

UK RESPIRATORY RESEARCH STRATEGY COMMITTEE

MINUTES of a meeting of the UK Respiratory Research Strategy Committee held on **Wednesday 25 October 2006 at 9.30am** in the Ground Floor Committee Room, 17 Doughty Street, London WC1N 2PL

Present	Prof Stephen Holgate	Chairman
	Prof Peter Calverley	
	Debbie Campbell	ARNS
	Prof Chris Corrigan	BSACI
	Prof Stuart Elborn	CF Trust
	Dr Rachel Garrod	ACPRP
	Gill Hall	Respiratory Education UK
	Dr Kim Harrison	BALR
	Prof Chris Haslett	
	Prof Warren Lenney	BPRS
	Clare Newall	ARTP
	Dr Liam O'Toole	UKCRC
	Prof Martyn Partridge	
	Prof David Price	GPIAG
	Prof Aziz Sheikh	BTS
	Jane Upton	Education for Health
	Samantha Walker	Education for Health
	<i>In attendance</i>	
	Angela Hurlstone (minutes)	BTS

2006

Action

11 Apologies for absence

Apologies for absence had been received from Professor Peter Barnes, Professor Andy Bush and Professor Seb Johnston.

12 Welcome to 5 New Elected Committee members

12.1 The Chairman warmly welcomed the newly elected Committee members who were present, Professor Peter Calverley, Professor Chris Haslett and Professor Martyn Partridge. As noted above Professor Barnes and Professor Bush were unable to attend the meeting, but in their absence, the Chairman expressed his pleasure that all those who had been elected had accepted their roles on the Committee.

13 Newsletter No. 1

The Committee were asked for feedback on Newsletter No. 1, which had been circulated shortly after the last meeting. The Newsletter had been well received and Mrs Hurlstone was open to suggestions from the

Committee on format and design of the newsletter. Particular mention was made of the group logo, were it was felt that the inclusiveness of this was encouraging. However, there were some requests that the Newsletter also be available in PDF or HTML format to facilitate the needs of some website.

14 Report and Recommendations from Communications Group

14.1 Mrs Hurlstone reported that the Communications Group had met on 4th September during the ERS Meeting. The Group had identified the need for a two streamed approach to communication. Several recommendations about structure and tactics common to both internal and external communications were recommended:

- A Deputy Chair be elected to the Committee from those candidates nominated via the ballot of respiratory research “grandees”. This person to share the workload with the Chair.
- A smaller group be formed to act as “Consensus Group”, to check the contents of Newsletters and minutes/action points, and advise on external communications.
- Although it was agreed at the last meeting that Action Notes be produced instead of minutes, it was recommended that while the Committee is in its first stages, full minutes be produced to allow constituent members to feed back to their organisations more effectively.

14.2 **Internal Communication** - After each meeting the secretariat to produce minutes and action list. After approval by the Consensus Group, they will be sent by email to all members and those who sit as representatives will be able to send these out to their organisations more effectively.

All Committee Communications will be done by email and, if necessary, by teleconference in between meetings. The role of Consensus Committee is in relation to communications and not to act as an “inner Executive Committee” in between meetings.

14.3 **External Communication** - After each meeting the secretariat will also produce a Newsletter, with content being agreed by Consensus Committee. This to be placed on the websites of constituent members with any invitation to any interested individual to sign up for it to be sent by email.

If media activity becomes necessary, some thought to be given as to how to support this (pending development of a different funding model). Given that BTS is providing secretariat service free of charge, it may be another one of the represented organisations can provide necessary PR support if necessary.

It has been agreed that some parties join the Committee as observers, or

to attend for part of each meeting, ie MRC, Wellcome. There is no reason why Newsletters should not be circulated to these organisations. Similarly, when input from industry will be discussed at the next meeting, access to full minutes of Committee meetings by industry will need to be discussed.

14.4 The bigger issue of communications with the wider public was discussed and Helena Shovelton suggested a car sticker conveying the message “more money for respiratory research in the UK” be produced. Again, this suggestion would need further discussion. Preparation of a press release once the Cooksey decision was available should be undertaken by the Consensus Group.

14.5 The Chairman thanked Mrs Hurlstone for this report. Some discussions had taken place prior to the Committee meeting when it had been suggested that certain of the charities and professional groups might be best placed to serve on the Consensus Group, given that they were well versed with communications and PR in their charity/professional capacity. Those mentioned were Dame Helena Shovelton from BLF, Dr Rachel Garrod from ACPRC, Clare Newall from ARTP, Debbie Campbell from ARNS, David Price from GPIAG, and Professor Martyn Partridge. It was **agreed** that these individuals would form the Consensus Group.

14.6 However, there was some debate regarding the suggestion that agencies such as MRC and Wellcome be invited to join the Committee and in particular Dr O’Toole expressed his view that to do so could alter the feel of the Committee. It was therefore felt that these agencies only be invited to attend specific meetings when appropriate to the agenda.

15 Election of Deputy Chair

Although the Communications Group had recommended that the Deputy Chair be sought from the elected Committee members, in the spirit of the inclusive, multidisciplinary nature of the Committee, it was proposed that Dr Rachel Garrod of ACPRC be elected as Deputy Chair. This suggestion was warmly welcomed by the Committee and Dr Garrod was happy to accept the invitation.

16 Report on Capacity Building Meeting with MRC on 10.10.06

16.1 The Chairman reported on the meeting that had been held with representatives from MRC to discuss further capacity building, details of which had been circulated with the Agenda. Although it had not been possible for a representative from the CF Trust to be present at the meeting, Professor Elborn had stated that the CF Trust would be willing to fund 2 new studentships and the process for choosing these was now well advanced.

16.2 MRC had allocated funding for 50 “capacity building” PhD studentships

and in the 2005 competition where Respiratory Medicine had been included as a priority for the first time, of the 19 applications received 5 studentships were funded to begin in 2006. In addition, MRC has funded a new Centre in respiratory research which includes funding for new PhD studentships.

16.3 Forty-nine applications had been received for the joint MRC/Asthma UK/BLF/BTS PhD capacity building studentship scheme in respiratory research. A meeting on 13th November will be held to consider these applications. Once the studentships have been announced a press release will be made.

16.4 The Committee agreed it was important to highlight the success which had been achieved by working collaboratively. However, it was also felt the lack of applications that had been received from the respiratory fraternity for the DoH Personal Awards should be highlighted within Newsletter No. 2.

17 Involvement and Engagement with Industry

17.1 There was much discussion on the implications and benefits of engaging with industry. Dr O'Toole stated that Government collaboration with industry was now being discussed on many levels and he suggested that the Committee should think very carefully about "not" working with industry.

17.2 The general consensus amongst those present was one of support for engaging with industry and to this end, the Chair will write an open letter to key R & D individuals within industry asking whether they would be interested in becoming involved in working with the Committee. Dr O'Toole stated he had a list of key contacts which he would forward, and the Chair requested the Committee forward contact details of any relevant key players.

LO'T/All

17.3 Some discussion centered on the concept of international collaboration with industry and the Chairman highlighted the need to encompass a level playing field with this arena. However, it was felt that in order to collaborate at this level, it would be important to demonstrate research already being undertaken. Professor Haslett suggested that a "Respiratory Research Showcase" similar to those held at the MRC. would be a good vehicle to demonstrate current respiratory research. This suggestion was received with enthusiasm, although it was felt that this was a project for consideration at a later date.

18 Survey of Current and Predicted Future Research

18.1 The Chairman thanked those parties who had forwarded data on identifying respiratory research being carried out in a career development capacity. He also encouraged others to forward any data they might be in the process of collecting.

- 18.2 The Committee considered the excellent report that had been prepared by Dr Graham Burns, Chair of the BTS Workforce Committee, on Current and Predicted Future Research Capacity in Respiratory Medicine. The key message of this report was that if the current trend of respiratory research were to continue, then a “respiratory research dessert” would be imminent. The report also highlighted the very different picture in other specialties, such as rheumatology and cardiology. In addition, the report gave a breakdown of respiratory professorships, together with retirement intentions of these individuals. Although these figures were informative, it was felt that a map showing the geographic spread, together with details of university lectureships/fellowships that may be in the pipeline would be helpful. Dr Burns will be contacted to see if these details are available. **AH**
- 18.3 Various individuals from the nursing and clinical scientist groups stated their belief that the research structure for professions allied to medicine was even poorer than that of medics. The Chairman will therefore write to presidents of nursing, physiotherapy and respiratory scientist organisations with an open question on research activity. **SH**
- 19 Involvement with Constituent Groups**
- There was some discussion on how to develop the “joined up fellowships” with the professions allied to medicine. Dr Garrod agreed to speak with colleagues at the CSP to see if any funding could be found for fellowships rather than just projects. Also, the Chairman asked the PAMS representatives to write to him formally to show support for the respiratory research agenda and funding for these groups. **RG**
PAMS
- 20 Engagement with Department of Health and Government Agencies**
- 20.1 The Committee discussed various strategies that could be adopted to develop engagement with the Department of Health and other Government agencies. Professor Calverley, Professor Lenney and Professor Price agreed to write up some bullet points on how the COPD NSF and Frameworks for Children might be used to further the respiratory research agenda. The Chairman agreed to write to Lisa Cotterell at the Department of Health R & D Directorate, to see if there was an opportunity to include respiratory research within Year 3 of the Government Generic Research Funding initiative. **PMAC/WL/DP**
SH
- 21 Development of Joint Initiatives**
- 21.1 The Committee wanted to be sure that they had considered involving all groups across respiratory medicine. It was **agreed** that an approach be made to Melissa Hack of the British Sleep Consortium to ask them if they would be interested in joining the Committee. Also, Professor Partridge agreed to draw up a list of parallel organisations/charities who might be approached to collaborate with the UKRRSC. **AH**
MP

21.2 The Chairman thanked Dr O'Toole for his excellent contribution to the meeting, and Dr O'Toole volunteered to meet with the charity Committee members to investigate how the Committee might engage with the generic research networks. In addition, he stated that the charities could be invited to workshops which were being organised to investigate research capacity building. He also suggested that it might be worthwhile approaching Professor Janet Darbyshire at the MRC Clinical Trials Unit to investigate the possibility of interfacing with the comprehensive research network. **SH**

22 Any other business

22.1 The Chairman reported the good news that an editorial on the Respiratory Research Priorities document would be published in the January issue of Thorax.

23 Dates for meetings in 2007

Friday 26th January 2007

Friday 22nd June 2007

Friday 21st September 2007

All at 9.30am at BTS, 17 Doughty Street, London, WC1N 2PL

AHH

7 November 2006