

The Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London WC1R 4SG

NATIONAL INSTITUTE OF ACADEMIC ANAESTHESIA

Board Meeting

**Minutes of the meeting held on Friday 25 April at midday
in the 6th Floor Meeting Room at the Royal College of Anaesthetists**

Members:

Prof M Mythen	Chair, National Institute of Academic Anaesthesia Board
Dr E Carter	Co-optee - Trainee representative
Ms S Drake	Royal College of Anaesthetists, Director of Education and Research
Prof M Grocott	Co-optee - Health Services Research Centre
Dr W Harrop-Griffiths	Association of Anaesthetists of Great Britain and Ireland
Mr D Hepworth	Co-optee - Lay representative, Patient Liaison Group
Dr D Highton	Co-optee – Trainee representative
Prof P Hopkins	ARS & NIAA sub-committee, Chair
Prof D Lambert	NIAA Grant Officer and representing <i>BJA</i> on behalf of Prof N Webster
Dr R Moonesinghe	Co-optee - NIAA Academic Trainee Coordinator
Prof R Sneyd	National Institute of Academic Anaesthesia Research Council, Chair

In attendance:

Surg Cdr Risdall	Royal Centre for Defence Medicine, on behalf of Colonel P Mahoney
Dr M Thomas	Association of Paediatric Anaesthetists of Great Britain & Ireland, on behalf of Dr S Walker
Miss C Bunnell	Committee Secretary (NIAA Administrator)
Miss M Humphrey	HSRC & NAP Administrator

NIAAB/20/2014 WELCOME

The Chair welcomed newly appointed trainee representative, Dr David Highton, and Dr Mark Thomas, observing on behalf of the Association of Paediatric Anaesthetists of Great Britain & Ireland (APAGBI), to the meeting.

He asked members to declare any conflicts of interest and Surg Cdr Jane Risdall reported that she was conflicted under Item 9 as her CV had been amongst those considered for the position of Defence Professor of Anaesthesia in 2013.

NIAAB/21/2014 APOLOGIES

Apologies for absence were received from Miss Mary Casserly (Education & Research Manager, Royal College of Anaesthetists, RCoA); Colonel Peter Mahoney (Royal Centre for Defence Medicine); Wg Cdr Karen Smyth (Royal Centre for Defence Medicine); Dr Ian Tweedie (Neuroanaesthesia Society of Great Britain and Ireland), Professor Nigel Webster (*British Journal of Anaesthesia, BJA*) and Dr Steve Yentis (*Anaesthesia*).

NIAAB/22/2014 MINUTES

The confidential and non-confidential minutes of the meeting held on 22 January 2014 were approved as a correct record.

ACTION: NIAA Administrator to upload the non-confidential minutes of the meeting held on 22 January 2014 to the NIAA website.

NIAAB/23/2014 MATTERS ARISING

- (i) NIAAB/04/2014 Military Anaesthesia
NIAAB/48/2014

Mr David Hepworth reported that the military presence at the Sixth Form Open Day on 6 March had been very well received.

- (ii) NIAAB/09/2014 (i) Partnerships

The Board received a draft matrix outlining NIAA funding opportunities based on Appendix A from the notes of the Royal Colleges Academic and Research Leads Summit held on 5 September 2013. Professor Lambert volunteered to revise the document by adding details of a non-clinical pathway.

ACTION: Professor Lambert to amend the NIAA grant activity matrix before it is uploaded to the NIAA website.

- (iii) NIAAB/10/2014 Membership of the Association of Medical Research Charities

Ms Drake reported that the *BJA/RCoA* application for membership of the Association of Medical Research Charities (AMRC) was close to completion. Professor Lambert expressed some reservations about the application's likelihood of success since there were still areas of the NIAA grant process which did not comply with AMRC's recommendations for peer review. These were mainly linked to committee representation.

Dr William Harrop-Griffiths reported that further to feedback from the AMRC it was unlikely that the Association of Anaesthetists of Great Britain & Ireland (AAGBI) would pursue its membership application. This was due to the way in which the

AMRC wished to regulate a number of grant processes which, if followed through, would not be aligned with the AAGBI's funding objectives.

It was agreed that once feedback had been received on the BJA/RCoA application from the AMRC, the two responses should be compared.

ACTION: To await the response of the AMRC to the BJA/RCoA membership application before liaising with the AAGBI regarding a potential follow up.

NIAAB/24/2014 CHAIR'S REPORT

There was no Chair's Report as all Board Members had been present at the Research Council meeting aside from Dr Ramani Moonesinghe who agreed to receive an update outside of the meeting.

NIAAB/25/2014 GOVERNANCE

- (i) The Chair thanked Dr Eleanor Carter for agreeing to serve a second term as trainee representative on the NIAA Board.
- (ii) The Chair reported on the recruitment process for the second trainee vacancy on the Board. The applications had been outstanding and all seven applicants had been interviewed as a result. Dr David Highton had been appointed on the grounds of his long term commitment to academic research. The unsuccessful candidates had been informed and although disappointed all had expressed interest in remaining engaged with the NIAA's work with academic trainees. Board members were invited to comment on the recruitment process.

NIAAB/26/2014 NIAA PARTNERSHIPS

The Chair reported on a meeting held in January with John Samuels, Research Consultant at the Rosetrees Trust, during which the ways in which the NIAA might collaborate with Rosetrees had been discussed.

ACTION: To discuss potential opportunities for collaborating with Rosetrees at the NIAA Strategy Session.

NIAAB/27/2014 ACADEMIC TRAINEES

- (i) Dr Ramani Moonesinghe reported that plans were in place to run a second Introduction to Academic Anaesthesia day on 1-2 September in London. A bursary of £500 was available from the RCoA to cover the cost of overheads and it was agreed that this should be widely advertised to encourage other regions to develop similar days.

ACTION: **The Office** to promote the Introduction to Academic Anaesthesia course widely, via the trainee-led research networks.

- (ii) Dr Moonesinghe reported that the new Research Anaesthesia Federation for Trainees (RAFT) was currently working on its first project, although unfortunately progress on this had been slower than expected.

The Board requested further details about the governance and constitution of RAFT in order to clarify the link between the new Federation and the NIAA.

ACTION: **Dr Ramani Moonesinghe** and **Ms Sharon Drake** to obtain further details from the Chair of RAFT regarding its governance and constitution.

NIAAB/28/2014 MILITARY ANAESTHESIA

Surg Cdr Jane Risdall presented a short report on military activity on behalf of Colonel Peter Mahoney. Board members were asked whether they would be willing to conduct a CV review for potential candidates looking to apply for the role of Defence Professor of Anaesthesia in 2016, as it had not been possible to appoint last year. The Chair confirmed that the NIAA would be happy to assist and suggested that the same panel of reviewers who assessed applications in 2013 be approached this time.

Under this item Surg Cdr Risdall also highlighted a shift in the focus of research topics undertaken by honorary lecturers to non-trauma related subject matters.

ACTION: **NIAA Administrator** to contact the original panel members who reviewed CVs for the position of Defence Professor of Anaesthesia in 2013, to see if they would be happy to offer guidance to candidates looking to apply for the role in 2016.

NIAAB/29/2014 HEALTH SERVICES RESEARCH CENTRE

- (i) The Board received the minutes of the Health Services Research Centre (HSRC) Executive Management Board meetings held on 15 January and 25 February 2014.
- (ii) The Board received a copy of the HSRC activity report and noted that in future this would take the format of a short summary.
- (iii) The Board considered a proposal from Professor Rupert Pearse to establish a national perioperative medicine clinical trials group (CTG) to promote and coordinate the efficient delivery of large scale clinical trials in the UK. International examples such as the Australian and New Zealand Intensive Care Society (ANZICS) CTG were cited as instances of where this model had been successfully carried out elsewhere.

The Board welcomed the proposal and agreed that further details were required before it could be fully endorsed.

ACTION: **Professor Grocott** to submit a fuller CTG proposal to the Board for further discussion.

- (iv) Following consideration of a data handling policy from Professor Grocott at the last meeting, it was noted that this document had been circulated by email for comment and that no further feedback had been received.

Members discussed whether the policy could now be published online, as a recommendation to those principal investigators who had received funding via the NIAA.

Professor Rob Sneyd welcomed the changes that had been made to the policy so far, and suggested some additional amendments before publication to ensure that the document was an accurate reflection of the NIAA's position.

A discussion was held on the advantages and disadvantages of making the document available online in its current format and incorporating changes at a later stage as part of an annual review process. It was agreed that further discussion would continue after the meeting but that this should not delay publication of the existing document.

In addition, Dr William Harrop-Griffiths reported that the AAGBI was looking to produce its own version of the policy.

ACTIONS: The **NIAA Administrator** to upload the policy to the NIAA website under the new title of, 'NIAA Data Handling Policy'.

Professor Grocott and **Professor Sneyd** to collaborate on revisions to the document prior to its reconsideration in 12 months' time.

- (v) The Board received a discussion paper entitled, 'An NIAA policy on re-identification of anonymised data?' from Professor Grocott. The paper introduced the Expert Advisory Group on Data Access (EAGDA), which had been established by Cancer Research UK, the Economic and Social Research Council, the Medical Research Council and the Wellcome Trust, to provide advice on emerging scientific, ethical and legal issues relating to data access.

It was noted that EAGDA had produced a set of recommendations designed to address the growing risk of anonymised research subjects being re-identified. Professor Grocott proposed that the NIAA should actively endorse these recommendations, since this issue was becoming increasingly important. Professor Lambert suggested that this endorsement could be accompanied by a statement on the NIAA website indicating that the NIAA funding partners reserve the right to withdraw funds in cases where a grant applicant has purposefully de-anonymised data.

Professor Hopkins warned against becoming overly prescriptive however, and felt that the policy was unnecessary since it was impossible to identify individuals from data that had been properly anonymised. Instead the real issue of importance was the accurate anonymisation of data.

Overall the Board agreed that it was important for the NIAA to have a mechanism in place to address this issue, given the increase in the number of research studies accumulating large data collections, and the proposal was approved. Board members also suggested that this issue should be addressed in the General Medical Council (GMC) document on duties of a doctor.

ACTION: **NIAA Administrator** to add a statement to the NIAA website in support of the EAGDA recommendations on re-identification of anonymised data.

- (vi) Dr Ramani Moonesinghe provided a brief update on the Research & Audit for Quality Improvement Day, held on 28 February 2014. The day, designed for both Quality Audit and Research Coordinators (QuARCs) and trainees, had been an overwhelming success with excellent feedback from delegates. Dr Moonesinghe hoped that this could be run as an annual event. She thanked Maddy Humphrey, Mary Casserly and Natalie Bell for their hard work in running the event.

ACTION: **The office** to consider running the QuARC day on an annual basis and at the AAGBI.

NIAAB/30/2014 ARS & NIAA SUB-COMMITTEE

- (i) Professor Phil Hopkins reported on the meeting of the ARS & NIAA sub-committee held that morning.

The committee had discussed its role and the schedule of upcoming research events for 2014/15. Professor Hopkins clarified the purpose of the sub-committee, which was to monitor the scheduling of research focused events in order to avoid duplication, and invited representatives from other funding partners, particularly the AAGBI, to join the group.

As mentioned in the earlier Research Council meeting several new workshop ideas had been identified and Professor Hopkins agreed to circulate a list to the Board. It was noted that new organisers would be needed to take this work forward.

- (ii) Professor Hopkins reported that the sub-committee had considered Professor Sneyd's proposal to develop a three level approach to training, but was a little unclear as to who this was aimed at and what the desired outcomes of the proposal were.

Professor Sneyd thanked the committee for considering this and expanded on the proposal by saying that although many of the Royal Colleges felt that trainees should be research aware, the ways of measuring and supporting this varied greatly between different institutions. He was of the opinion that those being appointed as NHS consultants should be sufficiently 'research ready' to participate in a National Institute for Health Research (NIHR) study. Although he agreed in principle to the suggestion that the NIAA develop a GCP module, he was cautious about the feasibility of providing it in reality and felt that further work was required.

ACTION: **Professor Hopkins/Ms Drake** to explore the development of a GCP training module to develop research ready trainees.

- (iii) Professor Hopkins reported that a survey had been conducted to assess the demand for an MRes in Anaesthesia & Perioperative Medicine. This had been distributed via the QuARC network and the NIAA website. Although a low number of responses had been received, there was clear support for the initiative and the sub-committee had agreed to seek expressions of interests for the following ideas from UK universities:

- Development of a full participation model in partnership with a UK university.
- Seek validation for NIAA study days for accredited prior learning (APL).

The Board was pleased to see plans progress and looked forward to receiving further updates in due course.

NIAAB/31/2014 DATES OF FUTURE BOARD MEETINGS

It was agreed that a new date would be circulated for the autumn meeting as the proposed date of Thursday 9 October clashed with the Anesthesiology Conference in New Orleans.

NB. Future dates have since been confirmed as:

Thursday 6 November 2014

Thursday 29 January 2015

Friday 17 April 2015

NIAAB/32/2014 ANY OTHER BUSINESS

The Board noted that there had been some misunderstanding of Professor Hopkins' proposal regarding support for NHS consultant anaesthetist research activity by the Professional Standards Committee and Professor Hopkins agreed to resubmit a paper to aid further discussion.

Dr William Harrop-Griffiths also confirmed that a question on the subject of SPA time had been included in the latest AAGBI membership questionnaire, which would close in the next few weeks. He promised to share the results with colleagues as soon as they were available.

ACTIONS: **Professor Hopkins** to draft a follow up paper on the subject of SPA time for NHS consultant anaesthetists for submission to the RCoA's Professional Standards Committee.

Dr Harrop-Griffiths to report on the responses to a question related to SPA time once the results of the AAGBI membership survey are available.

GLOSSORY OF ACRONYMS

AAGBI	Association of Anaesthetists of Great Britain and Ireland
ACTA	Association of Cardiothoracic Anaesthetists
ARS	Anaesthetic Research Society
ASG	Anaesthesia Speciality Group
ASIG	Anaesthesia Special Interest Group
BJA	British Journal of Anaesthesia
BOC	British Oxygen Chair
BSOA	British Society of Orthopaedic Anaesthetists
CCRN	Comprehensive Clinical Research Networks
CLRN	Comprehensive Local Research Networks
CRN	Clinical Research Network
DAS	Difficult Airway Society
DMA&CC	Department of Military Anaesthesia and Critical Care
EMB	Executive Management Board
EPICOT	Evidence, Population, Intervention, Comparison, Outcome, Time stamp
FPM	Faculty of Pain Medicine
JLA	James Lind Alliance
NCRPSE	National Clinical Research Priority Setting Exercise
NELA	National Emergency Laparotomy Audit
NIAARC	National Institute of Academic Anaesthesia Research Council
NIHR	National Institute for Health Research
NTNs	National Training Numbers
OAA	Obstetric Anaesthetists' Association
RA UK	Regional Anaesthesia UK
RAFT	Research Anaesthesia Federation for Trainees
RCoA	Royal College of Anaesthetists
SEA UK	Society for Education in Anaesthesia, UK
SNAP	Sprint National Anaesthesia Projects
UKPRF	UK Perioperative Research Forum
VASGBI	Vascular Anaesthesia Society of Great Britain & Ireland