

## MINUTES OF THE COUNCIL MEETING OF THE NASGBI

ON 10 AM ON FRIDAY 10<sup>TH</sup> OCTOBER 2008

21, PORTLAND PLACE, LONDON

Present Basil Matta, Nigel Huggins, Mike Nathanson, Martin Smith, Ian Tweedie, Samantha Shinde, John Andrzejowski, Margery MacNab, Praveen Manthri (delayed)

1) Apologies Plat Razis

2) Declarations of Interest None

3) Minutes of the meeting of 4<sup>th</sup> July A typographical error was corrected relating to the percentage response rate of the NPSA survey into wrong site surgery.

4) Matters arising SS reported that the NPSA report on correct site surgery will be published this month. She has volunteered to write a report of the Society for Anaesthesia News.

5) Treasurer's Report

5.1 MN reported that due to a misunderstanding, 25 Direct Debits had been returned unpaid as they had been dormant for more than 12 months. The AAGBI accepted some responsibility for this and are meeting the costs for re-establishing the banking paperwork. This exercise has shown up some incorrect email addresses despite rigorous attempts to get an accurate database.

5.2 The budget for 2008 is on target

5.3 Income from future ASM's will decrease due to costs increasing, and the desire to minimise registration fees in line with reduced study leave budgets. MN thanked NH for the significant injection of capital to the Society's funds thanks to the Birmingham ASM. These monies will be used to subsidise Liverpool 2009; a sub account of CAF bank is to be set up for the purpose of ASM funding and proceeds. "Profits" received from future meetings would go towards subsidising the next year etc. NH clarified that the Charities Commission had no objection to the underwriting of any aspect of the educational components of the meeting as long as the Trustees and Council were in agreement. He asked MN to investigate the government underwriting of £50000 of savings for investors with respect to charities and suggested that monies above this sum be moved to another organisation should the underwriting apply to charities.

6) Election of Officers It was reported that all three Officers of the Society would have served their appropriate period of office at the 2009 AGM. After some discussion and clarification, NH reported that he would be emailing out notices of election to Council members in a timely manner and clarifying who was entitled to stand for which posts under the terms of the new Constitution.

7) Election of Council Members NH reported that IT, PR and SS would have served their term of 3 years on Council and would be entitled to stand for re-election by the membership

in an open election of full members. This will be done in accordance with the new Constitution.

8) Joint Neurosciences Council BM reported that the last 3 meetings had been cancelled but that the next meeting had been confirmed as being on 28<sup>th</sup> November and that he will attend. He reiterated that the NAS pays a subscription to the group, and that if asked we would have no objections in being involved with their “e-learning” materials.

#### 9) NCCNet

9.1 IT reported that the Net now has a formally adopted constitution voted by the recent meeting in Cambridge (Oct 3<sup>rd</sup>) at which 40 delegates representing Critical Care Units from around the UK attended. Support for the venture has been forthcoming from SBNS, BACCN and BANN. It is understood that support will also be forthcoming from the ICS. Funding for ICNARC led data collection has been granted.

9.2 A number of NCC projects are underway or are due to commence soon. NCCNet will take an interest in these with a view to steering their first data collection on TBI. The current practice survey sent out by NCCNet has revealed predictable some predictable results.

9.3 The NCCNet website is up and running and we agreed to their request to allow them to use any spare capacity that NASGIB had in our on line survey facility to carry out on line surveys.

#### 10) NCC stakeholder group

MS currently chairs this group and represents the NAS. MS will be standing down from Council of the NAS at the next AGM and will hence no longer be able to represent the NAS. NH suggested that the NAS representative should be someone clinically involved with NCC and suggested that BM may consider this role as the incoming immediate past president. To be discussed at next Council meeting.

#### 11) JNA

11.1 MS reported that discounts for subscriptions to the journal for NAS members would be in line with discounts available to members of SNACC for this year and next which will be at 50% (\$170). MS will ask Busola to email members to seek interest. After next year, discounts will be according numbers of subscriptions - over 50 = 40% reduction; over 100 = 50% reduction.

11.2 JNA are happy to have a link from our website for members to access our ASM abstracts which are posted there.

#### 12) Website

PM is meeting on a one to one basis with JA (audits / surveys )and SS (training) to tutor on uploading items relevant to their roles onto our website. NH will forward all Council minutes when they are approved along with all approved AGM minutes for inclusion. He will also send details of audits carried out with the year of their study. MMacN is to act a s a “whip” to

remind contributors of their deadlines. PM was thanked again for his dedication and time put in as webmaster.

### 13) NAS2009

13.1 IT reported on his projected budget, which appeared at this stage to be realistic and was based upon the statements of the last 3 ASM's and 150 delegates. Sponsorship is predictably slow and NH advised that IT should go ahead with individual meeting sponsorship for 2009 whilst PR continues to encourage more industrial backing. NH also was keen to maintain profitability of the meetings for the sake of future years and guaranteed increasing costs of putting on the ASM at a venue suitable for the occasion. He also felt that there should be continuity of registration fees rather than big changes year on year, reflecting the profitability of the previous year's ASM. Much discussion then took place about the setting of registration fees for Trainees and Consultants and about early registration discounts. It was agreed that IT should consider the options and set the fees and discounts at a suitable level after discussion with MN as Treasurer. General concensus was that it was possible to give the wrong impression of a meeting by making it too inexpensive. IT will seek some loyalty package from local hotels as a preferred provider via the web site but reported that their rack rates were some 20% higher than anticipated and that registration fees should take this in to account. There would also be a significant cost through increased numbers of out of town speakers.

Abstract judging is to be decided but it was felt that 2 local and one Council member would be appropriate.

The programme was agreed as looking good but some timing alterations were suggested in line with the original template proposed by NH. Ed Moss had accepted the invitation to introduce the Gordon McDowell lecturer and to give a short resume of the contribution made by Gordon to Neuroanaesthesia.

13.2 Clarification was agreed regarding the attendance of Council members at the ASM. If a Council meeting is held, then Council members will be paid return travel costs in line with our travel policy and also accommodation for one night, but only if an extra night's accommodation is required to attend the meeting (eg 8AM on day 1 of the meeting or the evening before the ASM). No registration fees would be paid unless the Council member was participating in the event by presentation through invitation, to the main scientific programme. In this circumstance, free registration is always offered.

### 14) Trade sponsorship

A written report from PR in his absence revealed that he had successfully got two companies to agree to sign up to a sponsorship deal – GSK and Integra; he had real hopes of encouraging 2 or 3 more. It may be in time for them to take advantage of their deal at the 2009 ASM but this would depend upon their fiscal year dates.

The terms of the package would be available on the website.

### 15) Any other business

15.1 NPSA; SS had been involved at a local clinical level into the correct side surgery project and report. Council felt that the NAS should have formal input into such reports at least prior to publication. BM is to contact the RCoA Speciality Specific Group which collates data of complications allied to specific sub speciality areas to seek assurances of consultation with the society in matters relating to Neuroanaesthesia and also the NPSA to make them aware of our expertise in areas that they may be investigating in the future.

15.2 The content, style and timing of the AGM was discussed and it was felt that we could try for 2009 having the AGM after lunch on day 1 of the ASM. This would allow reports from Council members with focussed discussion. There would be an opportunity for more general questions at the "meet the council / President's reception" which would take place prior to the Annual Dinner. MN raised the issue of on line applications for the ASM. NH advised that the AAGBI now had this facility, following the lead of some other specialist societies. NH to raise the possibility of AAGBI based on line registration at the Spec Soc meeting.

15.3 Linkmen; BM remains resolute that with e communication, the role of the Linkmen is becoming necessary. SS to prepare a presentation of pros and cons for the next Council meeting.

15.4 Regional meetings; MMacN to explore the desire for a Scottish regional meeting involving the 4 units.

15.5 ACCEA; MS has agreed to lead the NAS team for 2009 awards.

15.6 Trainee membership; NH to check with Busola on the records of joining dates of Trainee members.

15.7 Trustees; MN reported that Ed Moss would like to give up his post of Trustee in the course of the next 12 months, having just retired from clinical practice. We currently have 5 Trustees but he (MN) believed that 4 was a satisfactory number. They are currently mostly ex presidents who are still working.

15.8 Training; SS reported that training programmes which referred to numbers of cases observed / done was now outmoded as competency based training was in place. NH suggested that we pre-empt a request from the RCoA and edit our favoured Neuroanaesthesia / NCC syllabus accordingly. SS to look at this. SS will also upload the data relating to areas of local expertise and Fellows posts throughout the country onto the website under PR's guidance.

Date of next meeting: Friday 27<sup>th</sup> February 2009

The meeting concluded at 13.15

Dr Basil Matta  
President NASGBI

Dr Nigel Huggins  
Hon Sec NASGBI

10/10/08