

**MINUTES OF THE COUNCIL MEETING OF THE
NEUROANAESTHESIA SOCIETY OF GB AND IRELAND
FRIDAY 18TH September 2009 10AM AAGBI**

Present – Mike Nathanson (President), Nigel Huggins, Ian Tweedie, Praveen Manthri, Samantha Shinde, Plat Razis, John Andrzejowski, Margery MacNab, Chris Kearns

1) Apologies for absence - None

2) Declarations of interest – Nil

3) Minutes of the previous meeting 8th May 09 – Agreed

4) Matters arising

b) MN reported that progress, albeit slow, was being made with the RCoA and the AAGBI involving the NAS for opinion on matters relating to Neuroanaesthesia – particularly education, meetings and symposia. In the reverse scenario, the President of the RCoA had asked all Spec Soc Presidents to inform the RCoA of any requests made to them for opinion from 3rd parties regarding their speciality.

d) The next JNC meeting is on November 25th MN and NH are unable to attend. It is hoped the IT will be able to be free on that date to attend.

i) NH to ask the RCoA about office services for Spec Socs, in order to compare the services and costs with that being offered by the AAGBI. Some Council Members suggested that the service may be more suited to our needs. NH to email Linkmen in the next month for updates on members email addresses and members in the department.

Action: NH

5) Nottingham 2010 update.

a) MN presented the proposed programme which embraced the RCoA core matrix skills in the Thursday morning update session. Council recommended changing the title of Carl Walderman's presentation to "What can you do in the DGH?" The AGM had been extended to 1 hour. Council suggested that 6 to 8 abstracts be chosen for oral presentation depending on the number and quality of abstracts submitted.

b) It was suggested by PR that the 3 meeting rooms being held by us at the venue could be used for parallel industry workshops on the Thursday morning. He will seek interest from appropriate companies.

Action: PR

c) A Linkman meeting could be incorporated into the programme at lunchtime on Thursday in the separate area at the back of the auditorium.

d) The budget propositions had proven to be safe over many years and it is safely able to support more overseas speakers where appropriate. PR will include a break-even formula in the meetings organisation pack to assist local hosts in choosing suitable venues. Suggestion was made that the Thursday morning options be made free for anybody who wanted to attend. MN to consider the financial implications. Such a decision should be able to be maintained year on year.

e) PR is liaising with Newcastle 2011 and will pay a visit soon to assess the optional venues.

6) Secretary's report. NH reported that there were now 235 full members out of about 427 who had neuro sessions in their job plans. There were 67 trainees. Both represented a steady increase in numbers overall, allowing for retirements and resignations.

7) Treasurer's report IT reported that subscriptions collected had increased Society income due to both increased membership numbers and one successful DD's. Liverpool 2009 made an excess of approximately £20,500 net. Allowing for a donation from NAS to Liverpool, the subscriptions and ASM, the accounts had increased by some £19,000. Profits from ASM's are to be held in the meetings sub-account of the NAS main account with CAF Bank. Council discussed future profit shares and it was decided that this should be changed to 60:40 in the Society's favour, reflecting both the greater amount of work and the financial risk now borne by the NAS. The profit share would be from the final closed accounts of the meeting (including money raised by seeking local sponsorship, but excluding money raised by NAS centrally through Industry Sponsorship, and the NAS 'grant'). IT offered to accept this for the Liverpool meeting.

8) Surveys JA reported positive feedback from members completing the 3 on line surveys run so far. One more survey is ready to go live (Cardiff), there are also 2 more almost ready, one other has been rejected due to repetition and there has been one further enquiry. Surveys are being sent out via the Spec Soc Office at the AAGBI. It is therefore essential the Membership / Linkman databases are as up to date as possible. Council congratulated John on his progress in standardising the survey process. In response to a query of how we knew if addressees had received the survey, NH referred to MsgTag pro which automatically reports emails as being opened.

9) Sponsors PR stated that the 4 web links are working well and that Sponsors had been encouraged to set their links to appropriate Neuroanaesthesia / CC pages of their website. It was suggested that we could charge companies for sending out promotional or educational emails to members. However, it was felt that this was likely to breach small print regulations relating to data protection and individuals rights. The NAS could send out peer reviewed literature on companies' behalf. This could be considered in the future if we were approached.

10) RCoA revalidation knowledge and skills matrix

a) MN was unsure how the matrix had been drawn up and Council agreed that it contained some basic errors in its compilation. These were agreed and amended and NH was to write to Sharon Drake at the RCoA to inform her of the Society's recommendations.

Action: NH

b) Council agreed that the fundamental principles in level 1 of the matrix would be a good basis for the update mornings at the ASM, whilst those who sought further skills could attend parallel trade workshops. Levels 2 and 3 of the matrix could be addressed by holding one day seminars at the AAGBI or the RCoA

c) It was agreed that the NAS should not be drawn into policing attendance at such meetings, but to provide the means. MN to inform the RCoA that the NAS will support Neuroanaesthesia CPD input to the revalidation process. Ultimately, Spec Socs could seek authority from the RCoA to appoint CPD points to meetings.

Action: MN

d) MMcN was asked to seek other relevant meetings which met our CPD requirements.

Action: MMcN

11) Specialist survey by the DOH

NH reported that he had been emailed as part of a DOH circular to Spec Socs, of all specialites in the NHS, to ask about the existence of any National data collection process within the speciality. He had replied that no such data collection currently occurred nationally within UK Neuroanaesthesia, but the NAS would be very keen to contribute to any information gathering, which the DoH may instigate in the future.

12) AOB Pt 1

a) MN reported on the latest initiative for paediatric services which addressed the National provision of Paediatric Neurosurgery – "Safe and Sustainable Paediatric Neurosurgery". The

British Paediatric Neurosurgical Group has made some preliminary suggestions, that have not met with universal acceptance and will be discussed on October 7th by them and then by a wider audience on November 30th at a stakeholders day (to be attended by Mike Nathanson).

MN has been in liaison with Neil Morton representing the Association of Paediatric Anaesthetists. They will seek to provide a cross-speciality view on anaesthetic provision for paediatric neurosurgery in the UK.

Action: MN

b) NH asked PR if he would be prepared (as a London-based Council member) to attend the AAGBI Spec Soc meeting on Friday 6th November. PR agreed. NH to email PR a Society report next week.

Action: PR and NH

13) Strategy Discussion

A) E-learning

This programme is under the control of the DoH. Ed Hammond is responsible for the RCoA sector and Arun Gupta has been asked by him to oversee the Neuroanaesthesia module. It is expected that he will approach the NAS for component authorship.

Simon Thompson, a Neurosurgeon from Leeds, has initiated another similar project for a Neurosciences Diploma (no longer an MSc). Arun Gupta will cross cover the Neuroanaesthesia component. CK will represent the NAS for both projects. The NAS hoped that their contribution would be formerly acknowledged by the RCoA.

B) RCoA Neuroanaesthesia Curriculum

1) Council agreed that advanced (optional) training should be for a minimum of 6 months (5 Neuroanaesthesia and 1 NCCU) and that this would be within CCT time. Rather than base the experience on a “case numbers” basis, it was felt that specific centres should be recognised for providing the breadth of experience required for a future Consultant in Neuroanaesthesia. A formal curriculum could be drawn up which included management, audit and case histories. Formal assessment could be considered but Council were unsure how this could be achieved currently.

2) Combined training in Intensive Care Medicine and Neuroanaesthesia would be difficult to obtain a consensus on, as the requirement of the faculty of ICM precluded significant experience in Neuroanaesthesia. It was felt that the 5:1 ratio of Anaesthesia to NCC could be adjusted according to needs. However, it was felt unlikely that many advanced Trainees would currently enter pure NCC via the ICM advanced training programme.

C) Education

SS reported that the effort put in to organising regional meetings often exceeded success. The NAS could, on alternate years, address the requirements for level 2 and level 3 CPD matrix by providing study days. Council agreed that we should be proactive in informing the RCoA of our intentions to provide courses addressing level 1, 2 and 3 matrix requirements; this will reinforce our presence and expertise. There may be some overlap with other societies matrix requirements (eg DAS). We (as should other Spec Socs considering a similar programme of matrix education) should inform the RCoA of our intended programme so that overlap can be used appropriately.

D) NCCNet update

IT reported that links were being developed with other relevant societies – AAGBI, APA, ICS, Neurointerventional groups, BAN, SBNS, RCoA and SEA (UK). Joint audits are the planned events. The RAIN audit is up and running to collect data on current practices and outcomes and to try and evaluate cost implications and QALY's. NCCNet could run a reporting and updating session along with the parallel workshops during the Thursday AM of the ASM from 2011.

E) Linkmen

SS had full support for the continuation of the system. She suggested formalisation of the appointment consisting of a defined process of appointment and a contract of engagement. Individual departments should elect their linkman and hold the office for no more than 3 years initially. They should have an accurate and daily accessible email address; their role would be to disseminate information to Neuroanaesthetists in their department and to encourage membership of the Society. They would also formally update departmental members email addresses every 6 months with the Hon Sec. SS asked if JA would send out a survey to current linkmen to ask their opinion of these suggestions. They will discuss a suitable template for this.

Action: SS

F) NIAA

NIAA consists of a combination of *Anaesthesia / BJA / RCoA* and AAGBI. They link together to co-ordinate research grant applications to the funds issued by the four bodies. In the future NIAA may become an accredited body within the NHS to award research support funds to projects they deem appropriate.

Membership of NIAA does not commit any body to making any regular or even occasional grants. That is left entirely up to member organisations to decide internally. For NAS this

would probably mean an occasional grant based on the health of our finances. ACTA and the Vascular Anaesthetists have signed up (which costs nothing) and their grant offers are administered by the group. It was agreed the NAS should also seek recognition. However, the Society would have to define precisely the mechanism for grant applications before seeking inclusion of a research grant in a 'call' for applications.

G) Website

This has been updated and is working well. Council wished for ASM abstracts to be uploaded (JNA allow this) and also some presentations with presenters' permission. We should seek permission in advance and have the recording facilities in place to achieve this. MMcN was asked to co-ordinate both this and e-learning links to suitable sources of educational material. The latter would be agreed by other members in a similar manner to audits being proofed by others for JA.

Action: MMcN

14) AOB Pt 2 – Nil

15) Date of next meeting – Friday 26th February 2010 10AM at AAGBI

The meeting concluded at 3PM

Mike Nathanson

President NASGBI

Nigel Huggins

Hon Secretary NASGBI