

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 Wednesday 22 January 2014 at 13:30 pm
in the 6th Floor Council Chamber at the Royal College of Anaesthetists**

Members:

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| Prof M Mythen | Chair |
| 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 |
| Prof D Lambert | NIAA Grant Officer and representing the BJA on behalf of Prof N Webster |
| Dr R Moonesinghe | Co-optee, NIAA Academic Trainee Coordinator |
| Wg Cdr K Smyth | Royal Centre for Defence Medicine |
| Surg Cdr Jane Risdall | Royal Centre for Defence Medicine |
| Prof R Sneyd | Chair, NIAA Research Council |
| Dr S Yentis | <i>Anaesthesia</i> |

In attendance:

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|-----------------|--|
| Prof D Morton | Director of Clinical Research, Royal College of Surgeons (part meeting only) |
| Miss C Bunnell | Committee Secretary (NIAA Administrator) |
| Miss M Casserly | Royal College of Anaesthetists, Education and Research Manager |
| Miss M Humphrey | HSRC & NAP Administrator |

NIAAB/01/2014 WELCOME

The Chair welcomed members to the meeting. He drew their attention to the disclosure of interest statement on the agenda and reminded them that there would be a presentation from Professor Dion Morton, Director of Clinical Research at the Royal College of Surgeons, at 3 pm.

NIAAB/02/2014 APOLOGIES

Apologies were received from Professor Phil Hopkins (Anaesthetic Research Society, ARS); Colonel P Mahoney (Royal Centre for Defence Medicine); Dr Rob McCahon (Society for Education in Anaesthesia UK, SEA UK) and Professor Nigel Webster (British Journal of Anaesthesia, BJA).

NIAAB/03/2014 MINUTES

The confidential and non-confidential minutes of the meeting held on 23 October 2013 were approved as a correct record with the following amendment:

- (i) NIAAB/47/2013 (ii) Academic Trainees
Reference to 'Spring National Audit' to become, 'Sprint National Audit'.

ACTION: NIAA Administrator to upload the non-confidential minutes of the meeting held on 23 October 2013 to the NIAA website.

NIAAB/04/2014 MATTERS ARISING

- (i) NIAAB/40/2013 Recruitment of NIAA Chair
Members noted that Professor Mythen had been appointed as the new Chair of the NIAA Board and congratulated him on his appointment.
- (ii) NIAAB/47/2013 (ii) Academic Trainees
Dr Ramani Moonesinghe confirmed that she would discuss the action to consider integrating the research curriculum with the College's e-portfolio system with Professor Rob Sneyd, however her initial thoughts were that this would be very costly and may be unnecessary.
- (iii) NIAAB/48/2013 Military Anaesthesia
Wing Commander Karen Smyth confirmed there would be a military exhibition at the forthcoming Sixth Form Open Day to be held on 6 March at the Royal College of Anaesthetists (RCoA).
- (iv) NIAAB/51/2013(ii) ARS & NIAA Sub-Committee
The Chair reported that Professor Phil Hopkins would submit a follow up proposal on the development of an MRes in Research for consideration at the Board's April meeting.
- (v) NIAAB/52/2013 (i) Any Other Business
It was noted that the Association of Anaesthetists of Great Britain & Ireland (AAGBI) had agreed to include a question regarding the provision of SPA time in their next member survey, which would go out in February. Ms Sharon Drake confirmed that the proposal had also been submitted to the College's Professional Standards Committee and that she was awaiting a response regarding its inclusion in the next GPAS (Guidelines for the Provision of Anaesthetic Services) document.

NIAAB/05/2014 CHAIR'S REPORT

The Chair reported on the following item raised at the Research Council meeting held that morning:

(i) NIAA Grants

It had been agreed that each funding partner should nominate two representatives to act as permanent members of the NIAA Grant Committee and that the office would endeavour to issue fixed dates for grant committee meetings, up to a year in advance. The Research Council also received an update on the current BJA/RCoA Research Fellowship award and noted that a number of high quality applications had been received.

NIAAB/06/2014 CONSULTATIONS

The Board discussed the draft NHS England Research Strategy Consultation for 2013-18. The Chair reminded colleagues that the strategy applied specifically to NHS England, rather than to the National Institute for Health Research (NIHR) or Department of Health and was specifically geared towards late phase translational research. The Chair welcomed the document, particularly its emphasis on patient involvement, and recommended that the Strategy argue more strongly for the protection of SPA time. Members approved this proposal and Dr William Harrop Griffiths confirmed that the AAGBI were happy to be included in the NIAA's response.

ACTION: Ms Sharon Drake to collate comments on the NHS England Research Strategy Consultation and submit a response by the 30 January deadline.

NIAAB/07/2014 GOVERNANCE

(i) The Chair proposed that the NIAA Board and Research Council hold an 'Away Day' style meeting to discuss strategy and governance issues. It was agreed to tie this into the meeting scheduled for 25 April by compressing the formal business into the morning and holding a strategy session in the afternoon. Members agreed that there was a great deal of overlap between the two meetings and welcomed this opportunity to refresh the working style of the NIAA.

(ii) It was noted that the vacancy for the trainee representative on the NIAA Board had been advertised widely with a deadline of Friday 28 March 2014.

(iii) It was noted that Dr Eleanor Carter's first term of office as trainee representative on the NIAA Board would end in April 2014.

(iv) It was noted that Dr Ian Tweedie of the Neuroanaesthesia Society of Great Britain & Ireland would take on the role of specialist society representative as of the meeting on 25 April.

NIAAB/08/2014 NIAA STRATEGIC PLAN

The Chair observed that many of the objectives on the current NIAA Strategic Plan for 2012-17 had been met and confirmed that the document would be reviewed in detail at the strategy session on 25 April. Potentially this could lead to the organisation of a more formal Away Day to devise a new plan.

NIAAB/09/2014

NIAA PARTNERSHIPS

- (i) The Board received and noted the formal notes from the Royal Colleges Research Summit meeting held on Thursday 5 September 2013, and noted that Professor Rob Sneyd would attend the next meeting on Thursday 20 March 2014. Professor Sneyd reported that there had been great heterogeneity between the colleges attending the meeting and interest in forming a unified approach towards supporting research active clinicians. As outlined in the previous minutes, Professor Sneyd had encouraged a three level approach to training (research aware; research ready and research experienced). This had been discussed further by the Research Council where it had been agreed to consider running single themed workshops on research topics aimed at trainee and consultant level.

Professor Lambert suggested that the NIAA seek permission to use the table in Annex A of the minutes, 'Information about the Academy of Medical Sciences' mentoring and career development programme' and map it against the NIAA's achievements.

ACTION: Miss Mary Casserly to seek permission to use Appendix A from the notes of the Royal Colleges Academic and Research Leads Summit and use this to map NIAA progress.

- (ii) The Board received the minutes of the British Medical Association's Medical Academic Staff Committee meeting held on 5 December 2013, which had been attended by the Chair on behalf of the NIAA.
- (iii) The Chair reported on a positive meeting with John Samuels, Research Consultant at the Rosetrees Trust, held on 15 January.

ACTION: The Chair to agree the next steps in terms of submitting a funding proposal to the Rosetrees Trust.

NIAAB/10/2014

MEMBERSHIP OF THE ASSOCIATION OF MEDICAL RESEARCH CHARITIES

Professor Lambert reported that the application forms for BJA/RCoA membership of the Association of Medical Research Charities (AMRC) were now partially complete. Dr William Harrop Griffiths confirmed that the application submitted on behalf of the AAGBI's Foundation Board was awaiting decision.

NIAAB/11/2014

NIAA COMMUNICATIONS

- (i) The Research Council received a progress report on the NIAA Communications Plan from Ms Sharon Drake and noted the following:
- The John Snow iBSc awards had been advertised with a deadline of 31 March 2014
 - Dr Mike Nathanson had agreed to coordinate NIAA-focused articles for the July and November issues of *Anaesthesia News*

- A report by Dr Ramani Moonesinghe documenting academic trainee activity for 2013-14 had been completed and would be uploaded to the NIAA website
 - Other online advice for trainees recently added to the website included a guide on setting up a trainee-led research network coordinated by Dr Eleanor Carter (<http://www.niaa.org.uk/article.php?newsid=925>), and information on eLearning resources (<http://www.niaa.org.uk/article.php?newsid=886>)
 - The military section of the website had been updated with details of the new lecturers within the Academic Department of Military Anaesthesia and Critical Care and Surgeon Commander Jane Risdall was in the process of commissioning articles from individual lecturers for the website
 - A poster advertising the NIAA has been produced and would be distributed to all UK hospitals
 - Work was underway on the next NIAA Comprehensive Review for 2012-13 and members were asked to submit their content as the deadline was drawing near.
- (ii) Professor Lambert called for volunteers (preferably with clinical and/or trainee expertise) to assist with the grant drop-in sessions at the AAGBI's Group of Anaesthetists in Training (GAT) Conference on 12 June. Dr Ramani Moonesinghe confirmed that she would be able to assist.
- (iii) Board members were invited to submit content for the next NIAA eNewsletter which would be published in February.

ACTION: NIAA Administrator to issue a call for NIAA eNewsletter content.

NIAAB/12/2014 NIAA EVENTS 2014

Miss Mary Casserly reported that 54 Quality Audit & Research Coordinators (QuARCs) and 41 trainees had registered for the Research and Audit for Quality Improvement Day on 28 February so far. She confirmed that registration was also open for the joint NIAA / RCS meeting on 28 April, to be led by Professor Mike Grocott, Professor Monty Mythen and Professor Dion Morton and the UK HSRC Perioperative Care Research Forum to be held on 22 May in Southampton.

NIAAB/13/2014 ACADEMIC TRAINEES

- (i) The Board received a verbal update from Dr Ramani Moonesinghe on trainee activity. She thanked Miss Mary Casserly for her work on producing the first annual NIAA Trainee Activity Report. Although not reflective of the whole spectrum of activity she hoped the report would encourage more trainees to contribute in the future.

Dr Moonesinghe confirmed that the Introduction to Academic Anaesthesia course would be repeated this year and requested support from the NIAA in terms of covering the cost of catering and travel expenses. She confirmed that no more than three regional courses would be held per year and hoped that these could be provided to delegates free of charge. Board members welcomed the proposal.

Dr Moonesinghe asked colleagues to encourage their trainees to look at the 'how-to guide to setting up a trainee-led research network' on the NIAA website. She also

reported that the new Research Anaesthesia Federation for Trainees (RAFT) had selected the Sprint National Anaesthesia Project (SNAP-1) as their first project. This would be discussed further at the meeting on 28 February as part of the Research and Audit for Quality Improvement Day.

ACTION: **Dr Ramani Moonesinghe** to submit a proposal to the RCoA's Finance Committee regarding funding for future Introduction to Academic Anaesthesia courses.

(ii) Board members approved the proposal that a representative from the new trainee federation should join the NIAA Board in principle, and noted that this would be discussed further by RAFT at its meeting on 28 February 2013.

ACTION: **NIAA Chair** to formally invite a representative from RAFT to join the NIAA Board pending discussions at the next RAFT meeting on 28 February.

(iii) The Board received the results of a survey of research during UK anaesthesia training conducted by Dr Joyce Yeung.

Professor Mike Grocott described the survey as impressive but pointed out that a reference to the decline in academic anaesthesia publications was actually incorrect.

Discussion of the survey prompted the observation that it would be helpful to know the numbers of academic clinical fellows (ACFs) and professors of anaesthesia. Dr Moonesinghe suggested that the West Midlands Deanery should be able to assist with the former query.

ACTION: **Miss Maddy Humphrey** to arrange for a correction to be made to the survey report prior to its publication in the *Bulletin*.

NIAAB/14/2014 MILITARY ANAESTHESIA

Surgeon Commander Jane Risdall reported that following the appointment of new lecturers and senior lecturers to the Academic Department of Military Anaesthesia and Critical Care (ADMACC), a handover report had been compiled which would be sent to the office for information. She confirmed that she would be inviting Surgeon Commander Adrian Mellor and Surgeon Lieutenant Commander Elspeth Hulse to contribute articles on their research for the NIAA website and would also approach Surgeon Commander Sam Hutchings.

NIAAB/15/2014 RESEARCH PRIORITY SETTING EXERCISE

(i) The Board received a written report from Dr Mike Galsworthy on the research priority setting partnership and a verbal update from Professor Mike Grocott who confirmed that the exercise was progressing well. Key stakeholders had participated in an Awareness Raising meeting in October, involving clinical and patient representatives. A draft timetable for the roll out of the project and work plan had been agreed at the first stakeholder meeting on 20 January. It was anticipated that a survey calling for uncertainties would be issued in June/July with the final decision making meeting on priorities likely to be held in January 2015.

(ii) The Board noted an invitation from the James Lind Alliance to participate in a Priority Setting Partnership on research priorities into surgical and other treatments for shoulder problems, being led by Nuffield Department of Orthopaedics,

Rheumatology and Musculoskeletal Sciences. It was noted that the Research Council had agreed to respond positively and refer the invitation to representatives of the Faculty of Pain Medicine, Regional Anaesthesia UK and the British Society of Orthopaedic Anaesthetists. The Chair confirmed that the NIAA would provide support in principle and through promotion, rather than funding.

NIAAB/16/2014 HEALTH SERVICES RESEARCH CENTRE

- (i) The Board received the minutes of the HSRC Executive Management Board meetings held on 15 October, 19 November and 10 December 2013, for information. Under HSRCEMB/141/2013 on the October minutes Mr David Hepworth provided an update on the development of a novel questionnaire to measure patients' perceptions of clinicians' communication skills. He reported that the questionnaire had been approved at a meeting with the General Medical Council last year, except for one question about confidentiality which patients found hard to answer due to their limited contact with anaesthetists.
- (ii) The Board received an activity report from Professor Mike Grocott and noted the following:
- The National Emergency Laparotomy Audit (NELA) was progressing well and the patient audit was underway. So far 644 cases had been recorded on the database and 910 users had logged in since the launch of the audit on 7 January. Hospitals would be kept regularly informed of progress. Data from the organisational audit was currently being analysed and the results would be published in April/May
 - A discussion had taken place about the Sprint National Anaesthesia Project (SNAP-1) and this would be followed up with Dr Moonesinghe outside of the meeting
 - Dr Rupert Pearse was keen to conduct a clinical trials scoping exercise and would be submitting a formal proposal to a future HSRC meeting for consideration.
- (iii) Professor Grocott tabled a revised version of a draft data handling/governance policy for comment. He highlighted changes made to points (6) and (7) on the list of ten basic principles. It was agreed that the draft would be re-circulated to the Board by email for consideration before final approval.

ACTION: **NIAA Administrator** to circulate the draft data handling/governance policy document to the Board for comment.

- (iv) The Board received a proposal for a COMET initiative in Anaesthesia and Perioperative Medicine, entitled, 'Development of a Core Outcome Measures Set for Perioperative and Anaesthetic Care (COMPAC)'. The project aimed to develop and validate a core outcome set for use in the trials of anaesthetic and perioperative care. Professor Grocott confirmed that he would keep the Board informed of further progress.
- (v) The Board discussed Dr Tim Cook's response to the proposal that the NAP projects be extended to the independent sector and Professor Grocott agreed to report their discussions back to Dr Cook for further reflection.

ACTION: **Professor Grocott** to report back to Dr Cook on the Board's discussions around extending the NAPs to independent hospitals.

NIAAB/17/2014 ARS & NIAA SUB-COMMITTEE

- (i) Ms Sharon Drake reported that the format of future NIAA Research Weeks had been discussed by members of the sub-committee via teleconference and that it had been agreed to run a joint meeting of the Anaesthetic Research Society (ARS) and HSRC in April 2015, rather than running a second research week in 2014. The autumn Anaesthetic Research Society meeting would take place as usual in 2014.

- (ii) The Board requested further clarification from the sub-committee about its wish to assume responsibility for the coordination of all events related to research within the College.

ACTION: **Ms Drake** to seek clarification from the Chair of the ARS & NIAA sub-committee about the type of research events he wished the sub-committee to oversee.

NIAAB/18/2014 DATES OF FUTURE BOARD MEETINGS

Friday 25 April 2014, 10.30 am

Please note that this will be a joint meeting with members of the NIAA Board, followed by a strategy planning meeting in the afternoon.

Thursday 9 October 2014, 10.30

NIAAB/19/2014 ANY OTHER BUSINESS

There were no items of any other business.

GLOSSORY OF ACRONYMS

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| 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 |
| 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 |
| RCoA | Royal College of Anaesthetists |
| SEA UK | Society for Education in Anaesthesia, UK |
| UKPRF | UK Perioperative Research Forum |
| VASGBI | Vascular Anaesthesia Society of Great Britain & Ireland |

Presentation from Professor Dion Morton to the NIAA Board: 22 January 2014
Director of Clinical Research, Royal College of Surgeons

Professor Morton introduced himself and explained that he had been appointed to set up a clinical research initiative for the Royal College of Surgeons. He felt that by working together the Royal College of Surgeons and the Royal College of Anaesthetists could form a unique partnership and become leaders in the development of perioperative care in a way that had not been done through any other collaboration.

Key Points

- Conditions for a clinical research initiative are optimal since substantial funding is currently available for UK medical research. More than 70% of which is for clinical/translational research
- The number of clinical trials for surgical, anaesthetic, perioperative treatment are low. This area is underdeveloped and we have a responsibility to patients to deliver advances in care
- RCS delivery of multicentre trials: strong academic leadership provided by surgical specialty leads who are appointed nationally by an independent steering committee. Networks are also funded through specialist charities
- This RCS initiative is supported by a specialist association, specialist charities and specialist lead
- Facts and figures: five surgical trials have been funded to date; there are currently 18 clinical trainee networks across the country to develop new researchers. Examples of trainee-led trials include ROSSINO and DREAMS. Good links exist with patients, trials units and clinicians and £14M in new research funding has been attracted this year
- The RCS is very keen to work in partnership to develop new investigations. Dialogue is currently in progress with the NIHR which may result in a themed call for the delivery of surgery
- Timeline for collaboration: Joint meeting with the NIAA on 28 April aimed at encouraging surgeons and anaesthetists to develop joint trials. Hopefully this will lead to a joint bid for a themed call to the NIHR, perhaps on a topic such as enhanced recovery. DM emphasised will be much more powerful if we approach the NIHR together.

Questions

- DM confirmed that surgical trainee networks are specifically set up to conduct randomised, controlled trials. Governance of these networks is provided through a national, registered clinical trials unit
- All participating centres are acknowledged
- Research is embedded in training and all registrars are expected to undertake the GCP
- Trainees meet on a weekly basis to allocate patients to their trials and report on progress and to agree which trainees will consent patients
- DM suggested that the best way to get engagement from CTUs is through financial incentives, such as by offering core funding which is not attached to a specific trial. In this way funding can be secured for two or three posts.