

# **National Infection Trainees Collaborative for Audit and Research (NITCAR) Constitution**

## **1. Aims**

The National Infection Trainees' Collaborative for Audit and Research (NITCAR) aims to link together infection trainees from across the UK to facilitate multi-centre audit, service evaluation or research projects. The ultimate vision is to generate high quality evidence that improves patient care within the field of infection, and throws a spotlight on the potential utility of high-quality audit and service evaluations.

NITCAR supports trainee-led projects from their inception to publication, allowing the trainee to gain valuable experience in designing and leading national projects as well as an understanding of the surrounding governance and ethical issues, in an environment supported by other infection trainees, consultants and academics.

## **2. Membership**

The following are eligible to become involved in NITCAR projects, either as project leaders or contributors:-

- Trainees who national training numbers (NTNs) in infection specialities (Infectious disease, Medical microbiology, Virology and Public Health) within the United Kingdom
- Core medical trainees in with an interest in infection based speciality within the United Kingdom
- Clinical scientists working in infection based specialties
- Medical students with an interest in Infection

This list of those eligible for projects is not exhaustive, as appropriate for a particular project other groups e.g. infection prevention nurses and medical students, may be involved.

## **3. Election of council**

NITCAR has an elected core committee consisting of infection trainees who hold NTNs +/- core medical trainees with an interest in infection alongside a consultant chair. In addition to the elected core committee, there may be doctors wishing to serve on the NITCAR advisory panel who would also be present at committee meetings. There may be medical student and junior doctor representatives and regional leads; however these roles are not mandatory.

Committee membership is elected at the NITCAR annual general meeting (AGM), which occurs annually. Members are elected by those present on the day of the AGM. The roles are one year in length, with no limit on the number of years which can be completed, provided the individual is duly re-elected annually.

Specifically, the roles of the core committee, who are the decision making members, are as follows:

- **Trainee chair:** must be an infection trainee with a NTN in an infection specialty. The role includes the provision of leadership and direction for NITCAR with the support of the consultant chair.

- **Deputy chair:** supports the trainee chair in completing their duties.
- **Communications secretary:** manages the quarterly newsletter which is distributed electronically.
- **Meetings secretary:** organises the AGM, alongside a NITCAR presence at major national infection training days, including but not exclusive to BIA and HIS training days, as well as the annual FIS conference.
- **Information technology secretary:** manages and oversees the running of the NITCAR website, Twitter account and mailing list.
- **Consultant chair:** Supports and guides the entire committee in the execution of their duties

Additional roles include:

- **A medical student representative:** providing a link between NITCAR and medical schools nationally, offering the chance for medical students to participate in projects.
- **A junior doctor liaison:** providing a link between NITCAR and junior doctors interested in a career in infection and enabling them to participate in projects.
- **Regional leads:** trainees with NTN to act as a regional liaison for trainees in their area. The main role of regional leads is to disseminate information on forthcoming NITCAR meetings/projects as well as the quarterly newsletter to trainees in their area.
- **Advisory panel:** typically consists of 3-5 consultants who act in an advisory capacity, sharing previous experience, problem solving or contributing ideas towards on-going projects or ventures. There is scope for this number to increase in the future. The advisory panel may also include clinicians who have either previously completed NITCAR projects or held committee positions.
- **Project leaders:** the trainees leading current NITCAR projects are invited to attend monthly meetings.

## 4. Meetings

### 4.1 Committee meetings

- Monthly committee meetings will occur via teleconference and are to be attended by committee members, the advisory panel and project leads. Any potential future project leads are also encouraged to attend.
- The quorum for a committee meeting is two committee members and must include either the trainee chair or deputy chair.
- The aim of the monthly meeting is to monitor progress of on-going NITCAR projects, address any functionality issues and discuss the advancement of NITCAR.
- Any major decisions that affect the governance of NITCAR or amendments in constitution must be approved by a majority of the core committee in order to be implemented (e.g. 4/6 core committee members). If sufficient members of the core committee are not in attendance of a meeting where these decisions/amendments are discussed then the absent members of the core committee will be contacted in order to reach consensus from the majority.

### 4.2 Annual General Meeting (AGM)

- The AGM shall occur yearly in March or April.
- The aim of the AGM is to select new NITCAR projects, elect new committee members for the forthcoming year and if required review of the constitution.
- The quorum for the AGM is three committee members and must include either the trainee chair or deputy chair.

## **5. Project identification**

Projects are selected at the annual general meeting (AGM) by those present on the day. Prior to the AGM, information is distributed electronically via the NITCAR newsletter and through the NITCAR mailing list, inviting project proposals for the AGM where possible. Information may also be distributed via mailing lists of associations such as the British Infection Association (BIA) and Healthcare Infection Society (HIS).

Those wishing to propose a project are asked to prepare a short 10-15 minute presentation detailing what they would like to complete or develop. As a minimum, this presentation needs to outline the evidence deficit intended to be filled by the project and the potential benefits of NITCAR involvement, have a basic methodology and timescale, and an indication of any governance issues surrounding the project (e.g. ethical approval). The proposer should be prepared to take questions from the AGM attendees.

After all the presentations have been heard, the AGM attendees participate in a group discussion surrounding the merits and potential difficulties of each project, for example, good potential for collaborative working or feasible to complete in a short period.

Following this discussion, the attendees will attempt to reach a consensus upon which projects are appropriate to take forward as NITCAR projects, and in which order they will be run. This discussion will be facilitated by the sitting consultant chair, or their nominated representative. There is no limit to the number of projects which could be chosen, however, the AGM members will suggest the optimal timing of their execution. Ideally, no more than two projects should be in the data collection phase at one time. If a group consensus cannot be reached, a confidential vote will take place.

Possible outcomes for proposed projects after presentation at the AGM:

- Not accepted
- Not accepted as a NITCAR project currently, but to be re-presented with a view to acceptance
- Accepted, but changes required prior to commencement
- Accepted, no changes required

Once projects are accepted, a start date is agreed and the project is then promoted for recruitment via the NITCAR website, mailing list and BIA and HIS mailing lists.

## **6. Project governance**

NITCAR projects are governed by a common set of standards.

### **(a) Ethical approval**

All projects will be led by a National Health Service (NHS) trainee. Projects will be subjected to the local Research & Development approval not only in the in project lead site but in every participating site.

### **(b) Time scales**

All projects will begin by the date agreed at the AGM when the project is selected. Project leads will then be required to provide monthly progress reports at the committee meetings.

### **(c) Authorship**

All projects must have an agreed authorship policy prior to the commencement of the project. There is an expectation that all contributors will be offered citable authorship on any submitted publications where possible. This authorship will normally require involvement in certain components of the study, for example, design of the study (peer review of the protocol), collection of data and/or data analysis. Authorship agreements will not be the same for all projects. It is expected that all project leaders will acknowledge the contribution of the collaborative in the written work that results from a project completion.