



1. Mission Statement

Our mission is to provide an infrastructure to ensure accessibility to meaningful, multi-centre trainee-led research, audit and quality improvement projects for Queensland anaesthetic trainees in order to foster scholarly activity across the state, with the ultimate aim of improving patient care.

2. Vision 2018-2023

Qualitative – By 2023 QARRC will provide all Queensland anaesthetic trainees with the opportunity to engage in meaningful collaborative research on an annual basis.

3. Aims

Infrastructure

- 3.1. To establish a regional network of ANZCA Trainees who produce high quality multi-centre research and audit through state and national funding and research collaboration.
- 3.2. To increase the number of Queensland hospitals who have an anaesthetic trainee participating in collaborative research coordinated by QARRC during each subsequent 12 month period.
- 3.3. To generate articles for publication resulting from QARRC projects in each 12-24 month period.

Trainees

- 3.4. To facilitate continued involvement of ANZCA trainees in research and audit projects as they rotate through their placements in Queensland.
- 3.5. To provide training in research for the educational benefit of QARRC members. [L]
[SEP]
- 3.6. To help ANZCA Trainees to complete the mandated ANZCA Scholar Role (“Complete an audit and provide a written report”).
- 3.7. To keep ANZCA Trainees up to date with the latest research developments from the international community.

Patients

- 3.8. To contribute to patient safety and quality of care through evidence-based quality improvement projects.

4. Structure

4.1. QARRC is led by an Executive Committee comprising:

4.1.1. Two co-chairpersons [L]
[SEP]

4.1.2. Three Consultant Directors [L]
[SEP]

4.2. Three people will constitute a quorum.

4.3. All Trainee Members of the Executive Committee and its supporting representatives must hold membership of QARRC. [L]
[SEP]

4.4. An Annual General Meeting will be held within four weeks of the Queensland Health Hospital Employment Year. At the AGM the main order of business will be to evaluate the number of members of the Executive Committee as well as election of new members / allocation of roles.

5. Membership

5.1. Any ANZCA Trainee employed in Queensland may become a member of QARRC by completing the application form and receiving approval from any member of the Executive Committee. Data collected as part of this application will remain confidential to the Executive Committee and will not be distributed. [L]
[SEP]

5.2. Residents considering applying to the Queensland Anaesthetic Rotational Training Scheme (QARTS) may also become members of QARRC.

5.3. Consultant committee members are elected by the Executive Committee and receive 'honorary' QARRC member status. [L]
[SEP]

5.4. Executive Committee members are elected by a vote of all active QARRC members. [L]
[SEP]

5.5. ANZCA Trainees may only remain full members of QARRC until they have received their FANZCA. Thereafter they will be known as QARRC associates.

5.6. Other healthcare professionals and medical students may also become members of QARRC.

5.7. QARRC membership may be terminated following:

5.7.1. Breach of authorship rules detailed in Section 8 [L]
[SEP]

5.7.2. Breach of research governance principles as outlined by the NHMRC guidelines

5.7.3. Breach of data protection [L]
[SEP]

5.7.4. Breach of ethical principles [L]
[SEP]

5.7.5. Fraudulent use or omission of data [L]
[SEP]

5.7.6. Resignation of the member from a recognised training post [L]
[SEP]

5.7.7. A permanent move of the member to another region. In this instance, the [L]
[SEP] member may retain an informal link to the organisation as a 'Friend of QARRC. [L]
[SEP]

5.8. Termination of membership is at the discretion of the Executive Committee and requires a majority vote of the Executive Committee members. [L]
[SEP]

6. Executive Committee Roles

6.1. All Executive Committee members will be jointly responsible for:

- 6.1.1. Establishing and coordinating research projects [L]
[SEP]
- 6.1.2. Presenting QARRC data at conferences [L]
[SEP]
- 6.1.3. Organising a regular Annual General Meeting [L]
[SEP]
- 6.1.4. Organising and attending quarterly Committee Meetings [L]
[SEP]
- 6.1.5. Arranging educational sessions for QARRC members [L]
[SEP]
- 6.1.6. Mediating in disputes amongst QARRC members [L]
[SEP]

6.2. The specific roles for each Executive Committee members are detailed below:

6.2.1. Chairperson

- 6.2.1.1. Figurehead of the organisation [L]
[SEP]
- 6.2.1.2. Steers development of the organisation [L]
[SEP]
- 6.2.1.3. Promotes the organisation at a national level [L]
[SEP]
- 6.2.1.4. Chairs committee meetings [L]
[SEP]
- 6.2.1.5. Resolves any conflicts arising between the QARRC committee and its members [L]
[SEP]

6.2.2. Secretary [L]
[SEP]

- 6.2.2.1. Drafts and distributes agenda for committee meetings [L]
[SEP]
- 6.2.2.2. Records and distributes minutes for committee meetings [L]
[SEP]
- 6.2.2.3. Manages the membership database [L]
[SEP]
- 6.2.2.4. Distributes the QARRC newsletter [L]
[SEP]

6.2.3. Treasurer [L]
[SEP]

- 6.2.3.1. Manages the accounts [L]
[SEP]
- 6.2.3.2. Collates receipts and provides data for audit if required [L]
[SEP]
- 6.2.3.3. Takes responsibility for paying invoices [L]
[SEP]
- 6.2.3.4. Monitors the availability of organisation funds [L]
[SEP]

6.2.4. Information Technology Lead [L]
[SEP]

- 6.2.4.1. Maintains QARRC website, Twitter and Facebook accounts
- 6.2.4.2. Develops IT solutions to keep pace with the evolution of the organisation [L]
[SEP]

6.2.4.3. Liaises with Trust leads to solve IT technical issues [L] [SEP]

6.2.5. Consultant Director [L] [SEP]

6.2.5.1. Provide continuity for the organisation when trainee Executive Committee members change [L] [SEP]

6.2.5.2. Provides guidance for strategic development of the organisation [L] [SEP]

6.2.5.3. Use existing research links to facilitate initiation of projects [L] [SEP]

7. Local Hospital Roles

7.1. Each anaesthetic department involved with QARRC may have a Consultant Hospital Lead and a Trainee Hospital Lead. The roles are defined as follows:

7.1.1. Consultant Hospital Lead [L] [SEP]

7.1.1.1. Promotes QARRC at a local level [L] [SEP]

7.1.1.2. Provides a point of contact for QARRC members at local level [L] [SEP]

7.1.1.3. Escalates any issues to the Executive Committee [L] [SEP]

7.1.2. Trainee Hospital Lead [L] [SEP]

7.1.2.1. Promotes QARRC at a local level [L] [SEP]

7.1.2.2. Provides a point of contact for QARRC members at local level [L] [SEP]

7.1.2.3. Escalates any issues to the Executive Committee [L] [SEP]

8. Project Management [L] [SEP]

8.1. All QARRC Members may put forward research project proposals, irrespective of level of training or experience. [L] [SEP]

8.2. Project proposals will be invited periodically via the QARRC website and newsletter. There will be an opportunity to present the proposal to QARRC members at a suitable venue, such as the Annual General Meeting. [L] [SEP]

8.3. Projects will be selected for support by the QARRC collaborative using a standardised scoring matrix which allocates a point score in a number of different categories. Each QARRC member has one vote.

8.4. The Executive committee withholds the right to veto a project which provokes any concerns. It also has the right to recommend some projects over others. [L] [SEP]

8.5. Once a research proposal has been selected for support by QARRC, the proposer will be designated the Regional Project Lead for that project unless he/she wishes to delegate this to someone else. [L] [SEP]

- 8.6. The State Project Lead will be advised by suitably experienced members of the Executive Committee if needed. [L] [SEP]
- 8.7. The State Project Lead may request the assistance of other QARRC members to achieve some of the tasks detailed in Section 9.2.1. [L] [SEP]
- 8.8. The above steps should be accomplished within a pre-defined timeframe. If there is a significant departure from this, the Executive Committee has the right to withdraw support for the project.

9. Project Roles

9.1. Each project will have a Study Team associated with it and the specific roles of each member are detailed in this section.

9.2. The Study Team roles are as follows:

9.2.1. State Project Lead(s) [L] [SEP]

This is defined as the individual(s) who is/are responsible for the design and inception [L] [SEP] of the study. The role will usually involve:

- 9.2.1.1. Devising the Research and Development proposal and trial protocol [L] [SEP]
- 9.2.1.2. Liaising with the Research and Development department [L] [SEP]
- 9.2.1.3. Applying for research grants if required [L] [SEP]
- 9.2.1.4. Seeking ethics committee approval for the project where necessary [L] [SEP]
- 9.2.1.5. Managing and coordinating the conduct of the study across the region [L] [SEP]
- 9.2.1.6. Collating and analysing the study data [L] [SEP]
- 9.2.1.7. Presenting the data at a regional or national level [L] [SEP]
- 9.2.1.8. Submitting any resulting articles for publication [L] [SEP]

9.2.2. Hospital Project Lead(s) [L] [SEP]

This is defined as the QARRC member/s who is/are responsible for the management of a project at a hospital level. The role will usually (but not exclusively) involve:

- 9.2.2.1. Liaising with the local Research and Development department [L] [SEP]
- 9.2.2.2. Liaising with the local Clinical Governance department [L] [SEP]
- 9.2.2.3. Coordinating with the State Project Lead(s) to refine research protocols [L] [SEP] and data collection forms
- 9.2.2.4. Advertising projects at the local trust level [L] [SEP]
- 9.2.2.5. Coordinating and managing the team of QAARC trainees for patient recruitment and data collection
- 9.2.2.6. Presenting the data and results at a local level [L] [SEP]

9.2.3. Hospital Project Investigator [L] [SEP]

This is defined as a QARRC member who is not involved in long-term local project management (as outlined above), but is significantly involved in the study, above and beyond data collection. This role will usually involve:

9.2.3.1. Leading a team of Local Trust Project Contributors for individual days of a project ^[1]_{SEP}

9.2.3.2. Making an extensive contribution to patient consent, recruitment and/or data collection ^[1]_{SEP}

9.2.4. Hospital Project Contributor ^[1]_{SEP}

This is defined as any individual who is involved with patient recruitment and/or data collection, whether a member of QARRC or not.

10. Authorship Rules

10.1. All members of QARRC must adhere to the following authorship rules:

10.1.1. Each research project will have a designated State Project Lead(s) and their role is detailed in Section 9.2.1. Any QARRC member completing a task in Section 9.2.1 should be acknowledged as making a significant contribution to the project. ^[1]_{SEP}

10.1.2. It is the responsibility of the State Project Lead to present and/or publish the results from the project. If they are unable to or do not wish to, then they should delegate this task to a QARRC member who has made a significant contribution to that project (for example, the Local Hospital Project Lead). ^[1]_{SEP}

10.1.3. Only those QARRC members who specifically contributed to the research project will be acknowledged as collaborators in any publications resulting from that project i.e. State Project Lead, Hospital Project Lead, Hospital Project Investigator, Hospital Project Contributor. Acknowledgement will not include members who have not contributed to that project.

10.1.4. QARRC and contributors who are eligible (as per the Vancouver Protocol) will be recognised as authors of any publications resulting from a project. Individuals who have contributed but don't fulfill the Vancouver protocol will be acknowledged as collaborators.

10.1.5. Project data may be presented at local meetings by QARRC members. Project data for a single site may also be published by QARRC members on provision of written consent from the Regional Project Lead(s). QARRC and Regional Project Lead(s) should both be acknowledged in this case. ^[1]_{SEP}

10.2. Any dispute regarding authorship should be escalated to the Executive Committee who will arbitrate and, if necessary, arbitrate and delivery the final decision.

- 10.3. The Regional Project Lead(s) & Local Trust Project Leads, Investigators and Contributors for a project may all reference any resulting publications on their curriculum vitae. [L]
[SEP]
- 10.4. Authorship will be designated only as outlined above. All other people involved with the project will be listed as collaborators

11. Committee Meetings

- 11.1. QARRC will conduct quarterly committee meetings. A minimum notice of 2 weeks will be given prior to each meeting. [L]
[SEP]
- 11.2. All Executive Committee members should attend unless there are extenuating circumstances. In this situation, apologies should be sent to the Secretary prior to the meeting. [L]
[SEP]
- 11.3. A quorum of the Executive constitutes 3 executive members.
- 11.4. The meeting agenda will be distributed prior to each meeting via the QARRC website. [L]
[SEP]
- 11.5. The meeting minutes will be uploaded onto the QARRC website once they have been finalised. [L]
[SEP]
- 11.6. Copies of the minutes will be available at the subsequent committee meeting and via the QARRC website. Any necessary amendments can be discussed by the committee members present. Once it is agreed that the minutes are a true representation, they will be signed by the chair of the meeting. [L]
[SEP]
- 11.7. Decisions are made based on the consensus view of the Executive Committee which is settled by discussion in the first instance. A minimum of 5 members of the executive committee must be present in order for the decision to be valid. Voting 'in absentia' by email is also permitted. [L]
[SEP]
- 11.8. If differing views are not resolved, then a decision is passed by a majority vote of all attending committee members. In the event of a tied vote, the chair(s) cast(s) the deciding vote.