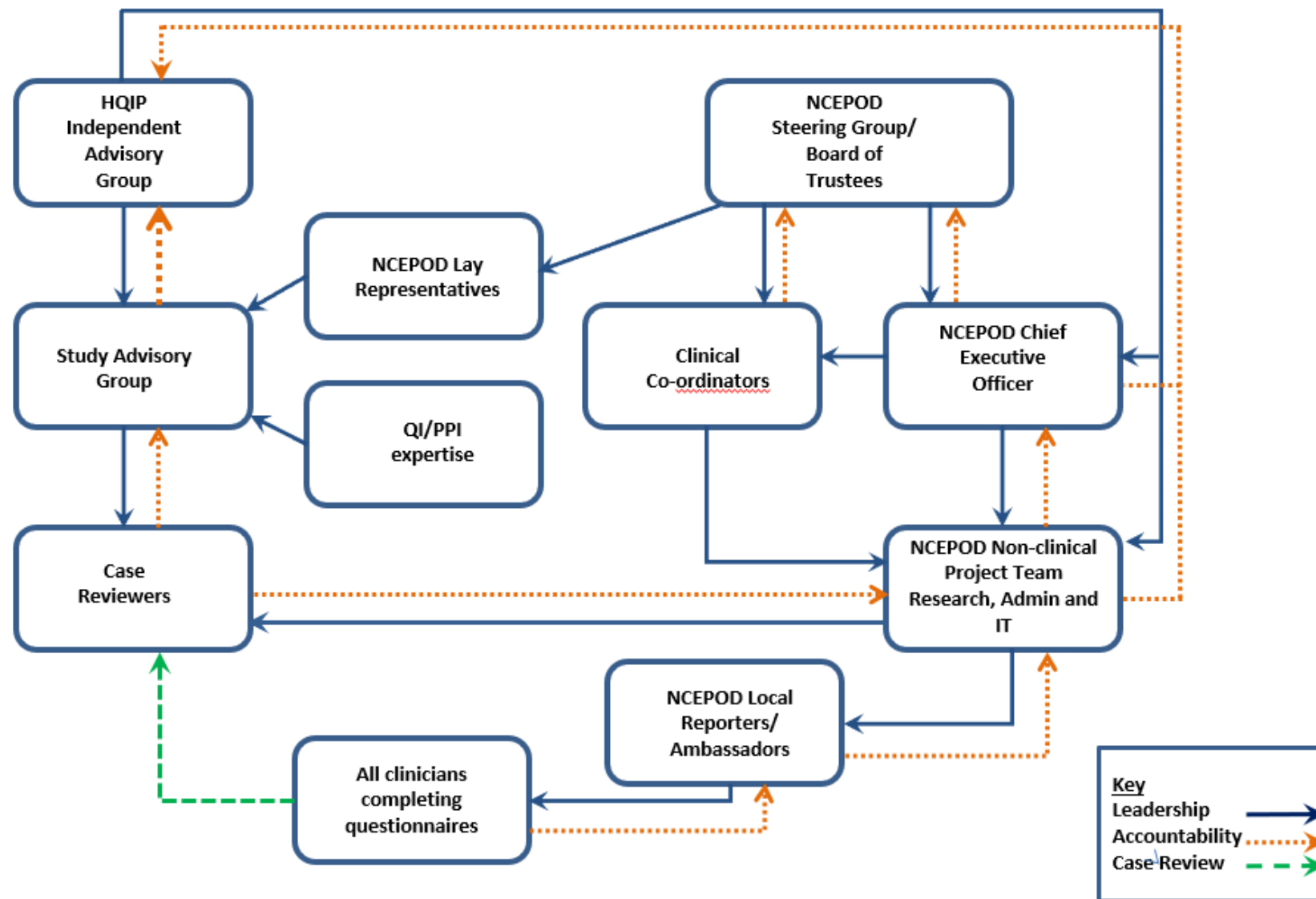


ORGANISATIONAL CHART FOR THE MEDICAL AND SURGICAL CORP



Key management groups

The top-level **PROJECT BOARD** for NCEPOD is the steering group. This group meets twice per year and the group is copied into email correspondence regarding drafting of each study report and is tasked with reviewing and agreeing its recommendations. The group comprises nominated members from:

- Association of Anaesthetists
- Association of Surgeons of Great Britain and Ireland
- Royal College of Emergency Medicine
- Faculty of Dental Surgery
- Faculty of Intensive Care Medicine
- Lay Representatives
- Royal College of Anaesthetists
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Obstetricians and Gynaecologists
- Royal College of Paediatrics and Child Health
- Royal College of Physicians of London
- Royal College of Psychiatrists
- Royal College of Radiologists
- Royal College of Pathologists
- Royal College of Surgeons of England
- The Independent Healthcare Partners Network

With observers from:

- Coroners' Society of England and Wales
- Royal College of Physicians of Edinburgh
- Royal College of Physicians and Surgeons of Glasgow
- The Royal College of Surgeons of Edinburgh
- The Healthcare Quality Improvement Partnership (HQIP)

The top-level **PROJECT TEAM** for each topic will be the **Study Advisory Group (SAG)** listed below. They will meet twice at the start of the study and once at the end, with email communication throughout the duration of the study; additional meetings can be arranged as required during an individual study.

Those marked with an asterisk will also form the internal **PROJECT TEAM** that will undertake the core operational management of the study and will meet on a weekly basis.

Internal SAG members

- *Two clinical co-ordinators who will lead the study, chair meetings and draft the report and recommendations
- *One senior clinical researcher who will also project manage the study
- Two additional clinical researchers who will support the lead clinical researcher and/or be able to take over the study during any absence
- Two core NCEPOD lay representatives who ensure the lay view is included across all our studies and who will support the external patient/parent/carer representatives
- One researcher, and one admin officer to support the lead clinical researcher in the day-to-day activities, and the IT manager to cover all IT support

External SAG members (clinical reference group)

- Approximately ten healthcare professionals relevant to the topic
- Nominated members proposed by relevant specialist groups such as Royal Colleges or Associations including one or two steering group members
- Two (minimum) patient/parent/carer representatives to provide the patient view and to work with us on seeking additional patient and public involvement
- The study proposer
- Any specific experts as needed

All the relevant clinical professions and specialities will be involved in the design and delivery as they will be involved in the SAG, as case reviewers, on the governance boards or will be completing questionnaires.

NCEPOD LOCAL REPORTERS are contacts in every hospital who act as a liaison between us and clinicians and who also send us case notes.

NCEPOD AMBASSADORS are senior clinicians in most hospitals who champion the studies and encourage clinical input.

CLINICAL CO-ORDINATORS are seconded from their hospitals under formal agreement on a day/week basis. NCEPOD reimburses their hospital for their time. Their role involves knowledge of the NCEPOD method to lead the study design, chair the SAG and case reviewer meetings. They are also the report authors, being guided by the clinicians who have been involved in the SAG and as case reviewers and they are the clinicians who will lead dissemination of the findings.

CASE REVIEWERS are appointed on a topic-by-topic basis and are working healthcare professional in the specialties needed to review case notes for the care under review.

WIDER STAKEHOLDER GROUPS will be contacted relevant to the topic under review. They will be kept in communication links but not actively input in the design but will be a good source to disseminate the findings.