



BOARD MEETING

Minutes of the meeting held on Monday 30 January 2017

6th Floor Meeting Room at the Royal College of Anaesthetists, Churchill House

Members:

Prof Monty Mythen	Chair, NIAA Board
Dr Paul Clyburn	Association of Anaesthetists of Great Britain & Ireland
Mrs Jenny Dorey	Royal College of Anaesthetists Lay Committee rep (incoming)
Prof Mike Grocott	Royal College of Anaesthetists Council
Mr Dave Hepworth	Royal College of Anaesthetists Lay Committee rep (outgoing)
Dr Andrew Klein	<i>Anaesthesia</i>

Co-opted members:

Ms Sharon Drake	Director of Clinical Quality & Research, Royal College of Anaesthetists
Prof Dave Lambert	NIAA Grants Officer (outgoing)
Dr Dan Martin	NIAA Academic Training Coordinator
Dr Ramani Moonesinghe	Director, Health Services Research Centre
Prof Rupert Pearse	Director, UK Perioperative Medicine Clinical Trials Network
Dr Suellen Walker	Specialist Society Representative

In attendance:

Mr James Goodwin	Research Manager, Royal College of Anaesthetists
Ms Pamela Hines	Committee Secretary (NIAA Coordinator)

Apologies:

Prof Rob Sneyd	Chair, NIAA Research Council
Prof Nigel Webster	<i>British Journal of Anaesthesia</i>
Dr Matt Wilson	NIAA Grants Officer (incoming)

NIAAB/01.2017/1 WELCOME AND APOLOGIES

The Chair welcomed all to the meeting. All attendees introduced themselves and incoming members were welcomed. Apologies noted as above. Prof Lambert advised he was also representing the BJA at this meeting.

NIAAB/01.2017/2 MINUTES OF THE PREVIOUS MEETING

The confidential and non-confidential minutes of the teleconference held on 10 November 2016 were approved.

ACTION: Ms Hines to upload the confirmed non-confidential minutes of the meeting held on 10 November 2016 to the NIAA website.

NIAAB/01.2017/3 MATTERS ARISING

Ms Drake confirmed that the PCPIE proposal for asking an additional patient involvement question in NIAA applications, discussed at the previous Board meeting, has been taken forward and implemented following input from Board members. Mr Hepworth drew attention to page 5 of the previous meeting's minutes where he had raised the issue of updating the NIAA event stand, for which he had previously offered written suggestions. It was noted that these suggestions would be looked at for upcoming conferences.

3.1 NIAAB/01.2017/4.2 NIAA Terms of Reference

The Terms of Reference had been updated with minor amendments to reflect the terms of office for both Chairs of the Board and Research Council, being 3 + 3 years extendable by a

maximum of a further year to allow succession planning. There were no further comments on the revised document and it was confirmed as final.

ACTION: Ms Hines to add updated Terms of Reference to NIAA website.

NIAAB/01.2017/4 CLINICAL TRIALS NETWORK

Prof Pearse highlighted the main points of his written report, including the growing membership of the Network – currently 217 – and following positive feedback on the 2016 autumn meeting a programme has been agreed for this year's meeting in Manchester along with a session at the NIAA ASM in May. OPTIMISE II, the first CTN adopted trial, would soon start recruiting patients. The CTN has received a specialty proposal from paediatrics, and was encouraged to extend their reach to other specialities that may also need support but to also beware of becoming inundated with trial proposals. Prof Pearse confirmed the plan for the Network is to provide a service, but to also receive active input from its members in a reciprocal arrangement.

Prof Grocott queried how the Network plans on responding to potential trials being proposed in response to commissioned calls, which can often arise at short notice. Prof Pearse confirmed this was an area of the CTN's work currently under discussion, though the decision for adoption would always be made on the quality of the proposal and it being within the remit of the Network, rather than just on the commissioned call going out.

Discussions on the CTN Regulations document were continued following feedback received from the BJA that had been received the day before the meeting, subsequent to those made following the previous Board meeting. The BJA's most recent feedback related to membership of the Network as there was concern that membership seemed to be exclusive. Prof Pearse reiterated the spirit of CTN membership is to include active members, to avoid becoming simply a mailing list; however membership is open to all and the network is not intended to be exclusive. The Associate Investigator scheme has been developed to incorporate additional members who may not be actively involved in recruiting to trials but still wish to have a say in the work. Prof Mythen raised each item of feedback that had been made on the circulated version of the document, and Prof Pearse addressed each in turn. No further comments were made on these points.

Mr Hepworth and Mrs Dorey raised the issue of adding a lay representative to the Network Board. Prof Pearse responded by clarifying that he wants to make sure a lay person feels they can make a meaningful contribution and is cautious of overburdening the existing lay representatives, and given the rapid development of the Network it's not clear currently how this can be done. Mrs Dorey responded that they would not wish for the Network to develop without lay input, but then be at a point where it is too late to be included. It was agreed that a lay member should perhaps be co-opted to the CTN Board to help identify where lay input would be most useful.

It was also discussed that as the Board is likely to evolve over time it would be a good idea to allow for some flexibility in the terms of reference at this stage particularly over how the Board will function, and a suggested statement of intent outlining the Network's membership more explicitly would be useful.

ACTION: Prof Pearse to consider co-opting a lay member on to the CTN Board

ACTION: Prof Pearse to agree a form of wording to outline the terms of Network membership

NIAAB/01.2017/5 NIAA-RCS SYSTEMATIC REVIEWS

Prof Grocott updated on this project that is part of broader perioperative work with the Royal College of Surgeons, and is now seeking approval of continued funding from NIAA partners. 4 systematic reviews were funded in 2015 and are at various stages of progress. £10,000 from the BJA has been committed for 2 years until 2018, and the RCoA have committed £5,000 for the current financial year. Prof Grocott is presenting a request for funding this work at the AAGBI Council meeting this week.

There were some queries around the breakdown of costings and project time included in the proposal and it was acknowledged that these need to be tested to ensure they hold up as being realistic. Dr Klein also asked about outputs and whether any of the work is planned for journal

publication. It was discussed that when undertaking these reviews it should be clear that intending to publish in high impact journals specific to both specialties should be an aim.

NIAAB/01.2017/6 ACADEMIC TRAINING

Dr Martin provided an overview of his update paper. The Introduction to Academic Anaesthesia event will now take place in September 2017 with support from both the NIAA and London deanery. RAFT's first national project iHype, supported with a grant via the NIAA, has completed data collection and this data will now be analysed.

Following the last Board meeting Dr Martin had been looking into the trends of declining applications for fellowships. Dr Martin admitted there were some difficulties in gathering this information nationally but had put together data specific to London which shows low applications for the 2016 NIHR ACF programme for both anaesthesia and critical care compared to other specialties, although on discussion with Chris Whitty from the NIHR it transpired this is common across the country. Possible reasons for this were discussed including lack of awareness that these positions are available, whether a different application process, exam timetable and point of entry for each speciality could have an effect, as well as ongoing uncertainty around new trainee contracts and its effect on embarking on an academic career. It was proposed that assembling a short working group to outline these challenges and opportunities, endorsed by the NIAA, would be useful to engage in discussions with the NIHR and attempt to resolve these issues, as would inviting the NIHR to a future Board meeting to discuss in person.

Dr Martin discussed the RCP research toolkit, a resource developed with the NIHR to help physicians' engagement and entry to research, which is due to be revamped soon. At a recent Academic Leads meeting the RCP expressed an interest in using this as a shared resource, and Dr Martin is considering developing similar for trainees and consultants in the specialty wanting to engage in academic research.

Dr Martin had recently met with Nigel Penfold, Chair of the RCoA Training Committee, to discuss training issues and current developments. The forthcoming GMC framework changes will result in eventual changes to the curriculum, in particular to annex G, so this is ongoing work in progress.

ACTION: Dr Martin and Prof Grocott to draft a proposal for support from RCoA, to develop a working group investigating the issues with anaesthetic NIHR clinical academic training opportunities.

ACTION: Dr Martin to Invite David Jones & James Fenton from the NIHR to a future Board meeting to discuss the above.

NIAAB/01.2017/7 NIAA RECRUITMENT AND TERMS OF OFFICE

Ms Hines provided a verbal update to confirm that Dr Matt Wilson had recently been appointed as Grants Officer, and a period of handover with Prof Lambert will follow over the next year. Prof Mythen advised that the post had been offered to Dr Wilson from a field of 3 strong applicants.

The supporting documents for the Trainee Representative and Research Council Chair currently being recruited were circulated for information. Both positions have been advertised and promoted, and suggestions were made on circulating to the GAT committee and advertising in *Anaesthesia*. Dr Highton has officially demitted from the Trainee Rep post and has now left for Australia. Recognition and thanks for the work he had undertaken during his term were noted.

There was discussion on the person specification for the Research Council Chair, as some felt that holding FRCA and a substantive post in anaesthesia as essential criteria appeared to indicate that non-clinicians may be ineligible to apply, which is not the intention. It was acknowledged that clarity around the interpretation of these points is needed before recruitment takes place.

During discussion on the terms of office document Prof Mythen confirmed he would extend his term by a further year to January 2018 to allow crossover with the incoming Research Council Chair once recruited, and would then inform the NIAA Board of his intentions. Prof Mythen's extension is to be ratified by RCoA Council. It was discussed that in future it needs to be agreed between

Chairs to determine whether an additional year would be served, to facilitate adequate handover should a further term not be served.

Dr Walker queried plans for the next specialist society representative; Ms Hines confirmed it would be VASGBI from March 2017.

Ms Drake highlighted that the existing Trainee Rep positions had been advertised as 3 + 3 year terms but had been recruited as 2 + 2 years. The current vacancy is again being advertised as 3 + 3, and it was discussed whether 2 + 2 is more appropriate and whether a Trainee can continue in this role once they become a Consultant. It was decided that it would be most representative for a Trainee to remain in post for no more than a year after securing a substantive Consultant post, and this should be clear when recruiting this position.

ACTION: Ms Hines to circulate details of the Trainee Representative vacancy to the GAT committee, and advertise both positions in *Anaesthesia*.

ACTION: Ms Hines to notify RCoA Council of Prof Mythen's intentions to serve an additional year as NIAA Board Chair.

NIAAB/01.2017/8 NIAA GRANT OFFICER'S REPORT

Prof Lambert introduced the report on NIAA Grants 2016 R2 for information, which had been presented at the Research Council meeting in December. He also highlighted the BJA's new international collaborative grant, which will be offered in 2017 R1. There were no further comments on the report.

Prof Grocott queried whether the remit of the Grants Officer includes decisions on strategic co-funding partnerships between NIAA partners. Prof Lambert responded that this had been undertaken in the past and partnerships had been discussed with the MRC and Wellcome Trust, resulting in the joint BJA/MRC Fellowship programme, and any future partnerships would be part of the incoming Grants Officer's role to take discussions forward with input from the Board.

NIAAB/01.2017/9 HEALTH SERVICES RESEARCH CENTRE

Dr Moonesinghe highlighted the main points of her report. PQIP has 25 hospitals to date confirmed as taking part with Derriford Hospital being the first to recruit patients. SNAP-2 pilot study at UCLH and Derriford is now complete; the outcomes will be reviewed before running the main study at the end of March. SNAP-1 manuscript was published in the *BJA* just before Christmas; a few other papers related to this study are planned for future publications.

Recruitment for a NELA Clinical Lead and Quality Improvement lead is currently taking place. A new HSRC statistician, Dr Peter Martin, will be starting on 1st April and 2 new Fellows will start on NELA and PQIP in August 2017. The HSRC's first PhD student Dr Matt Oliver successfully submitted his corrected thesis and is starting a NIHR Clinical Lecturer post imminently.

Dr Moonesinghe had also submitted a proposal paper to NIAA partners to consider support for funding HSRC fellows, in order to offer more posts to trainees outside of London and to free up time for fellows to carry out other research work. No costings have been applied to the proposal as there is some flexibility in how the fellowships and funding could be best applied, and an agreement to the proposal in principle is initially being sought. Prof Mythen asked Dr Moonesinghe to outline the preferred configuration of this proposal, who responded that ideally there would be support for 3 years for up to 4 PhD fellowships for the main HSRC work streams, with no geographical restrictions on who can apply.

It was queried why these fellows couldn't just apply for existing PhD fellowship grants, such as the one offered by the BJA as part of the NIAA grant rounds. Dr Moonesinghe responded that as these trainees are not applying for the fellowship positions via conventional routes, and often use the fellowship opportunity to develop their own research work while contributing to national projects, these types of grants may not suit their situations. Although it was noted that undertaking a period of involvement in HSRC work could eventually lead to the fellows applying for this type of funding.

Concerns were raised by partners over funding work which appears to be open-ended and not focused on a particular topic, as the preference would be to fund an individual's research proposal which has already been established and not determined by the HSRC. Dr Moonesinghe responded that as there is an appropriate infrastructure in place with these projects, the resulting PhD or higher degree outcome will be the same as it would if these posts were funded through the typical grants process.

Prof Lambert highlighted the BJA's existing funding for both clinical and non-clinical PhDs, including those they co-fund with the MRC, and they would not be comfortable with this proposal as it stands as the topic would already be determined by HSRC and not through an open process, however Prof Lambert agreed to discuss the issue further with BJA Directors.

Following further discussion and broad support from the group Prof Mythen suggested that the NIAA give support to Dr Moonesinghe's proposal in principle, without asking for confirmation of any funding commitment from partners at this stage, and that the proposal should be presented to external funders as being badged by the NIAA. He also suggested that Dr Moonesinghe should work up the proposal following Board feedback, to present at the next meeting for further consideration and an indication of the support required from NIAA partners.

ACTION: Dr Moonesinghe to work up a further proposal, following partner feedback, to present at the next Board meeting.

NIAAB/01.2017/10 NIAA RESEARCH COUNCIL

The minutes of the Research Council meeting held on 8th December 2016 were presented for information. There were no further comments.

NIAAB/01.2017/11 NIAA ANNUAL SCIENTIFIC MEETING & RESEARCH AWARD

Prof Mythen reported that some email correspondence had been received citing a lack of basic science in this planned ASM programme. It was noted that last year's event had been planned with minimal basic science to avoid conflicting with other events, such as the ARS/BJA Research Forum; in practice though the final event had contained a significant element of basic science within the trainee presentations for the NIAA Research award. In tandem, discussions have been ongoing on whether the event could be run over 2 days in future which could mean the programme could cover more ground and include more basic science. Prof Mythen sought agreement from NIAA partners to start discussions with relevant interested parties, i.e. ARS, BJA Forum, SARS and NIHR on running a 2 day event in 2018 which would include basic science, translational and experimental medicine. It was recognised that as Prof Gao and Menon had recently been co-opted to the NIAA they could provide support with introducing some of this work. It was agreed that these discussions could take place.

Prof Grocott gave an overview for a proposed experimental perioperative medicine meeting, which has come about from developments in the NIHR with regards to critical care, and feels like it could fit within a 2-day ASM programme in future.

NIAAB/01.2017/12 NIAA COMMUNICATIONS

Ms Hines provided an overview of the communication report, which had recently been updated to a slightly different format and now includes figures on the NIAA's Twitter engagement – which will be added to over time – and clearer more relevant information on how visitors land on the NIAA website.

NIAAB/01.2017/13 ANY OTHER BUSINESS

No other issues were discussed.

NIAAB/01.2017/16 DATES OF FUTURE BOARD MEETINGS

Wednesday 3 May 2017, 12:00noon, Teleconference

Wednesday 26 July 2017, 1:00pm, AAGBI

Wednesday 8 November 2017, 11:00am, Teleconference

Wednesday 24 January 2018, 11:00am, RCoA

ACTION POINTS

Item		Responsible	Action	Due
2	Minutes of the previous meeting	Ms Hines	Upload the confirmed non-confidential minutes of meeting held on 10 November 2016	Next meeting
3	Matters Arising	Ms Hines	Add updated Terms of Reference to NIAA website	ASAP
4	Clinical Trials Network	Prof Pearse	To consider co-opting a lay member on to the CTN Board	Next meeting
			To agree a form of wording to outline the terms of Network membership	
6	Academic Training	Dr Martin Prof Grocott	Draft a proposal for support from RCoA, to develop a working group to investigate the issues faced by the specialty related to NIHR clinical academic training opportunities	Next meeting
		Dr Martin	Invite David Jones & James Fenton from the NIHR to a future Board meeting to discuss the above	ASAP
7	Recruitment & terms of office	NIAA Coordinator	Circulate details of the Trainee Representative vacancy to the GAT committee, and advertise both positions in Anaesthesia	ASAP
			Notify RCoA Council of Prof Mythen's intentions to serve an additional year as NIAA Board Chair	
9	Health Services Research Centre	Dr Moonesinghe	Work up a further funding proposal, following partner feedback, to present at the next Board meeting.	Next meeting