Minutes General Assembly 2016

The General Assembly of the ESA took place in the ExCel International Exhibition Centre in London, on Sunday 29 May 2016 during the Euroanaesthesia 2016 congress of the society. The meeting was chaired by Zeev Goldik, ESA President.

1. **Welcome and approval of the minutes of the 2015 General Assembly**

The minutes of the General Assembly on 31 May 2015 in Berlin are approved.

2. **Presentation new Council members**

The following Council members have been appointed starting their term on 1st April 2016:
- Macedonia: Mirjana Shoscholcheva
- Estonia: Juri Karjagin
- Bosnia-Herzegovina: Jasmina Smajic

3. **President’s report** (including results Board elections)

3.1. **Results Board elections**

The President announces the results of the Board elections held during the Council meeting on 27 May 2016.

President-Elect: Stefan De Hert (Belgium)
Non-Officer: Marcelo Gama de Abreu (Germany)
Non-Officer: Bazil Ateleanu (UK)

Carmel Abela was elected as new President of the EBA on 27/5. Hence, he replaces Lennart Christiansson in the ESA Board of Directors with immediate effect.

3.2. **Activities and Achievements since last GA and ongoing activities**

Zeev Goldik presents the last year’s activities and achievements of the Board and ESA Committees, the external collaborations, the results of the membership survey and the ongoing activities.

3.2.1. **Board activities**

- 8 Board meetings, 12 teleconference meetings
- Transparency Board decisions: Council members, the committee chairs and the NASC members receive overview of decisions.
- Scientific meeting endorsements
- Nomination approvals
- Review membership strategy
- Short term changes by-laws
- Member survey

3.2.2. **Meetings and activities with participation of Board members**

- Internal Business meetings:
  - Finance Committee
  - Congress Committee
  - NASC
Media Committee
- Patient Safety and Quality Committee
- Task Force on Intensive Care Medicine
- CEEA Task Force
- Council & Board Task force on by-laws
- Partner’s meeting
  Etc.

- External Business meetings:
  - European Critical Care Foundation (ECCF)
  - International Societies (ASA, BSA, SAESP, CSA, ...)
  - Partners & European Union of Medical Specialists (UEMS) & European
    Federation of Pharmaceutical Industries and Associations (EFPIA) & the
    European Trade Association representing the Medical Technology industry in
    Europe (EUCOMED)
  - Patient Safety Summit
  - World Federation of Societies of Anaesthesiologists (WFSA) Council
  - G4 Alliance
    Etc.

- Scientific meetings/congresses:
  - American Society of Anesthesiology (ASA)
  - Romanian Society of Anaesthesia and Intensive Care (SRATI)
  - Post Graduate Assembly in Anesthesiology (PGA) organised by the New York
    State Society of Anesthesiologists (NYSSA)
  - Italian Society of Anesthesia, Analgesia, Resuscitation and Intensive Care
    (SIAARTI)
  - Moroccan Society of Anesthesia and Intensive Care (SMAR)
  - Turkish Society of Anaesthesiology and Reanimation (TARK)
  - European Society of Intensive Care Medicine (ESICM)
  - Asean Congress of Anesthesiologists 2015, Yogyakarta, Indonesia
  - Petrozavodsk Zilber School, Russia
  - 1st Inter-Congress Conference of the Polish Society of Anaesthesiology and
    Intensive Therapy, Zakopane, Poland

3.2.3. External collaborations

We continued the collaborations with our traditional partners European Board of
Anaesthesiology (EBA) and the World Federation of Societies of
Anaesthesiologists (WFSA).

Memorandums of understanding have been drafted or are already signed with
other societies:
- American Society of Anesthesiology (ASA)
- Chinese Society of Anesthesiology (CSA)
- New York State Society of Anesthesiologists (NYSSA)
- Society of Anaesthesiology of Sao Paulo (SAESP)
- European Critical Care Foundation (ECCF)

New collaborations were established with:
- European Society of Regional Anaesthesia and Pain Therapy (ESRA)
- European Pain Federation (EFIC)
- Brazilian Society of Anesthesiology (BSA)
- European Association of Cardiothoracic Anaesthesiology (EACTA)
3.2.4. Membership survey

Zeev Goldik presents the conclusions of the membership survey.

2,621 members completed the membership survey, of which 56% were active members, 14% affiliate members, 10% associate members, 9% trainee members, 2% retired members, 1% medical students and less than 1% registered non-physician health professional members and honorary members. 8% of the respondents didn’t know their membership category.

The professional status of the respondents was divided as follows:

- 37% Consultants/staff
- 28% Specialists
- 15% Heads of department
- 13% Trainees
- 5% Academic
- 1% Retired
- 1% Students
- 1% Other

Respondents were asked where they work or practice:

- 52% work in a university hospital, 28% in another teaching hospital, 17% in a non-teaching hospital
- Out of those who work in hospitals, 79% work in public hospitals, 10% in private hospitals, 11% in both public and private
- Germany and Italy most common countries of work/practice and achieving diploma

Respondents were asked if they were members of any other medical societies and were able to select multiple options from a list. Almost seven in ten (68%) said they were members of a national society, which was by far the most selected option. One in eight (12%) were members of the European Society of Regional Anaesthesia and Pain Therapy (ESRA) and one in nine (11%) were members of the European Society of Intensive Care Medicine (ESICM).

A small number of respondents were member of other medical societies (ASA, SSAI, EACTA, ESPA, EAMS, LICAGE, EuroSIVA, ESPCOP, ESTAIC, WSACS, EMHG).

One in six (17%) respondents said they were not a member of any of the societies listed.

16% of the respondents provided an ‘other’ response to the question. The top five ‘other’ societies listed were:

- IARS (International Anaesthesia Research Society)
- IASP (International Association for the Study of Pain)
- ERC (European Resuscitation Council)
- OAA (Obstetric Anaesthetists Association)
- DAS (Difficult Airway Society)

When asked about which specialist interests they worked in, unsurprisingly the majority of respondents (94%) said that they worked in Anaesthesia. Over half (55%) also worked in Intensive Care Medicine, three in ten (29%) in Critical Emergency Medicine and a quarter (25%) in Pain Management.

Respondents were asked to state how they usually accessed information from the ESA and were able to select multiple options. Just over six in ten (63%)
respondents indicated that they accessed information via the ESA website, followed by a further six in ten (58%) using the ESA online newsletter to access information. Just over half (52%) said that they used e-communication. Relatively few respondents said that they accessed information through social media such as Facebook (5%), LinkedIn (4%) and Twitter (1%). Two per cent of respondents said they did not access information about the ESA using any of the options listed.

When asked to rate their experience of interacting with the ESA, almost two-thirds of respondents (64%) stated that it had been 'good', followed by a quarter (23%) who said that it was 'excellent'. One in ten (11%) indicated that their experience of interacting with the ESA had been 'fair' and just 2% said that it had been 'poor'.

Survey respondents were asked to indicate which ESA activities, if any, they had attended or participated in during the last three years. The most common ESA activity attended or participated in was the Euroanaesthesia Congress, with half of respondents (51%) saying they had attended it. This was followed by European Diploma exams and related activities, with almost a quarter (23%) saying they had participated in them, and a further fifth had taken part in e-learning (21%). A quarter (26%) of respondents said that they had not attended or participated in any ESA activity in the last three years.

Respondents were asked what they thought the most important issues were for the Society to focus on, and were able to select up to three options. The most popular response was ‘guidelines’, selected by almost two-thirds of respondents (65%). This was followed by ‘education at all levels’ and ‘patient safety and quality of care’ selected by over half (54% for both). ‘Implement continuity of perioperative care to improve patient outcome’ was selected by almost four in ten (38%) and three in ten (29%) chose ‘research’. Less respondents chose ‘develop and promote the professional role’, ‘innovation’ and ‘promote the ESA’s identity’.

Respondents were asked what type of society they thought the ESA should aim to be in the future. Almost two-thirds of respondents (65%) felt that the ESA should be a society for individual membership, national societies and specialist societies, as it is today. A tenth (9%) thought it should be a scientific society including specialist societies in the field of Anaesthesiology and 8% thought it should be a society with national societies as members, like a federation. 4% thought it should be a scientific society including only members from national Anaesthesiology societies and 4% thought it should be a scientific society for individual members only.

The complete membership survey report is available for ESA members on the ESA website.

3.2.5. Committees’ activities

a) Nominations Committee

- OLA Subcommittee member
- PSQC Chair
- PSQC members (3)
- Research Committee member
- Scientific Subcommittee Chairs (6)
- Scientific Subcommittee members (7)
- Examinations Subcommittee Part I member
b) Examinations Committee

- New Chair: Sue Hill
- EDAIC Appraisal certificate issued by CESMA
- Continuation expansion of OLA: Brazil, China
- Increasing number of candidates sitting the EDAIC Part I
- Examinations Committee & Subcommittee meetings
- Contacts within South America
  - Expansion of the EDAIC Part I to Brazil & Uruguay for 2016 and possibly part II in Uruguay for 2017

c) Research Committee

- **CTN Grants**
  - 2 CTN Grants for a total of 60.000 €
- **ESA Research Grants**
  - 92 applications
  - 2 Research Support Grants, 2 Research Project Grants, 2 Young Investigator Start-up Grants and 1 Research Coordination Grant for a total amount of 200.000 €
- **Industry non-restricted Research Grants & Prizes**
  - 56 applications
  - Dräger Prize, Baxter Grant, Philips Grant and Air Liquide Grant for a total amount of 80.000 €
- **Masterclass on Statistics** Rastatt, Febr 2016
  - 31 applications – 29 attendees
- **Mentorship Programme**
  - 15 mentors and 15 mentees – start-up in London
- **ESA Research Working Groups**
  - EUROpean Safe Tots Anaesthesia Research (EUROSTAR)
  - PAIN OUT (European observational study on chronic post surgical pain)
  - PROtective VEntilation Network (PROVENet)
- **Status CTN studies**
  - European Transfusion Practice and Outcome Study (ETPOS) – recently published
  - Postoperative PULmonary complications After use of muscle Relaxants in Europe (POPULAR) - ongoing data cleaning: ongoing statistical analysis, publication submission planned end 2016
  - Anaesthesia Practice Children Observational Trial (APRICOT) - ongoing statistical analysis, publication submission planned end 2016
  - Peripheral nerve block for Prevention of Phantom Limb Pain after Transtibial Amputation (PLATA) - status will be discussed in London
  - Neonate – Children’s Study of Anaesthesia Practice IN Europe (NECTARINE)
    - Recruitment started Mar 2016, Plan to observe 5000 Neonates
  - European Practice in the Management of Accidental Dural Puncture in Obstetrics (EpiMAP)
    - started 1 Jan 2016, plan to enrol >1000 patients with post dural puncture headache

- **Guidelines Committee**

  - Manuscript of the Guideline on postoperative delirium ready for publication on EJA
  - Finalisation of the revision of Guideline on massive bleeding
  - Endorsement of the 4th edition of the European guideline on management of major bleeding and coagulopathy following trauma
  - Task force on thromboembolism: definition of sections and theirs authors

17/08/2016
- Task force on revision of preoperative evaluation is defining PICO questions
- Preparation of the draft of Guideline on procedural sedation started
- Contact with SSCs ICM and Critical Emergency Medicine, Trauma and Resuscitation for the development of the Guidelines on management of hypoxemia in the perioperative setting and intraoperative cardiac arrest
- Discussion and development of new ESA Guideline production policy. The editorial proposed to present this issue is under preparation.

**e) EJA**
- Appointment of a new associate editor Tino Greif (Switzerland)
- A new series: “Ethics in practice”- Series editor: Stef De Hert
- Preparing 2 EJA symposia at the Euroanaesthesia 2016

**f) HVTAP**
- Accreditation visits to:
  - Istanbul (Turkey) 8th – 9th October 2015: granted for 3 years
  - Ankara (Turkey) 5th – 6th November 2015: granted for 4 years
- Article in ESA Newsletter in October 2015
- Reorganisation of ESA Secretariat for HVTAP
- Procedures for Application for a position in the Committee from the Visitors pool
- London meeting with a symposium on: The future of accreditation….where should we go?

**g) Education & Training committee**

**General:**
- Worked on the new policy for the Education and Training Committee
- Finalised the change from ESA Academy to the new ESA Education and Training Committee
- Encouraged updating of the individual policies according to the new rules and templates.

**CEEA**
- CEEA SWOT analysis
- CEEA Directors survey
- ESA Council and NASC members survey
- 30 years anniversary of CEEA text in ESA Newsletter Spring issue
- Initiate Change from Master-Slides to a Learning Content Catalogue.
- Work on a business plan to become financially independent within the ESA
- Reorganise and improve the communication between the ESA Headquarter and the local centres.
- New certificate for the courses and reconstruction of website
- Update of CEEA centres registry and course calendar

**E-learning**
- Discussed how to increase the number of e-learning modules on the ESA e-learning platform.
- Work on a partnership with ASA and the Royal College of Anaesthetists in the field of e-learning.
- Consider new partnerships in exchanging or producing e-learning content
Trainee Subcommittee
- Finalising the Policy of this new Subcommittee
- Analysing the European trainee survey and writing the manuscript to submit it.
- Prepare two sessions already at the Euroanaesthesia Meeting in London
- Preparing a booth at the Euroanaesthesia Congress in London plus activities at this booth
- Advertising a subcommittee member vacancy to replace the one member who left

Masterclasses
- Existing Masterclasses continue in their successful structure and content
- Business plan was developed to enable Masterclasses to have financial independence
- Patient Safety planned first Masterclass in Q4 2016 in Spain
- Clinical Masterclasses are encouraged and shall be developed. The first Clinical Masterclasses will take place in 2017.

Trainee Exchange Programme Committee (TEPC)
- Increase of number of fellowships from 8 to 10
- Increase in number of applications for fellowship: 58 vs 26 in previous years
- Active participation in the trainee network survey
- 8 new Centres applied and qualified as TEP Host Centres
- Improving collaboration with NASC and Education and Training Committee
- Update of the TEPC policy
- Developing trainee project with the Chinese society

h) Patient Safety and Quality Committee
- Increased number of countries signing the Helsinki Declaration
- Euroanaesthesia Scientific Programme and Abstract Rating
- ESA/ASA Patient Safety and Quality Meeting
- Preparing the Masterclass in Q4 2016 in Spain
- Adaptation of the European Patient Safety Course
- National Villages (NV) Poster related to Patient Safety and Quality SC
- Patient Safety and Quality Platform project
- Patient Safety and Quality Indicator Project
- Supporting the standardisation of in-hospital Cardiac Arrest Call Numbers in Europe to 2222 proposed by the EBA
- Collaboration with partners in Patient Safety worldwide

i) Media Committee
- Launching the ESA events calendar
- E-Newsletter instead of printed version
- Modern image for Congress and ESA
- Increased ESA branding activities and programmes
- Regular e-communication sent to all ESA members
- Increased information about lesser known programmes and activities
- The LinkedIn Trainee network has been established and is working well

j) Industry Liaison Officer
- Organising the Industry Partner meeting in Brussels, attended by the pharma (EFPIA) and industry (EUCOMED) regulatory bodies’ representatives
- Visit to Grünenthal (Aachen) in order to explore potential collaboration and exchange of e-learning modules on pain.
- Secured 10 Trainee Travel Scholarships to Euroanaesthesia from Philips
• Secured 10 Travel Scholarships for Abstract Presenters to Euroanaesthesia from Maquet
• Masterclass in Statistics supported in kind by Maquet
• New partner: B. Braun

k) Specialist Societies Committee
• Finalising the Specialist Societies pre-congress courses (SUA & EuroSIVA) and sessions that will take place at Euroanaesthesia 2016
• 6 Specialist Societies confirmed their participation at the Specialist Society Village during EA 2016
• All current specialist societies were invited to contribute to Euroanaesthesia 2017 programme
• MOU with EACTA drafted
• ESPA becoming ESA Specialist Societies member as of January 2016

l) Scientific Committee
• Focus meeting on Perioperative Medicine: the Cardiac Patient, 2015 Nice
  - 436 (397 paying) delegates
  - 11 symposia, 3 workshops and 3 refresher courses
  - 39 Faculty speakers
  - 9 CME credits

• Euroanaesthesia 2016 London
  - Coordination of the abstract submission, evaluation and presentation schedules
    ➢ 1863 abstract received (+6% compared with 2015); 1491 abstracts accepted after evaluation;
    ➢ 129 e-poster presentation sessions;
    ➢ 1 Late Breaking abstract session;
    ➢ 1 Best Abstract Presentation Competition
  - Coordination and organisation of all the sessions at Euroanaesthesia
    ➢ 136 scientific sessions organised by ESA (75 Symposia, 27 Lectures, 19 Refresher courses, 9 Pro-Con Debates, 3 Interactive Sessions, 3 Meet the Expert sessions)
    ➢ 13 Guest Sessions;
    ➢ 12 Pre-congress courses – 2 new pre-congress courses have been implemented this year;
    ➢ 4 workshops
  - 308 Invited speakers
  - 74 Business meetings
  - CME credits
    ➢ Euroanaesthesia congress (18 CME Credits)
    ➢ Pre-congress Courses (6 CME credits for 8 hours course)
    ➢ Basic Science Course (13 CME Credits).

• Future Congresses:
  - Focus meeting 2016 on Perioperative Medicine “The Aging patient”: 18-19 November 2016 in Lisbon (Portugal)
  - Euroanaesthesia 2017: 3-5 June in Geneva (Switzerland)
  - Focus meeting 2017 on Perioperative Medicine “Regional Anaesthesia in the perioperative setting”: 9-10 November 2017 in Tel Aviv (Israel)
3.2.6. Ongoing Activities

- Overview Board decisions to the Council, Committee Chairs and NASC representatives
- By-laws changes
- Selection and implementation of a new IT system
- Reinforce external collaborations by signing MOU’s with other societies
- CRO Master agreement
- Collaboration with ASA on e-learning
- Review committee policies

4. Secretary’s report

The ESA Secretary Jannicke Mellin-Olsen reports on the Council Activities

- Council meeting 13/11/2016
  - Presentation of last term’s achievements & activities and the future projects & activities of the Board and other Committees
  - Presentation MJC ICM and perioperative medicine
  - Discussion on ESA roadmap and by-laws strategy
- Council meeting 27/05/2016
  - Reports from President, Secretary, Treasurer, EBA Chair and NASC Chair
  - ESA Board elections
  - By-laws amendments discussion
  - Presentation ESA Trainee Subcommittee

Jannicke Mellin-Olsen gives an explanation on the membership figures (including the active members per country and the evolution of the full membership figures) and on the Euroanaesthesia figures.

We have in total 32,689 members for 2016.
6285 delegates attended Euroanaesthesia in London (industry excluded).
40 national societies and 10 Specialist societies are member of the ESA.

5. Treasurer’s report

The ESA 2015 annual accounts were prepared in accordance with the Belgian Law Generally Accepted Accounting Principles and audited by Ernst & Young.

The auditor Mrs Danielle Vermaelen gives a presentation on her task, she gives the auditor’s opinion and presents the income statement and balance sheet on 31st Dec. 2015 and the Equity.

Audit opinion:

“In our opinion, the Annual Accounts of the Association ESA give a true and fair view of the Association’s equity and financial position as at 31 December 2015, and of the results for the year then ended, prepared in accordance with the financial-reporting framework applicable in Belgium.”

The ESA Treasurer Josef Wichelewski also presented the 2016 budget.

Before the voting starts, Marc Gheeraert explains the voting procedure.
Abstentions don’t count as a vote cast.

17/08/2016
A test vote with the electronic voting pads was performed with success. 86 voting pads were distributed (= active and trainee members)

6. **Approval of the ESA 2015 Annual Accounts and 2016 Budget**

The General Assembly approves the 2015 ESA annual accounts: 93% votes in favour and 7% against, or 67 vs 5.

The General Assembly approves the 2016 ESA budget: 96% votes in favour and 4% against, or 68 vs 3.

7. **Relieving the Members of the Board of Directors and Auditors of their liability in respect of the past financial year**

The General Assembly agreed to grant full discharge to the directors and auditors of their liability in respect of the past financial year: 94% voted in favour and 6% against, or 65 vs 4.

8. **Presentation of ESA-ACS 2015 accounts and 2016 budget**

Walid Habre, permanent representative for ESA-ACS, presented the ESA-ACS annual accounts 2015 and budget 2016 prepared in accordance with the Belgian Law Generally Accepted Accounting Principles and audited by Ernst & Young. These were presented for information only, as they do not require voting of the ESA General Assembly.

9. **Appointment of the statutory auditor**

This will be done after the by-laws change in this regard.

10. **By-laws amendments**

Daniela Filipescu explains the roadmap for changing the by-laws and gives an overview of the urgent by-laws change proposals.

All changes to the by-laws need a quorum of at least 50 Active members and a 75% majority.

The membership survey results will be analysed and the By-laws Task force will work on larger bylaws changes (possibly another survey will follow later).

The GA votes on the following by-laws changes:

- **Art. 3 Activities of the Society:**

  "h. The Society shall organise different educational courses to promote Continuous Medical Education (CME) and will oversee educational grants programmes for ESA members.

  In addition, the Society may enter into any other activities and undertake any other actions that are directly or indirectly related to the above-mentioned non-profit objectives of the Society, or that are necessary or useful for the realization of such objectives, including accessory commercial and profit-making activities, such as but not limited to the organization, by itself or through another (legal) person, of industry exhibitions and networking activities at the occasion of its scientific and annual meetings, within the boundaries of what is legally permitted and of which the revenues shall be fully destined to the realization of the non-profit objectives of the Society."

The General Assembly approves this article change: 95% votes in favour and 5% against, or 52 vs 3.
• **Art. 4.3.3. Payment of annual fees:**

Annual fees are payable on or before 31st January of each year. Membership benefits, including excluding voting rights, become effective as of the date of receipt of payment of the annual Membership fee for that year. Voting rights attached to Membership are subject to the Membership fee having been received on or before 31st January of the relevant year.

The General Assembly approves this article change: 86% votes in favour and 14% against, or 57 vs 9

• **Art. 7.1.1 Executive (name change):**

At the discretion of the President, the Executive Director executive appointed in accordance with Section 9.1 shall be in attendance at all meetings of the Board of Directors.

The General Assembly approves this article change: 96% votes in favour and 4% against, or 65 vs 3.

• **Art. 7.5.5. Board decisions by modern technologies:**

Subject to Section 7.6, Members of the Board of Directors may take decisions by e-mail or by fax without prejudice and subject to Section 7.6, by conference call or by similar methods of telecommunication. Such decisions must be ratified at the next Board meeting.

The General Assembly approves this article change: 98% votes in favour and 2% against, or 62 vs 1.

• **Art. 9 Appointment of Executive:**

EXECUTIVE DIRECTOR

9.1. The Board of Directors shall appoint an Executive Director executive who shall be the general administrative officer and business manager of this Society. He/she will be an employee under contract and be responsible for the day-to-day activities of the Society in accordance with the administrative policies and procedures of the Society as determined by the Board of Directors.

9.2. Administrative personnel and consultants shall be employed and retained by the Executive Director.

9.3. The Executive Director and other executive staff shall be under the direction of the President and Board of Directors.

The General Assembly approves this article change: 94% votes in favour and 6% against, or 63 vs 4.

• **Art. 11.1.1. Executive (name change & removal of detailed job description):**

In engaging the Society in contractual obligations, this Society shall be represented as follows:

a. by the Executive Director executive appointed in accordance with Section 9.1 or his appointed deputy in all matters falling into the scope of the day-to-day management as defined in the administrative policies and procedures of the Society (including the signature, execution, amendment, performance and termination of agreements with employees and consultants).

b. by the President, Vice-President, Treasurer and the Secretary, or their appointed deputy, in all matters falling outside the scope of the day-to-day management.

The General Assembly approves this article change: 97% votes in favour and 3% against, or 64 vs 2.
Art. 13 Appointment of the Auditor by the GA

Auditor(s) shall be appointed, at the proposal of the Board of Directors, by the Board of Directors General Assembly if required by law or as the Board General Assembly may decide in accordance with Art. 53 of the Act of 27 June 1921.

The General Assembly approves this article change unanimously.

11. Changes membership fees

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<tr>
<th>Fee 2005-2016</th>
<th>Suggested new fees January 2017</th>
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<td>1 year</td>
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<tr>
<td><strong>Active Member</strong></td>
<td>€ 75</td>
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<tr>
<td><strong>Active Member from a Reduced Fee Country</strong></td>
<td>€ 40</td>
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The new membership fees are approved by the General Assembly: 70% votes in favour and 30% against or 40 vs 17. (Simple majority is needed.)

12. NASC report

Dan Longrois, NASC Chair, gives a presentation on his representation activities and the NASC activities.

**NASC Chair participation to major Board activities:**

- ICM Task force
- By-Laws Task force
- Members’ surveys
- European Critical Care Foundation (two projects proposed by the ESA approved and presented in June 2016)
- Education and Training Committee
- Finalisation of the Trainees’ Subcommittee Policy
- CEEA SWOT/ Webex
- Teach the Teacher courses, policy and future
- ESA Industry Partners’ meeting in February 2016
NASC activities:

- NASC meeting in Brussels (February 2016) Proposals for:
  - 2 meetings a year of the NASC (Euroanaesthesia and Focus meeting)
  - The PSQC actions/platform
  - The “shared” NASC/NS/Guidelines Committee effort to develop more Guidelines (approved by the Board and the GC; requires approval from the NS that are interested)
  - The new proposals for the guidelines policy finalised and approved by the ESA Board of Directors
  - Designation by each NS of a trainee representative to collaborate with the Trainees Subcommittee

- The Euroanaesthesia 2015 National Villages (post-graduated training) and the NASC session were debriefed and finalised (ESA Newsletter)

- The Euroanaesthesia 2016 National Villages organised on Patient Safety and Quality of Care in collaboration with the PSQC. The results of the structured poster will be analysed and shared with the ESA community

- Finalisation of the first PARH (practice abroad and return home) project between Moldova and Romania

- Young Teachers Recognition Award – 24 applications

- Teach the Teacher Course
  - Part I (Riga, Latvia)
  - Part II (Brussels, Belgium)

13. Any other business

None

14. Date and place of next meeting

Sunday 4th of June 2017 in Geneva