



The Renal Association Annual General Meeting 2007

Brighton Centre

23 May 2007



The Renal Association
founded 1950

Agenda

1. Present
2. Apologies for absence
3. Minutes of last meeting
4. President's report
5. Treasurer's report
6. Hon Secretary's report
7. Clinical Vice President's report covering Clinical Affairs Board (CAB)
 - 7.1 Clinical Services Committee – issues of the moment (PBR, Tariffs, ISTCs)
 - 7.2 Clinical Practice Guidelines Committee – discussion on latest set (2006/2007) of clinical practice guidelines
 - 7.3 Renal Registry – debate and discussion on the future of the RR (Fees, CKD 5 not on dialysis, CKD 3-4, Quality Outcomes)
8. Education, Research and Training Board (ERB) report (President)
 - 8.1 Education and Training committee – issues of the moment (MMC, Higher specialist training, mid-training exam)
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9. Retirement of John Feehally and welcome to new President – Peter Mathieson
10. AOB
11. Date and Time of next AGM

Treasurer's Report

Stuart Rodger

The Renal Association
founded 1950

Incoming resources 2005 and 2006

	Year to 31/12/06	Year to 31/12/05
Voluntary income	{£153,511} £802,616 {£649,105}	{£146,976} £680,304 {£533,328}
Activities for generating funds	{£4,300} £21,768 {£17,468}	{£29,940} £70,600 {£40,660}
Investment income	{£9,249} £24,290 {£15,041}	{£9,511} £15,465 {£5,954}
Scientific meetings	{£32,422} £32,422 {£0}	{£117,855} £117,855 {£0}
Total incoming resources	£881,096	£884,224

Resources expended 2005 and 2006

	Year to 31/12/06	Year to 31/12/05
Costs of generating voluntary income	{£30,253} £596,554 {£566,301}	{£45,895} £513,067 {£467,172}
Charitable activities	(£72,583) £72,583 {£0}	{£191,635} £191,635 {£0}
Governance costs	{£73,384} £121,435 {£48,051}	{£53,329} £81,908 {£28,579}
Total resources expended	{£176,220} £790,572 {£614,352}	{£290,859} £786,610 {£495,751}

Balance sheet 2005 and 2006

	Year to 31/12/06	Year to 31/12/06
Fixed assets	{£0} £1,080 {£1,080}	{£0} £1,973 {£1,973}
Current assets	{£339,942} £745,174 {£405,232}	{£378,979} £719,438 {£340,459}
Creditors	{£123,463} £190,352 {£66,889}	{£185,762} £256,033 {£70,271}
Net current assets	{£216,479} £554,822 {£338,343}	{£193,217} £463,405 {£270,188}
Net assets	{£216,479} £555,902 {£339,423}	{£193,217} £465,378 {£272,161}
Funds		
Restricted funds	{£32,325} £371,748 {£339,423}	{£38,469} £310,630 {£272,161}
Unrestricted funds	{£184,154} £184,154 {£0}	{£154,748} £154,748 {£0}
Total funds	{£216,479} £555,902 {£339,423}	{£193,217} £465,378 {£272,161}

Renal Association 2007 income budget

Donations and Grants	£9,000.00	Estimated similar to last year
Subscriptions - Members	£46,756.50	5% uplift
Subscriptions - Corporate	£93,437.50	15% uplift
Consultancy and Other Income	£12,000.00	Estimated similar to last year
Meeting Income – Registration	£110,250.00	Brighton conf. + training Jan & Sept
Advertising Income	£16,170.00	Website & e-news (50% uplift) + advertising income re Brighton conf.
Sponsorship	£71,500.00	Per Brighton conf.
Bursary Income Received	£25,000.00	Per Brighton conf (Amgen bursaries)
Mailings	£1,900.00	Same as last year + inflation
Bank Interest	£9,248.60	Linked to bank balances
Total Income	£395,262.60	

Renal Association 2007 expenditure budget

	Expenditure	
Meeting expenses	£246,518	includes venue hire, expenses and prizes
Committee, Trustee and Executive expenses	£23,910	Includes travel and subsistence
Communication expenses	£37,933.89	Includes postage, website and general office supplies
Awards and bursaries	£25,000	Per Brighton conf (Amgen bursaries)
Secretariat fees	£57,912	
Donations	£5,000	
Legal and Accounting fees	£4,717.50	
Bank charges and interest	£470.28	
	£401,461.67	

Renal Registry 2007 income budget

Description	2006 Actual	2007 proposed budget
Donations	£1,378	£1,000
Grants	£0	£0
Capitation fees	£647,727	£675,388
Consultancy income	£588	£0
Project fees	£16,157	£25,000
Other income	£723	£0
Interest	£15,041	£10,000
Totals	£681,614	£711,388

Renal Registry 2007 expenditure budget

Description	2006 Actual	2007 proposed
Salaries	£465,539	£525,586
NI employers	£23,425	£26,806
Pension employers	£11,381	£14,624
Expenses	£16,783	£19,761
Training and dev	£6,075	£28,500
Recruitment costs	£1,060	£4,500
Office overheads	£13,519	£15,000
Meeting room costs	£2,787	£8,000
IT infrastructure, hardware, software and professional fees	£14,942	£104,500
Legal and professional fees	£45,541	£33,000
Office sundries & couriers	£12,371	£14,520
Bank charges	£35	£0
8% contingency	£0	£42,047
Totals	£613,458	£836,844

Membership fee charges

	2007	2008
Consultant / Honorary Consultant and General Practitioner	£70	£100
Trainee Clinicians, Staff Grades, Associate Specialists, Nurses and Professionals Allied to Medicine	£50	£50
Renal Scientist (not in clinical practice or tenured) engaged in laboratory or clinical research and corresponding member: members with an overseas address who will only receive email communications	£30	£30
Retired members	£10	£10
Honorary members	No fee	No fee
Corporate members	£6,500	£7,500

Capitation fees

	Capitation per patient
2007	£16
2008	£17
2009	£18

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Honorary Secretary's Report

Dr David Goldsmith

Membership Breakdown 2004 and 2005

	2004	2005
Non-Consultants	361	404
Consultants	431	437
Honorary	14	13
Student	5	0
Retired	31	31
	842	885

- Figures as of 31/12/05

Membership Breakdown 2006

Trainee Clinicians, Staff grades, Associate specialists	201
Renal Scientists	99
Consultants	488
Corresponding	10
Honorary	15
Retired	43
Unknown	96
	953

- Figures as of 31/12/06

Membership fee charges

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Members for ratification

- Dr Muhammed Ahmed
- De Georgina Aldous
- Dr Nicholas Annear
- Mr Stephen Bailey
- Dr Rammohan Bhat
- Dr Kathryn Bostock
- Dr George Bou-Gharios
- Dr Mark Brady
- Dr Cormac Breen
- Dr Katherine Bull
- Mr Joao Luis Campos Periera Da Cruz Viana
- Miss Lorna Chapman
- Dr Kakit Chan
- Miss Emma Clapp
- Dr Sunil Daga
- Dr Laura Denby
- Dr Mark Devonish
- Dr Timothy Doulton
- Dr Leonard Ebah
- Dr Lorraine Eley
- Dr Robert Elias
- Dr David Ferenbach
- Miss Joanne Ferguson
- Dr Jana Fialova
- Dr Sian Finlay
- Dr Martin Ford

- Dr Emily Fraser
- Dr Anne-Marie Habib
- Dr Jennifer Hanko
- Dr David Heaney
- Dr William Guy Herrington
- Dr Richard Hoefield
- Dr Carolyn Hunter
- Mr Abdullah Hussain
- Dr Juma Ibrini
- Dr Muhammed Imran
- Dr Yasmin Jaffer
- Dr Anuradha Jayanti
- Ms Karen Jenkins
- Dr Stephen John
- Dr Chris Jones
- Miss Zoe Karamanoli
- Dr Bisher Kawar
- Dr Christopher Kirwan
- Dr Shvan Korsheed
- Dr Georgios Kosmadakis
- Dr Katie Lane
- Dr Mark Little
- Dr Yu Liu
- Mrs Jane MacDonald
- Dr Francis McCarroll
- Dr David Meredith
- Dr Victoria Moxham
- Dr Paul Murray
- Dr Sandra Nakoinz
- Dr Dhaun Neeraj
- Dr Sarah Nolan

- Dr Dominic Parsons
- Dr Rajan Patel
- Dr Ruth Pepper
- Dr Ashfaq Qureshi
- Dr Tamina Rahman
- Dr Suresh Ramadoss
- Dr Krish Raman
- Mrs Alison Roche
- Mr Iain Roche
- Miss Leslie Sage
- Dr Emma Salisbury
- Dr Vashisht Sekar
- Mr Bipinchandra Shirodkar
- Dr Roz Simms
- Dr Carol Sinnott
- Mr Ziyong Tang
- Dr Rajni Tejwani
- Dr Peter Thomson
- Dr Elpida Toumasi
- Dr Udaya Udayaraj
- Dr Nicholas Vites
- Dr Katie Wallace
- Dr Angela Webster
- Dr Matthew Welberry Smith
- Dr Qihe Xu
- Dr Phil Yates
- Miss Yu Zhou

Constitutional Changes

Normally a President is elected by a ballot of RA members around one year in advance of taking up his or her position. This election is then ratified by the AGM. He or she serves the ensuing year as President-Elect (and Trustee). The Presidency is for a fixed term of three years, and then is followed by two subsequent years as the Immediate Past-President.

In the event of incapacity or resignation of a President-Elect, a fresh Presidential election shall be called expeditiously. If the incapacity, or resignation, takes place at such a time that event with an expedited electoral process it is not possible to elect a new President-elect before the current President demits from office, all available Trustees will meet to discuss the potential solutions. The preferred solution is for the incumbent Clinical Vice-President or Academic Vice-President (at the Trustees discretion) to assume Presidential status until a fresh election has taken place and a new President elected. It would not be usual or expected for this “inter-regnum” to last for more than three months. The Trustees would have the responsibility to monitor this period closely, and should discuss these issues regularly to ensure due process, and progress.

In the event of an incapacity or resignation (or removal from office by virtue of losing their status as a Trustee) of a serving President, a fresh Presidential election shall be called expeditiously. The Vice-President will be asked to assume the duties of the President until an election has taken place. It would not be usual or expected for this “inter-regnum” to last for more than three months. The Trustees would have the responsibility to monitor this period closely, and should discuss these issues regularly to ensure due process, and progress.

In either scenario above, the duties of the Vice-President will be devolved as deemed appropriate by the remaining Trustees.

Members of the Registry Committee

- The Registry Committee will consist of no less than ten members of the Renal Association, of which at least one will be an elected member of the Executive Committee and one will be the Registry Director
- One member will be the nominee of the British Association for Paediatric Nephrology
- One member will be a representative of the Scottish Renal Registry
- One member will be an elected member of the Executive Committee
- The President and Clinical Vice-President are ex officio members of the committee

Members of the Registry Committee

- One member will be a patient representative nominated by the National Kidney Federation
- One member will be a specialised commissioner responsible for commissioning renal services
- One member will be nominated by the British Transplantation Society
- One member will be nominated by the vascular access group of the Vascular Society of Great Britain and Ireland.
- One member will be a professional epidemiologist or public health physician
- Members of the Committee will be appointed on the recommendation of the President and the Committee chair taking into account the need for regional representation

Members of the Registry Committee

- The Registry Manager shall be a member of the Committee
- Members of the Committee will serve for a term of three years which may be extended for a second and final term.
- Members of the Committee will be expected to attend at least one Committee meeting annually and will contribute actively to the work of the Committee as required by the Chair
- Additional members may be co-opted, without a maximum time limit, if they have exceptional and irreplaceable expertise, at the discretion of the Chair of the Committee and the President of the Renal Association

Meetings May 06 – May 07

Renal Association and British Renal Society Joint Meeting – Harrogate May 2006

- 1181 attendees
- 357 abstracts submitted (Oral 105, Posters 252)

Renal Association and British Hypertension Society Joint Meeting – Royal College of Physicians Nov 2006

- 131 attendees

Advanced Nephrology Course – The Royal Society Jan 2007

- 81 attendees (maximum capacity)

Consensus Conference – Joint with Scottish RA / RCPE

5/6 Feb 2007

- 167 attendees

Renal Association and British Haematology Society Joint Meeting – Royal College of Physicians Mar 2007

- 141 attendees

Renal Association Annual Conference – Brighton May 2007

- 435 pre-registered attendees
- 43 on site registrations
- 244 abstracts submitted (Oral 70, Posters 174)

Meetings June 07 – May 09

- Advanced Nephrology Course – The Museum of Science and Industry, Manchester September 2007
- Physiological Society and Renal Association Joint meeting – University of Bristol 17,18 December 2007
- French Renal Association, RA, and Royal Society of Medicine – 28,29 February 2008
- British Renal Society, Renal Association, Scottish RA Joint Meeting – Glasgow 15-18 May 2008
- British Transplantation Society and Renal Association Joint Meeting – Liverpool April 2009

Amgen Bursary Winners

- Dr Behdad Afzali – Kings College London
- Dr Aminu Bello – Sheffield Kidney Institute
- Dr Linda Bisset – Nottingham City Hospital
- Dr Heather Brown – Kings College London
- Mr James Browne - St Helier Hospital
- Dr James Burton – Derby City General Hospital
- Dr Kakit Chan – Hammersmith Hospital
- Miss Konstantia-Maria Chavele – Hammersmith Hospital / Imperial College London
- Dr Laura Clark – University of Aberdeen
- Dr Laura Denby – University of Aberdeen
- Dr Lorraine Eley – Newcastle University
- Dr David Ferenbach – University of Edinburgh
- Dr Alastair Ferraro – University of Birmingham
- Dr Oliver Flossman – Addenbrooke's Hospital
- Dr Rebecca Foster – University of Bristol
- Dr Emily Fraser – Glasgow Royal Infirmary
- Dr Daniel Gale – Hammersmith Hospital

- Dr Andrew Hall – University College London
- Dr Rizwan Hamer – Walsgrove Hospital NHS Trust
- Mr Abdullah Hussain – University of Birmingham
- Dr Juma Ibrini - Sheffield University
- Dr Yasmin Jaffer – Derby City General Hospital
- Dr Stephen John – Derby City General Hospital
- Dr Sally Johnson – University of Birmingham
- Dr Katrin Jones – Freeman Hospital
- Dr David Kavanagh – University of Edinburgh
- Dr Bisher Kwar – Sheffield Kidney Institute
- Dr Larissa Kerecuk – Evelina Children’s Hospital
- Dr Christopher Kirwan – Hammersmith Hospital
- Dr Yu Liu – University of Aberdeen
- Dr Joanne Marks – Royal Free and University College Medical School
- Dr Amy Jayne McKnight – Queens University of Belfast / Belfast City Hospital
- Dr Sarah Nolan – University of Birmingham
- Dr Rajan Patel – University of Glasgow

- Dr Alex Pearson – St Helier Hospital
- Dr Taryn Pile – Barts and the London NHS Trust
- Dr Michael Quinn – Queens University of Belfast / Belfast City Hospital
- Mr Iain Roche – Loughborough University
- Dr Andrew Salmon – University of Bristol & Southmead Hospital
- Dr Vashisht Sekar – University of Manchester
- Dr Anurag Singh – University of Bristol
- Mr Ziyong Tang – Guys Hospitals
- Mr Thomas Tapmeier – Guy's Hospital
- Dr Peter Thomson – Glasgow Royal Infirmary
- Dr Laurie Tomlinson – Brighton & Sussex Medical School
- Dr Udaya Udayaraj – Renal Registry
- Dr Mangalakumar Veerasamy – St Helier Hospital
- Miss Melissa Vickers – The University of Sheffield
- Dr Caroline Wroe – Newcastle University
- Miss Yu Zhou – University of Edinburgh

2006 Award Winners

- Raine Award Winner - Meena Clatworthy
- Lockwood Award Winner - John Reynolds
- Walls Award Winner - Scott Widman

E-news

	Number sent	% opened	% of click through
November '06	823	50.9	38.8
December '06	823	45.3	39.1
January '07	851	44.8	35.8
February '07	908	40.7	31.7
March '07	922	44.1	41.3
April '07	922	41.3	38.8

E-news – the stats explained

- Scan reading on preview panes possible without registering open
- In lead up to annual conference quite a lot of repetition of information
- Updated email addresses from membership

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Report Clinical Affairs Board

AGM Renal Association

23rd May 2007



The Renal Association
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Clinical Affairs Board

- Created in 2004
- Function
 - Integrate the RA Clinical Committees
 - Registry
 - Guidelines
 - Clinical Services
 - Resource
 - President
 - Executive
- Meets three times a year

Members of CAB

- Chairman is Clinical Vice President (elected every 3 years)
CGWinearls (retires September 2007)
- Chairs Registry (**C Tomson** formerly T Feest)
 Guidelines (**D Wheeler** formerly A Macleod)
 Clinical Services (**K Harris** formerly S Rodger)
- 3 elected members of the Executive
 R Fluck (Retires this AGM)
 J Kwan
 L Goldberg
- National Clinical Director (ex officio)

Joint work led by CAB

1. Vascular Access

Survey

Joint Working Party published 2006

Medical surgical radiology consensus

Quantified the workload

Defined resources needed

Clear recommendations on organisation and audit

2. Link with Kidney Research UK

Joint work led by Clinical VP

3. Liaison with NICE

Cinacalcet

Anaemia

CKD

Laparoscopic PD Catheter insertion

Joint work led by CAB

4. Adverse incident reporting

CDs to post adverse events on website

Provided disclosure safe

The problem

Analysis of the cause

Suggested solution/prevention

Examples

Heparin locks

Dislodged venous needles

Central vein stenosis

Joint work of CAB

5. Clinical Effectiveness Forum Peer Review Workshop

CAB was represented by Dr C Tomson

Are they effective in raising standards?

Could they be web-based?

Not useful for individual re-licensing

Feedback from non-physician observers
may be useful

Legal, liability and financial issues

Joint work of CAB

6. Work with the BTS

Advised on a BTS questionnaire on:

Access to transplantation

sent to all Directors of Transplant Units.

This project is being led by Dr K Baboolal

*In e-conversation with a BTS group drawing up guidance on
“**Living related donor transplantation of high risk recipients.**”*

This work is being led by Dr J Scoble and Ms Lisa Burnapp

Guidelines Committee

- Small writing team
- Wide consultation via Website
- Tight remit – guideline and audit measure
- Increased scope

Topics and progress

TOPIC (Authors)	STATUS	
1. CKD (Drs C Tomson & M Taal)	Complete	10/4/2007
2a Haemodialysis (Dr R Mactier)	Complete	26/3/2007
2b Peritoneal dialysis (Prof S Davies)	Complete	15/5/07
3. Complications (Drs M Cassidy, D Richardson & C Jones)	Out for consultation	7/1/2007
4. Medical Transplantation (Drs Dudley & Harden)	Out for consultation	15/5/07
5. Acute kidney injury (Drs Stevens & Davenport)	Draft ready for posting	

UKRR summary

- Annual Report – includes survival by Unit.
 - Lateness caused primarily by late preparation of data returns
 - Will be republished as an NDT supplement
- Coding of renal disease
 - SNOMED-CT and EDTA-ERA working groups
 - “Road-testing” of national renal dataset
- Additional data items
 - 6/12 prior to RRT
 - CKD 5 not on RRT (conservative/palliative/supportive care)
 - Vascular access
- Linking to national (NHS) datasets
 - HES, OPCS – via Secondary Uses Service
 - Bacteraemia databases

Future plans and possibilities

- Collection of endpoint data for large, pragmatic RCTs
- Collection of phenotype and outcome data for studies in genetic epidemiology
- Website redesign
 - Centre-specific reports
- Executive summary for Commissioners

UKRR: Capitation fee

- £17 per RRT patient p.a. in 2008
- £18 per RRT patient p.a. in 2009
- N.B. - lower percentage rise year on year
- Reducing waste and delay within the data collection process will limit future increases
- Should we provide financial incentives, e.g. a **rebate for timely, complete, and accurate data?**
- Only users of the analyses can define 'value for money': your feedback is welcome

Clinical Services Committee

- Feeding into the PBR process
- Responding to the DH ISTC initiative
- Participation in DH “Expansion HD Workshop”
- Advising on Home HD
- Assessing the impact of eGFR implementation (questionnaire)
- Advising on manpower
- Organising CD forum
- “Discuss Clinical Incidents” forum on RA web site

Turbulent times

- Financial imbalance in many Trusts
- Changing Health Authority structures
- Target culture – 18 week pathway
- Capital drought
- Commissioning uncertainty – who and how?
- Unnecessary re-engineering e.g. Choose and Book
- Healthcare associated infections

Summary

- CAB has no power only authority of RA to try to influence
- Many other players
 - JSC of the Royal College of Physicians
 - Kidney Alliance
 - BRS
 - BTS
 - Kidney Research UK
 - National Clinical Director

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Report Education & Research Board

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Education & Research Board

- Research Committee
- Clinical Trials Committee
- International Committee
- Education & Training Committee

Education & Research Board

- Research Committee - Caroline Savage
 - Proposal for a UK Kidney Research Consortium
- Clinical Trials Committee – David Jayne
 - Trial updates
- International Committee – Meguid El-Nahas
 - Increasing UK contribution to ISN Sister Center & Fellowship Programmes
- Education & Training Committee – Edwina Brown

MMC & MTAS

Specialist Training

- Length of training
 - No changes
- Curriculum
 - Close to final approval by PMETB
 - An RA/SAC Working Party to review the curriculum will then start work
- Assessment
 - Curriculum blueprinted for continual assessment during training
- New knowledge-based examination

MRCP [UK] (Nephrology)

- Joint venture of Colleges & Renal Association
- Knowledge-based assessment
- Exit examination – usually taken in ST4
- Part of overall assessment of specialist training
- May *eventually* contribute to consultant revalidation

MRCP [UK] (Nephrology)

- Joint venture of Colleges & Renal Association
- Knowledge-based assessment
- Exit examination – usually taken in ST4
- Part of overall assessment of specialist training
- May *eventually* contribute to consultant revalidation

- Written examination in ‘MRCP style’
- First exam September 2008 [twice yearly]
- Usually to be taken in ST4
- Covers all appropriate elements of curriculum

MRCP [UK] (Nephrology)

- Examination Board
 - Jonathan Fox [chair]
 - Jeremy Levy [secretary]
 - SAC representation
 - Other membership undecided
- Question Writing Group
 - RA volunteers
 - Training and question writing start this summer
- Standard Setting Group
 - To be established

CPD

- **Advanced Nephrology Course**
 - Now 4 days twice a year on a 2 year cycle
 - Sept 07 in Manchester
 - Jan 08 in London
- **Haemodialysis Masterclass**
 - First one in Leicester Mar 07
- **CPD sessions at RA meeting**

- **Ideas for future CPD meetings**

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