Medicine was therefore a central point of discussion at the Congress. We have yet to make use of £50,000 which was given to HealthWatch as a research fund. We are currently consulting with our medical student representatives who are compiling suggestions of projects which could be undertaken by students which might make worthwhile use of this generous fund. We are open to suggestions and ideas from anyone else too.

The Newsletter continues to provide penetrating and relevant articles of very high quality, and Mandy Payne our Newsletter editor also contributes the majority of our twitter account activity which is well worth following. Mandy is always in need of new material so if you have articles up your sleeves or as a student would like to have something published then please contact Mandy.

I am very grateful to the support of the committee, to the vice chair Debra Bick, to our secretary David Bender who keeps the show on the road, to our Treasurer Anne Raikes, to Mandy Payne for the Newsletter, to other Committee members Susan Bewley, Les Rose, Diana and Malcolm Brahams, Keith Isaacson, John Illman and Alan Henness. We have also had very helpful contributions from our Medical Journalist representatives James Illman and Tom Moberly as well as considerable involvement from our student and trainee doctor representatives Kenneth Chan, Sofia Hart, Ruth Lamb and Jolene Galbraith.

5) Membership report (Kenneth Bodman)

I mentioned last year that I was waiting for various people to renew their standing orders because of their banks’ errors so I was pleased to regain them after they had sorted out their banks.

HealthWatch has gained seven members since last June but unfortunately four members decided not to renew. The current membership is 136 of whom 55 receive the newsletter by email and 81 by post. There are 49 student members. 24 student members graduated this year, but none took up the offer of an additional 2 years free membership during their FY posts.

6) Treasurer’s report (Anne Raikes)

The Balance Sheet and Statement of Financial Activities for the period 1st June 2014 to 31st May 2015 are available at the AGM and/or a complete copy of the Financial Statements if required.

As in previous years, the major part of our total expenditure of £6,251 (£5,654) is incurred in producing and distributing the Newsletter (four each year). This year’s higher expenditure includes the impact of highly successful debate in March 2015.

Members of the Committee continue to give their time and effort at no cost to HealthWatch. The level of subscription income of £3,854 was up slightly from the previous year (£3,618) which, together with Gift Aid, covers the cost and distribution of the Newsletter.
During the year £2,431 (£1,735) was expended on the HealthWatch Student Prize. This was funded from the donation from Katy Christomanou (Senior Journals Editor, STEM) of Cambridge University Press. After a second generous donation this year from Katy, there is now £3,737 in this fund for the coming years.

The Accounts show a small loss this year of £142 (excluding the restricted Healthwatch Student Prize fund) compared with last year’s profit of £476. The difference is predominately that this year includes the cost of the debate. There remains a need to maintain Healthwatch’s level of reserves, not only for the Newsletter but also in case of libel defence (insurance being impractical) and for future projects that the Committee would like to implement.

HealthWatch Research Fund amounted to £49,388 at 31 May 2015. This is made up of the original donation of £50,000 plus some bank interest less initial legal fees on a research project headed by Les Rose.

Healthwatch reserves, excluding the Student Prize Fund and the Healthwatch Research Fund, totalled £16,835 at end May 2015, down £142 from last year, the bulk of which is held in a COIF Charities Deposit Fund.

*Lawrence Melinek was reappointed as independent examiner*

7) **Future directions for the newsletter (Mandy Payne)**

MP reported that the Newsletter has remained essentially unchanged over the last two decades, and now was perhaps the time to consider changes in format and layout, and the possibility of changing from a printed newsletter to an on-line newsletter that could be updated frequently, perhaps with a quarterly cumulative printed edition.

Many present said that they value the printed newsletter, and if they received it by email would print it out to read at leisure.

It was noted that an on-line newsletter could be made available to members only, once on-line management of membership was instituted. This sparked discussion as to whether or not the newsletter could be made freely available to all, as publicity for our aims and objectives.

There was also discussion as to whether, in view of the plethora of Healthwatches, we might consider changing the name of the organisation to avoid confusion. The committee was charged to discuss this.

8) **Election of officers and trustees:**

There being no other nominations, the following were declared elected:

**Chairman:** James May  
**Vice Chairman:** Debra Bick  
**Treasurer:** Anne Raikes  
**Secretary:** David Bender

**Trustees:** Susan Bewley, Diana Brahams, Malcolm Brahams, Alan Henness, Keith Isaacson, John Illman, John Kirwan, Les Rose.

9) **Student prize competition for critical appraisal of clinical research protocols (sponsored by Cambridge University Press): Walli Bounds**

The HealthWatch Student Prize Competition started in 2002, in order to gain insight into the quality of training about evidence-based treatments received by UK healthcare professionals, and thanks to current funding from Cambridge University Press, we were able to run the competition for the fourteenth year.
Aim:
Healthcare providers and the lay public continue to be inundated with publicity about new and/or allegedly more effective, or ‘gentler’ treatments, but claims for the effectiveness or safety of such treatments often are, on closer examination, based on poorly designed studies that could not possibly support the stated claims. It is therefore vitally important that our future healthcare professionals develop the skills needed to critically appraise clinical trial protocols and assess the validity of the evidence presented. This competition aims to find out how well our students are equipped for this task.

Method:
Students are invited to appraise four 1-page long hypothetical research protocols and to rank them on a scale of 1 – 4 (1 = best, 4 = worst) according to which one is most likely to provide a reliable answer to the stated aim of the trial. The protocols are designed to contain varying degrees of scientific, methodological and ethical flaws, which the students are expected to identify and comment upon. They are required (in no more than 600 words) to explain their reasons for assigning their ratings and suggest ways in which the protocols could be improved. Their replies are then assessed against the pre-assigned ranking from the judges.

Protocols in the 2015 competition comprised:
- Saffron in the treatment of pre-menstrual syndrome
- Omega 3 supplement for intellectual development
- Tea oil for the treatment of psoriasis
- Bee venom in the treatment of rheumatoid arthritis

Administration:
The competition is open to all medical, dental, nursing and midwifery students, and students of professions allied to medicine in the UK and is administered by Professor David Bender. He notifies all training colleges early in the year, collects the entries, sends the anonymized entries (from those who assigned the protocols in the correct order) to the judges for detailed appraisal, and notifies all participants of the results. Students are grouped into one of the following two categories, with each category offering £500 for the winner and £100 for each of up to five runners-up:
- Medicine and Dentistry
- Nursing, Midwifery and Professions Allied to Medicine (PAM)

Results:
All entries were judged ‘blind’ by the three judges. To qualify for a prize, students had to achieve a minimum of 70% of the maximum possible score, based on correctly commenting on the presence or absence of key protocol design features.

This year, a total of 85 entries had been received (compared to only 48 in 2014), of which 35 (41%) had ranked the protocols in the correct order. The almost doubling in the total number of entries received is to be welcomed; 77 were from medical students, 3 from dental students, 1 from nursing/midwifery and 4 from professions allied to medicine. However, it is disappointing that fewer than half had ranked the protocols correctly, and of these, only 3 achieved the required 70% of marks to qualify for a prize.

As in earlier years, many failed to identify the lack of ethics committee approval or informed patient consent in selected protocols, or of other key features of good protocol design. Nevertheless, several students made well-thought-through suggestions of how the protocols could be improved, especially in relation to the Bee venom Protocol, recommending “use extracted bees’ venom rather than live bees, as
the former gives better control of the amount administered” or that the Omega 3 study should be done on twins, rather than on siblings, as age differences could account for differences in reading skills, etc. All these are valid recommendations, suggesting the students had some degree of understanding of the need to minimize confounders.

The lack of participation by nursing/midwifery students is of concern, especially as they are often the first point of call from members of the public seeking advice about the advisability of trusting media reports on the latest ‘wonder-drug’, particularly in the field of women’s health.

To the minority of entrants who excelled in their appraisals, we extend our admiration and congratulations and wish them well in their chosen career. The prizes were awarded by HealthWatch President Nick Ross to:

- First prize (medical and dental students) Andrew Fulton
- Runner up (medical and dental students) Wong Li Chin
- Runner up (Medical and dental students) Vivek Vijay (unable to attend)

**Funding/Acknowledgements:**
We thank Cambridge University Press for having sponsored the 2015 competition and David Bender, Sally Gordon Boyd, Walli Bounds, Roger Fisken and John Kirwan for their administrative and scientific contributions.

10) **Presentation of the HealthWatch Award 2015 to Dr Mark Porter**