

Minutes of the 29th AGM held at the Medical Society of London on 17th October 2017

1) Present: Susan Bewley, Caroline Richmond, Alan Henness, Malcolm and Diana Brahams, Richard Ballerand, Keith and Jenny Isaacson, Mandy and Tim Payne, Anne Raikes, Colin Brewer, David and Margaret Colqhoun, James May, Dick and Janice Taverne.

2) Apologies for absence: Neville Goodman, David Bender, Ken Bodman, Les Rose

3) Minutes of the 28th AGM were approved; there were no matters arising.

4) Chairman's report (James May)

This year we have been working to explore further and implement ideas that came out of last year's vision meeting, as well as continuing our ongoing work in diverse areas.

I am grateful as ever to the work of the committee. To David Bender, our secretary, Anne Raikes our treasurer, Alan Henness our membership secretary, Debra Bick, Malcolm Brahams, Diana Brahams, Keith Isaacson, John Illman, John Kirwan, Les Rose and Philippa Pigache, with co-opted members Tom Moberly and student representatives, Sofia Hart, Andrew Fulton. We have sadly said goodbye to Diana Brahams, Susan Bewley, and Debra Bick this year, who have all contributed a lot to the committee over several years, even decades. We are looking forward to our new members joining us this year. Some of the committee who live far outside London have been using Teleconferencing to contribute to the meetings.

On the afternoon before last year's AGM our vision meeting produced a great many helpful ideas. The committee had an extra ad hoc meeting to discuss these, and voted on priority areas to focus on, which were improving communications, focusing on specific projects, and student outreach.

As a result we have improved the website, and decided to publish our excellent newsletter online immediately so that it is accessible to everyone. We now have online membership, and I should remind those still on standing orders to ensure they are paying the current membership fee of £30. Twitter is an increasingly useful way of communicating what we are doing.

We are also pursuing setting up HealthWatch student groups based in medical schools, in the hope that they will be able to pursue projects in line with our aims, improve evidence based teaching in medical schools, and maintain a long term commitment to our aims and objectives.

We are also aiming to pursue a defined range of ongoing projects, alongside trying to improve our ability to respond quickly to consultations or issues picked up in journals or the media as a formal HealthWatch response.

Les Rose has continued to pursue the CPR2 project with trading standards. The Trading Standards Review journal has been reluctant to publish the results of the study, seemingly because they are perceived as critical of Trading Standards. We are currently working on a conciliatory approach which sees that they are working on our side, but are seriously under-resourced, which we hope might find ways of helping Trading Standards to find it easier to evaluate fraudulent claims and implement decisions, where for example the same product is simply removed from one website and sold on another.

We have submitted responses to consultations both as individual members of HealthWatch and as an organisation. Les Rose has worked hard to persuade the Charity Commission to consult on homeopathic charities and how they should be evaluated. We produced a number of responses in great detail on this. We have also collaborated with Tranparimed and others on a consultation on the need for better regulation of research using an National Audit system for clinical trials.

We proposed a debate on the evidence for harms and benefits for e-cigarettes as a globally important public health question. However, we were unable to find debaters against e-cigarettes, and so abandoned the debate. We are currently looking for topics for a debate or discussion for Spring next year, and would value any suggestions.

We are hoping that our website will make it easier for members and others to contribute to HealthWatch activity. If you haven't checked the website recently then please have a look and complete the focus questionnaire which is an opportunity to feed in your ideas. Please also consider joining the google group if you wish to keep up to date with developments. We have significant financial resources to spend on projects in line with our aims. If you have ideas then please apply for this funding, or feed in the ideas so that our student developing student groups have ideas they can work on.

We believe that our focus on strategy and systems within HealthWatch over the past year will increasingly enable us to have a wider impact, and to draw in a rejuvenated membership of students and new doctors who are as passionate about evidence as we are.

5) Membership report (Alan Hennes)

Subscription plan	
Standing order	108
Full time student	73
One year only	23
Unidentified standing order (treated as donation)	12
Complimentary	8
Patron	5
Automatic annual renewal	2
Total members	225
Total voting members	144
Total paying members	133
Google group members	42

6) Treasurer's report (Anne Raikes)

Balance sheet as at 31st May 2017

	<u>£</u>	<u>2017</u>	<u>£</u>	<u>£</u>	<u>2016</u>	<u>£</u>
CURRENT ASSETS						
Debtors and Prepayments		981			665	
Balance at Bank - Current Account		1,169			1,897	
- Deposit Account		68,267			68,003	
		<hr/>			<hr/>	
		70,417			70,565	
CREDITORS:						
Sundry Creditors		160			1,895	
		<hr/>			<hr/>	
NET CURRENT ASSETS			70,257			68,670
			<hr/>			<hr/>
NET ASSETS			£70,257			£68,670
			=====			=====
FUNDS						
Restricted – Protocol Appraisal			1,881			2,893
- Healthwatch Research Fund			48,954			49 604
Unrestricted			<u>19,422</u>			<u>16,173</u>
			£70,257			£68,670
			=====			=====

Statement of financial activities for the year ended 31st May 2017

	<u>Unrestricted</u>	<u>Healthwatch Research Fund</u>	<u>Restricted Protocol Appraisal</u>	<u>Total</u>	<u>Total 2015/2016</u>
	£	£	£	£	£
<u>INCOMING RESOURCES</u>					
Subscriptions	3,703			3,703	3,713
Other funds raised	1,374			1,374	110
Interest Received (Gross)	62	190	11	263	306
AGM Dinner Receipts	1,696			1,696	1,490
Gift Aid Tax Refund	972			972	673
TOTAL INCOMING RESOURCES	7,807	190	11	8,008	6,292
<u>RESOURCES EXPENDED</u>					
Protocol Appraisal Project			1,023	1,023	860
Newsletter Costs	1,647			1,647	2,228
Postage, Printing & Stationery	151			151	270
Membership Secretary	-			-	600
AGM Expenses and Dinner costs	2,930			2,930	1,501
Debate Evening	(542)			(542)	1,647
Independent Examiner's Fees	-			-	-
Discussion lunch	246			246	247
Website Expenses	126			126	229
Legal fees		840		840	-
TOTAL RESOURCES EXPENDED	4,558	840	1,023	6,521	7,582
				1	
NET MOVEMENT IN FUNDS FOR THE YEAR	3,249	(650)	(1,012)	1,587	(1,290)
Funds brought forward	16,173	49,604	2,893	68,670	69,960
FUNDS CARRIED FORWARD	19,422	48,954	1,881	70,257	68,670
	=====	=====	=====	=====	=====

7) Election of officers and trustees

The following were elected unopposed:

Chairman:	James May
Vice-Chairman :	Keith Isaacson
Treasurer:	Anne Raikes
Secretary:	David Bender

Trustees:

Malcolm Brahams, Roger Fiskens, Alan Henness, Keith Isaacson, John Illman, John Kirwan, Tom Moberley, Philippa Pigache, Les Rose

8) Student prize competition for critical appraisal of clinical research protocols (Walli Bounds)

How can the public be protected from ineffective and potentially harmful treatments, when they and healthcare professionals are inundated with reports of new and better products that are claimed to have been “clinically proven”, when on closer examination the evidence to support such claims is often unreliable and misleading because of poor-quality research. Whilst research findings published in reputable medical journals give some measure of reassurance, it is well known that even studies which make it through to publication may contain flaws in design or execution which are under-reported by the authors, hence the need for scepticism when reading research reports in even the most prestigious journals. It is therefore essential that our future doctors and nurses receive the best possible training in what proper scientific testing entails, so as to judge what research findings can be trusted.

For the past 16 years, the HealthWatch Student Prize competition has been gaining insight into the way our future healthcare professionals are learning to distinguish between good-quality research and poorly designed studies. Each year students are invited to appraise four hypothetical research protocols and rank them according to which is most likely to provide a reliable answer to the stated aim of the trial. The protocols are designed to contain scientific, methodological and ethical flaws. Students have to write a short essay to explain their reasons for assigning their ratings and suggest ways in which the protocols could be improved.

This year’s protocols comprised the following

Mefenamic acid for pain control in IUD (Intra-Uterine Device) fittings.

Cranial osteopathy for childhood colic.

Breast screening extension programme.

Raspberry leaf for use in pregnancy.

Administration

The competition is open to all medical, dental, nursing and midwifery students, and students of professions allied to medicine, in the UK. To qualify for a prize, students must achieve at least 70% of the maximum possible score, based on correctly commenting on the presence or absence of key protocol design features. All entries from those who assigned the protocols in the correct order, are assessed blind by a panel of judges. Winners receive a cheque for £500, and up to five runners-up receive £100 each.

Results

This year’s results are an improvement over last year’s in that, of the total number of 73 entries, 31 (42%) had placed the protocols in the correct order, whereas in 2016 only 8 (12%) of 67 students had done so. It was encouraging to note that the 31 correct entries included three nurses, of whom one received a ‘special commendation’ for her extra efforts, whereas no nurses ranked the protocols correctly in 2016. It was also noted that this year, more students had paid attention to ethical considerations, commenting on the absence of ethics committee clearance and lack of informed consent in some protocols, compared with previous years. Many correctly criticised the ‘Breast screening’ protocol for only having ‘implied consent’ and considered this to be unacceptable. These are welcome observations, as are students’ comments on how the protocols could be improved e.g. by giving clearer entry criteria and better-defined endpoints (Raspberry study). These and other comments suggest that students have given careful thought to protocol-design, but there remains apparent confusion among some students over specific protocol features, like what constitutes

'informed consent', or what is meant by 'selection bias', wrongly assuming this could be overcome by means of randomisation. Despite this year's generally encouraging results, there remains much need for better education of healthcare professionals, including nurses, who frequently are the first port of call for patients asking about 'the latest wonder-drug' publicised in the media.

To the winner and runners-up, we extend our admiration and heartfelt congratulations and wish them well in their careers.

Winner

Julius Kremling – Medical Student, Ruhr University Bochum, Germany (unable to attend)

Runners-up

Dominic Allen – Medical Student, Imperial College

Jungwoo Kang – Medical Student, Queen Mary's University of London (unable to attend)

Sumir Chawla – Medical Student, University of Southampton (unable to attend)

Special Commendation

Arleah Laidley – Nursing Student, University of Southampton (unable to attend)

HealthWatch extends its thanks to Cambridge University Press for having sponsored the 2017 competition and to David Bender, Walli Bounds, Roger Fisker and John Kirwan for their administrative and scientific contributions.

9) Presentation of the 2017 HealthWatch Award to Deborah Cohen

The 2017 HealthWatch Award was presented to the *BMJ* Investigations Editor Deborah Cohen, in recognition of her courageous reporting of medical issues in the face of attack from vested interests. She then gave a lecture entitled "Poking your nose where you are not wanted; the dark side of investigating healthcare".