

MINUTES OF THE COUNCIL MEETING OF THE NASGBI

3RD FLOOR MEETING ROOM AAGBI LONDON

FRIDAY 5TH MARCH 2010 10AM

Present – Mike Nathanson (President), Nigel Huggins, Ian Tweedie, Plat Razis,

Praveen Manthri, Basil Matta, Samantha Shinde, Margery MacNab, John Andrzejowski

- 1) **Apologies for absence** – Chris Kearns
- 2) **Declarations of interest** – None
- 3) **Minutes of the meeting September 2009** – agreed
- 4) **Matters arising**

4.1 (4b) MN had written to Peter Nightingale (President of the RCoA) and asked that MN and NH meet with him informally to discuss the NAS plans for delivering matrix skills at our ASM and by way of seminars. Peter Nightingale has welcomed the suggestion. We will also use the meeting to discuss Neuroanaesthesia curriculum development.

4.2 (5b) PR had visited Newcastle for ASM 2011. The Sage venue has been chosen (Hall 2 and Northern Rock Foundation Hall). The venue is similar to Liverpool 2009 with many suitable hotels for delegates close by. All AV is built in. Public liability insurance for £5Million is required. There is good rail, air and ground transport. Dates will be 5th and 6th May 2011. 160 paying delegates, with no industrial sponsorship will cost £28 per head.

JA asked if NAS should consider having our ASM on the same dates (different venue) as the SBNS to maximize possible attendance. NH will enquire as to dates of SBNS for 2013 (Cardiff). **ACTION: NH**

4.3 (10c) MN has written to Sharon Drake at RCoA (matrix co-ordinator) to ascertain who will be responsible for allocating CPD points to matrix (speciality) meetings. It was hoped that the RCoA would recognise the worth of the Spec Socs of the AAGBI at providing such education. **ACTION: MN**

4A NH reported that the RCoA do not appear keen to offer secretarial / office services to Spec Socs. Indeed, the APA have re-joined the AAGBI for this facility having been told by the RCoA that such a service was in the periphery of their service. NH and IT to review NAS contract with AAGBI to see that it is precisely what we require.

4B PR attended the Spec Soc meeting in Nov 09 with a report filed by NH. The AAGBI were promoting a facility of Spec Soc “micro web sites” within the AAGBI domain. The cost would depend upon how much it differed from the host site. Council will consider costs and be

guided by PM as web master. Web vandalism was discussed and PM concurred that at least 2 people should have working access to our site as if a problem occurred whilst he was away, then inappropriate content could be left for a few weeks until the web master could correct the problems. A micro site would circumvent this problem. SCATA promoted their Cyber Café facility for Spec Soc meetings. **ACTION: PM**

IT agreed to seek permission to use the AAGBI World Pay facility for registration for future ASM's. World Pay now insist on a very large financial throughput to open an account and so NAS are now not eligible. We will request it as an agenda item at the next Spec Soc Meeting. **ACTION: IT**

4C PR reported that Integra have renewed their industrial sponsorship on our website for a further year and have paid. GSK and Prospect Medical have declined an invitation to renew. Hot Dog have signed up for a year and their payment is awaited. Liaisons are ongoing with Cooke Medical, Ectron, Viacom, Aircraft Medical and Deltex amongst others. **ACTION: PR**

4D MN gave an update on the review of paediatric neurosurgical services. There is some local difference of opinion between the APA and the NAS as to when the skills of Neuroanaesthesia become more relevant to the patient than the skills of paediatric anaesthesia. However, NAS are considered a stakeholder as far as dialogue is concerned. A joint stakeholders statement of need has been agreed and issued. The DOH suggestion that paediatric neurosurgical units nationally should be reduced from 15 to 5 has been rejected unanimously by the stakeholder group. The brief for anaesthesia (APA / NAS) is to agree a set of skills required for neurosurgical cases according to the case / age of the patient.

18 other subspecialties have been identified for similar DOH review.

4E SS advised of a PMETB driven review of The Colleges' curricula. The RCoA thanked the NASGBI for their detailed feedback and suggestions. The Anaesthesia curriculum has now been approved (with Neuro amendments) and is available on the RCoA website with a link from the NASGBI website. Changes have been made to the basic, intermediate and higher curricula. The advanced neuro curriculum (for intended career Neuroanaesthetists) states that trainees are expected to spend between 6 and 12 months undertaking higher training. For trainees who wish to take up a consultant post with a commitment to both Neuroanaesthesia and Neuro Critical care it is recommended that they do 3 months of NCC training (which in any case should form part of a 12 months Step 2 training in Intensive care medicine) perhaps leading to a joint CCT in anaesthesia and ICM. Trainees are encourage to discuss their learning objectives with their TPD to ensure that they have a balanced programme of training as recommended by PMETB. For Consultants with an interest in NCC only, it is recommended that training posts should include a minimum of 6 months higher training in Neuroanaesthesia and step 2 training in ICM (including 3 months of NCC). Trainees with an interest in paediatric Neuroanaesthesia need to discuss their individual needs with their TPD and the RCoA. NH pointed out that 3 months Neuroanaesthesia may be more appropriate for training for those going to pure NCC.

4F MMacN has archived the last 5 years of ASM abstract books and programmes and has passed them to PM to put on the website. This will become a rolling programme. PM has confirmed that links can be placed on the site relating to relevant external documents / publications.

5.1 MN attended the latest JNC meeting where the setting up of an intercollegiate faculty of Neurosciences was discussed. Support was sought from JNC membership. MN to attend next meeting in April 2010 to clarify the difference between the JNC and this new suggested faculty. **ACTION: MN**

5.2 The programme and registration details for ASM 2010 have been launched on the website and by mail shots. An encouraging 36 abstracts had been submitted for posters / presentations. Five trade sponsors had paid £750 each for stands. There is space for one more and there are other companies who have not yet replied. It is hopeful that a sixth will be recruited. NH re-emphasised the importance of continuity and consistency of the pricing of trade stands at £1000 for following years ASM's as companies based their budgets on previous years costs. If a venue (such as Birmingham 2008) could only fit in a limited number of stands, then they needed to generate £1000 per stand to keep registration rates down. MN said that Nottingham 2010 had not been made aware of this. NH asked PR to arbitrate a solution for 2011 onwards. **ACTION: PR**

The conference dinner is to be in the Council House and £60 per head just covers the costs of putting this on and includes wine. A Speakers / Council / Organisers dinner is to be held at the Memshab on the evening of Wednesday 12th May. This restaurant is opposite the Park Plaza hotel. RSVP to Jo Litchfield (QMC Anaes Sec) if wishing to attend.

There will be a parallel session hosted by Integra (Licox) on the Thursday morning. No further costs will be incurred by NAS or the local organisers for this to take place.

NH asked MN to congratulate his organising committee on what would certainly appear to be an excellent meeting.

6 NH updated membership numbers as follows – Full 254, Trainees 66. Retired members were being invited to remain as retired members to receive communications by email with no cost to themselves. SS and NH to continue to work the Linkman and Membership database to as close to perfect as possible for Busola and Zoe at AAGBI to work with.

ACTION: NH & SS

7.1 IT presented the final accounts for the Liverpool ASM 2009 which declared a surplus of £17K. This included all trade sponsorship (web and stands) but excluded the “pump prime” from the main NAS account. The Society savings account contains funds to cover 5 years costs of running the Society (excluding ASM's). Members' annual subscriptions should cover

the annual running costs of the Society and are doing so at present and as such the membership subscription can remain unchanged at £25. The ASM should cover its own costs and hopefully create a surplus. Council running costs will rise as Officers or Members attend allied group meetings. The budget for the year is on target and interest from savings accounts is negligible as expected.

7.2 PR reported that the travel scholarship had not been paid out for 2 years and there had been very few applications for financial support. Last year the Society had donated the funds available to the charitable body, the World Federation of Anaesthesia with whom the AAGBI have close links.

8 MN updated on the RCoA's report on their revalidation matrix. Further amendments are to be made to the basic level matrix at the end of April 2010. Council felt that the basic level (core skills) should be presented combined with other Spec Socs as one day meetings at eg. AAGBI or RCoA, periodically through the year on a rolling programme. It was agreed that SS should, in due course, plan the core neuroanaesthesia content into a programme of "matrix meetings". Level 3 aspects would necessarily be covered in ASM's, with perhaps, level 2 topics on the Thursday AM regional update. Consideration could be given to e learning for levels 1 and 2 also. **ACTION: SS**

9 PM summarised the AAGBI plan to offer micro Spec Soc web sites accessed via its own site. The advantage is web site security but the disadvantage is that autonomy is lost. The cost appears to be a full commercial rate and will vary according to how different the format of a Spec Soc home page is. PM to explore the actual costs of retaining our format under AAGBI host site. **ACTION: PM**

10 A JA presented a summary of signing up to the National Institute of Academic Anaesthesia. The Society can ring fence funds to be made available for research into Anaesthesia. Projects submitted to the NIAA will be vetted and stakeholders who contribute will be able to choose whether they wish to support specific projects. NAS would support research projects in Neuroanaesthesia and NCC. The advantage of this method is that other organisations (stakeholders) may agree to add funds to a researcher's bid and hence it is more likely that a specific project might get appropriate funding. In addition, funds would come with an extra top up from the DoH which would fund (to a greater or lesser extent) the background costs of the research – hospital costs, personnel etc. We should advertise this funding to the Membership at the AGM.

10B CK had sent apologies. He clarified in writing that the scripts for the FRCA e-learning package and the e-brain project would be likely to be identical when topics the same.

10C SS gave feedback on the Linkman Survey. There was a 63% response overall. The majority who replied felt there should be no limit on the term of individual Linkmen. There will be a Linkman lunch at the ASM on Thursday this year. SS will suggest a 3 year term with

a maximum of a second 3 year term, (unless exceptional circumstances) at the Lunchtime meeting. **ACTION: SS**

10D SS will be the link between GAT and the NAS in preference to electing s trainee member of Council.

11.1 Martin Smith expressed a desire for a successor to his being the link between the NAS and the JNA. It was felt appropriate for IT, as Treasurer, to take over this role.

11.2 MN is to attend an informal meeting with the APA at the AAGBI. The purpose will be to strengthen links and explore overlap of possible future scientific meetings.

11.3 Two further meetings were advised – NCCNet on Monday 19th April in Southampton and NCCNet again on the afternoon of Wednesday 12th May in Nottingham. These meetings will be added to the website. **ACTION: PM**

12 The next meeting will at 8AM on Friday 14th May in Nottingham and then on Friday 10th September at 10AM at the AAGBI London.

The meeting closed at 15.30.

Dr Mike Nathanson

President NASGBI

Dr Nigel Huggins

Hon Secretary NASGBI