



National Institute of Academic Anaesthesia Strategy 2015 – 2020

The NIAA Strategy 2015-2020 sets out our four strategic aims for the next 5 years. A detailed strategic plan will subsequently outline how we will translate our strategy into actions. It sets out key priorities and how we will achieve them, including the financial resources required.

The NIAA Strategy will be published as a five-year plan with biannual activity reports.

- **Our Vision:**

To improve the health of patients and the public through research and innovation.

- **Our Mission:**

To promote, support and deliver world class biomedical and health research in anaesthesia, perioperative and pain medicine.

Over the next 5 years, our activities and resources will be focused on delivering four strategic aims:

AIM 1

To develop high quality collaborative research through the NIAA Clinical Trials Network (CTN)

AIM 2

To develop and promote trainee involvement in national and regional research, audit and quality improvement

AIM 3

To award NIAA grant funding to research and researchers of the highest quality based on NIAA vision and mission.

AIM 4

To facilitate increased funding for and strategically invest in national health priority areas as defined by patients, public and the professions.

AIM 1**To develop high quality collaborative research through the NIAA Clinical Trials Network (CTN)**

| PRIORITY | HOW WE WILL ACHIEVE THIS |
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| 1.1 Support and promote the work of the Clinical Trials Network (CTN) | <p>1.1.1 The Clinical Trials Network (CTN) Director was appointed in August 2015. The term of office is 3 years, renewable for a further 3 years.</p> <p>The Clinical Trials Network (CTN) will:</p> <ol style="list-style-type: none"> a. Create a group of suitably trained Principal Investigators across the UK to form the backbone of the CTN b. Identify and create training and networking opportunities for Principal Investigators c. Create a group of suitably trained local investigators across the UK to support Principal Investigators. This will include individuals from a range of professional backgrounds d. Identify and create training and networking opportunities for local investigators; this will address the need for 'Research Aware' and 'Research Ready' training for the majority of doctors in training e. Develop a Chief Investigator Training and Mentorship Scheme and appoint Chief Investigators f. Facilitate communication between local investigators, Principal Investigators and Chief Investigators g. Publicise the CTN as a new opportunity for Principal Investigators, local investigators and anyone interested in engaging in clinical research in Perioperative Medicine. <p>The Senior Clinical Investigators will be mentored to take on the role of CTN Deputy Directors by the Clinical Director.</p> |
| 1.2 Support the Quality Audit and Research Coordinators (QuARCs) | 1.2.1 Continue to support the QuARCs to fulfil their role in disseminating information and good practice and provide them with the opportunity to share information on local issues. |
| 1.3 Engage with the NIHR Clinical Research Network (CRN) through portfolio and matched funding | <p>1.3.1 To develop a strategy to increase engagement with the NIHR CRN in conjunction with the CTN.</p> <ol style="list-style-type: none"> a. Engage with the CRN National Specialty Lead and Regional Specialty Leads (via the National Specialty Group) in Anaesthesia, Perioperative Medicine and Pain (APOMP) b. Create close ties with the CRN in conjunction with the CTN and meet with the CRN on a regular basis c. Set goals for the number of studies eligible for portfolio status d. Identify opportunities in collaboration with the CRN e. Utilise the CTN to increase the number of portfolio studies and maximise the value of matched funding from the NIAA f. Create links between CRN Regional APOMP Specialty Leads and CTN Principal Investigators regionally g. Create regional links between CRN Regional APOMP Specialty Leads and QuARCs. |

AIM 2**To develop and promote trainee involvement in national and regional research and audit**

| PRIORITY | HOW WE WILL ACHIEVE THIS |
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| <p>2.1 Support and promote the work of the Research & Audit Federation of Trainees (RAFT) and associated Research Trainee Networks</p> | <p>2.1.1 Facilitate support to RAFT and Trainee Research Networks.</p> <ol style="list-style-type: none"> a. Encourage the creation of Trainee Research Networks in regions where networks do not currently exist b. Use the local QuARC network to identify trainees to form research groups in regions without groups c. Create links between established research groups and fledgling groups to provide mentorship and support d. Encourage RAFT engagement with NIHR portfolio and RAFT “adoption” of portfolio studies e. Encourage development of RAFT studies that are eligible for NIHR portfolio status f. Encourage CTN Principal Investigators to offer support to trainee-led research groups and to RAFT on project administration g. Encourage QuARCs to offer support to regional trainee-networks and to RAFT on sustainable multi-centre audit and quality improvement projects h. NIAA office to provide advice and website exposure for RAFT and trainee-led research activities and, where appropriate, facilitate IT support. |
| <p>2.2 Promote education using the following model: research aware; research ready; research experienced</p> | <p>2.2.1 Redefine and re-advertise the role of the NIAA Academic Training Coordinator.</p> <ol style="list-style-type: none"> a. The role will oversee the promotion of education based on the research aware, ready and experienced model, but responsibility for actions relating to research ready and research experienced may be devolved to the CTN b. The role will include the development of approved research fellowships, contribution to coordinating research meetings throughout the year, and the promotion of GCP training c. Link with regional trainee networks and academic leads to develop and support parallel academic training pathways towards university based academics and research active NHS consultants d. Work with the RCoA Training committee to amend the Annex G curriculum for training in research and support dissemination and implementation e. Create a network of academic leads who are able to support the ARCP process for trainees on academic placements. |
| <p>2.3 Create an environment where anaesthetists in training can make full use of high-level government and charitable funding opportunities e.g. Wellcome, MRC</p> | <p>2.3.1 Signpost relevant resources/opportunities for trainees:</p> <ol style="list-style-type: none"> a. With support from the NIAA Academic Training Coordinator b. By creating a group of National Advisors in a variety of fields who will meet as required. <p>2.3.2 Set up an annual NIAA (breakeven) meeting to showcase opportunities.</p> |

AIM 3

To award NIAA grant funding to research and researchers of the highest quality based on NIAA vision and mission.

| PRIORITY | HOW WE WILL ACHIEVE THIS |
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| 3.1 Maintain the integrity of the grant process to ensure the NIAA's continued status as an NIHR portfolio partner | 3.1.1 Promote the benefits of NIHR portfolio status and use NIHR data to analyse which grants achieved additional NIHR funding. |
| 3.2 Create a succession plan for the grants process | 3.2.1 Implement a succession plan for the NIAA Grants Officer. 3.2.2 Continue to support the Funders Forum as an opportunity for collaboration between the specialist society funding partners. |
| 3.3 Support the early career development of trainees who wish to pursue academic training | 3.3.1 Seek to support the early career development of trainees: <ul style="list-style-type: none"> a. Investigate ways of securing matched funding for career development grants b. Identify and publicise career development opportunities through the NIAA c. Continue to support NIAA Career Development Grants for post-doctoral researchers d. Continue to offer the John Snow intercalated BSc awards for medical students. |
| 3.4 Establish NIAA mid-career/career development grants for research professionals | 3.4.1 Seek to identify alternative development routes to MRC Fellowships which would enable career development at a later stage: <ul style="list-style-type: none"> a. Continue to provide HSRC fellowships b. Encourage other organisations to develop fellowships c. Develop good practice guidance for fellowships d. Encourage and support the development regional fellowships. This may be facilitated through engagement with regional CTNs. e. Establish a national strategy for local quality assurance of research fellowships. |
| 3.5 Communicate research opportunities | Communicate and promote opportunities as widely as possible using the following mechanisms: <ul style="list-style-type: none"> a. Website b. Electronic mailing list c. e-Newsletter d. Lecture/workshop/stands at national trainee meeting e. Social media f. Via external organisations. |

AIM 4

To facilitate increased funding for and strategically invest in national health priority areas as defined by patients, public and the professions.

| PRIORITY | HOW WE WILL ACHIEVE THIS |
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| 4.0 Non-exclusivity | NIAA partners recognise the importance of priority setting exercises as defined above; nevertheless top quality research proposals out-with these will be carefully considered on their merits. |
| 4.1 Communicate the ongoing need for high quality biomedical and clinical research in anaesthesia | <p>4.1.1 Dialogue with DoH, NHSE (S, W, NI)</p> <p>4.1.2 Seek further joint funding initiatives with NIHR, MRC, Wellcome Trust</p> <p>4.1.3 Promote appointment of academic anaesthetists to research funding panels & boards of major funders</p> |
| 4.2 Encourage the awarding of grants in accordance with defined priorities e.g. JLA, military | 4.2.1 Encourage funding partners to use the JLA priorities and ask applicants whether their application aligns with the JLA. There should still be scope to align with specialist society priorities however. |
| 4.3 Produce HTA vignettes based on JLA priorities | <p>4.3.1 NIAA will submit at least four vignettes per year from the HSRC/CTN and produce a formal report after 5 years.</p> <p>4.3.2 Encourage specialist societies to submit proposals/vignettes for NIAA support.</p> |
| 4.4 Support continued engagement from patients and the public in grant applications through Patient, Carer & Public Involvement and Engagement (PCPIE) work | 4.4.1 Continue to support and advertise the services of the PCPIE group and analyse the usage of the PCPIE group and report on this as a deliverable. |
| 4.5 Continue to support and work closely with the Health Services Research Centre (HSRC) | 4.5.1 An updated activity plan will be presented to the NIAA Board. |
| 4.6 Continue to support NIAA-RCS initiatives | <p>4.6.1 Continue to run the NIAA-RCS meeting.</p> <p>4.6.2 Support annual NIAA-RCS Systematic Reviews of Perioperative Interventions. NIAA should support the review of topics where the Systematic Review is seen as a step towards funding applicants for a major clinical trial (+/- pilot) funded by an NIHR funding stream (e.g. HTA) or equivalent.</p> |
| 4.7 Develop communications and initiatives with other organisations e.g. NHS England, National Institute for Health Research (NIHR), MRC, Francis Crick Institute, Wellcome Trust and other Medical Royal Colleges. | <p>4.7.1 Arrange meetings with high profile bodies to present progress and plans and seek advice.</p> <p>4.7.2 Seek ways to engage with each body on an ongoing basis.</p> |