

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 Thursday 6 November 2014  
in the 6<sup>th</sup> Floor Council Chamber at the Royal College of Anaesthetists**

**Members:**

Prof M Mythen	Chair, National Institute of Academic Anaesthesia Board
Dr E Carter	Co-optee - Trainee representative
Dr T Clark	Co-optee – Research & Audit Federation of Trainees (by phone)
Ms S Drake	Royal College of Anaesthetists, Director of Education and Research
Prof M Grocott	Co-optee - Health Services Research Centre
Dr A Hartle	Association of Anaesthetists of Great Britain and Ireland
Mr D Hepworth	Co-optee - Lay representative, Royal College of Anaesthetists Lay Committee
Dr D Highton	Co-optee – Trainee representative
Prof P Hopkins	Anaesthetic Research Society & National Institute of Academic Anaesthesia sub-committee, Chair
Prof D Lambert	National Institute of Academic Anaesthesia Grant Officer
Col P Mahoney	Royal Centre for Defence Medicine
Dr R Moonesinghe	Co-optee – National Institute of Academic Anaesthesia Academic Trainee Coordinator & Health Service Research Centre Deputy Director
Prof R Sneyd	National Institute of Academic Anaesthesia Research Council, Chair
Prof N Webster	<i>British Journal of Anaesthesia</i>
Dr M Wiles	Specialist Society Representative, Neuroanaesthesia Society of Great Britain and Ireland
Dr S Yentis	<i>Anaesthesia</i>

**In attendance:**

Dr M Nathanson	Association of Anaesthetists of Great Britain & Ireland
Mrs M Bell	Perioperative Medicine Programme Coordinator
Miss C Bunnell	Committee Secretary (NIAA Administrator)
Miss M Casserly	Royal College of Anaesthetists, Education & Research Manager
Miss A Simpson	Health Services Research Centre & National Audit Project Administrator

## **PART A**

The main business of the meeting was preceded by two presentations. The first was from Professor Gareth Griffiths, Professor of Clinical Trials at the University of Southampton, introducing the activities of a typical clinical trials unit (CTU). The second was a proposal from Professor Rupert Pearse to establish a UK Perioperative Medicine Clinical Trials Group.

## **PART B**

### **NIAAB/33/2014 WELCOME**

The Chair welcomed members to the meeting, particularly Dr Andrew Hartle, representing the Association of Anaesthetists of Great Britain & Ireland (AAGBI); Dr Matthew Wiles from the Neuroanaesthesia Society of Great Britain and Ireland (NASGBI) attending as the specialist society representative and Dr Mike Nathanson (AAGBI) attending as an observer.

### **NIAAB/34/2014 APOLOGIES**

Apologies for absence were received from Dr Tom Clutton-Brock (Royal College of Anaesthetists, RCoA) and Wg Cdr Karen Smyth (Royal Centre for Defence Medicine).

### **NIAAB/35/2014 MINUTES**

The confidential and non-confidential minutes of the meeting held on 25 April 2014 were approved as a correct record.

**ACTION:** NIAA Administrator to upload the non-confidential minutes of the meeting held on 25 April 2014 to the NIAA website.

### **NIAAB/36/2014 MATTERS ARISING**

(i) NIAAB/23/2014 NIAA Partnerships

NIAAB/09/2014 (i)

It was noted that a NIAA grant activity chart based on an example from the Royal College Academic and Research Leads Summit held on 5 September was available on the website at: <http://www.niaa.org.uk/article.php?newsid=1211#pt>.

(ii) NIAAB/29/2014iv & v Health Services Research Centre

It was noted that the NIAA's data handling policy and the NIAA's position statement on the re-identification of anonymised data had been uploaded to the NIAA website at:

<http://www.niaa.org.uk/article.php?newsid=1110#pt> and

<http://www.niaa.org.uk/article.php?newsid=1137#pt>. The data handling policy would be reviewed on an annual basis.

**ACTION:** NIAA Board to review the NIAA data handling policy at its April 2015 meeting.

(iii) NIAAB/32/2014 Any Other Business

Professor Hopkins confirmed that he would be attending the next Professional Standards Committee on 12 December to present a paper on SPA time for NHS consultant anaesthetists.

## **NIAAB/37/2014            CHAIR'S REPORT**

The following items, discussed at the morning's Research Council meeting, were covered in brief:

- (i)     NIAA Communications  
Ms Sharon Drake summarised some of the features of the new communications plan such as the inclusion of statistics on the number of referrals to the NIAA website. She had encouraged funding partners to promote the activities of the NIAA, for example by including links to the NIAA on their websites and following the NIAA's new Twitter account @NIAAResearch. Ms Drake thanked Mr David Hepworth for his help in gaining new subscribers to the NIAA mailing list at the Group of Anaesthetists in Training (GAT) Conference and invited members to send any suggestions for content for the next eNewsletter.
  
- (ii)    NIAA Events  
Miss Mary Casserly reported that the British Journal of Anaesthesia (BJA) Research Methodology Workshops had now been rebranded as the BJA/NIAA Research Methodology Workshops; a programme was currently being developed for a joint Royal College of Surgeons/NIAA meeting on perioperative and clinical research meeting to be held on 4 March 2015; a joint Anaesthetic Research Society (ARS) and HSRC meeting would be held on 21-22 April and plans to hold a Peer Reviewers day in October 2015 were in progress.
  
- (iii)   The Anaesthesia & Perioperative Care Priority Setting Partnership  
In response to concerns raised by the NIAA Research Council regarding the low number of responses to the Priority Setting Partnership (PSP) survey distributed in June-July, Dr Mike Nathanson warned against disrupting the timetable which had been put in place and was underpinned by the robust protocols of the James Lind Alliance. It had been agreed to follow the planned schedule and to remind specialist societies that they still had an opportunity to contribute their research priorities to the exercise.

## **NIAAB/38/2014            GOVERNANCE**

- (i)     The Chair presented a revised draft of the NIAA Strategy document which was based on the outputs of the NIAA Strategy Session held on 25 April. The format had been changed slightly to include a vision, mission statement and aims, bringing it in to line with the National Institute for Health Research (NIHR) model. Each aim had been allocated a number of activities and Professor Mythen invited members to assign actions to these points and submit feedback by 31 December.

**ACTION:**        **Board members** to submit comments on the revised NIAA strategy by 31 December.

- (ii)    A review of the Board and Research Council's Terms of Reference would be carried out alongside the revision of the Strategic Plan, as part of an effort to reduce duplication between the activity areas of the two bodies. This would enable the Board to focus on strategy and the Research Council on grant processes. This could result in changes to the frequency of meetings, reducing the number of Research Council meetings to twice a year in line with the Grant Committees and increasing

the number of Board meetings. Virtual meetings could be considered as a means of supplementing Research Council meetings.

**ACTION:**        **The Chair** to present revised Terms of Reference and a proposal for the timing of meetings to the next Board meeting on 29 January 2015.

- (iii) Ms Sharon Drake reported that the Faculty of Intensive Care Medicine (FICM) and the Faculty of Pain Medicine (FPM) had been invited to join the NIAA Research Council. Whilst the FICM was not in a position to be a funding partner it was keen to join the group and Professor Mike Grocott had agreed to act as the FICM representative until 2015, after which time the role would be taken on by Professor David Menon. The FPM had requested to defer its decision.

**NIAAB/39/2014        PARTNERSHIPS**

Professor Mythen reported that he would be meeting with John Samuels from the Rosetrees Trust that afternoon to discuss potential opportunities for collaboration.

**NIAAB/40/2014        NIAA GRANTS**

Professor Rob Sneyd reported that following a considered discussion at the Research Council meeting that morning, he would be contacting Professor Jaideep Pandit by phone and in writing to request that a member of the Difficult Airway Society present a revised version of a paper on the de-anonymisation of peer reviewers at the next Research Council meeting.

**NIAAB/41/2014        RCoA AWARDS**

- (i) The Chair thanked Board members for assessing the applications for the Macintosh Professorship and Payne Stafford Tan awards. Six applications had been received for the Professorship and a copy of the score sheet had been circulated with the meeting papers. The application from Dr Ma was recommended to go forward to the Nominations Committee. Members noted that this recommendation was confidential until it had been formally ratified by RCoA Council in December.
- (ii) One application had been received for the Payne Stafford Tan award from Dr Danielle Huckle, and this was recommended to go forward to the Nominations Committee on 12 December.

**ACTION:**    **NIAA Administrator** to forward the recommendations of the NIAA Board to the RCoA's Nominations Committee for its meeting on 12 November.

**NIAAB/42/2014        ACADEMIC TRAINEES**

- (i) The Board welcomed a paper from Dr Ramani Moonesinghe outlining the proposed agenda for the first NIAA Trainee Strategy Working Group meeting to be held on 28 January 2015.

Dr Moonesinghe anticipated that the working group would generate several different workstreams. Once some tangible outputs had been produced, Dr Moonesinghe was keen to open a dialogue with the NIHR's Dean of Faculty Trainees, Professor James Neilson, to discuss how to increase anaesthetic trainee engagement in research. Dr Mike Nathanson reported that he had recently spoken to Professor

Neilson about this and that the AAGBI wished to support further development in this area. It was noted that the group was likely to take into account wider issues relating to curriculum design and academic training at all levels. This led to a brief discussion of how Fellowships could be differentiated and Dr Moonesinghe agreed that the existing NIAA definition of Fellowships needed to be revised.

- (ii) Dr Tom Clark provided a verbal report to the NIAA Board on the activities of the Research & Audit Federation of Trainees (RAFT). He reported that 30 regional networks of varying sizes had been established so far, including one in Northern Ireland and one in Scotland. These had grown in stature and were supported by good communication links (websites, Twitter and Basecamp). These links enabled monthly virtual meetings to take place which were supplemented by two face-to-face meetings per year (it was hoped that the next of these would be held in June 2015). Current projects included the Cardiac Output Monitoring Study (COMS), which Dr Clark was in the process of writing up, and a survey of the trainee networks.

Dr Clark emphasised that RAFT was extremely grateful for the support given by the NIAA and HSRC so far, as this had helped to legitimise the activities of the groups. However, in order to ensure longevity, additional support would be needed to manage data securely across the regions, as well as to maintain websites. Dr Clark confirmed that this would be discussed in more detail at the next meeting of the RAFT committee. The Chair thanked Dr Clark for his update and invited him to submit a proposal to the next NIAA Board meeting outlining RAFT's support requirements.

**ACTIONS:**        **Dr Tom Clark** to submit a business plan / funding proposal on behalf of RAFT to the next NIAA Board meeting and to liaise with the HSRC to discuss issues relating to data management.

**Dr Tom Clark** to forward results from the trainee network survey to Dr Moonesinghe in time for the trainee strategy meeting on 28 January.

**NIAAB/43/2014        MILITARY ANAESTHESIA**

The Chair welcomed Colonel Peter Mahoney back from his deployment in Afghanistan. Colonel Mahoney began his report by thanking the NIAA for conducting a CV review of potential candidates for the position of Defence Professor of Anaesthesia and Critical Care. The process had been rigorous and transparent and formed an exemplary model of the relationship between the military and a specialist body such as the College. It is of great benefit to candidates as it allows them to address development needs and acts as a benchmarking exercise for Defence Medical Services.

Colonel Mahoney reported that MD and PhD personnel continued to balance their clinical, academic and military duties well. Although the deployment to Afghanistan has finished there are now department members deployed to Sierra Leone as part of the response to the Ebola outbreak. Colonel Mahoney had recently been awarded an honorary appointment from the Centre for Blast Injury Studies.

In the last two months the Medical Director of Joint Medical Command, Brigadier Tim Hodgetts CBE, has conducted a post Afghanistan review of research priorities. Any

implications for Defence Anaesthesia will be shared with the NIAA when the report is released.

**NIAAB/44/2014                    HEALTH SERVICES RESEARCH CENTRE**

- (i)     The Board noted the minutes of the Executive Management Board meetings held on 25 March, 29 April, 20 May, 1 July and 16 September 2014.
- (ii)    The Board noted a progress report from Professor Mike Grocott on HSRC activities, particularly the opening key points which highlighted a number of recent successes.
- (iii)   The Chair deferred the consideration of Professor Rupert Pearse's CTG proposal until the end of the meeting. Board members were then asked to consider three questions: 1) whether they felt that the proposal was a good idea; 2) how it should be funded and 3) any further considerations linked to funding.

Board members were overwhelmingly in favour of the proposal, feeling that it had been sufficiently developed. Dr Andrew Hartle also described it as a useful prompt to the current review of the AAGBI's research strategy.

The Board considered the funding model presented in the proposal and discussed how this could be supported by looking within the NIAA as well as to external sources. Members agreed that the time was right to engage in such a scheme and agreed that the recruitment process for the appointment of a CTG Director should commence.

**ACTION:**            **The Chair** to liaise with Professor Pearse regarding the Board's decision to seek a Director and funding/founding partner financial support.

- (iv)    The Board congratulated Dr Ramani Moonesinghe on her appointment as Deputy Director of the HSRC and noted her discussion document on the Sprint National Anaesthesia Projects (SNAP). This had been considered in full at the Research Council meeting and it had been agreed that Dr Moonesinghe would compile a definition of a SNAP audit to accompany her funding proposal for distribution to funding and founding partners.

**NIAAB/45/2014                    ARS & NIAA SUB-COMMITTEE**

- (i)     The Board received the unconfirmed minutes of the ARS & NIAA sub-committee meeting held on 25 April 2014. The Chair of the sub-committee, Professor Phil Hopkins, reported that the sub-committee had agreed to defer the revision of its Terms of Reference until the terms for the Board and Research Council had been finalised. The sub-committee had also been pleased to welcome new member, Dr Mike Nathanson, representing the AAGBI.

As part of its discussions the group had considered the subject of running single topic workshops and perhaps combining these into a one day event to re-engage consultants who had lapsed from their research activities.

- (ii) Professor Hopkins confirmed that he would be working with Ms Sharon Drake to create a series of definitions to clarify three levels of training: research aware; research ready and research experienced.

The sub-committee was keen to make Good Clinical Practice (GCP) training easier to access via e-learning and workshops and this would also be investigated further. It was noted that although the GMC offers a free online GCP page, unfortunately this was only available to investigators with studies on the NIHR portfolio.

- (iii) The sub-committee had considered a draft letter designed to go to universities seeking expressions of interest in an MRes in Anaesthesia & Perioperative Medicine and had agreed that some further amendments were required before this could be distributed to universities with medical schools.
- (iv) Professor Hopkins proposed convening a meeting to discuss whether it might be beneficial to establish a forum for university employed academics. This would be for clinical professors in the first instance and Professor Hopkins confirmed that he was currently gathering a list of potential contacts. The Board approved this suggestion.

**ACTION:** Professor Hopkins to investigate the potential for establishing a forum for university employed academics.

**NIAAB/46/2014 DATES OF FUTURE BOARD MEETINGS**

Thursday 29 January 2015  
Friday 17 April 2015  
Thursday 15 October 2015

**NIAAB/47/2014 ANY OTHER BUSINESS**

- (i) Ms Sharon Drake reported that the BJA/RCoA's application for membership of the Association of Medical Research Charities (AMRC) had been approved. Benefits included access to reduced research costs and to systems such as Researchfish which might be useful for measuring outputs of the NIAA grants.
- (ii) The Board noted the publication of Health Education England's Research and Innovation Strategy.

## 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
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 Anaesthesia Federation for 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