



## BOARD MEETING

**Minutes of the meeting held on Thursday 4 February 2016**

**6<sup>th</sup> floor Council Chamber at the Royal College of Anaesthetists**

### **Members:**

Prof Monty Mythen	Chair National Institute of Academic Anaesthesia Board
Dr Tom Clark	<i>Co-optee</i> : Research & Audit Federation of Trainees
Dr Tom Clutton-Brock	Royal College of Anaesthetists
Ms Sharon Drake	Royal College of Anaesthetists Director of Education & Research
Prof Mike Grocott	<i>Co-optee</i> : Director Health Services Research Centre
Dr Andrew Hartle	Association of Anaesthetists of Great Britain & Ireland
Mr Dave Hepworth	<i>Co-optee</i> : Royal College of Anaesthetists Lay Committee
Dr David Highton	<i>Co-optee</i> : Trainee representative
Prof Phil Hopkins	<i>Co-optee</i> : Anaesthetic Research Society & NIAA sub-committee Chair
Dr Andrew Klein	<i>Anaesthesia</i> Editor in Chief
Prof Dave Lambert	<i>Co-optee</i> : NIAA Grant Officer
Dr Ramani Moonesinghe	<i>Co-optee</i> : NIAA Academic Trainee Coordinator & Deputy HSRC Director
Dr Andrew Owen	<i>Co-optee</i> : Trainee representative
Prof Rupert Pearse	<i>Co-optee</i> : Director UK Perioperative Medicine Clinical Trials Network
Dr Jairaj Rangasami	<i>Co-optee</i> : Difficult Airway Society Specialist Society Representative
Prof Rob Sneyd	Chairman NIAA Research Council
Prof Nigel Webster	<i>British Journal of Anaesthesia</i>
Col Prof Tom Woolley	<i>Co-optee</i> : Royal Centre for Defence Medicine

### **In attendance:**

Mr James Goodwin	Royal College of Anaesthetists Research Manager
Ms Pam Hines	Committee Secretary (NIAA Coordinator)
Dr Mike Nathanson	Observing on behalf of the AAGBI

### **NIAAB/02.2016/1 WELCOME AND APOLOGIES**

The Chairman welcomed members to the meeting, inviting all in attendance to introduce themselves to welcome new members. Apologies were received from Dr Tom Clark, Dr Tom Clutton-Brock, Dr Andrew Hartle, Professor Dave Lambert, and Colonel Professor Tom Woolley.

### **NIAAB/02.2016/2 MINUTES OF THE PREVIOUS MEETING**

The confidential and non-confidential minutes of the meeting held on 5 November 2015 were approved as a correct record.

**ACTION: Ms Hines to upload the non-confidential minutes of the meeting held on 5 November 2015 to the NIAA website.**

### **NIAAB/02.2016/3 MATTERS ARISING**

#### **3.1 NIAAB/38/2015 NIAA NIHR Clinical Research Network Award Scheme**

Ms Drake updated on the proposals for this award, which aims to recognise outstanding contributions of NHS Consultants and Trainees. Ms Drake has met Professor Stephen Smye to discuss the award; it is similar to one which the Royal College of Physicians have advertised. Ms

Drake will be holding a teleconference with NIHR to start looking at the rubric for the award and how it will be advertised.

#### **NIAAB/02.2016/4 CHAIR'S REPORT**

The Chair stated that all items discussed at the morning's Council meeting would be discussed during the course of the Board meeting.

#### **NIAAB/02.2016/5 NIAA ASSOCIATE RESEARCH FELLOWSHIPS**

Dr Moonesinghe spoke to the paper prepared by Dr Gary Minto, following his presentation at the previous Board meeting after which he formed a working group with Dr Andrew Klein, Dr Iain Moppett, Dr Janice Fazackerley, Dr Andrew Owen, and Dr Ramani Moonesinghe. The purpose of the proposed framework is to provide formal evaluation of research posts across the country, the quality of which can be variable. The proposed framework document includes a suggested minimum time allocation: ideally this would be an equal split between research and clinical work; however there is an understanding that for Trust posts this will not always be possible, therefore 25% of time for research would be the acceptable minimum.

The working group have also designed a progress and feedback form to feed in to the assessment process; the content is based on one Dr Moonesinghe has been using to assess academic trainees on placements. The form asks for outputs of the posts to be listed, a report from the trainee's Supervisor and notes for the ARCP panel. It was pointed out that it should also be mandatory within the post for the trainee to provide feedback on the fellowship, even if light touch, as QA is important. The Chair thanked Dr Minto and the working group for their efficiency and queried whether the definition of the time allocation for the posts was clear, or would need more clarity. Dr Moonesinghe agreed to take this back to the working group for discussion.

#### **ACTION: Dr Moonesinghe to take issue of definition of time allocation back to Fellowships working group.**

Mr Hepworth questioned the lack of requirement for publications as outputs in the proposal, and whether the research topic would be determined by being "flavour of the month". Dr Moonesinghe clarified that asking a trainee was unlikely to be published by the time of their ARCP, but even to be published a year later this would still be a positive outcome. The wording of this would be important, as a post should not be labelled a failure because there had been no publication within that year.

Dr Highton questioned whether the criteria deciding to offer these to ST5-7s was too narrow, and could exclude some people from CT2 who are looking for these kinds of opportunities. Dr Moonesinghe explained that there was no assumption that CT2s couldn't undertake these posts, however there was a rule within *The CCT in Anaesthetics* that Out Of Programme Training (OOPT) and Out Of Programme Research (OOPR) could only be counted toward a CCT if a trainee was ST5 (Higher training, post-FRCA) or above. However, if a more junior trainee wished to apply for one of the NIAA posts and the hospital was prepared to accept a CT2 then this would be the hospital's choice and the trainee could apply for Out of Programme Experience (OOPE), which would not count toward CCT. Most Fellowship posts would likely be service provision posts with some time diverted towards academic training to make them more attractive, and therefore would only be open to the more senior trainees. However there should be no restriction as far as the NIAA are concerned on who can apply for them; those restrictions will be made at a local level dependant on service requirements. Dr Klein supported the view that Fellowships should be open to everyone; many research fellows are post CCT, and are looking for a year of both clinical and research experience. Dr Moonesinghe explained that the purpose is to protect trainees from poor quality posts.

Prof Hopkins queried the OOPT threshold of ST5 and above, and whether this was specific to anaesthesia. Dr Moonesinghe explained that the RCoA required trainees to undertake Basic and Intermediate level anaesthesia within a recognised training post. If a trainee under normal circumstances wanted to apply for one of these posts they would need to seek OOP approval from the College as these posts would not

normally be part of a training scheme, such as the NIHR ACF posts. NIAA Fellowships would allow local hospitals, deaneries, schools etc. to create opportunities through trustworthy postings turned over in part towards academic opportunities, a form of kite-marking of those posts and trainees would need to seek out of programme approval, regardless of the speciality. Prof Hopkins noted that the Royal College of Surgeons have the RCS Fellowship scheme which is outside of the NIHR scheme – would the RCoA change the ST5 rule? Mr Goodwin responded that this fell within the remit of the RCoA Training Committee; such a change would also require an official curriculum update via the GMC. It was noted that College approval was only required for OOPT and OOPR, as the post/competencies involved were being counted toward training. For OOPE only Deanery approval to release the trainee from their programme for the specified time was required; the RCoA were informed after the fact but did not participate in the decision.

Prof Pearse highlighted that the success of academic leadership at a senior level in anaesthesia was being held back by the fact that postgraduates did not undertake PhDs and MDs until post FRCA which is several years later than other clinical academic specialities. This gave them very little post doctorate experience before applying for clinical senior lecturer posts, making them appear as unattractive appointments to universities, and meaning they struggled in their early senior academic career. One solution would be to encourage people to do their higher degrees much earlier in their training, at the same time as they would if training as physicians and surgeons. He added that he now strongly encouraged some of his stronger students to do PhDs straight after F1 rather than F2, to avoid the problem at the other end. Dr Moonesinghe noted that the point of the proposal was to introduce a measure of quality assurance of research posts for trainees that otherwise would not have any QA at all. It will come down to the local school to decide whether the trainee can be released or not, and it will come down to the employer to decide whether the trainee is of sufficiently senior level.

The Chair suggested that any reference to the ST level is removed from the framework so it can be generically applied. With that caveat, there was general support for the aims of the document and what the process is trying to achieve. It was also suggested that some work should be started by the Fellowships working group to engage with the College Training Committee on the issue of allowing OOPT/R pre-ST5 to allow trainees to develop as academics. This would involve developing a formal presentation document on how trainees might be released at a different stage in their career to come back to the Board for a collective view before going to the Training Committee.

**ACTION: Dr Moonesinghe to take issue of pre-ST5 release for OOPT/R back to Fellowships working group for further development.**

#### **NIAAB/02.2016/6 GOVERNANCE**

After discussions at that morning's Council meeting it was noted that there will be a slight delay in the finalisation of the NIAA Strategy document, following a request from Prof Hopkins to have a further 10 days to make additional minor amendments. The Chair provided a verbal update on the proposed governance arrangements, stating that a draft Terms of Reference document has been circulated, making suggestions for adjustments to the Council and Board, based on the recognition that there can often be repetition across the two meetings.

It was proposed that Board meeting should focus on Founding and Principal Funding partners engaging in more detailed overarching strategy, with the Council meeting remaining in its current format. A deadline of two weeks has been set for comments on the circulated document, before distributing to all members for further and final comment.

**ACTION: Ms Drake to circulate draft terms of reference with a deadline of 18<sup>th</sup> February for comments.**

#### **NIAAB/02.2016/7 NIAA GRANTS**

The Chair presented the NIAA Grant Officer's report for information. It was accepted without comment.

**NIAAB/02.2016/8 RCoA AWARDS**

Ms Hines gave a verbal update on the British Oxygen Company Chair of Anaesthesia Research Grant, for which there had been 19 applications, 5 of which were short listed. Interviews would take place on Thursday 11<sup>th</sup> February at the RCoA. Prof Sneyd expressed his thanks to the external reviewers and to Mr Hepworth as the lay reviewer for their help with this.

**NIAAB/02.2016/9 ACADEMIC TRAINEES**

Ms Drake gave a verbal update on the recruitment for an Academic Trainee Co-ordinator, as replacement for Dr Moonesinghe who is stepping down from the role. There will be an open recruitment process starting in May with adverts in *Anaesthesia News*, *BJA* and *Bulletin*. The interview panel is to be convened. It is yet to be agreed whether the post will be jointly funded with AAGBI for 1 PA or 2 PAs. Prof Hopkins requested to see a copy of the person spec, and Mr Hepworth expressed concerns with the timing of personnel changes taking place. Ms Drake assured that succession and handover plans are in hand.

Dr Nathanson commented that discussions on joint AAGBI/NIAA funding are unlikely to be resolved for a few months yet, but shouldn't be allowed to delay recruitment for the Trainee Coordinator post. The discussion led to the conclusion that either Dr Moonesinghe could be persuaded to remain in post for a while longer, or preferably other additional funds could be sought in the short term so the post can offer 2 PAs and be advertised sooner.

**ACTION: Ms Drake to forward the Academic Trainee Coordinator person specification to Prof Hopkins.**

The Chair outlined the written RAFT report submitted by Dr Clark. Dr Moonesinghe raised the issue of the change in approvals moving to HRA and the impact this will have on large multi-centre studies such as iHypE, which according to advice on the IRAS website may mean they will need to seek individual R&D approval from 170 Trusts. Dr Nathanson queried whether this was project-specific or could affect any regional or national project. It can potentially affect any project; for England-only projects the process should be simpler but not for projects including any of the 4 nations. IRAS are currently reviewing this.

Prof Sneyd raised a query on the RAFT paper re: funding for their project management system and website and whether the Board could consider funding this, or whether there could be a link with the CTN. The Chair advised that the Board would be happy to consider proposals once RAFT has agreed a strategy, and Prof Pearse advised that the CTN wouldn't necessarily take responsibility for the provision of this kind of facility. A query was raised on whether there could be one master Basecamp project management account for all networks, rather than having to fund multiple accounts. Dr Nathanson mentioned that he has informally advised RAFT that the AAGBI would look favourably at a grant application from them towards infrastructure costs. Dr Owen suggested allocating a pot of money across several years to fund these sorts of costs, rather than RAFT applying for small sums of money on an annual basis or having to fund infrastructure costs themselves.

**ACTION: Dr Highton and Dr Owen to encourage RAFT committee to submit a grant application towards infrastructure costs for up to 5 years, into the AAGBI interim round later this year.**

**NIAAB/02.2016/10 MILITARY ANAESTHESIA**

The Chair presented the written update from Col Prof Tom Woolley for information, echoing the thanks offered to Col Mahoney for his work up to this point.

**NIAAB/02.2016/11 HEALTH SERVICES RESEARCH CENTRE**

The Chair presented minutes from the most recent HSRC Executive Management Board meetings, and a written update on HSRC activities from Prof Grocott for information. The Chair also reiterated that Prof

Grocott will be demitting office as HSRC Director and following a competitive process Dr Moonesinghe has been appointed as his successor. The Chair thanked both for all of their input thus far.

Mr Hepworth drew attention to the HSRC EMB meeting minutes from 16<sup>th</sup> December 2015, where it was discussed that additional lay members would need to be recruited to the PPIE group given the additional work they would now be undertaking. Mr Hepworth advised that the group is currently recruiting six new members but that two members' 6 year terms will be ending soon, however with hospital visits taking two or three days it will be difficult to recruit any additional members and advised that Ms Drake would need to submit a bid for NIHR funding in the near future to accommodate this.

***Post-meeting amendment: Mr Hepworth clarified that he had advised should Ms Drake see the Chair of the RCoA Lay Committee before the new lay members start; she might want to discuss with him recruitment of a new lay rep for the NIAA Board from among the newly joining members.***

#### **NIAAB/02.2016/12 CLINICAL TRIALS NETWORK**

Prof Pearse highlighted the key points from his written report: the launch of the CTN is taking place at the NIAA Scientific Meeting on 14<sup>th</sup> April. There has been good progress made on developing the investigator schemes and how these will work. The current main task is to get the website finished in time for the launch in April, so that people can join the Network on the day. Also, the Network has adopted its first trial – COMMAS – which is focusing on chlorhexidine mouthwash preventing postoperative pneumonia.

The Chair pointed out that the Network is in a transitional period at the moment being that it currently reports via the HSRC, and it was originally understood that once a Director had been appointed the Network would report directly to the NIAA Board as its own entity. There is now a need for the NIAA Board to approve the Network's Board and Prof Pearse was asked to circulate details of its membership. Prof Pearse advised that he had held back on releasing the Network's draft Terms of Reference until it had been officially launched. The Chair suggested that the Network forms an interim Board and works up the details of its Terms of Reference, then presents this back to the NIAA Board at a later stage for approval.

**ACTION: Prof Pearse to distribute details of CTN Board membership and Terms of Reference.**

#### **NIAAB/02.2016/13 NIAA COMMUNICATIONS**

The Chair presented the written Communications report from Ms Hines for information. It was accepted without comment. Mr Goodwin reported that production of the 2014-15 *Comprehensive Review* was underway and requests for contributions were sent out before Christmas with a deadline for content to be submitted by the end of February.

**ACTION: All Board members tasked with producing content for the *Review* to do so by end of February.**

The Chair mentioned the recently published NIHR bibliometric analysis of highly cited publications 2004-13, which informs the next round of awards for biomedical research centres. According to this publication UK anaesthesia appears to be performing well as it makes up 46% of the top 20% of highly cited publications in the world; an impressive position to be in. The Chair agreed to circulate the publication to members. A discussion followed acknowledging that the figures would probably need to be verified, but that this could potentially be worth publicising through the College's communications channels in future.

**ACTION: Prof Mythen to distribute the NIHR bibliometric analysis document to members for consideration.**

#### **NIAAB/02.2016/14 NIAA ANNUAL SCIENTIFIC MEETING**

The Chair reiterated comments in the earlier Council meeting that so far there had been a small number of delegates registering for the Scientific Meeting, but it was noted there were now 7 submissions for the Research Award. A decision had been taken at the Council meeting to extend the deadline, however as

additional applications had arrived since the morning and were likely to continue to do so until the deadline Ms Drake suggested this should be discussed first with Prof Fang Gao Smith who is managing the process.

**ACTION: Ms Drake to confirm final application numbers, and discuss with Prof Smith before extending the Research Award deadline.**

**Post-Meeting Note:** The deadline for the Research Award was not extended

#### **NIAAB/02.2016/15 ANY OTHER BUSINESS**

There were no items of any other business.

#### **NIAAB/02.2016/16 DATES OF FUTURE BOARD MEETINGS**

TBC May 2016, Teleconference

Thursday 21 July 2016, 1.30pm, AAGBI

Thursday 10 November 2016, 1.30pm, RCoA

TBC February 2017, RCoA

### **ACTION POINTS**

Item		Responsible	Action	Due
2	Minutes of the previous meeting	Ms Hines	Upload the non-confidential 5 November 2015 minutes to the NIAA website.	Next meeting
5	NIAA Associate Research Fellowships	Dr Moonesinghe	Take issue of definition of time allocation back to Fellowships working group.	Next meeting
			Take issue of pre-ST5 release for OOPT/R back to Fellowships working group for further development.	
6	Governance	Ms Drake	Circulate draft Terms of Reference, Board members to submit comments.	18 Feb
9	Academic Trainees	Ms Drake	Forward the Academic Trainee Coordinator person spec to Prof Hopkins.	ASAP
		Dr Highton	Encourage RAFT committee to submit a grant application towards infrastructure costs for up to 5 years, into the AAGBI interim round later this year.	ASAP
		Dr Owen		
12	Clinical Trials Network	Prof Pearse	Distribute details of CTN Board membership and Terms of Reference.	Next meeting
13	NIAA Communications	<b>All Members</b>	Produce content for <i>Comprehensive Review</i> by deadline if tasked to do so.	End of Feb
		Prof Mythen	Distribute the NIHR bibliometric analysis document to members for consideration.	ASAP
14	NIAA Annual Scientific Meeting / Research Award	Ms Drake	Confirm final Award application numbers and discuss with Prof Smith before extending the Research Award deadline.	ASAP