

**Agenda ANZMUSC Clinical Trials Group Meeting
Tuesday November 22nd 2016, 6pm**

Attendees: Rachelle Buchbinder (RB), Jane Latimer, Chris Maher, Ornella Clavisi (OC), Will Taylor (WT), James McAuley, Steven Miller, Anita Wluka, Wendy Favorito, Geraldine Hassett, Alison Teale, Lisa Pont, Allison Bourne (AB)

Teleconference: Ian Harris (IH), Sam Whittle (SW), Ric Day, Franca Marine, Catherine Hill,

Apologies: Bruce Walker, Ainslie Cahill, Kim Bennell, Belinda Beck, Matthew Jennings, Bill Vicenzino, Claire Hiller

	Agenda Item	Presenter	Progress to date	Issues to discuss	Future action/outcomes
1.0	General Items				
1.1	Consumer Advisory Group (CAG)	OC	Appointed members: <ul style="list-style-type: none"> • Ornella Clavisi (Chair) • Linda Spurrier (ACT) • Annie McPherson (VIC) • John Ure (NSW) • Suzie Edwards (WA) • Jackie Gibson (VIC) <ul style="list-style-type: none"> • Orientation and welcome pack to be created • Consumer feedback form for proposals drafted 	<ul style="list-style-type: none"> • Missing SA, NT, QLD, TAS and NZ rep • Anne McKenzie “consumer in research” training or “research methods” training 	<ul style="list-style-type: none"> • Franca to remind Arthritis Australia groups about call for group members from missing states • OC to contact Arthritis NZ • Alison Teale to contact Defence Health regional representatives about possible members • OC to contact identified members and determine training needs, ask for permission to be named on website/have profile on website and ask them to sign up as members • AB to add names/profiles on website
1.2	Scientific Advisory Group (SAG)	IH	Appointed members: <ul style="list-style-type: none"> • Ian Harris (Orthopedics, NSW) • Steve Kamper (Physio, NSW) • Lisa Stamp (Rheum, NZ) • Bruce Walker (Chiro, WA) • Donna Urquhart (Physio, VIC) • Tania Winzenberg (GP, TAS) • Dawn Aitken (movement scientist, TAS) • Catherine Hill (Rheum, SA) • James McAuley (Neuro/Psychology, NSW) <ul style="list-style-type: none"> • Chair appointed (Ian Harris) 	<ul style="list-style-type: none"> • Some stakeholder groups have independent scientific committee that allocate funding to research (rather than ANZMUSC deciding funding) 	<ul style="list-style-type: none"> • AB to put endorsement process on ANZMUSC website • ANZMUSC to send information about co-branded scholarship model to Arthritis Australia, AOA, Defence Health and other stakeholders to see if they are interested in funding scholarship with ANZMUSC. Model may have to be altered to suit stakeholders funding process • CA/COCA projects and applications to be reviewed by ANZMUSC SAG

			<ul style="list-style-type: none"> • SAG terms of reference created • Endorsement process updated • Profiles on website • MOVE PhD applications reviewed • Templates for endorsement submission, review feedback being drafted • CA/COCA PhD scholarship an call for projects (5 projects received) 		<ul style="list-style-type: none"> • Projects to be advertised on ANZMUSC website
1.3	Executive Officer	RB	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Difficult to find right skills 	<ul style="list-style-type: none"> • RB to talk to latest candidate • ANZMUSC to consider altering position description and re-advertising
1.4	2017 ASM	RB	<ul style="list-style-type: none"> • SA: SAHMRI May 10th and 11th 	<ul style="list-style-type: none"> • Format for meeting to include open-forums, updates • ½ day pre-meeting – MSK update for clinicians? • MSK update for consumers? 	<ul style="list-style-type: none"> • SW to scope interest and find potential venue
1.5	CRE	RB	<ul style="list-style-type: none"> • RB drafting CRE 	<ul style="list-style-type: none"> • Criterion 1 includes priority setting tool development • Criterion 2 includes creating national volunteer registry, ‘living reviews’, clinical care standards • Funding includes clinician research fellowships (modelled on NHMRC) and training of consumers. RB has offered for ANZMUSC to conduct a “how to run a clinical trial workshop” for ARA ASM in 2018 (in Melbourne) • Criterion 4 shows ANZMUSC already has good collaboration to date. CIs and AIs 50:50 for gender and includes several early career researchers. Contains funding for priority 	<ul style="list-style-type: none"> • ANZMUSC to consider conducting “how to run a clinical trial workshop” for other stakeholder groups • ANZMUSC to consider training consumers to undertake tasks for systematic reviews (Cochrane Crowd) • ANZMUSC to consider adapting CRE for NZ program grant application •

				setting PhD, funding for 'living reviews' PhD • NZ equivalent of CRE?	
1.6	Priority Setting	RB/WT	<ul style="list-style-type: none"> • A preliminary search has been conducted • WT drafted priority setting plan • MOVE/CRE to fund priority setting meeting • 20 people expressed interest in being involved in review 	<ul style="list-style-type: none"> • Consumers not specifically included in document (but some ANZMUSC members are consumers) • Quotas for specific groups in Delphi survey (consumers, clinicians, policy makers)? • Weighting and determinants meetings in person or online? Part of 2017 May meeting? Online larger group would give a bigger distribution but has the potential to drown out smaller 'voices'. If online approach used, would need to consider demographic survey to ensure spread of 'voices'. Small group would mean the results are heavily influenced by the characteristics of attendees. Correctly facilitated meeting has potential to create more honest discussions. Could consider in person anonymous voting with clickers • Same group for both? Or different? If same group used, advantage is they will already be thinking about this process. New group would require training/lead in (job of facilitator) • Consumers may not understand burden correctly and may 'float' consumer concerns to the top. Context of queries will have to be included. Wording of questions to be considered as consumers 	<ul style="list-style-type: none"> • Questions to be framed in PICO format • Consideration will be given to make up of workshops to ensure adequate representation of different stakeholders • ANMZUSC to approach clinical advisors from policy makers (e.g. clinical group of Worksafe may be interested in participating) • ANZMUSC to consider group vs. individual approach • Group members to declare conflicts • ANZMUSC to approach stakeholder groups to fund. Request small amount from multiple sources. Funders could use tool to call for targeted research • Fundraising efforts will influence online vs. individual surveys and whether surveys will be held together or separately • Threshold determination to be done by all ANZMUSC members

				<p>may agree but interpret differently</p> <ul style="list-style-type: none">• Expensive to hold meetings. Should we wait until CRE is announced? Online surveys would be cheaper. Could fundraise for workshops by approaching stakeholders to fund• Should determinants and weighting meeting be held together? As part of May 2017 meeting? This would reduce costs (e.g. no need to transport facilitator and attendees twice)	
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