

Pan London Perioperative Audit and Research Network (PLAN) GOVERNANCE CHARTER



Contents

1	CORE VALUES.....	2
2	ORGANISATIONAL STRUCTURE.....	2
2.1	Committee structure.....	2
2.2	Membership.....	2
2.3	Project Leads.....	3
2.4	Meetings.....	3
2.5	Project Development Groups.....	4
2.6	Decisions.....	4
2.7	Reporting.....	4
3	PROJECT MANAGEMENT.....	4
3.1	Project Adoption.....	4
3.2	Project Development.....	5
3.3	Project Documentation.....	6
3.4	Project Implementation.....	6
3.5	Project Review.....	7
3.6	Adoption of external/national projects.....	7
3.7	Collaborations with trainee-led network projects.....	7
3.8	PLAN Supported Surveys.....	8
4	AUTHORSHIP and ACKNOWLEDGEMENT.....	8
5	DATA PROTECTION.....	9
6	CODE OF CONDUCT.....	10
7	ROLES AND RESPONSIBILITIES.....	10
7.1	General information.....	10
7.2	Chairperson.....	11
7.3	Vice Chairperson.....	11
7.4	Consultant PLAN Lead.....	12
7.5	Trainee Regional Leads.....	12
7.6	Secretary.....	12
7.7	Engagement/Social Media/Website.....	12
7.8	Events.....	13
7.9	Technology/Website.....	13
7.10	Consultant Regional Leads.....	13

1 CORE VALUES

- PLAN aims to produce high quality, trainee-led audit, quality improvement and research projects in perioperative, critical care and pain medicine across London.
- We aim to engage trainees in all parts of the management and implementation of the projects.
- We aim to collaborate across hospital Trusts within London and to run projects with other regional networks to conduct nationwide audit and research.
- We aim to adhere to all aspects of Good Clinical Practice in our design, methodology, data collection and in the dissemination of our results.

2 ORGANISATIONAL STRUCTURE

2.1 Committee structure

PLAN is led by a Steering Committee comprising of:

1. Trainee Chairperson and Vice Chairperson
2. Consultant PLAN Lead
3. Trainee Regional Leads from each of the five schools of Anaesthesia within the London Academy of Anaesthesia. Up to four representatives per school. The regions are: North West, North Central, North East, South West and South East
4. Specialist Committee Leads:
 - I. Secretary
 - II. Engagement/Social Media/Website
 - III. Events
5. Consultant Regional Leads from each of the schools of anaesthesia within London. One consultant representative per school.

The PLAN steering committee is supported by Consultant PLAN Local Leads from each of the hospital Trusts within London.

2.2 Membership

- All trainee and consultant representatives within the PLAN Steering Committee will hold membership of PLAN.
- Eligibility for membership is open to any anaesthesia, pain medicine or ICM trainee, fellow, SAS or consultant working within a hospital Trust associated with Health Education London via an opt-in process.

- PLAN membership will be by that party indicating intent to work with a PLAN project and agreement to our codes of conduct.
- Membership contact details will be securely stored by the Committee. If PLAN members would like their contact details removing from the membership database this can be achieved through an email request to the PLAN committee (PLAN@uk-plan.net).
- PLAN membership may be terminated for:
 - Breach of code of conduct
 - Breach of authorship, research governance/GCP guidelines, data protections, ethical principles
 - Fraudulent use of data
- Operational roles within PLAN will only remain until reach of CCT date, with a process of succession planning to begin at least 6 months prior to the award of CCT.
- Termination of membership is at the discretion of the PLAN steering committee and requires a majority vote of Committee members

2.3 Project Leads

- Project Leads will be appointed for each audit or research project. This person will usually be the author of the project proposal, but may be one of the Committee or another nominated trainee.

2.4 Meetings

- **Quarterly Committee Meetings.** The Steering Committee will meet at quarterly meetings called by the Chairperson to discuss an agenda for strategic, organisational and project development for PLAN. A minimum notice of 2 weeks will be given prior to each meeting.
- All Steering Committee trainee members should attend Quarterly Committee Meetings unless there are extenuating circumstances. In this situation, apologies should be sent to the Chairperson and Secretary prior to the meeting.
- **Annual General Meeting.** The full Steering Committee will meet annually for the Annual General Meeting. Part of this meeting will be open to the wider PLAN membership and involve the presentation of new project proposals and reporting of PLAN activities. This meeting will be called by the Chairperson and be free for all trainee members to attend.
- **Project Meetings.** It is expected that each project will require a minimum of three meetings, which may be conducted in person or electronically. A “Start

Up” meeting to define the project, an “Implementation” meeting just prior to the project launch and a “Review” meeting to analyse results and plan for dissemination.

- PLAN steering committee members are expected to contribute to ongoing discussion between Committee Meeting dates.

2.5 Project Development Groups

- A cohort of the Steering Committee may be allocated to work with the project leads to develop projects prior to implementation. This may involve, for example: facilitating pilot projects, assisting with protocol design, assistance with HRA and ethical approval.

2.6 Decisions

- A majority of trainee Steering Committee members will suffice as a quorum for taking action on agenda items. If necessary, non-trainee member from the Steering Committee can be asked to join the meeting to establish a quorum.

2.7 Reporting

- Annual Reports on progress will be presented at the PLAN Annual General Meeting.
- The Project Lead will be expected to produce a preliminary **Project Report** on completion of the project including feedback from trainees involved in data collection within 6 weeks of project completion. This does not need to include the final data analysis but reflects the overall descriptives of the collected data. All project reports will be submitted to the Chairperson for composition into an **Annual Report** for presentation at the annual meeting. The Chairperson will provide a report to Consultant PLAN Regional Leads at the end of each calendar year.

3 PROJECT MANAGEMENT

3.1 Project Adoption

- In general, a maximum of two projects will be adopted for PLAN implementation each year.
- Adverts across all 5 schools and via the PLAN website for projects to be submitted for consideration will be disseminated 3-6 months prior to the Annual General Meeting
- All projects submitted via this process will be reviewed anonymously by all committee members (unless a committee member has submitted a project themselves, see below) and be scored across several domains including their

suitability for PLAN, presence of pilot data, originality and methodology. This scoring proforma will be available on the PLAN website prior to project submission. Author and Project Lead names will be removed from the project submissions prior to committee review by the Chairperson.

- Each score card to be submitted back to the project leads with a recommendation for shortlisting if applicable and feedback comments.
- Depending upon the number of projects submitted, the top scoring projects will be shortlisted and project leads invited to present at the AGM. Each shortlisted project will be provided with a 'mentoring' group made up of PLAN committee members to assist in project development prior to the AGM.
- Following presentation, all audience members (including PLAN committee but excluding project leads) will be invited to complete a score card for each project. Every vote will have equal weight.
- Highest scoring projects will be adopted by the network (absolute number of projects adopted at the discretion of the PLAN committee according to existing workload)
- At adoption of the project, a working timeframe will be produced to set the expected dates for project development milestones. These dates will include draft protocol development, pilot, governance approval applications, Project Development Meetings, project timeframe and recruitment targets. In exceptional circumstances, it might be possible to change these milestones however this would involve a PLAN committee vote, with the majority decision taken.
- In exceptional circumstances where it is impossible for the normal project selection process to occur then the PLAN committee reserves the right to select a project in the time gap until normal project selection procedures can occur.
- If a PLAN committee member submits a project for consideration they will be excluded from the scoring, shortlisting and voting process.

3.2 Project Development

- Project development will occur, with the Project Lead supported by a PLAN Project Development Group.
- The PLAN Project Development Group will be made up of a selection of PLAN Committee members (normally around 4-6 PLAN Committee members).

- There will be a PLAN Project Lead chosen, selected from the PLAN Project Development Group. It is their responsibility to support the Project Lead and maintaining momentum during the project development stage.
- It is expected that a **Pilot** Project be conducted in one Trust to fine-tune data collection and anticipate problems. In most cases this will be in a different Trust to where the Project Lead is clinically based. This will be facilitated by the PLAN Project Development Group.
- Not all projects will require a Pilot Project to be conducted after PLAN adoption. For example, if adequate pilot work has been conducted previously. This will be decided at the discretion of the PLAN Project Development Group.
- Project meetings will occur, as detailed in 2d.
- Project development should be accomplished along the pre-defined timeframe. If there is a significant departure from this, the Steering Committee has the right to withdraw support for the project.

3.3 Project Documentation

- Project Leads will be expected to produce:
 - A study protocol summary
 - A data collection proforma
 - A plan for R&D/HRA approval at different sites
 - An assessment of whether ethical approval is required
 - A plan for data management which adheres to The Data Protection Act, GDPR and Good Clinical Practice principles
 - A realistic time line for the project
- Project documentation will then be reviewed by the Committee prior to dissemination to Local Trusts.

3.4 Project Implementation

- Sites selected to be included in the project may be determined by the services they provide. Otherwise, all other Trusts with active PLAN members working in them will be eligible to collect data.
- Local Consultant Anaesthetic Audit Leads should be informed of the project and a trainee **Local Investigator** Site Lead will be assigned as the point of contact for the Project Lead.
- A **Project Pack** will be disseminated to the Local Site Leads with a summary of the project, advice on collecting data, how to submit data and who to

contact with problems.

- Local Site Leads will be expected and responsible to submit data as agreed in the timeline.
- Local Site Leads and all Local Investigators will be identified in the overall collaborator lists for each project.

3.5 Project Review

- Analysis of the results will be directed by the Project Lead with help from other members.
- An initial project summary report should be produced by the Project Lead within 6 weeks of the projects completion. This does not need to include full analysis, but an outline of overall recruitment, any key findings and a discussion about project implementation.
- A **Summary of Results** report and presentation should be produced for presentation at the project Review meeting and then be disseminated to the Local Trusts involved.
- Decision about publication of results in scientific journals will be made by the Committee and Project Leads.

3.6 Adoption of external/national projects

- PLAN aims to support **trainee led** projects and will facilitate recruitment to national projects based on this aim.
- In specific circumstances an exception can be made, such as facilitating recruitment to national projects that involve a large amount of trainee leadership, such as the SNAP projects.
- Support for external trainee led and other projects will be considered at a committee level and discussed at one of the quarterly Committee meetings. No additional meeting will be scheduled to address requests from external project leads.
- The decision of the committee regarding supporting external projects is final and will be based on a majority committee decision.
- Externally supported project will be advertised on the PLAN website, in our newsletters and in general advertisements to registered PLAN members.

3.7 Collaborations with trainee-led network projects

- PLAN aims to engage with other trainee-led networks, including RAFT (Regional Audit Federation of Trainees), and to support collaborative working across the UK.

- PLAN will support and run the annual RAFT project.
- Other trainee-led audit and research networks may submit requests for PLAN to collaborate and share the management of a single project across PLAN and the host network. Project Leads for PLAN projects may similarly submit requests for collaboration with other networks.
- Requests for collaboration should be accompanied by project protocols and any additional information required by the PLAN committee.
- Support for trainee-led network projects will be considered at a committee level and discussed at one of the quarterly Committee meetings. No additional meeting will be scheduled to address requests from external project leads.
- The decision of the committee regarding supporting external projects is final and will be based on a majority committee decision.
- Agreement to the terms of collaboration must be made following the decision to adopt a project. When the project is being led by PLAN then the terms must include agreement with the PLAN code of conduct, authorship policy, information governance policy and timelines for reporting. PLAN Project Leads will retain final responsibility for project management decisions in both PLAN and other collaborating networks.

3.8 PLAN Supported Surveys

- PLAN will support and promote up to 6 surveys a year, disseminating information and survey links via the PLAN newsletter
- Surveys will be chosen for promotion by PLAN during a selection event at the AGM. Project leads will be invited to deliver a brief presentation outlining the project and aims of the survey, and be subject to a vote by the audience.
- The 6 highest scoring surveys will be selected.
- In exceptional circumstances where it is impossible for the normal survey selection process to occur then the PLAN committee reserves the right to select a survey in the time gap until normal project selection procedures can occur.

4 AUTHORSHIP and ACKNOWLEDGEMENT

- Authorship for posters, peer reviewed articles and presentations will use the same format.
- Provisional authorship for project outputs will be agreed in writing prior to the projects commencement and finalised during the project development stage.

This will be subject to amendment but would require formal agreement from the PLAN committee. A list of contributors will be submitted to the Committee by the Project Lead with an indication of their contribution.

- All data collectors will be acknowledged as collaborators on the website and in all publications.
- The Project Lead/s will be the first / last authors of all project outputs. These will typically be trainees, any deviation from this requires review from PLAN committee prior to paper submission.
- Other positions within the author list will be determined on a project by project basis.
- PLAN Committee members will not be listed as named authors (even if members of the project development group) but named and indexed as collaborators on PubMed. In the event of exceptional circumstances where a committee member has made a substantial contribution to the running of the project they will be granted named authorship upon agreement by the rest of the committee.
- Pan-London Perioperative Audit and Research Network (PLAN), must be included in the author list of all project outputs.
- In exceptional circumstances where it is not possible to include PLAN in the authorship, named individuals are able to submit on behalf of PLAN, however this requires permission from the PLAN committee beforehand. Where PLAN cannot be named as an author, but author affiliations are declared, then PLAN should be listed as the author affiliation.
- As part of publication, all significant contributors will, where possible, be individual named and indexed as collaborators on PubMed.
- Ideally publications will be open access however this is not an absolute condition for publication.
- Should Project Leads deviate from the agreed authorship terms, they will be contacted in the first instance to allow them to rectify the issue. Should this not be completed by the Project Leads, the PLAN committee will write to the organisation or journal to request a retraction of the publication.

5 DATA PROTECTION

- All projects will adhere to the The Data Protection Act (1998), General Data Protection Regulations (2016) and Good Clinical Practice (2001) and this will be the responsibility of the Project Lead, the Committee and Local Clinical

Governance departments.

- All data will be anonymised as early as possible and will only be stored in protected databases.

6 CODE OF CONDUCT

1. Professional and personal integrity

- I. PLAN members will be honest and open at all stages of the development, implementation and project reporting process. This involves being willing to discuss results, to share data with other members of the PLAN network and fairly acknowledging the work of others.
- II. Members must be alert to perceived or actual conflicts of interest or research misconduct and address these as appropriate.

2. Training and mentoring

- I. PLAN members will be open to accept training and teaching to carry out their duties and develop their knowledge and skills.
- II. Members will take opportunities to teach and mentor others within the network.

3. Research methodology

- I. When undertaking research, PLAN members will adhere to principles of Good Clinical Practice.
- II. Members will be thorough and meticulous in performing their duties, taking care to use appropriate methodology, adhering to agreed protocols, interpreting results and drawing conclusions with necessary rigor.

7 ROLES AND RESPONSIBILITIES

7.1 General information

- All terms of appointment should be for typically 2 years (minimum of 1 year and a maximum of 3 years) tenure, unless variance is agreed by Steering Committee vote.
- No individual can hold more than one Steering Committee role at a time
- Appointment to Trainee Specialist Committee roles will be from self-nomination of a trainee regional lead with experience of working with PLAN. The individual will then be selected either by election of the Steering

Committee or directly if unopposed.

- Appointment to Trainee Regional Lead positions will occur following election by Trainee and Consultant Regional Leads in the school of anaesthesia that the trainee is to represent. Individuals that have participated as Local Investigators in previous PLAN projects will be favoured. When positions are vacant, nominators will be requested from all PLAN members within that region. There is no time limit to the length of a Trainee Regional Lead's term, within the limits imposed by 2.2
- Appointment to Consultant PLAN Lead position will occur following nomination and if contested a vote by the Steering Committee. Preference for Consultant Regional Leads, who have demonstrated engagement with the Steering Committee and PLAN projects.
- Appointment to Consultant Regional Lead positions will occur following nomination and election by Trainee Regional Leads and the incumbent Consultant Lead for the regional.
- For more senior roles such as Chairperson and Vice Chairperson, a hand over period of at least 3 months between outgoing and incumbent person will be required.

7.2 Chairperson

- Overseeing the overall running of the network
- Developing network strategy and future planning
- Set agendas for committee meetings
- Chairing committee meetings
- Final decision maker for network
- Promotes organisation at a national level
- Produce an annual report in conjunction with the vice chair for the annual committee meeting, include project summaries and group milestones. Annual reports for Consultant Regional Leads.
- Represent PLAN at PLAATAG group meetings
- RAFT liaison

7.3 Vice Chairperson

- Support Chair in PLAN coordination and strategy
- Deal with email correspondence via the PLAN website and disseminate to appropriate individuals as required i.e. project leads / regional leads dependent on enquiry

- Produce an annual report in conjunction with the chair and vice chair for the annual committee meeting, to include project summaries and group milestones
- Ensure research governance and constitution are kept updated

7.4 Consultant PLAN Lead

- Provides continuity for the organisation when trainee committee members change
- Provides guidance for strategic development of the organisation
- Uses existing research links to facilitate initiation of projects and act as point of contact with the NIAA.

7.5 Trainee Regional Leads

- Promote PLAN at a local level
- Provide a point of contact for PLAN members
- Troubleshoot local issues regarding project implementation
- Support project leads to facilitate project implementation at local level
- Have primary responsibility for recruitment of Local Consultant and Local Trainee Leads for PLAN adopted projects at all sites within their region
- Escalate issues / share successes at the core committee meetings
- Coordinate with other regional leads to ensure at least one regional lead is present at each committee and project meeting

7.6 Secretary

- Organise committee and project meetings dates (using, for example, Doodle poll) and schedule these to ensure all regions are represented.
- Take minutes from every meetings or delegate task if unable to attend
- Produce written minutes within one week of the meeting taking place and distribute to all trainee and consultant regional leads.
- Produce an annual report in conjunction with the Chairperson and Vice Chairperson for the annual committee meeting to include project summaries and group milestones.
- Manages membership database
- Distribute bi-annual Newsletters

7.7 Engagement/Social Media/Website

- Develop a strategy to improved trainee engagement across London by liaising with regional leads to ensure regionally appropriate
- Develop metrics to demonstrate engagement and track success
- Work with Events to produce annual event for PLAN to ensure engagement

- In charge of social media for group – this includes Twitter and Facebook – ensure minimum of weekly output on projects / retweeting other networks etc.
- Day to day website running and maintenance
- Update projects and other information on website in timely fashion
- Provide support to project leads regarding IT
- Develop IT solutions to keep pace with evolution of the organisation

7.8 Events

- Leads organisation of the venue and speakers for the **Annual Scientific Meeting (PLANASM)**
- Organise social events for members
- Liaise with engagement and communication roles.
- This role is exceptional in that the typical tenure will be one year, consistent with organising one PLANASM

7.9 Technology/Website

7.10 Consultant Regional Leads

- Promote PLAN at a local level amongst trainees and consultants
- Provides a point of contact for PLAN members at local level
- Escalates any issues / share successes with the executive committee

This charter adopted on 25/08/2020 by the PLAN Committee