

Annual General Meeting

Date of Meeting 9/06/11

Minutes prepared 03/08/11

Location International Convention Centre, Birmingham

In attendance – 51 attendees

Apologies - none

Agenda

1. Minutes of the previous meeting – Approved
2. Matters arising – none
3. President's report - see page 4 of annual report
 - a. Charlie Tomson thanked all trustees and executive for help with his presidency.
 - b. Contested election with 3 high quality candidates. Charlie Tomson formally thanked the candidates for standing and congratulated David Wheeler on his successful election. The executive elections were also contested and Charlie Tomson thanked all the candidates and congratulated Sunil Bhandari, Claire Sharpe and Alistair Hutchison. He thanked Sue Carr, Laurie Solomon and Andy Lewington who stand down from the executive. Sue and Andy stay on the executive as chairs of the education and training and guidelines committees respectively.
 - c. Several new committees have been formed. The Terminology committee will give the UK a lead role in defining clinical terms to be adopted by SNOMED. The committee will build on work led by Keith Simpson to develop a new coding system for primary renal disease for use by the ERA-EDTA Registry. A formal link with a permanent 'parent' organisation (such as the Renal Association) is necessary in order to formalise this system and ensure adoption by SNOMED. The RA is a perfect body for hosting the group. The terminology committee will report to CAB and no significant expenditure is expected. Secondly, the Rare Disease Committee, initially proposed by John Feehally, who has worked hard with Mark Taylor to develop a RA strategy for rare diseases. Charlie Tomson congratulated John Feehally on his efforts. Mark Taylor has been appointed as Chair of this committee. KRUK have funding (partly from the British Kidney patients Association) to support this work

and a call will be made for formation of rare disease working groups. Finally, the Equal Opportunities Committee, chaired by Alison Brown to support those under-represented at senior levels, initially focussing on women. The first meeting happened over dinner with an excellent talk by Professor Debbie Sharp, who had chaired the Women in Clinical Academia working group for the Medical Schools Council. She recounted her experiences and coping strategies for success.

4. Treasurer's report – see page 16 of annual report

- a. Jonathan Fox took over from Stuart Rodger in September. He thanked Stuart for all his help in transition and to trustees for support.
- b. Membership is stable, with 13 corporate members in addition to individual members
- c. Renal Association funds healthy but did show a deficit this year compared to last. This is due to a reduction in the corporate membership fee and funding of the 60th Anniversary celebrations of the RA. Renal Registry fund had a surplus of £44K and remains healthy. Total RA reserves are about 15 months expenditure which is appropriate. Separate funds for BAPN and SpR club managed in the RA general funds Registry manages Renal Patient View
- d. Largest portion of income is from annual meeting registration but most of net income comes from membership subscription. Expenditure is mainly meetings and secretariat fees (see annual report). Renal Registry income from capitation and expenditure is staff and salary costs
- e. Looking forward the main financial challenge is the Newcastle/Gateshead meeting, which will be a standalone meeting.

5. Honorary Secretary Report – see page 8 of annual report

- a. Thanked all involved in organisation of meeting which has been both scientifically and financially successful.
- b. Membership remains stable. Good consultant coverage but fewer trainee members. Need to encourage trainees and scientists to be involved with the RA. To encourage non-consultant grade membership first year membership will be offered free provided agree to pay by direct debit to ensure longterm membership. Approved by executive meeting and ratified by those present at AGM. Need to ensure that consultants are signed up to membership of RA and the RA will survey to assess true consultant coverage of RA.
- c. RA continues to support junior renal researchers. Raine award went to Danny Gale, who gave an excellent talk at this year's meeting and should be congratulated. Walls and Lockwood bursaries went to Neil Holden, Maria Fragiadaiki both travelled to the US and spent time in US laboratories. Bursaries provided to 6 medical students.

Amgen bursaries provided to 16 individuals presenting at the association, chosen by the scientific organising committee based on highest scoring abstracts. Congratulations to all.

- d. eNews and website main form of communication with members. Opening rates for eNews around 45% which is standard for electronic communications. Any comments as to how to improve communications would be gratefully received.
 - e. Next annual meeting Gateshead/Newcastle 11-14th June. Want to make this high quality meeting as it is the first stand alone meeting since Brighton 2006. Request for feedback on the current meeting to allow improvements for next year. Requested volunteers for involvement in programme committee. European PD meeting in Birmingham 21-24th October. Joint meeting with ABCD to provide diabetes update February 23rd 2012.
 - f. New members for ratification – approved unanimously
6. Clinical Vice President Report– see page 12 of annual report
- a. Took over from Kevin Harris in September – thanked Kevin for all his hard work. Main function is to chair Clinical Affairs board, meet 3 times per year and do a lot of work by email. Important role of CAB is to discuss local and national policy relevant to nephrology practice. Main issues last year was flu pandemic and implementation of PbR in dialysis. Input from CAB resulted in the PbR tariff being moderated and improved.
 - b. Guidelines committee very effective and Martin Raftery congratulated Robert MacTier for his leadership and getting RA guidelines accredited by NHS evidence. 14 guidelines available and published in Nephron clinical practice. Robert will retire as chair in September when Andy Lewington will take over the role.
 - c. Clinical Services committee chaired by Graham Lipkin took over in September 2010. Chaired a successful CD forum in March, sends regular email alerts to CDs.
7. UK Renal Registry – see page 14 of annual report
- a. Damian Fogarty reported changes to the Renal Registry. The annual report is late due to a variety of reasons mainly due to changes in validation steps but these will result in improved processes and efficiency in future. Terry Feest has been acting director since departure of David Ansell. He has worked very hard to review processes and implemented change which will improve efficiency of work undertaken by Registry. Challenges remain in working with multiple data sources and information systems.
 - b. Highlighted the UK Renal Registry portal which is new. Gives insight in to variations in practice across UK in interactive way. Thanks to Afzal Chaudhry who has led this work in his own time. It allows one to interrogate anonymised data and compare one unit or region to other neighbouring units/regions.

- c. Future aim to work more closely with units and information suppliers, greater collaboration with NHS information Centre and undertake more research.
 - d. Damian thanked trustees for support during a challenging year.
 - e. John Feehally congratulated Registry on the Portal.
8. Academic Vice President Report – see page 10 of annual report
- a. Bruce Hendry took over from Caroline Savage in September 2010. He thanked Caroline for all her hard work and setting up initiatives which now need to be implemented. He noted that UK nephrology is leading in clinical trials in nephrology and highlighted recent work of the Astral, Sharp and Membranous consortia. He congratulated the work of the clinical study groups for efforts in developing new clinical trials and improving recruitment. There is a successful collaboration between NIHR and the CLRN and UKKRC.
 - b. Committee structure changed. Clinical Trials committee now superseded by work of clinical study groups. The clinical trials committee has now been incorporated into the Research Committee. The research committee will now represent all parts of renal research and is being led by Fiona Karet. Thanked all committee chairs. Albert Ong chairs the international Committee which has set up a joint fellowship with the RA and KRUK for overseas fellows funded by the RA. Executive approved proposal for reduced fees for overseas membership. Sue Carr leads Education and Training committee and moved forward with renal curriculum, e-learning and continued progress of the Advanced Nephrology course with Paul Harden and Sunil Bhandari. Paediatric representation on all academic committees. Joint working on rare disease committee with paediatricians.
 - c. Asked what the remit of CSGs were – 12 CSGs all at various stages of development with some at grant submitting stage particularly those in the CKD and bone and mineral metabolism groups. Link with NIHR well established and Phil Kalra is renal specialty lead. UKKRC jointly meet with renal specialty CLRN group. Paul Cockwell raised issue about help from clinical trials unit. Bruce Hendry has raised this with Sally Davies and Donal O'Donoghue. Sally noted that CTUs are funded to support pilot trial work and need to be held to this. It was raised that much of the money from the CLRN does not reach the individuals undertaking research. Bruce noted that this has been raised with Sally Davies and she has responded by saying that Trusts are instructed there should be transparency as to the use of the money and it should fund research. No immediate solution as to how to encourage Trusts to use CLRN money more transparently
9. AOB
- a. John Feehally asked what the turnover of membership was. Charlie was unable to provide that information. Concerned that the RA needs to look at this and maintain

as many members long term as possible. Early recruitment of trainees should be encouraged. Charlie Tomson as President wishes to appeal to all but does not want to encroach on the BRS as competitors. Unsure whether the RA should have patient members but need to embrace work to help patients engage with their disease.

- b. Paul Stevens asked what the future holds in terms of the BRS and RA staying as separate organisations. Charlie reported informal conversations have taken place to align BRS and RA. Difficult discussions as some leaders in both organisations wish to maintain separate identities.
- c. Concern about workforce planning and over supply of renal trainees. No obvious solution especially as expansion in dialysis patients seems to have plateaued.