

Minutes of the RA Clinical Practice Guideline Committee Meeting
Wed 19th May 2010, RA/BRS Conference, Manchester

1. Apologies: G Woodrow, E Lindley, R Baker, C Dudley, N Hoenich, S Davies, S Kanagasundaram

Present: G Warwick (GW), K Farrington (KF), M Wilkie (MWi), R Mactier (RM (Chair), D Goldsmith (DG), S Holt (SH), M Taal (MT), M MacGregor (MMacG), P Harden (PH), A Mikhail (AM), A Lewington (AL), C Jones (CJ), M Wright (MWr), M Kumwenda (MK), E Sharples (ES), S Steddon (SS)

2. Minutes of annual meeting 2009 and newsletter autumn 2009 – accepted without revision
3. Update of progress with the 5th Edition of RA guidelines (2008-2010)

4 modules of the 5th edition are in final version on the RA website (Peritoneal Access, Prevention of Blood Borne Virus Infection, Haemodialysis, Planning, Initiation and Withdrawal of RRT).

CJ and MWr reported that the Nutrition in CKD module final draft would not require any changes before being submitted as the final version for approval from the RA CAB. RM will proceed with this. Feedback requesting addition of guidance on the need for renal dieticians was not considered necessary as renal MDT manpower issues are covered elsewhere e.g. BRS 2002 manpower report.

RM reported on behalf of G Woodrow and S Davies that he had just received the final draft of the PD module and this has been submitted to the website manager to go on the website.

DG and SH reported that the final draft of the Cardiovascular Disease in CKD module should be ready for submission soon. DG stated that feedback on guidance on areas of controversy, such as hypertension in dialysis patients, had been lower than expected.

AM reported that the final draft of the anaemia in CKD module should be submitted soon taking into account feedback received. MK is on the NICE anaemia guideline review group which meets in June and will report any significant change(s) from earlier guidance by NICE to AM and D Richardson, co-authors of the anaemia module. This timing should allow any required changes to be incorporated later in the final version.

MK reported that the first draft of the Vascular Access module was put on the on the website earlier this month and the co-authors are awaiting feedback.

SS and ES reported that the first draft of the Mineral Bone Disorders in CKD module had been sent to RM pending going onto the website with requests for comments and feedback. This update is harmonised with the KDIGO 2009 guideline.

MT and MMacG reported that they had multiple CKD guidelines to take into account and harmonise when updating the Detection and Management of CKD module. The update of this module should be ready for submission soon.

RM reported on behalf of R Baker and Alan Jardine that the first draft of the Management of the Kidney Transplant Recipient guideline was at an advanced stage.

PH and AL reported that the updates of the Assessment of the Renal Transplant Candidate and AKI guideline modules were well underway.

4. Publication of the 5th Edition of RA guidelines in Nephron Clinical Practice

RM highlighted that the RA Trustees had agreed to finance the republication of the 5th edition of the guidelines in Nephron Clinical Practice to enhance communication of its guidelines, provide a means of citation via search engines, and publish the current RA guidance on AKI, CKD, dialysis and transplantation during its 60th Anniversary. Another advantage was the publication of the guideline modules in Nephron Clinical Practice would be similar to the annual report of the UK RR which had been published in the same Journal for the past 2 years. The provisional format had been circulated with the agenda and would be a Foreword by the RA President, Introduction Chapter on the process used in developing the guidelines (including the use of GRADE and audit measures), a Chapter with a summary of all recommendations (which could be printed separately) followed by Chapters for each module. MWi advised that the Peritoneal Access module subsequently had been endorsed by the ISPD, was scheduled for publication in PDI this year and, after prior discussion with RM and the editor of PDI, would not be included as a separate chapter in Nephron to avoid duplicate publication. Cross reference to this publication of the peritoneal access guideline would be included in the Introduction and PD Chapters.

KF and GW wished to ensure that it was clearly stated when the guidance had been prepared because of the delay in republication. It was agreed that this could be achieved by highlighting the dates of submission on the website of the first and final drafts and final version. It was also agreed to indicate in the Introduction that updating of guidance was a rolling programme, an update was expected within 3 years of the previous version and interim updates of individual recommendations may take place if significant research findings are reported which required a change in the current guidance.

Typesetting of the modules into the Nephron format was being done “in house” to keep costs down, the BBV module was currently being used as a template and the plan would be to typeset modules as they became available as final versions. RM advised that the RA hoped to publish the guidelines with all of its modules before the end of 2010. Consequently the latest timeline for submission of the first draft of the remaining modules would be late July provided there was rapid turnaround of the final draft and final version as the

minimum timeline from first draft to approval by CAB is 4 months when allowing 1 month for feedback on the 2 draft versions.

5. NHS Evidence submission 22.2.10

A copy of the RA submission had been circulated with the agenda. The response from NHS Evidence was expected after its meeting in June. The NHS Evidence reports on other submissions indicate that each of the 25 criteria within the 6 domains are rated as green, amber or red and approval is withheld if any of the criteria in an organisation's guideline submission is rated as red. Approval allows the organisation to use the NHS Evidence Charter logo on its guidelines.

6. Utility of GRADE

Each of the modules in the 5th edition is using this system to grade the strength of each recommendation and level of evidence. Collaboration guidelines with other societies are also using GRADE. The committee members attending the meeting commented that the applied grading was a consensus view of the co-authors and so would be subject to differences of opinion in feedback.

7. Links with KDIGO

Formerly the RA was asked to provide a commentary on the first 3 KDIGO guidelines after their publication (Mineral Bone Disorders, BBV, Renal Transplant Recipient) and these commentaries are available on the other guidelines page of the website. The co-authors of any subsequent RA guidance on these topics have incorporated the KDIGO guidance whenever possible. It is planned that one of the co-authors of guideline modules on the same topic will now be invited to comment on the KDIGO guideline during its preparation and AL attended the peer review meeting to discuss the draft of the KDIGO AKI guideline in Dec 2009. More recently RA members have been invited to serve as co-chairs of future KDIGO guidelines e.g D Wheeler for the hypertension guideline, J Feehally for the GN and vasculitis guideline. Harmonisation with KDIGO is therefore greatly improving.

8. Succession planning

- a) Modules – it was agreed that updates every 3 years were appropriate
- b) Module co-leads – the CAB board had endorsed that usually each co-author would act as second and then first author before handing over to a new co-author for a third version/update of the guideline. However for new (or existing) modules with 2 new co-leads this becomes unclear and so both co-leads in these circumstances could consider working on 2 versions before handing over. RM will seek endorsement from CAB on this point.
- c) Chairperson – usually the term of office is 3 years and RM has agreed to continue for 1 additional year from Sept 2010 to

complete the 5th edition, its publication and work in progress.
RM invited members of the committee to consider taking
over this role from next year.

9. AOCB – nil to report

Dr R Mactier,
Chair of Clinical Practice Guidelines Committee,
22nd May 2010