

The Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London WC1R 4SG

**NATIONAL INSTITUTE OF ACADEMIC ANAESTHESIA
RESEARCH COUNCIL**

**Minutes of the meeting held on Thursday 13 October at 10:30 am
in the 6th Floor Meeting Room at the Royal College of Anaesthetists**

Members:

Prof D J Rowbotham	Royal College of Anaesthetists, Chairman NIAA Research Council
Dr P Clyburn	Association of Anaesthetists of Great Britain and Ireland
Dr K Forrest	Co-optee – Society for Education in Anaesthesia
Prof H Galley	Co-optee - The Anaesthetic Research Society
Dr R Gill	Co-optee - Association of Cardiothoracic Anaesthetists
Prof M Grocott	Co-optee – Health Services Research Centre
Mr D Hepworth	Co-optee – Lay representative, Patient Liaison Group
Dr S J Howell	Co-optee – Vascular Anaesthesia Society of Great Britain & Ireland / Research Priority Setting Exercise
Prof D Lambert	Co-optee – NIAA Grants Officer
Prof M Leuwer	Co-optee – NIHR CLRN Lead for Anaesthesia
Prof R P Mahajan	Royal College of Anaesthetists, Chairman NIAA Board
Dr I Moppett	Co-optee – BJA Grants Officer
Prof M Mythen	Co-optee – University College London
Dr M Nathanson	Anaesthesia
Dr J J Pandit	Co-optee - Difficult Airway Society / Research Priority Setting Exercise
Dr F Plaat	Co-optee - The Obstetric Anaesthetists' Association
Dr P Razis	Co-optee – Neuroanaesthesia Society of Great Britain and Ireland
Dr S Walker	Co-optee - Association of Paediatric Anaesthetists
Prof N R Webster	British Journal of Anaesthesia

In attendance:

Ms S Drake	Royal College of Anaesthetists (Director of Education)
Mrs M Cenan	Senior NIAA and HSRC Administrator
Miss C Bunnell	Committee Secretary (NIAA Administrator)

NIAA/37/2011 WELCOME

The Chair welcomed members to the meeting, particularly Dr Nathanson who was returning as the representative for the journal *Anaesthesia*. Dr Nathanson stated that he would also report any relevant items back to the Neuroanaesthesia Society of Great Britain & Ireland (NASGBI) in the absence of Dr Razis.

NIAA/38/2011 APOLOGIES

Apologies were received from Dr Clyburn (Association of Anaesthetists of Great Britain and Ireland, AAGBI), Professor Galley (Anaesthetic Research Society, ARS), Professor Grocott (Health Services Research Centre, HSRC), Dr Moppett (British Journal of Anaesthesia, BJA), Professor Mythen (University College London, UCL) and Dr Razis (NASGBI).

NIAA/39/2011 MINUTES

The minutes of the meeting held on Thursday 21 July 2011 were received as a correct record and the Chair thanked Professor Lambert for chairing this meeting in his absence.

NIAA/40/2011 MATTERS ARISING

(i) NIAARC/27/2011 Summary Minutes

The Research Council noted the summary minutes of the meeting held on Thursday 21 July and the Chair confirmed that these would be uploaded to the National Institute of Academic Anaesthesia (NIAA) website following the meeting.

(ii) NIAARC/28/2011 NIAA Away Day

It was agreed that Dr Forrest would act as the specialist society representative at the NIAA Away Day on 11 November as Dr Gill was unable to attend.

(iii) NIHR Portfolio Status

Further to a query received from Dr Gill at the last meeting, the Chair explained that there had been a change to the process of securing portfolio status for successful research projects. Individual project leads were now responsible for approaching their Comprehensive Clinical Research Networks (CLRNs) to apply for inclusion on the National Institute of Health Research (NIHR) portfolio. The relevant paperwork would then be sent by the NIHR to the Chair of the NIAA Research Council for completion. Members agreed that it would be helpful to include this information on the NIAA website and in the award letters to successful candidates.

ACTION: **NIAA Administrator** to upload information to the NIAA website explaining how successful grant applicants should go about securing NIHR portfolio status for their projects. This information to also be included in the award letter sent via Manuscript Central.

NIAA/41/2011 RESEARCH EXCELLENCE FRAMEWORK 2014

Professor Lambert reported that he had received two nominations for the specialist advisor role to the Research Excellence Framework (REF) 2014 Panels. Further to the discussion the Research Council agreed to recommend three individuals as potential specialist advisors, and that the Chair would write to Professor Stephen Holgate, Chair of the Research Excellence Framework (REF) Main Panel A, to make a formal case for their selection.

ACTION: Professor Rowbotham to write to Professor Stephen Holgate, formally recommending three individuals as specialist advisors to the Main Panels for the REF 2014.

NIAA/42/2011 NIHR SPECIALTY GROUP 'ANAESTHESIA PERIOPERATIVE MEDICINE AND PAIN'

The Research Council received a verbal report on the National NIHR Specialty Group 'Anaesthesia Perioperative Medicine and Pain' from Professor Leuwer. Professor Leuwer reported an improvement in the group's status which had been amended to 'amber' by a review panel. The improvement was due to an increase in the number of studies on the Group's portfolio; expansion into new, important areas such as industry; improved geographical coverage and the achievement of 100% reporting completeness for all studies.

'Vision' (Vascular Events in Noncardiac Surgery Patients Cohort Evaluation), was cited as an example of a new multi-centre study which was expected to produce extremely valuable data. Dr Howell pointed out how anaesthesia was frequently overlooked in such studies, since it often constituted a very small contributing group. Securing recognition for anaesthesia in the early stages of negotiating a study was seen as vital.

Professor Leuwer was hopeful that the specialty group would achieve 'green' status and urged the NIAA to award its funding to projects that it believed had the potential to do well in terms of securing portfolio status. He reported that the group was working on its Annual Report and on an event scheduled to take place in spring 2012. Professor Leuwer was also keen to work with companies outside of the UK.

The Chair welcomed this update and reminded colleagues of just how progressive the NIAA had been in terms of engaging with a range of partners and networks in support of research. He was pleased to hear that there were currently five industry studies in their early stages, particularly given the government's view that the NIHR's success would be measured by its ability to deliver on the industry agenda.

ACTION: **Professor Leuwer** to write a progress report for the NIAA website on the Specialty Group.

Dr Gill to send details of the REPLACE study to Professor Leuwer.

NIAA/43/2011 RESEARCH PRIORITY SETTING EXERCISE

- (i) The Research Council received a copy of the article on the NIAA Research Priority Setting Exercise which had been accepted for publication in the British Journal of Anaesthesia. During the meeting Professor Mahajan confirmed that the article would be open access with Continuing Medical Education (CME) credits. Dr Howell reported that one of the reviewers had commented on the article's lack of international perspective and asked colleagues to consider future opportunities for international collaboration.

Under this item Mr Hepworth stated that none of the lay members involved in the first Research Priority Setting Exercise were now on the Patient Liaison Group (PLG), and asked Dr Howell to seek representation from the PLG if a second exercise was conducted.

- (ii) Dr Howell reported that he had forwarded the broad output from the Research Priority Setting Exercise to Mrs Sally Crowe, Chair of the James Lind Alliance's (JLA) Monitoring and Implementation Group, following her presentation at the last meeting. After consideration it had been agreed not to use this content in its entirety as a basis for a UK DUETS statement (UK Database of Uncertainties about the Effects of Treatments) and Dr Howell had sent a short and long list of questions from the exercise to Mark Fenton, Editor of UK DUETs, to see if these could be used as an alternative. Dr Howell was hopeful that some of the content would be suitable and that a meeting was likely to take place between Mark Fenton, Dr Pandit and himself to discuss this further.

Dr Howell was keen to see the long list of questions from the Research Priority Setting Exercise uploaded to the NIAA website and for the development of a resource which would allow new research questions to be uploaded to the web. He volunteered to moderate these questions and circulate them to the specialist society members for consideration. They could then be used as the foundation of any future Research Priority Setting Exercise. In the event that the exercise was repeated, Dr Howell asked that consideration be given to what action should be taken if questions were not accepted by the HTA.

Under this item Professor Webster referred to the recent call for expressions of interest in undertaking randomised controlled trials issued by the NIHR HTA (National Institute of Health Research Health Technology Assessment Programme). He suggested that the NIAA alert those individuals who had contributed to the Research Priority Setting Exercise and encourage them to apply.

ACTION: Dr Howell to provide a long-list of questions and the **NIAA Administrator** to upload these to the NIAA website with an explanation that two or three had been combined in each case to create one statement and that a sub-set of questions would be available on the UK DUETS website (if agreed).

The **Research Council** to discuss the Research Priority Setting Exercise at the NIAA Away Day, to revisit the idea of creating a resource for research questions as part of the preparation for a future Priority Setting Exercise, and to consider the scope for international collaboration.

The **NIAA Administrator** to email details of the HTA call to all individuals who submitted a question as part of the Research Priority Setting Exercise and to offer NIAA support to any who submitted questions that fell within the five priority areas.

NIAA/44/2011 NIAA GRANTS OFFICER'S REPORT

Research Council received the NIAA Grants Officer's report for October 2011. It was noted that 24 applications had been received for three awards under Round 2 2011. One project grant was available from ACTA, five - six small project grants were available from the Association of Anaesthetists of Great Britain & Ireland (AAGBI) / Anaesthesia and BJA/Royal College of Anaesthetists (RCOA), and up to three PhD Studentships were available from the BJA. All applications were currently out to peer review and the Grant Committee meeting would be held on Wednesday 23 November.

The Grants Officer also reported briefly on the BJA/RCoA Multicentre Clinical Trial Grant. Six applications had been received for this grant and five applicants had been asked to submit more detailed proposals to the second stage. All applications had been considered carefully at the Grant Committee meeting on the 28 July, however on close examination it had been agreed that none were suitable for funding. The Grants Officer recognised that the decision had caused a great deal of disappointment and assured colleagues that the BJA Directors were considering how to move forward.

Finally, the Research Council received a revised version of the governance document for NIAA Convened Grants Committees, which had been amended in the light of a discussion about conflicts of interest at the last NIAA meeting. Members agreed that they were happy for the document to be considered for approval by the Board at its afternoon meeting.

NIAA/45/2011 SMALL RESEARCH, EDUCATION & TRAVEL GRANTS

The Chair of the Small Grants Sub-Committee, Dr Forrest, thanked her colleagues Professor Galley, Dr Gill, Professor Lambert and Dr Plaat for joining the sub-committee and for assessing the 13 applications that had been received. She outlined the assessment process and reported that eight applications had been successful.

The Chair congratulated Dr Forrest on the smoothness of the process and thanked the Sub-Committee for its work.

ACTION: The **NIAA Administrator** to write to all applicants and ask all successful applicants for permission to upload their applications to the NIAA website as 'model' examples.

To upload the assessment criteria to the NIAA website and state that as of now successful applications will be uploaded to the website.

NIAA/46/2011 MACINTOSH PROFESSORSHIP

The Research Council considered six applications for the Macintosh Professorship and agreed to put two applications forward to be formally ratified by the Nominations Committee.

ACTION: **NIAA Administrator** to notify the Nominations Committee of the Research Council's decision to recommend the applications from Drs Pandit and Pearse.

NIAA/47/2011 HEALTH SERVICES RESEARCH CENTRE

The Research Council received and noted a progress report from Professor Grocott.

NIAA/48/2011 NIAA AWAY DAY

The Research Council received a copy of the draft agenda for the NIAA Away Day on Friday 11 November and noted that this would be discussed in further detail at the NIAA Board meeting that afternoon.

NIAA/49/2011

NIAA COMPREHENSIVE REVIEW

Ms Drake reported that work on the NIAA Comprehensive Review was well underway. The structure had been slightly amended, with new section headings created to emphasise the achievements of the last four years. Board Members received a copy of the latest version of the contents schedule along with some sample page layouts and feedback on the design was welcomed. It was noted that the introduction would be a joint piece by the RCoA, AAGBI, Anaesthesia and BJA. Ms Drake thanked Research Council members for their contributions and reminded them that the deadline for outstanding content was Monday 17 October. The target publication date was late January 2012.

NIAA/50/2011

DATES OF FUTURE MEETINGS

Thursday 2 February 2012 at 10:30 am

Thursday 19 April 2012 at 10:30 am

Thursday 27 September 2012 at 10:30 am

NIAA/51/2011

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
APAGBI	Association of Paediatric Anaesthetists of Great Britain and Ireland
ARS	Anaesthetic Research Society
BJA	British Journal of Anaesthesia
BOC	British Oxygen Company
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
EPICOT	Evidence, Population, Intervention, Comparison, Outcome, Time stamp
HSRC	Health Services Research Centre
NASGBI	Neuroanaesthesia Society of Great Britain and Ireland
NETSCC	NIHR Evaluation, Trials and Studies Coordinating Centre
NIHR	National Institute for Health Research
OAA	Obstetric Anaesthetists' Association
RCoA	Royal College of Anaesthetists
SDO	Service Delivery and Organisation
SEA UK	Society for Education in Anaesthesia, UK
VASGBI	Vascular Anaesthesia Society of Great Britain & Ireland