

NATIONAL INSTITUTE OF ACADEMIC ANAESTHESIA

Board Meeting

**Minutes of the meeting held on Thursday 5 November 2015 at 13:30 pm
in the 6th floor Council Chamber at the Royal College of Anaesthetists**

Members:

Prof M Mythen	Chairman
Dr T Clark	Co-optee: Research & Audit Federation of Trainees
Ms S Drake	Director of Education & Research, RCoA
Mr D Hepworth	Co-optee: RCoA Lay Committee
Dr D Highton	Co-optee: Trainee representative Anaesthesia
Dr A Klein	Co-optee: Trainee representative
Dr A Owen	Co-optee: UK Perioperative Medicine Clinical Trials Network, Director
Prof R Pearse	Co-optee: Specialist Society Representative
Dr J Rangasami	NIAA Research Council, Chairman
Prof R Sneyd	British Journal of Anaesthesia
Prof N Webster	Royal Centre for Defence Medicine
Lt Col T Woolley	

In attendance:

Mrs M Bell	Perioperative Medicine Programme Coordinator
Mr J Goodwin	Royal College of Anaesthetists, Project Manager, Education & Research
Dr G Minto	Consultant Anaesthetist, Derriford Hospital, Plymouth (part meeting)
Dr M Nathanson	Attending as an observer on behalf of the Association of Anaesthetists of Great Britain and Ireland
Mrs C Young	Committee Secretary (NIAA Administrator)

PART A

The National Institute of Academic Anaesthesia (NIAA) Board received a presentation from Dr Gary Minto, Consultant Anaesthetist at Derriford Hospital, Plymouth, entitled, "Research during anaesthetic training: a framework for NIAA 'approval' of research fellowships hosted by regional trainee research networks".

The proposal had initially been circulated to the Board electronically in May, and was designed to install fellows within the trainee-led research networks. Dr Minto spoke of how the South West Anaesthesia Research Matrix (SWARM) had benefitted from the appointment of a fellow with designated time to focus on leading multicentre studies. The scheme would help to promote engagement across the wider perioperative community and support the NIAA's aim to nurture research aware, research ready and research active investigators.

Board members welcomed the proposal and agreed that such posts would greatly benefit the trainee networks by helping to make them more sustainable.

ACTION: **The Chairman** asked for a small group of Board Members to look at the proposal in greater detail and to address the issues raised during the discussion, particularly around the title of the post and research time.

PART B

NIAAB/27/2015 WELCOME

The Chairman welcomed members to the meeting, particularly Dr Andrew Owen, following his successful appointment as trainee representative in July; Professor Rupert Pearse as Director of the new Clinical Trials Network (CTN), and Lieutenant Colonel Tom Woolley, who had recently been confirmed as the incoming Defence Professor of Anaesthesia from February 2016.

NIAAB/28/2015 APOLOGIES

Apologies were received from Dr Tom Clutton-Brock (Royal College of Anaesthetists, RCoA), Professor Mike Grocott (Health Services Research Centre, HSRC, Director); Dr Andrew Hartle (AAGBI); Professor Phil Hopkins (Anaesthetic Research Society & National Institute of Academic Anaesthesia sub-committee, ARS & NIAA, Chairman); Professor Dave Lambert (NIAA Grants Officer); Colonel Peter Mahoney (Royal Centre for Defence Medicine) and Dr Ramani Moonasinghe (NIAA Academic Training Coordinator & Deputy HSRC Director).

NIAAB/29/2015 MINUTES

The confidential and non-confidential minutes of the teleconference held on 8 July 2015 were approved as a correct record.

ACTION: **Mrs Young** to upload the non-confidential minutes of the teleconference held on 8 July 2015 to the NIAA website.

NIAAB/30/2015 MATTERS ARISING

- (i) NIAAB/17/2015
- NIAAB/05/2015 (iii) The Anaesthesia & Perioperative Care Priority Setting Partnership

It was noted that the results of the James Lind Alliance Anaesthesia & Perioperative Priority Setting Partnership (JLA PSP) were available on the NIAA website at:

<http://www.niaa.org.uk/Results> and would be disseminated widely via numerous channels including the *BMJ Open*.

(ii) NIAAB/24/2015 Communications

The Board noted that a new section had been created on the NIAA website at: <http://www.niaa.org.uk/Postgraduate-Qualifications> for the advertisement of MSc courses.

NIAAB/31/2015 CHAIR'S REPORT

The Chair reported briefly on the following items discussed at the NIAA Research Council meeting that morning:

- (i) Research Council members had supported the new version of the NIAA Strategy with some minor amendments
- (ii) The results of a vote regarding the un-blinding of peer reviews had shown that members were in favour of encouraging external reviewers to sign their assessments, but not of mandating this
- (iii) Members had agreed to continue the John Snow iBSc award scheme for undergraduate students, and funding partners were invited to offer awards for 2016. It was noted that the AAGBI/Anaesthesia, the British Journal of Anaesthesia (BJA)/RCoA, and the Obstetric Anaesthetists' Association (OAA) had already confirmed their intention to advertise. So far 23 grants had been awarded through the scheme, which was designed to capture undergraduate interest in the profession. It would be useful to find a way of evaluating the impact of the awards, to see how many of those funded continued to develop a career in anaesthesia.

NIAAB/32/2015 GOVERNANCE

The Chairman presented an amended version of the NIAA Strategy and thanked all those who had been involved in producing the revised document. He welcomed minor amendments at this stage and reported that "aims and goals" under Aim 3 would be changed to "vision and mission". Some further changes had been identified at the Research Council that morning around confirming the NIAA's interest in the undergraduate curriculum, and ensuring consistency in the language around the inclusion/exclusion of critical care.

Once these final amendments had been made, the strategy would be formatted as a glossy and shared with larger funders as part of Aim 4, "To strategically invest in national healthcare priority areas".

ACTION: Minor amendments to be made to the NIAA Strategy.

NIAAB/33/2015 NIAA GRANTS

Board members noted a statement of intent document drawn up by the NIAA Grants Officer following the Funders' Forum meeting on 30 June. Dr Nathanson confirmed that the AAGBI would be issuing a formal response in support of the statement soon. The Chairman welcomed the document and encouraged colleagues to consider how the Board might support the statement further.

NIAAB/34/2015 RCoA AWARDS

The Board approved two applications for the Macintosh Professorship and one application for the Payne Stafford Tan award to go to the College's Nominations Committee and then to Council for formal ratification.

ACTION: **Reviewers** to be asked to indicate whether they wish to nominate more than one Macintosh Professor as part of the assessment process in future.

Clare Young to forward the Macintosh Professorship and Payne Stafford Tan recommendations to the College's Nominations Committee secretary.

NIAAB/35/2015 ACADEMIC TRAINEES

(i) The Board received a written report from the Academic Training Coordinator, Dr Ramani Moonesinghe. The following points were highlighted:

- That three bursaries had recently been awarded in Hull, Plymouth and London to run additional Introduction to Academic Anaesthesia courses, following the success of those organised by the London Deanery. This year's course held on 15-16 September had attracted the highest number of delegates so far, with over 100 attendees from all over the UK
- Dr Moonesinghe had submitted a request to Dr Nigel Penfold to establish a small working group to assist with drafting an updated academic curriculum for training.

(ii) It was noted that Dr Moonesinghe had stepped down as the NIAA's Academic Training Coordinator, and that recruitment for her successor would commence shortly. The Chairman thanked Dr Moonesinghe for her hard work and dedication to the role.

(iii) The Board received an IT Strategy and an outline of plans to increase collaboration with the NIAA and HSRC from Dr Tom Clark, Chair of the Research & Audit Federation of Trainees (RAFT). Both documents were considered and Professor Rupert Pearse congratulated Dr Clark on formulating such a comprehensive strategy. Professor Pearse advised Dr Clark to consider data solutions such as REDCap which provided a robust database system and agreed to liaise with him outside of the meeting to refine the strategy further. The Chairman also advised Dr Clark to liaise with contacts at the Association and the College to identify further sources of funding to assist with meeting infrastructure costs.

ACTION: **Dr Clark** to liaise with Professor Pearse regarding the development of the RAFT IT Strategy and how best to resolve data sharing issues, and to liaise with the College and AAGBI to identify other sources of support for IT infrastructure costs.

(iv) This item was dealt with under point (iii) above.

(v) The Board received a proposal from Professor Fang Gao Smith on plans to develop an NIAA Gold Award for senior trainees to encourage engagement in research. The scheme would draw on a similar model developed by the Intensive Care Society and the award would be presented at the NIAA's inaugural Annual Scientific Meeting on 14 April 2015.

ACTION: **NIAA Board** to consider the proposal in further detail and to feed back to the office in order for a call for abstracts to be issued in a timely manner.

NIAAB/36/2015 MILITARY ANAESTHESIA

Lieutenant Colonel Tom Woolley provided the following report on military activities on behalf of Professor Peter Mahoney:

- Colonel Mahoney would be retiring as Defence Professor of Anaesthesia from 1 February 2016, after which time he would become Emeritus Professor and would be focusing on his PhD in ballistics
- “Combat Anaesthesia: the first 24 hours” had been completed and was available at: <http://www.cs.amedd.army.mil/borden/Portlet.aspx?ID=4f129d5e-973b-48d9-9fb1-514e6daf90e6>
- Lieutenant Colonel Tom Woolley expressed his sincere thanks to the NIAA on behalf of Professor Mahoney for the support it had given to the Academic Department of Military Anaesthesia and Critical Care over recent years. The support had enabled Professor Mahoney to transform a little recognised department into one that had gained recognition on a national and international scale. The NIAA’s endorsement had been instrumental in gaining lecturers the necessary PAs to carry out their work, although more time was still needed for trainees
- Future challenges took the form of prolonged field care and maintaining the skills base.

The Chairman congratulated Professor Mahoney in his absence for the success of his strategy. This had led to the creation of a number of lecturer and senior lecturer roles and enabled brokering to take place for academic time. Professor Mahoney had established an excellent pipeline of academics in the military field with all appointments made on an equal footing with academics in anaesthetic departments. Professor Mythen added that although military anaesthesia was not acknowledged as a separate entity within the new NIAA Strategy, it was firmly embedded within the document’s Vision and Mission.

Professor Sneyd supported these comments and said how gratifying it had been to see the improvement in CVs over time, following feedback from the NIAA assessors.

NIAAB/37/2015 HEALTH SERVICES RESEARCH CENTRE

- (i) The NIAA Board noted the minutes of the HSRC Executive Management Board meetings held on 23 June, 22 July and 16 September 2016.
- (ii) The Chairman was pleased to receive a written report from Professor Mike Grocott on the activities of the HSRC, which he observed were going from strength to strength. He looked forward to receiving further updates on the development of each of the work streams which he described as being a great credit to the HSRC.
- (iii) The Chairman confirmed that the NIAA’s data handling policy would be subject to regular review. Members noted the version that was currently published on the NIAA website, and that the policy had been created to support core/immediate NIAA and HSRC activity. Professor Mythen referred to the AAGBI’s request for some additional time to consider the document, and Dr Nathanson confirmed that it had now been reviewed and adapted slightly to align with the Association’s processes.

ACTION: **The Board** to continue to review the NIAA data handling strategy on a rolling basis.

- (iv) Professor Rupert Pearse began a brief report on the new CTN by thanking the NIAA founding partners for agreeing to its creation. The network would aim to establish schemes for local, principal and chief investigators and to create a sense of ownership for large scale clinical trials in order to improve the health outcomes of patients receiving

perioperative care in the UK. His first priority was to set up an independent website in advance of the formal launch date on 14 April 2016.

NIAAB/38/2015 RCP AND NIHR CLINICAL RESEARCH NETWORK AWARD SCHEME

The Board received details of a joint Royal College of Physicians / NIHR award scheme which had been established to recognise the contribution of NHS consultant physicians and trainees in the conduct of NIHR portfolio research studies.

Ms Sharon Drake reported on a recent meeting with Professor Stephen Smye, Theme Lead for the NIHR Clinical Research Network, at which Professor Smye had been very supportive of establishing a joint award with the RCoA. Board members approved the proposal in principal but were keen to explore whether the scheme could be run in partnership with the NIAA, rather than the College, and to see the award opened out to “allied medical specialities”. It was agreed that Ms Drake would look into this further, and also liaise with the CTN Director to avoid any overlap with future CTN awards.

ACTION: Ms Sharon Drake to carry out further work on a proposal for a joint NIHR/NIAA Research Network Award Scheme.

NIAAB/39/2015 NIAA COMMUNICATIONS

- (i) The Board noted the NIAA Communications report which had been considered in detail by the Research Council that morning.
- (ii) The Board noted plans for the production of the next NIAA Comprehensive Review, which would include an extended section on the HSRC to celebrate its achievements during its first five years. This document would be accompanied by a separate, glossy version of the newly formed NIAA Strategy. Invitations for content would be sent out shortly.

ACTION: Mr James Goodwin to commission content for the next NIAA Comprehensive Review document.

NIAAB/40/2015 DATES OF FUTURE BOARD MEETINGS

Thursday 4 February 2016, 1.30 pm, RCoA
Further dates to be confirmed.

NIAAB/41/2015 ANY OTHER BUSINESS

There were no items of any other business.

GLOSSORY OF ACRONYMS

AAGBI	Association of Anaesthetists of Great Britain and Ireland
ACTA	Association of Cardiothoracic Anaesthetists
AMRC	Association of Medical Research Charities
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
CTG	Clinical Trials Group
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
NACCSGBI	Neuroanaesthesia & Critical Care Society of Great Britain and Ireland
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 & Audit Federation of 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