

#### Item 1 Paper 1/2015

#### **Annual General Meeting**

Meeting held on 15 October 2013 from 5pm – 6pm at EICC, Edinburgh

1	Welcome and apologies	Action
	The Chair welcomed members to the inaugural AGM and introduced	
	the Medical Director, Mr Peter Lees, and Treasurer, Mr David Tolley.	
2	Medical Director report	
	The Medical Director emphasised some key points in his report,	
	including:	
	• FMLM's work on professional standards, which will be based	
	on the three level Adair classifications.	
	• Engagement with doctors working in primary care.	
	• Plans to produce bespoke resources for medical leaders.	
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3	<ul> <li>Trainee and medical student report</li> <li>The outgoing Chair of the Trainee Steering Group, Dr Lola Loewenthal, summarised the aims, structure and achievements of the Trainee</li> <li>Steering Group so far, including: <ul> <li>The production of TS News, an eNewsletter for trainees and students which has proved very popular.</li> <li>Work on making the FMLM conference trainee friendly.</li> <li>The appointment of regional trainee representatives.</li> </ul> </li> </ul>	
	Dr Thomas Foley was welcomed as the incoming Chair of the Trainee Steering Group.	
	The Chair of the Medical Students Group, Rebecca Rohrer, summarised the aims and structure of the Medical Students Group. Current projects include:	
	<ul> <li>Expanding the university representative network across all medical schools in the UK.</li> <li>Evaluating how much Medical Leadership Competency</li> </ul>	
	<ul> <li>Framework has been included in medical school curricula.</li> <li>Developing projects which students can get involved in</li> <li>A short NHS guide to help medical students understand the structure of the NHS.</li> </ul>	
4	<b>Regional reports</b> The regional leads/deputies gave brief updates from the regional meetings held earlier in the day.	



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England - London	
<ul> <li>Two key Quality Improvement initiatives were agree</li> </ul>	ed:
• to make representations to the Medical School	
ensure quality improvement methodology is inc	cluded in
undergraduate curriculum.	vo gio n
<ul> <li>FMLM to lead on Quality Improvement for the i</li> </ul>	region.
England - Midlands and East	
<ul> <li>Discussion included patient stories, developing car</li> </ul>	e pathways
and reflections on the Keogh review.	
<ul> <li>Agreed to set up some regional meetings outside of Conference to share quality initiatives.</li> </ul>	of the
<ul> <li>Agreed to work with the LETBs and Warwick University</li> </ul>	ersity and
support FMLM's GP strategy.	
England - North	
Agreed to establish reliable communications via en	nail.
<ul> <li>Agreed to put together a Medical Directors Network</li> </ul>	rking Group
and Student Group.	
<ul> <li>Agreed to put together a local skills and achieveme directory so people can find out what has worked b</li> </ul>	
Scotland	
Agreed to improve communication with members	
<ul> <li>Members are keen on local engagement, including mentership and loadership locally.</li> </ul>	
<ul> <li>mentorship and leadership locally.</li> <li>Agreed to work with IHM in Scotland.</li> </ul>	
<ul> <li>Set a goal to double the number of members in Sco</li> </ul>	otland.
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<ul> <li>Wales</li> <li>The meeting had excellent representation from tra</li> </ul>	inoos
<ul> <li>Senior medical directors joined the discussion, inclu</li> </ul>	
Robinson, Peter Donnelly and Chris Jones, who spo	-
how leadership is being taken forward in Wales.	
Northern Ireland	
<ul> <li>Key consideration is around increasing profile of FI</li> </ul>	MLM.
Concentrating on quality development, reflections	
Francis report, defining and concreting the work o	f FMLM.
England – South	
Agreed to use structure of LETBs for local FMLM m	-
<ul> <li>Strong demand for local support, local mentorship opportunities to learn by doing.</li> </ul>	and real
opportunities to rearring doing.	



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	<ul> <li>Demand for a directory of expertise.</li> </ul>
	<ul> <li>Addressed issues of being a widespread region.</li> </ul>
	Armed forces
	<ul> <li>Agreed to increase number of trainee members.</li> </ul>
	<ul> <li>Meeting focussed on building on the good work done during</li> </ul>
	year.
	<ul> <li>Members were updated on work with Defence Academy and</li> </ul>
	collaboration with Leadership Academy.
	<ul> <li>Looking at military medical skillset and next steps for</li> </ul>
	leadership framework for Defence Medical Services.
5	Annual report and accounts
	The Medical Director drew attention to some key areas of the annual
	report and accounts:
	• FMLM's vision and values are about delivering better quality
	care for patients, not being a club for medical leaders.
	Regional leads are the single biggest group on Council, so all
	members are represented.
	<ul> <li>College ownership of FMLM helps to get leadership message</li> </ul>
	out to all doctors.
	<ul> <li>Work on revalidation supports responsible officers.</li> </ul>
	The Medical Director thanked members for their faith in the
	organisation. Over 700 members attended both this and last year's
	conference and the impact of last year's conference was impressive.
	The Treasurer explained FMLM's first audited financial statements:
	The audited financial statements reflect cash flow for period
	not financial statements for the year.
	<ul> <li>Unaudited management accounts for full financial year show</li> </ul>
	net surplus, and if all budget targets continued to be met, a
	surplus is anticipated for this year.
	<ul> <li>Subscriptions will increase in line with inflation (CPI) in</li> </ul>
	January 2014.
	<ul> <li>FMLM will outline a move to a single date for subscription</li> </ul>
	<ul> <li>FIGURE a move to a single date for subscription collections for 2014-15.</li> </ul>
	<ul> <li>FMLM is moving towards becoming a charity.</li> </ul>
6	Elections and appointment schedule
	The Board of Trustees will be in place by end of January 2014 to make
	sure Council fulfils its charitable aims.
7	Standing Orders – for approval
	The Standing Orders were approved.

