

# Constitution of the

## West of Scotland Trainee Research, Audit and Quality Improvement Network (WoSTRAQ)

Version 1.0 (Draft) – December 2017

### 1. MISSION STATEMENT

- 1.1. WoSTRAQ is a network ran by Anaesthesia trainees.
- 1.2. WoSTRAQ is part of the Research and Audit Federation of Trainees (RAFT).
- 1.3. WoSTRAQ is a not for profit organisation.

### 2. AIMS

- 2.1. To establish a regional network of anaesthetic trainees to facilitate and conduct collaborative, multi-centre audit, research and quality improvement in anaesthesia within the NHS hospitals of the West of Scotland.
- 2.2. To improve the quality of the audit, research and quality improvement in anaesthesia within the NHS hospitals of the West of Scotland.
- 2.3. To allow trainees to continue their involvement in research and audit projects as they migrate around the deanery.
- 2.4. To build partnerships between anaesthetic departments in the West of Scotland.
- 2.5. To participate in national audit, research and quality improvement projects.
- 2.6. To attract national funding for audit, research and quality improvement projects.
- 2.7. To improve the quality of patient care.

### 3. STRUCTURE AND MEMBERSHIP

#### 3.1. The Committee

- 3.1.1. Leads WoSTRAQ.
- 3.1.2. Committee Members must be Full Members of WoSTRAQ.
- 3.1.3. Committee members may serve for a maximum of three consecutive years.
- 3.1.4. The inaugural committee is formed by the founding members of WoSTRAQ.
- 3.1.5. All new Committee Members will be decided by election.
- 3.1.6. Only Full Members may apply to join the Committee or vote in elections for new Committee Members.
- 3.1.7. All committee members will help any of the other committee members in their roles in order to share the workload.
- 3.1.8. The roles and number of committee members may evolve as the network develops
- 3.1.9. Current roles in the committee are:
  - 3.1.9.1. Chairperson: Chairs committee meetings, steers development of the organisation, communicates with RAFT.
  - 3.1.9.2. Secretary: Records and distributes minutes for committee meetings, monitors WoSTRAQ email accounts.
  - 3.1.9.3. Database manager: Obtain license for use of Redcap software and server to host the database, manage the database once set up.
  - 3.1.9.4. IT Lead/Webmaster: Set up and manage WoSTRAQ website and social media accounts.

- 3.1.9.5. Trainee communication lead: Communication link between trainee members and the committee.
- 3.1.9.6. Consultant communication lead: Communication link between consultants and the committee.
- 3.1.10. Decisions are made by a majority vote of the committee members. In the event of no majority vote, the chairperson shall have the deciding vote.
- 3.1.11. Every Regional Project conducted or National Project supported by WoSTRAQ will have a Committee Member to represent it.
- 3.1.12. The committee is supported by Local Consultant Leads, Full and Associate Members of WoSTRAQ.

### 3.2. Local Consultant Leads

- 3.2.1. Provide supervision and assistance organising WoSTRAQ projects in their local hospital within West of Scotland.

### 3.3. Full Membership

- 3.3.1. For the purpose of WoSTRAQ membership, “Anaesthesia/ACCS Trainees” are defined as one of the following:
  - 3.3.1.1. Core Trainees (CT) in any Acute Care Common Stem (Anaesthesia, Acute Medicine or Emergency Medicine) in the West of Scotland
  - 3.3.1.2. Core Trainees (CT) in Anaesthesia in the West of Scotland
  - 3.3.1.3. Speciality Trainees (ST) in Anaesthesia trainees in the West of Scotland
  - 3.3.1.4. Locum Appointed for Training (LAT) in Anaesthesia of any grade in the West of Scotland.
- 3.3.2. Anaesthesia/ACCS Trainees within the West of Scotland School of Anaesthesia may become a full member of WoSTRAQ by completing the application and receiving approval from any member of the committee.
- 3.3.3. Anaesthesia/ACCS Trainees may only remain full members of WOSTRAQ until their CCT date.
- 3.3.4. For Committee Members and Regional Project Leads, a grace period of 6 months post-CCT date will be allowed to facilitate handover of the role and ongoing projects.
- 3.3.5. Can apply to become Committee Members and vote in Committee Member elections.
- 3.3.6. Can apply to become Regional Project Leads and vote for the adoption of new projects.
- 3.3.7. Can apply to become Local Data Collectors.

### 3.4. Associate Membership

- 3.4.1. Health care professionals who are not “Anaesthesia/ACCS trainees” may become associate members of WoSTRAQ by completing the application and receiving approval from any member of the committee.
- 3.4.2. Cannot become Committee Members or vote in Committee Member elections.
- 3.4.3. Cannot become Regional Project Leads or vote for the adoption of new projects.
- 3.4.4. Can apply to become Local Consultant Leads.
- 3.4.5. Can apply to become Local Data Collectors.

### 3.5. Termination of Membership

- 3.5.1. WoSTRAQ membership may be terminated in the following circumstances:

- 3.5.1.1. Breach of WoSTRAQ authorship rules
- 3.5.1.2. Breach of research governance principles
- 3.5.1.3. Breach of data protection
- 3.5.1.4. Breach of ethical principles
- 3.5.1.5. Fraudulent use or omission of data
- 3.5.1.6. Resignation of the member from a recognised training post
- 3.5.1.7. A permanent move of the member to another region.
- 3.5.1.8. Termination of membership is at the discretion of the committee and requires a majority vote of committee members.

#### 4. REGIONAL PROJECTS

- 4.1. A fundamental aim of WoSTRAQ is to run regional projects and facilitate supported national projects
- 4.2. Any Full Member may submit a project proposal to the committee.
- 4.3. Project proposals should be made by completing a standard proforma, to be made available on the WoSTRAQ website.
- 4.4. The Committee will then select proposals from the submitted proformas which are in keeping with the aims and development of WoSTRAQ.
- 4.5. The Committee has the right to veto a project which provokes any concerns. It also has the right to recommend some projects over others.
- 4.6. Each selected proposal will be assigned a member of the committee to work with the proposer to develop the proposal in a form suitable to put to the Full Members for a vote.
- 4.7. Once a Regional Project proposal has been selected to be run by the Full Members, the proposer will be designated the Regional Project Lead for that project unless he/she wishes to delegate this to someone else.
- 4.8. The Regional Project Lead will be responsible for the overall running of the project, with the support of the Committee.
- 4.9. It is the responsibility of the Regional Project Lead to present and/or publish the results of the project. If they are unable to or do not wish to, they can delegate this task to another Full Member who has made a significant contribution to the project.
- 4.10. The project should be accomplished within a predefined time frame and in a professional manner, seeking the correct approvals from the Public Benefit and Privacy Panel, ethics committee and local Caldicott Guardians. If there is a significant departure from this, the committee has the right to withdraw support for the project.

#### 5. NATIONAL PROJECTS

- 5.1. National Projects will be screened in a similar way by the Committee then put to the Full Members for a vote.
- 5.2. All National Projects chosen by the Full Members will be assigned a Committee Member who will be responsible for the project within WoSTRAQ.
- 5.3. Participation certificates and authorship will be decided by the authority conducting the National Project, but will be part of the of the Committee screening process.

#### 6. AUTHORSHIP RULES FOR REGIONAL OR WoSTRAQ LED PROJECTS

- 6.1. All members of WoSTRAQ must adhere to the authorship rules.
- 6.2. In accordance with the International Committee of Medical Journal Editors, authorship of a project will be based on meeting the following criteria:
  - 6.2.1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
  - 6.2.2. Drafting the work or revising it critically for important intellectual content; AND
  - 6.2.3. Final approval of the version to be published; AND

- 6.2.4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
- 6.2.5. In addition to being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. Authors should have confidence in the integrity of the contributions of their co-authors.
- 6.3. Authorship of any presentation/publication arising from a project must be formally agreed to at the earliest opportunity, preferably before the start of the project.
- 6.4. In the event that roles change during the course of the project, any changes to the agreed authorship must be approved by the Committee.
- 6.5. In most instances, the Regional Project Lead will be first author.
- 6.6. "WoSTRAQ" as an organisation should also be recognised as an author in any presentations/publications.
- 6.7. Individuals who do not meet authorship criteria but who have contributed to the project e.g. through data collection or another role, will be acknowledged in any presentation/publication.
- 6.8. A full list of authors and contributors for each project will be published on the WoSTRAQ website and given a certificate detailing their participation.
- 6.9. Project data may be presented at a departmental/hospital level by WoSTRAQ members.
- 6.10. Project data for a single site may also be published by WoSTRAQ members on provision of written consent from the Regional Project Lead. WoSTRAQ as an organisation and the Regional Project Lead as an individual should both be acknowledged in this case.
- 6.11. Any dispute regarding authorship should be escalated to the Committee for arbitration.