



## BOARD MEETING

### Minutes of the teleconference held on Thursday 11 April 2019

#### Members:

Prof M Grocott	Chair, NIAA Board
Dr K Ferguson	Association of Anaesthetists
Prof D Lambert	<i>British Journal of Anaesthesia</i>

#### Co-opted members:

Dr G Ackland	Experimental Medicine Lead
Ms S Drake	Director of Clinical Quality & Research, Royal College of Anaesthetists
Dr D Martin	Academic Training Coordinator
Prof R Moonesinghe*	Director, Health Services Research Centre
Prof R Pearse	Director, UK Perioperative Medicine Clinical Trials Network
Dr B Ratnayake	Specialist Society Representative (2019 – 2020)

#### In attendance:

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

#### Apologies:

Mrs J Dorey	Royal College of Anaesthetists' Lay Committee rep
Prof H Galley	<i>British Journal of Anaesthesia</i>
Prof J Hall	Royal College of Anaesthetists' Council
Prof A Klein	<i>Anaesthesia</i>
Dr M Nathanson	Chair, NIAA Research Council (to June 2019)
Dr M Wilson	NIAA Grants Officer

\*attended for part of meeting

#### NIAAB/04.2019/1 WELCOME AND APOLOGIES

The Chair welcomed all to the meeting, noting Dr Ackland and Dr Ratnayake's attendance at their first Board meeting. Apologies noted as above.

#### NIAAB/04.2019/2 MINUTES OF THE PREVIOUS MEETING

The confidential and non-confidential minutes of the meeting held on 5 February 2019 were approved as an accurate record.

Dr Moonesinghe noted that following discussion at the previous meeting she would be happy to lead the task and finish group work on equalities, diversity and inclusion in academic anaesthesia. A few names had been mentioned to form this group at the previous meeting, to include a cross-section of NIAA representative. It was felt that a Terms of Reference would not be needed specifically for this work. Prof Moonesinghe sought confirmation from members on the suggested task and finish group membership, and whether they were happy for her to carry the suggested outline forward. It was discussed whether the NIAA could consider becoming Athena Swan accredited; Prof Lambert noted that the BJA had attempted accreditation in the past but were not successful due to not being a University and it was likely the NIAA would experience the same response, but should attempt to at least adopt the Athena Swan principles. Prof Grocott indicated that the topic of diversity should be included as a standing item on NIAA meeting agendas going forward so it can be regularly discussed. The limitations of what the NIAA can have an influence over were also explored, acknowledging that pay equality would be outside of these limits, but diversity of geography/location and other more specific representation would be more pertinent. Dr Ferguson noted that Dr Sheraton is leading on development of an equality policy within the Association, and should be included in early conversations that Prof Moonesinghe is having on behalf of the NIAA on this issue. It was discussed that Prof Moonesinghe will circulate a first version of a discussion paper she has drafted to NIAA partners for their opinion before being shared more widely. Ms Drake noted that

the College's Public Sector Equality Duty programme of work is addressing similar issues and suggested that both streams of work should cross-reference where appropriate.

The chair raised the topic of global health research work that had been discussed at the previous meeting. Prof Pearse updated that he had conversations with colleagues who have some experience in this area to take the work forward and share information. Prof Pearse also shared that he had recently been invited to be Chief Investigator on a global surgery trial based at the clinical trials unit in Birmingham, jointly with Bruce Biccard, and indicated there has been a strong suggestion that these parties may wish to be involved in submitting a bid for a perioperative global health unit as part of an upcoming NIHR open call. Given there is likely to only be one bid from the UK it would be in the specialty's best interests to make this as strong as possible. Prof Grocott suggested it would be useful to form a small working group of interested parties to take this work forward, which he volunteered to chair but clarified that Southampton would not have the capacity to lead on. Ms Drake suggested approaching the RCS for advice on this topic, as they had submitted a joint bid in a previous call that had been successful. Ms Ferguson suggested that she would like to consult with the Association's Research & Grants Committee for a view before committing the Association's involvement with this project. Prof Moonesinghe suggested the invitation to join this group should be extended beyond the NIAA as it is likely other external parties would be interested and in a position to provide useful input.

**ACTION: Ms Hines to upload the confirmed non-confidential minutes of the meeting held on 5 February 2019 to the NIAA website.**

**ACTION: Prof Moonesinghe to lead on a task and finish group and develop NIAA's work on Equality, Diversity and Inclusion and update NIAA membership at July meeting.**

**ACTION: Prof Pearse and Prof Grocott to form a small working group to take forward global health research work, with other appropriate parties.**

#### **NIAAB/04.2019/3      MATTERS ARISING**

No additional matters discussed, other than under item 2.

#### **NIAAB/04.2019/4      NIAA RESEARCH COUNCIL ROLE**

Members discussed Dr Nathanson's proposal to extend the Research Council chair role rotation to two years, from one year, in order to allow for greater continuity and more time for the post holder to embed into the role. There was agreement from the Board for the proposal and it was considered as being effective immediately.

**ACTION: Dr Nathanson to continue as Research Council Chair for a further year, to 2020.**

#### **NIAAB/04.2019/5      BOC CHAIR OF ANAESTHESIA AWARD 2020**

Ms Hines advised members that the two BOC awards granted to Dr Ackland and Dr Ma in 2016 are due to end in 2020, and presented a proposal paper outlining a process for advertising and awarding the next round of this award. The proposal included a suggested panel of Board and Research Council members that would represent the constituent parts of the NIAA appropriately, and have sufficient expertise to review applications, shortlist and interview candidates. There was discussion over the available budget and whether there should be an increase in the monetary value of the award, which had not been increased for some years. It was felt that the current c. £240,000 per grant was no longer representative taking into account general inflation across the years, nor the level that such a post would require in terms of large research project funding in most cases – although it was accepted the required level can depend on which discipline a candidate chooses to study and specialises in. Suggestions were made on what would be considered a reasonable award level whilst remaining useful and worthwhile in practical terms. A ball park figure of c. £80,000 p.a. was felt to be realistic. It was mentioned that the BOC award should be seen as an investment in an individual rather than the project itself, and ideally would lead to larger funding elsewhere, for example from the MRC or NIHR. To that end it was suggested that developing a person specification to outline the calibre of candidate this award is targeted towards would be useful, possibly using a relatively standard University rubric used for recruiting their own Professor and Reader positions. It was reiterated that the focus of any funded project should ideally lean towards the NIAA's focus on anaesthesia, perioperative medicine and pain, however a project relating to critical care should not

explicitly be ruled out if it could be justified. Dr Ackland made the suggestion to include an academic from outside of the anaesthesia specialty on the panel, in order to achieve a balance of opinion. Prof Lambert requested that the application form's introduction page should more clearly indicate that basic scientists are welcome to apply rather than appearing in the rubric almost as an afterthought.

**ACTION: Prof Grocott and Ms Drake to confirm the available budget and consider increasing BOC Award in line with inflation, and to develop person spec to outline suitable candidates for BOC Award.**

**ACTION: Ms Hines to re-word rubric to fully include basic science criteria.**

**ACTION: Dr Ferguson to confirm Association/Anaesthesia representative for award panel**

#### **NIAAB/04.2019/6 NIAA GRANTS**

Dr Wilson's Grant Officer report was briefly reviewed in his absence, particularly noting the update on implementation of the Researchfish platform to monitor and report on NIAA funding which will become mandatory for applicants that are successfully funded going forward from 2019 Round 1. Dr Wilson's success and efforts in this regard and in bringing this on-stream was noted.

#### **NIAAB/04.2019/7 NIHR SPECIALTY GROUP ANAESTHESIA, PERIOPERATIVE MEDICINE AND PAIN MANAGEMENT**

Prof Grocott provided a brief verbal update, noting the highlights in that the specialty is consistently a top 10 recruiter, is making good progress and achieving better patient recruitment than it was a few years ago; approximately 15,000-25,000 patients per year. An NIHR special interest group in acute care is emerging which will bring together senior academics from within the APOMP specialty group along with those from critical care, surgery, injuries and emergencies to address pertinent issues. A meeting of this group is due to follow in the Autumn. Prof Lambert queried whether any publicity is planned to promote the positive news on patient recruitment figures. Prof Grocott and Mr Goodwin clarified that the RCoA Comms team have been made aware of the story but are yet to publish it.

**ACTION: Prof Grocott and Mr Goodwin to develop publicity to promote Anaesthesia's NIHR portfolio recruitment stats**

#### **NIAAB/04.2019/8 ACADEMIC TRAINING**

Dr Martin advised members that both himself and Prof Moonesinghe had drafted a first version of the research content for the College's 2020 curriculum, which had been attached and circulated with the meeting papers. It was noted that the draft was based on the recent GMC guidance and includes research only, as audit and quality improvement are covered elsewhere in the curriculum, and will not be optional. Members were keen for reassurance of commitment from the College that research will be given the recognition it deserves and it will be embedded into the curriculum. Members agreed the document should be shared with the NIAA Research Council and the RAFT trainee federation for their input, before further discussion at the College's curriculum committee.

**ACTION: Dr Martin to circulate draft RCoA Research curriculum 2020 document to NIAA Research Council and to RAFT for further comments**

#### **NIAAB/04.2019/9 CLINICAL TRIALS NETWORK**

Prof Pearse advised members on recent CTN activities that included the interview and appointment of 4 great candidates to the Chief Investigator Scheme, who all have varying levels of experience. Two new Board members had also recently been appointed, and RCSEng is in the process of nominating two new co-opted members to the CTN Board, as the current role holders are stepping down. Prof Pearse also mentioned recent discussions held with the new RAFT committee to establish how best to increase their continued involvement with the CTN membership. Due to newly recruited Board expertise in this area the CTN have developed a coordinated publicity strategy including a stronger social media presence and regular published articles, which they hope will lead to wider engagement with the anaesthesia community. The first CTN-led trial was submitted to the NIHR for funding in March, which has been invited to the 2<sup>nd</sup> stage to be submitted in May. A second trial funding proposal will be submitted in May, with a further two to be submitted later in the year. A CTN education session will take place in May, to provide training for investigators recruiting to clinical trials. It was noted that the FLOELA trial has now passed the 1,000 patient mark, and Dr Edwards was

congratulated on this achievement. It is expected that the OPTIMISE II study will also reach the same milestone very soon.

#### **NIAAB/04.2019/10 HEALTH SERVICES RESEARCH CENTRE**

Prof Moonesinghe updated members with a brief verbal overview of her update paper on HSRC activities, which included the upcoming first meeting of NAP7 leads, and the call to submit SNAP3 topic proposals is currently open. Prof Moppett is leading on establishing a registry platform that will enable the HSRC to develop registries on behalf of the wider community. There are a number of papers that will be published shortly, and some grant applications relevant to HSRC activities are planned to be submitted for the next NIAA grant round.

#### **NIAAB/04.2019/11 EXPERIMENTAL MEDICINE AND DISCOVERY SCIENCE GROUP**

Dr Ackland updated members with a brief verbal overview of current activities, which includes carrying out a scoping exercise to establish the current landscape of experimental medicine across the UK and the US, with the aim of setting up a similar function in the US. There will be a session focused on experimental medicine and discovery science at the 2-day Anaesthesia event in York in December.

#### **NIAAB/04.2019/12 3<sup>RD</sup> ANNUAL REF FORUM**

Prof Grocott provided an update following the REF Forum he had recently attended on behalf of the NIAA. He plans to share his written notes with members, and shared that the meeting content had included a lot about interdisciplinary research and how this is defined, and the impact of public engagement with regards to this. Prof Grocott advised that a further selection of sub-panel members will be invited by REF in the Autumn, which will provide another opportunity for the NIAA to input into this process. It was suggested to review the longlist of names from the previous REF nominations exercise in 2017, and pare this down in order to make a selection of the most appropriate nominations for the upcoming round.

**ACTION: Prof Grocott and NIAA secretariat to review the longlist of candidates from previous REF main panel nomination exercise, for consideration in upcoming sub-panel nominations**

#### **NIAAB/04.2019/13 NIAA COMMUNICATIONS**

Ms Hines provided a brief update on the Communications report; it was noted that the 'NIAA Funding Partner' and 'NIAA Founding Partner' logos should be updated to the newly designed font. Mr Goodwin advised that the plans for the new College website will include a direct link/button straight to the NIAA website rather than holding any specific NIAA content or displaying the NIAA logo as it does currently. Members noted the finalised NIAA Comprehensive Review, which was complimented for its content and overall design.

#### **NIAAB/04.2019/14 ANY OTHER BUSINESS**

Prof Grocott drew members' attention to the email that had been circulated earlier, requesting anaesthetists' input on defining a basket of key surgical procedures in order to establish an agreed assessment of international health systems. It was noted that there was a very short deadline and the request had been passed on late in the day, however members were invited to consider participating.

#### **NIAAB/04.2019/14 DATES OF FUTURE MEETINGS**

NIAA Board & Research Council, Thursday 18 July 2019, 10:00 – 13:00, Portland Place  
NIAA Board, Wednesday 30 October 2019, 14:00 – 16:00, Teleconference

## ACTION POINTS

Item		Responsible	Action	Due
2	Minutes of previous meeting	Ms Hines	Upload the confirmed non-confidential minutes of meeting held on 5 February 2019 to the NIAA website	Next meeting
	Equality, Diversity & Inclusion	Prof Moonesinghe	Lead on task and finish group to develop NIAA's work on EDI, and update NIAA membership at July meeting	Next meeting
	Global health research	Prof Pearse Prof Grocott	Form small working group to take work forward, with Prof Grocott as chair of group	Next meeting
4	Research Council Chair	Dr Nathanson	Continue as Research Council Chair for a further year, to 2020	Effective immediately
5	BOC Chair of Anaesthesia	Prof Grocott Ms Drake	Confirm available budget and consider increasing BOC Award in line with inflation  Develop person spec to outline suitable candidate for award	Next meeting
		Ms Hines	Re-word rubric to fully include basic science criteria	ASAP
		Dr Ferguson	Confirm Association/ <i>Anaesthesia</i> representative for award panel	ASAP
7	NIHR Specialty Group	Prof Grocott Mr Goodwin	Develop publicity to promote Anaesthesia's NIHR portfolio recruitment stats	ASAP
8	Academic training	Dr Martin	Circulate draft RCoA Research curriculum 2020 document to NIAA Research Council and to RAFT for further comments	ASAP
12	Research Excellence Framework (REF)	Prof Grocott NIAA secretariat	Review longlist of candidates from previous REF main panel nomination exercise, for consideration in upcoming sub-panel nominations	Next meeting