

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 29 January 2015
in the 6th Floor Council Chamber at the Royal College of Anaesthetists**

Members:

Prof M Mythen	Chairman, National Institute of Academic Anaesthesia Board
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, Chairman
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 Services Research Centre Deputy Director
Prof R Sneyd	National Institute of Academic Anaesthesia Research Council, Chairman
Prof N Webster	<i>British Journal of Anaesthesia</i>
Lt Col Tom Woolley	Royal Centre for Defence Medicine

In attendance:

Miss C Bunnell	Committee Secretary (NIAA Administrator)
Miss M Casserly	Royal College of Anaesthetists, Education & Research Manager

NIAAB/01/2015 WELCOME

The Chair welcomed members to the Board, particularly Lt Col Tom Woolley who was attending his first meeting on behalf of the Royal Centre for Defence Medicine.

NIAAB/02/2015 APOLOGIES

Apologies for absence were received from Dr Craig Bailey, on behalf of *Anaesthesia*, Dr Tom Clutton-Brock, Royal College of Anaesthetists (RCOA), Miss Annique Simpson, Health Services Research Centre (HSRC) & National Audit Project (NAP) Administrator, Dr Matt Wiles, Specialist Society Representative (Neuroanaesthesia Society of Great Britain and Ireland) and Dr Steve Yentis, *Anaesthesia*.

NIAAB/03/2015 MINUTES

The confidential and non-confidential minutes of the meeting held on Thursday 6 November 2014 were approved as a correct record.

ACTION: NIAA Administrator to upload the non-confidential minutes of the meeting held on Thursday 6 November 2014 to the National Institute of Academic Anaesthesia (NIAA) website.

NIAAB/04/2015 MATTERS ARISING

(i) NIAAB/36/2014 Matters Arising
NIAAB/29/2014 Health Services Research Centre
It was noted that the NIAA's data handling policy would be reviewed at the next Board meeting.

(ii) NIAAB/45/2014 (iii) ARS & NIAA Sub-Committee
Professor Phil Hopkins reported on his attendance at a meeting of the Professional Standards Committee on 12 December, where he had raised the possibility of adopting research activity as a quality indicator within Departments of Anaesthesia.

Dr Moonesinghe reported that there had also been some discussion at the NIAA Trainee Strategy Working Group meeting the previous day regarding the accreditation of quality activity through GPAS. Professor Grocott volunteered to find out if he could share a quality activity template document currently in use at the University of Southampton to support this work.

ACTION: Professor Grocott to seek permission to use a quality activity template from the University of Southampton.

(iii) NIAAB/45/2014 (iv) ARS & NIAA Sub-Committee
The Chairman reported that a meeting of university employed academics in Anaesthesia would be held at University College London (UCL) following the NIAA Board that afternoon. Agenda items would include the Research Excellence Framework (REF) exercise and whether the NIAA should engage more with this process. Professor Mythen invited members to speak to him after the meeting if they wished to discuss this in any further detail.

NIAAB/05/2015 CHAIR'S REPORT

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

(i) NIAA Communications

Ms Sharon Drake provided an update on communications and reported that she had encouraged funding partners to use the NIAA funding/founding partner logo and to promote the NIAA Researchers' Database. A series of NIAA-related articles was planned for inclusion in the *Bulletin* and *Anaesthesia News* and Ms Drake had asked members to use their publications and eNewsletters to advertise NIAA activities, especially the priority setting exercise. Ms Drake also called for volunteers to help with the NIAA stand and drop-in sessions at the Group of Anaesthetists in Training (GAT) conference on 17-19 June.

(ii) NIAA Events

Miss Mary Casserly reported on forthcoming NIAA events and the following delegate numbers were noted:

4 March: Joint Royal College of Surgeons and NIAA meeting: perioperative clinical research (99)

17 March: Health Services Research Centre (HSRC) Meeting for Quality Audit & Research Coordinators (86)

21-22 April: Joint UK Perioperative Care Research Forum & Anaesthetic Research Society Meeting (8)

(iii) The Anaesthesia & Perioperative Care Priority Setting Partnership

Professor Mike Grocott reported on the Research Council's discussion regarding the publication of the outcomes of the Anaesthesia & Perioperative Care Partnership (PSP), and how best to reduce the time lapse between the finalisation of the top ten priorities and publication of the results. Professor Grocott confirmed that some preparatory work would be done in advance in order to ensure that an article was ready for submission as soon as the outcomes of the exercise were known.

Leading on from this, Professor Grocott informed Board members that there would be an opportunity to submit questions to the National Institute for Health Research Health Technology Assessment Programme (NIHR HTA) as part of a workshop being run by the NIHR Evaluation, Trials and Studies Co-ordinating Centre (NETSCC) at the Joint UK Perioperative Care Research Forum & Anaesthetic Research Society (ARS) Meeting on 21-22 April. He encouraged members to attend and to forward details to colleagues.

NIAAB/06/2015

GOVERNANCE

- (i) The Board formally ratified the new NIAA Strategy since no further comments had been received on the document since its circulation by email following the Board meeting in November. The Chairman confirmed that a small working group would be appointed to develop actions and a timeframe to accompany the plan and called for suggestions to feed in to this work.

The Board was also invited to consider an updated version of the NIAA's Terms of Reference, which included the revised vision and mission statements from the new Strategy. The Chairman took this opportunity to outline the NIAA's position as a forum with a clear brand identity that enabled the distribution of grants on behalf of

a range of specialist societies. He felt it was important to emphasise this point since there was still a misconception that the NIAA held its own funds.

The Board considered the draft Terms of Reference and several amendments were suggested to reflect the priorities of the individual funding partners as well as the overarching principles of the NIAA as a whole. It was agreed that a revised version would be presented at the next meeting and the Chairman invited all members to submit their suggestions for content to him.

The Chairman thanked members for their input and confirmed that a revised draft of the Terms of Reference would be presented at the next meeting.

ACTIONS: **The Chairman** to appoint a working group to develop the NIAA Strategy and Board members to submit any recommendations for actions/timeframes.
 The Chairman to revise points 4.2 (iv), 4.2 (v) and 5 of the Terms of Reference in accordance with the suggestions made at the meeting, to incorporate comments from the AAGBI and to present a revised draft at the next meeting.

(ii) The Board received a proposal to amend the format of the NIAA Research Council and Board meetings by holding two face-to-face meetings per year, which would be supplemented by an additional two tele-conferences per year for the NIAA Board. The new format was designed to reduce the duplication of content between meetings and to enable the Board to focus on issues of strategy and governance. Where possible meetings would be held alternately at the AAGBI and RCoA.

The Board approved the proposal, although the lay representative pointed out that teleconferences involving more than six people could be difficult to manage. Dr Hartle also mentioned that Fridays were less convenient for AAGBI representatives as AAGBI meetings tended to be held on those days.

(iii) The Board noted that Dr Jairaj Rangasami of the Difficult Airway Society (DAS) would be the specialist society representative on the Board from April 2015.

NIAAB/07/2015 NIAA GRANTS

Professor Rob Sneyd summarised the Research Council's debate that morning of a proposal from the DAS to de-anonymise peer reviews. It was noted that the following points had been agreed:

1. To state on the reviewer assessment form that reviews should be courteous and constructive
2. To encourage reviewers to only make comments that are visible to the applicant, rather than to the committee only
3. To survey current reviewers and gauge opinion regarding the publication of an annual list of external reviewers on the NIAA website
4. To include guidance on how to review grant applications in the BJA/NIAA Research Methodology Workshops.

- (i) Dr Ramani Moonesinghe provided a verbal report on the Trainee Strategy Working Group meeting held the previous day. A number of recurring themes and recommendations had emerged as members considered how to maximise the opportunities available to trainees. There had been particular emphasis on gaining formal recognition for Good Clinical Practice (GCP) training within the curriculum and harnessing the Quality Audit and Research Coordinator (QuARC) and Research & Audit Federation of Trainees (RAFT) networks. It was noted that the NIAA had a role to play in supporting RAFT, as it looked at how best to resource and sustain its activities, and in signposting expectations for academic attainment at different levels.

ACTIONS: **Dr Moonesinghe** to present the recommendations of the Trainee Strategy Working Group at the next Board meeting.

Dr Moonesinghe to present an outline of how GCP training might be incorporated into the curriculum at the next meeting.

Ms Drake to send a list of questions to Dr Clark for consideration as part of his research into the design of a data centralization solution and **Dr Clark** to submit a proposal at the next Board meeting.

- (ii) The Board received a report on the outcomes of the first annual member survey for RAFT from Dr Clark. It was noted that the main aim of the survey was to identify the local hurdles to the development of the group. While there were a number of positives, such as the fact that there were now 15 trainee networks in place and the group was aligned with the Group of Anaesthetists in Training (GAT), regional groups were experiencing difficulties obtaining funding for websites, project management and meetings. Maintaining the engagement and enthusiasm of trainees was another challenge and steps had been taken to address this by aiming to focus on one project annually and to establish a clear principle for recognising the contribution of trainees in publications.

ACTIONS: **Dr Moonesinghe** and **Dr Clark** to discuss the trainee survey in further detail, particularly the matter of regions that were struggling to establish networks.

The **NIAA Board** to consider how it might help RAFT with infrastructure and resources and to look to models used by the European Society of Anaesthesiology for guidance.

- (iii) The Board noted that Dr Eleanor Carter had stepped down as trainee representative on the Board and agreed that a recruitment process for a new representative should be put in place. Professor Rob Sneyd asked that the person specification for the role be circulated in the first instance.

ACTION: The **NIAA Administrator** to arrange for the advertisement of the trainee representative vacancy on the NIAA Board, including via GAT and the AAGBI eNewsletter, emphasising that they should have the support of their department and peers.

NIAAB/09/2015 MILITARY ANAESTHESIA

Colonel Peter Mahoney began his report by formally thanking the NIAA for supporting the military CV review last year. This had proved a valuable means of identifying candidates for the role of Defence Professor of Anaesthesia and Colonel Mahoney introduced Lt Col Tom Woolley as one of the potential candidates. He then highlighted the following activities:

- Following the departure of the cadre from Afghanistan, units were now moving into a contingency mindset. The focus was very much on the austere environment and dealing with variable threats and uncertainties, such as the Ebola outbreak
- A global priority setting exercise had recently been conducted for the military during which priorities for veterans and the combat environment had been identified
- Research was also taking place into resuscitation in resource constrained environments and ballistics at Cranfield
- A piece of work involving researchers from Cardiff, Nottingham and Imperial was currently taking place on lung injury
- The *Combat Anaesthesia* textbook was currently being indexed.

The Chairman thanked Colonel Mahoney for his report, and assured him that although there were no specific aims relating to military anaesthesia in the new Strategic Plan, he was keen to see military input in to the actions and objectives section which had yet to be populated.

ACTION: **Colonel Peter Mahoney** to provide input from the military perspective in to the new NIAA Strategic Plan.

NIAAB/10/2015 HEALTH SERVICES RESEARCH CENTRE

- (i) The Board noted the minutes of the Executive Management Board meetings held on 10 October and 17 December 2014.
- (ii) Professor Mike Grocott highlighted the following points in his report on HSRC activities: a refunding application to enable the National Emergency Laparotomy Audit (NELA) to continue for a further three years was underway and the HSRC was in the process of formalising its appointment processes for positions such as the Clinical Trials Group (CTG) Director. Recruitment to these positions would now go to open advert and interview and result in a three year term of office with the potential for renewal after a further three years. It was noted that Professor Grocott would be stepping down from his position as Director in April 2016.
- (iii) Professor Grocott reported that the advert for the CTG Director would be issued in March with a view to making an appointment in the summer.
- (iv) The Board received a funding proposal from Dr Ramani Moonesinghe designed to enable the Sprint National Anaesthesia Projects (SNAPs) to continue beyond SNAP-2 which had recently secured funding through an AAGBI project grant. Dr Moonesinghe explained that the studies would meet the NIAA's objectives by supporting research-active consultants and opening up opportunities for trainees to become involved in research through networks and NHS hospitals. The Chairman thanked Dr Moonesinghe for her proposal and clarified that the Board was being asked to decide whether it wanted to approach specialist societies for this funding.

There then followed a wide-ranging discussion as some members felt that the proposal should be submitted as a grant application to ensure equity of access to funding for different projects, and others agreeing that a scheme was needed in order to future-proof the projects which has already proved to be a great success.

Members discussed the feasibility of developing a funding strategy which would set out upcoming proposals for consideration over a two-year period during which time other funding requests would not be considered in exceptional circumstances. It was agreed that a fair and transparent process was required to allay any misconceptions about bias and to give founding partners the opportunity to discuss the matter further with their respective committees. It was agreed that Professor Sneyd would produce a paper on the development of a framework for determining the NIAA's funding strategy for consideration at the next meeting.

ACTION: Professor Sneyd to produce a paper on the development of a funding strategy for the next meeting.

NIAAB/11/2015 ARS & NIAA SUB-COMMITTEE

- (i) The Board noted the unconfirmed minutes of the ARS & NIAA sub-committee meeting held on 6 November 2014.

ACTION: Professor Hopkins and Professor Mythen to discuss the continuation of the ARS & NIAA sub-committee outside of the meeting.

- (ii) The Board received a draft document outlining the NIAA's three-level approach to research engagement. The Board agreed to adopt this as part of a marketing strategy for the NIAA.

ACTION: The NIAA's three-level approach to research engagement document to be used in communications to promote research activity.

- (iii) Also under this item Mr Dave Hepworth spoke in support of the Sixth Form Open Days and described how effective they were as a means of raising awareness of research. Ms Drake agreed to look into whether these might be badged jointly with the NIAA in future.

ACTION: Ms Drake to explore the possibility of formalising the NIAA's involvement with the Sixth Form Open Days.

NIAAB/12/2015 DATES OF FUTURE BOARD MEETINGS

Friday 17 April 2015, 10.30 am (To be confirmed)
Thursday 15 October 2015, 10.30 am (To be confirmed)

NIAAB/13/2015 ANY OTHER BUSINESS

There were no items of any other business.

GLOSSORY OF ACRONYMS

AAGBI	Association of Anaesthetists of Great Britain and Ireland
ACSA	Anaesthesia Clinical Services Accreditation
ACTA	Association of Cardiothoracic Anaesthetists
AMRC	Association of Medical Research Charities
ARCP	Annual Review of Competence Progression
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
GAT	Group of Anaesthetists in Training
GCP	Good Clinical Practice
GPAS	Guidelines to the Provision of Anaesthetic Services
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
PSP	Priority Setting Partnership
QuARCs	Quality Audit & Research Coordinators
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
UCL	University College London
UKPRF	UK Perioperative Research Forum
VASGBI	Vascular Anaesthesia Society of Great Britain & Ireland