

**MINUTES OF THE COUNCIL MEETING OF THE
NEUROANAESTHESIA SOCIETY OF GB & IRELAND
HELD ON
FRIDAY 9TH FEBRUARY 2007
AT 10.30 AM AT
THE ASSOCIATION OF ANAESTHETISTS OF GB & IRELAND
PORTLAND PLACE
LONDON**

Present: Martin Smith (Chair), Nigel Huggins, Mike Nathanson, Basil Matta, Praveen Manthri, Samantha Shinde, Ian Tweedie.

1) Apologies : Peter Farling

2) Minutes of Council Meeting 6th October 2006 were accepted as an accurate record of proceedings

3) Declarations of interest : None

4.1) Treat and Transfer – MS reported that the concept of “treat and transfer” will be incorporated into the Neuro Critical Care standards document being prepared by the Neuro Critical Care Stakeholder Group.

4.2) IT will survey all units to see which have “treat and transfer protocols” and what their specific protocols are. It is hoped that the Society can produce a satisfactory advisory standard for use by all units when NCCU beds are not available locally. The survey will consider case types and transfer logistics.

5.1) MN reported that finances are in line with the proposed budget for the current financial year. He proposed the setting up of a small sub committee to look at ideas for spending in line with the Society's charitable status. In the meantime he will email Council Members asking for preliminary ideas. Council suggested the running of one day regional multidisciplinary targeted workshops; these might be free to members. MN said that if a spending policy was introduced it was likely that future annual subscriptions would have to rise from 2009. Membership to be advised and opinion sought at the AGM.

Costs of running the society will increase with increasing Council size and also due to the fact that annual accounts must be officially audited and sent to the Charities Commission. It is a requirement that audited annual accounts are presented to the AGM, approved by the Trustees, and then sent to the Charities Commission.

5.2) MN suggested that the Society could support a charity backed by the AAGBI – “Overseas Anaesthesia Fund” by donating a one off sum of £500 on the basis that this equated to the balance put aside for grants which had not been claimed this year. Members opinion to be sought at the AGM. MN has been advised of trustworthy intermediaries who will give free advice on suitable funds for us to invest in which have minimal management charges. Council agreed after brief discussion that growth of funds was more desirable in our investment portfolio than income. MN to follow these leads and email Council Members to report on progress and to present outcome to AGM.

5.3) The proposed budget for 2007 was approved and included modest expected increases in running costs of the Society in line with the intended expansion of Council by 3 further Members later this year (2007).

6) The new Constitution has been received back from the solicitors just days before the meeting. Members had read it and saw no conflicts or potential logistical problems. It was agreed to recommend the changes to the AGM and MS would organise its distribution to Members in the first week of March, along with the AGM agenda (NH to produce). If required, voting forms for the Presidential election would also be included (NH). The Charity Commission have to approve the new Constitution and it is hoped that this will have occurred prior to the AGM. If not, Council will propose that the Membership accept the Constitution as it stands and to agree to any minor (typographical) changes which the Charity Commission may insist upon.

7) NH reported that he had received one nomination for President which was in order. The closing date for nominations is Friday 23rd February at 5PM.

8.1) MS attended the Specialist Societies meeting at the AAGBI. The Association reported a general down trend in numbers attending meetings which they said appeared to be associated with reductions in study leave budgets by Trusts. They felt that more regional meetings may be the way forward as this reduces travel and accommodation costs.

8.2) Many Societies expressed concern over inability to access essential information for the running of their Society when Busola was away. The AAGBI agreed to undertake to ensure that fully trained staff would be available at all times of Busola's absence.

8.3) A Council member of the AAGBI has now been designated as Coordinator of the Specialist Societies and it was hoped that this person would improve the following through of matters discussed at future Specialist Society meetings. NH to attend the next meeting to represent the NASGBI.

8.4) No action had been taken by the AAGBI in relation to the proposal at the Spec Soc meeting in 2005 that consideration be given to the Association seeking meeting indemnity insurance that could be used by all of the Spec Socs for a fee.

9) A network of Neuro Critical Care bed users has been suggested by a General Intensivist at Queens Medical Centre in Nottingham (who do not have a separate Neuro Critical Care Unit). Council agreed that this was a positive advance. NH and IT will be attending and the latter will represent the Society as well as his local unit. The NASGBI felt that the initiative, if felt worthwhile, nationally, should be led by the SBNS and the ICS. However, data collection using ICNARC might not be appropriate for the specialist nature of NCC patients and its use would be charged for at a significant level. Other members attending on behalf of their units included NH and MN. MS is unable to attend. The inaugural meeting has been arranged for 21st March.

10.1) IT has surveyed units to clarify the numbers of posts currently available is dedicated advanced Neuroanaesthesia training posts (Fellowships). He reported reply rate of 25 out of 35 units. Of 19 adult Trusts in England that replied, 6 offered Fellowships totalling 29 posts in total. He pointed out that MMC does not specifically recognise NCC as a definitive area and so recruits into this field are likely to come from the GIC training background. Trust

funded Fellowship posts were felt to be safe as they were required to fulfil a service commitment, so funding was unlikely to be withdrawn while service requirement was there. However PMETB and MMC will not recognise these posts for (official) training. NH commented that despite this, Fellows undertaking such extra training posts would be considered by future employers as being trained to a higher specialist level and so would be at a clear advantage for an appropriate post. This would apply to any Fellow's post in an anaesthetic subspecialty.

10.2) IT and SS were asked to review the current recommendations for advanced training in Neuroanaesthesia / Neuro Critical Care and revise it perhaps without reference to numbers of cases, to form a desired template of higher training recommended by the Association for those seeking a career in Neuroanaesthesia.

11.1) PM wishes to update the website to make it more interactive and dynamic. For this he requires new software (Dream Weaver 8.0). Council agreed to support PM's expenses up to £1000 for this project. PM stated that this would be more than adequate. Council thanked him on behalf of the Society for his continued hard work in this area. He indicated that the new website should be finished by this Summer.

11.2) Training material would be a major component and anyone wishing to submit such material would do so to PM and he, SS and IT would review it prior to uploading. There was some disagreement between Council Members about whether such material should be available for Members only – as one benefit of Membership or whether the material would actually be more useful for non members / non Neuroanaesthetists. Discussion will have to continue.

12) SS requested that we strive to make sure that the Linkman email database is regularly updated. NH to ask Busola to email Linkmen prior to the AGM to identify those we need to approach for an updated address.

13.1) NH had received many requests for questionnaires / audits to be circulated to linkmen and for some linkmen this meant circulating up to 24 people in their department. NH reiterated for clarity that an agreement to allow Linkmen to be contacted was NOT a guarantee that any poster resulting would be automatically accepted for presentation at our ASM. He also pointed out that some requests were clearly intended for a department to compare local practice with that nationally. He felt that this was reasonable and made the point that the few centres which were lucky enough to have an academic machine in place, should be more considerate to those that did not and to Registrars, who should be encouraged and not discouraged from discovering the pitfalls of researching, analysing and presenting data. It was compromised that NH would raise the threshold for requests and make very clear the conditions with which the Linkman contact details were being made available. It was also agreed that the threshold for acceptance of papers / posters for presentation at the AGM should also be higher than last year. MS will liaise with local organisers.

13.2) NH advised on a website known as auditmonkey with which, for a nominal fee after 6 months free trial, audits could be completed and returned on line, thereby causing Linkmen to only have to forward the email request to each departmental member. SS pointed out that the disadvantage of this is that it removes the practical design component of a questionnaire. However, members felt that the option could be pointed out to those requesting permission for an audit.

13.3) It was agreed that all requests should be formally applied for to NH on a downloadable form from the website. NH to design and circulate such a form for Council to modify as appropriate before up loading to the website. It was also agreed that one author should be a Full Member of the Society and that a statutory statement should be appended to each survey form to the effect that the NASGBI is not endorsing the survey.

14) MS reported that the AAGBI is now advising Specialist Societies to register with ACCEA (England) to be recognised as a nominating Society. He reiterated that the primary support would be at a Trust level and then at a College / Association level. The Specialist Societies are likely to carry relatively little weight alone in their support of an application. It was also emphasised that specialist societies could only nominate in relation to activity within that speciality. The mechanism for supporting an individual was via a precisely defined mechanism which took a disproportionately long time and he wondered if it was worth it. NH commented that it would be done very few times and that it would be a shame for the Society not to support an application if they felt it could be helpful to an individual. It would possibly raise the profile of the Society too. Council agreed to seek the opinion of Membership at the AGM about taking our position forward.

15) Items for the AGM will be collated by NH. It will include areas referred to in these minutes. NH to seek other appropriate items from Council Members.

16.1) PM reported that the organisation of the joint Scottish ASM was running according to plan. The target audience numbers was to exceed 150. Trade support had been a little slow and PM was to address this himself now.

16.2) Mrs Granat would be unable to attend the joint Scottish meeting personally due to advancing years. Council agreed that we should send her flowers and a card of thanks for her continued support with the Harvey Granat prize, on behalf of the Society, on the weekend of the meeting. PM agreed to action this.

16.3) It was decided to hold the Linkman conference immediately following the AGM and that the Council meeting would be held during the first session of the ASM at an appropriate venue within the hotel.

17.1) MS reported that agreement had finally been reached over the 2006 abstracts and that these would be published in the April 2007 issue of the JNA. It was agreed that in future the abstracts should be published earlier and this is something that the journal also wishes to implement. It was agreed that in future we should aim for publication in the July issue following the meeting which means that abstracts have to be with MS (on behalf of the JNA editorial board) by early April.

17.2) BM suggested approaching sponsors for publishing the whole abstracts of the meeting via either the AAGBI or the RCoA as examples. This would be a huge profile boost for the Society. It was agreed that this was a desirable plan which could be considered for 2008 Birmingham.

18) NH reported a quote from the Marriott Forest of Arden for the 2008 meeting whose dates would be 17th and 18th April 2008. He has checked with both the RCoA and the AAGBI and there are no other meetings currently planned for these dates that either organisation are aware of. The quote is only the first negotiation and he hoped to be able to reduce it. It would

be held under the new template with an update morning on Head Injury on Thursday 17th open to all comers within (but not exclusive to) the West Midlands region. He hoped that the template could be carried forward to future meetings with all Council Members inputting to the content. The aim will be to see profit at 150 paying registrants with Consultant registration costs below £400 and Trainees at £200. Final Marriott costs will dictate the registration fee. There is not really any other suitable venue in Birmingham. NH to take the process forward.

19) There were applications for membership from Dr Peter Andrews (Consultant) and from 3 SpR's (Dr John Oram, Dr Vlad Kushakovskyy, Dr Bryan Dawson). All were agreed. There were 2 letters of resignation. One from Dr K N Robinson (Northampton) and one from Dr Chris Andrews (Plymouth) who has retired. NH will write to Chris Andrews thanking him for his wishes to the Society and for his valued contributions as a Member.

20) The next Council meeting will be at 09.45 (finishing by 11.30) at the Radisson Hotel, Edinburgh on Thursday 19th April 2007.

The meeting concluded at 14.30 hours.

Dr Nigel Huggins
Hon Sec NASGBI
NASGBI

Dr Martin Smith
President