



## **NATIONAL CANCER RESEARCH INSTITUTE (NCRI) CLINICAL STUDIES GROUPS**

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# **Remit of Members of NCRI Clinical Studies Groups**

**Version 6.0**

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## 1. Background

The role of the NCRI Clinical Studies Groups in the development of the NCRI research portfolio has been reviewed and it is agreed that these Groups will be the primary, but not sole, route through which NCRI clinical trials are considered. Clearer processes for the leadership and membership of these Groups have been established that promote transparency, encourage participation and ensure Groups understand and are well equipped to undertake their role.

The NCRN is responsible for the overall management of the Groups on behalf of the NCRI. The Groups are supported by the NCRN Coordinating Centre, with offices in Leeds and London. The Coordinating Centre works with Groups as required developing processes and systems to enable them to work effectively.

Group Chairs are appointed through a process of open competition through responding to a national advert and an appointment panel.

This paper outlines the key principles underpinning the membership and composition of the NCRI Clinical Studies Groups and details the main duties and qualities required of members.

It provides a framework for working and offers individual Groups substantial flexibility in the way in which they are organised and managed. Whilst ultimately accountable to the NCRI (via the UK NCRN Operational Steering Group) the overall responsibility for the activity and performance of the Groups and any developments rests with the individual Groups.

The specific organisation and structure of each Group will be determined by members in collaboration with the NCRN. Groups currently meet twice yearly. Sub groups and working parties can be established with work being shared between these depending on the nature of the activity. Regular dialogue between meetings is expected.

## 2. Composition and Structure

The Groups should aim to bring together the expertise and enthusiasm necessary to establish them as an authoritative voice in the cancer research community.

The membership must be composed to reflect, as reasonably as possible, the various agencies involved in the development and implementation of high quality protocols in each cancer site. As a minimum, Groups should include multi-professional representation and should be drawn from as wide a geographical area as possible.

In the smaller site-specific Groups, such as renal or testis cancer, this might be achieved by inviting experts in a particular field to address specific issues/research ideas rather than to become full members.

Formal links with local NCRN networks are encouraged and, where possible, Group membership should include representation from networks accruing the most patients to Group studies. Relevant Trials Units should also be represented.

Group membership should seek to strike a balance between experienced members with a strong track record in clinical trials and less experienced, but equally committed, members showing the potential to become leaders in the research community.

It is anticipated that each Group will include scientific, funding body and ex officio representation.

Groups are encouraged to consider appropriate international representation. Any international appointments should be supported by a formal application, reviewed by the Group and ratified by the UK NCRN Operational Steering Group (see below).

Each Group should seek to involve consumers in all aspects of its work. The level of involvement may vary but each Group should include two/three consumer representatives in its membership. Consumer representatives may wish to alternate attendance at meetings.

Each Group should nominate a member who will take responsibility for reporting on Experimental Cancer Medicine Centres activities. This may, but need not be, the Chair.

The size of Groups may vary but should be proportionate to the burden of disease in each particular site.

### **2.1 Funding Body Representatives**

Named agreed representatives of major NCRI funders will be in receipt of the papers and minutes of all meetings and may attend as Observers. Funding body representatives may nominate a deputy to attend on their behalf by prior arrangement with the Secretariat.

### **2.2 Consumer Representatives**

Consumer representatives will be appointed in liaison with the NCRI Consumer Liaison Group.

An updated list of members of each of the Clinical Studies (Development) Group Members will be maintained on the NCRN website.

### **2.3 Ex officio posts**

The NCRN Directors/Associate Directors and NCRI or their named nominees are members of the Group in an ex officio capacity. Ex officio members will be in receipt of all papers and minutes of Group meetings and may attend meetings as full members (although they are unlikely to attend routinely).

## **3. Appointment of Scientific Members**

Members will be appointed through an open process. Vacancies will be routinely advertised through established NCRN/NCRI communication routes (e.g. websites) professional bodies and national advertisement.

Nominations may be made through the following channels:

- the Group's chair, in liaison with other Group members if necessary,
- the UK NCRN Operational Steering Group
- individuals wishing to self nominate

A panel consisting of the following will review applications and appoint accordingly:

- NCRN Director or nominated Associate Director or ex-Member of the NCRN OSG >3 years or ex-CS(D)G Chair of >5 years (To chair the panel)
- Chair of NCRI Clinical Studies Group
- Representative of NCRN OSG
- Senior Executive of the NCRI Clinical Studies Groups Secretariat

Chair of Clinical Studies Group may also request input from additional member(s) of the Clinical Studies Group after discussion with the Senior Executive CSGs Secretariat –

however if their membership is up for renewal under terms of the Members Remit this may not be appropriate.

Notification of appointment will be by letter from the Senior Executive Clinical Studies Groups Secretariat.

Membership will be for three years with the possibility of an extension of two years duration. Decisions on extensions will be made by the Selection Panel, following an application in which the overriding consideration will be the needs of the Group and its work. At the end of a term of membership a one-year period must normally elapse before members can reapply for a further term. Exceptions to this, should they arise, will be reviewed on a case-by-case basis by the selection panel considering other applications.

Members whose term of office expires before the study for which they are the Principal Investigator (PI) has been completed will maintain links with the Group through the submission of written reports. Invitations/requests to attend should be made only when pressing issues demand and should be by prior agreement with the Secretariat and the Chairman of the Group. The same relationship should be established for PIs of EORTC and other international trials, which are included in the portfolio. Membership may be terminated if a scientific member fails to attend three consecutive meetings. Membership is in an individual capacity and attendance of deputies for specific meetings should reflect exceptional circumstances and be by prior agreement with the Group Chairman and Secretariat.

The effectiveness and composition of the Group will be considered as part of the triennial review of its portfolio.

Chairmanship and membership of NCRI Clinical Studies (Development) Groups is unpaid. However, work relating to the Groups is regarded as National Work for the purposes of the consultant contract and job planning. Members who encounter difficulty securing recognition for their work should contact the CSG Secretariat who will write to the local general manager regarding the issue.

A draft summary of main duties and qualities of Group members is provided in Appendix 1.

## Appendix 1. NCRI Clinical Studies Group – Scientific Membership

### 1. DUTIES

Members are expected to attend all meetings of the Group and will contribute to the maintenance and further development of its portfolio of research by:

- actively engaging with trials within the Group's portfolio, for instance through entering patients, offering information and advice to collaborators, presenting findings as appropriate;
- identify existing high quality studies that should be adopted by the Group;
- generating ideas for new trials, which may involve working with the University of York's Centre for Reviews and Dissemination and the Centre for Health Economics;
- contributing to the development of high quality applications to CTAAC through the review of trial ideas and protocols submitted to the Group;
- contributing to consultation exercises (eg NICE) undertaken by the Group as requested;
- contributing to the Group's annual report and peer-review of the portfolio
- providing expert advice to the Chair, NCRI funders, and the wider cancer community as required.

### 2. QUALITIES

Members should have a track record of participation in research in the relevant cancer sites.

Members should contribute actively to the work of their Group, and support studies within the Group portfolio.

The intention is to develop a portfolio that is well balanced and draws on local NCRN strengths so stimulates accrual. The composition of each Group should reflect this and members should, therefore, be able to demonstrate some of the following:

- experience of collaborative clinical trials activity in a leadership capacity;
- success in trial accrual into national studies;
- evidence of publications and/or presentations nationally/internationally;
- links with cancer research networks;
- an enthusiasm and commitment to developing cancer research.

### 3. RELATIONSHIPS

Members will be responsible to the UK NCRN Operational Steering Group through the Group Chair. Secretariat support will be provided by the Coordinating Centre.

### 4. REMUNERATION

Work relating to the Groups is regarded as National Work for the purposes of the consultant contract and job planning. Membership of a Clinical Studies Group is unpaid. Reasonable travel expenses will be reimbursed in accordance with Cancer Research UK finance policy.

## Appendix 2. NCRI Clinical Studies Group – Chairmanship

### 1. DUTIES

The Chair will directly or by delegation:

- Oversee the portfolio of trials developed or adopted by the Group.
- Contribute to studies developed or adopted by the Group.
- Monitor the progress of the Group.
- Receive input from the NCRN Co-ordinating Centre
- Provide input to the Experimental Cancer Medicine Centre (ECMC) and other translational research groups.
- Liaise with other National and International trials organisations.
- Propose membership of the Group in consultation with the NCRN Operational Steering Group.
- Report to the NCRN Operational Steering Group annually and through the peer review mechanism.
- Provide advice to the NCRN Operational Steering Group or NCRI, attending meetings as needed.
- Promote good clinical research practice.

### 2. QUALITIES

The candidate must have highly developed leadership skills, be an excellent communicator and skilful team player. Specifically the post holder needs to be able to demonstrate the following experience and competencies:

- Clinician with academic excellence in X cancer.
- Previous experience of chairing research meetings effectively.
- Evidence of an ability to provide leadership to a research Group.
- Be prepared to take action and implement decisions.
- Previous track record of collaborative research in X cancer.

### 3. RELATIONSHIPS

- Responsible to the NCRN Operational Steering Group, and through this to the NCRI.
- Secretariat support will be provided by the NCRI Clinical Studies Groups Secretariat.
- The term of appointment will be 3 years in the first instance.

### 4. REMUNERATION

This post of Chairman of an NCRI Clinical Studies (Development) Group is unpaid.