

Annual General Meeting

Date of Meeting 19/5/10

Minutes prepared 14/7/10

Location Manchester Conference Centre, Manchester

In attendance –

Apologies

Agenda

1. Minutes of the previous meeting – Approved
2. Matters arising – none
3. President's report - see annual report
 - a. 60th anniversary – a very enjoyable day both scientifically and socially at the anniversary dinner. MCI thanked for their help in organising the event. John Feehally and Chris Winearls thanked for their input to the Renal Association and for developing the programme for the scientific session.
 - b. Manchester meeting – record attendance with 1362 pre-registrations and many more on-site registrations. The meeting has had a record number of abstracts submitted. Exhibition has been well sponsored. The finances from the meeting are likely to be healthy.
 - c. The Renal Association as an organisation is very strong
 - d. Paul Stevens and Kevin Harris are leading the RA response to a NICE proposal to develop quality standards probably in CKD. PS commented that although these are aspirational its important the quality standards are measurable. Standards likely to come out of guidelines. This is an opportunity to influence standards but likely that consultation time will be short. Input from membership requested.
4. Treasurer's report – see page 15 of annual report
 - a. Renal Association funds are in general healthy. The general fund reports an increase of £87K and the Renal Registry fund reports £200K increase. The full financial report is available on the RA website. Subscription is the main source of income for RA with per capitation fee main source of income for Renal Registry. Main expenditure for RA is the annual meeting and the secretariat while for the Renal Registry the main expenditure is staff.
 - b. Corporate income falling which reflects the financial climate

- c. Annual meeting in 2009 with BTS financial success
- d. NCSE remains a cost pressure and unlikely to run into profit in the next couple of years
- e. BAPN funds will be included in RA budget next year
- f. Stuart Rodger will complete handover to Jonathan Fox as new Honorary Treasurer at September executive meeting.

Paul Stevens noted that the Renal Registry profit was increasing. SR stated it was comparable to previous years and in line with charity commission guidelines on need to have contingency monies carried forward.

Andrew Paterson asked how joint meetings are funded. SR replied 50% split on profit. Joint BRS/RA meetings more expensive due to the differences in the way the two organisations were funded. The BRS funded all running costs for the year from the annual meeting. The organisations did not plan to make a profit but budget projections had to be conservative to ensure running costs of BRS were met.

Bruce Hendry asked what were the financial risks to the RA from the NCSE? SR replied maximum risk £40K, so far cost has been £10K/year. The NCSE should be profitable in the future as most costs occurred during set up phase. The future of the exam is in discussion as other societies are thinking about withdrawing on financial risk agreement.

- 5. Honorary Secretary Report – see annual report
 - a. Membership remains healthy with over 1000 members
 - b. Raine award was given to David Kavanagh in 2009, the Walls bursary to Albert Ong and Lockwood award to John Reynolds. Medical student bursaries were given to seven students and 21 Amgen bursaries were awarded for young RA members to attend the meeting.
 - c. eNews and the website remain the main form of communication. These have been improved to coincide with the 60th anniversary of the RA. Feedback on new look has been generally positive.
 - d. Next annual meeting joint with BRS in Birmingham on 6-9 June 2011. Other meetings posted on RA website calendar. Advanced Nephrology Course remains successful under new leadership of Sunil Bhandari and Paul Harden
 - e. New members for ratification – approved unanimously

- 6. Clinical Vice President Report– see annual report
 - a. Kevin Harris formally welcomed Martin Raftery who will take over as Clinical Vice President at the September executive. Applications for Chair of the Clinical Service Committee have been requested.
 - b. Reports have been received from the PD and Home HD working parties – available on RA website. The swine flu pandemic was well handled by the RA with a coherent response. Liaisons with NICE have been very positive.

- c. Introduction of the non-mandatory tariff in 2010/11 with aim to move mandatory tariff to best practice tariff in 2012
 - d. 5th edition of the guidelines will be published in Nephron Clinical Practice on line version to coincide with 60th anniversary. Rob MacTier has applied on behalf of the RA to NHS evidence for accreditation. Successful accreditation will give real authority to the RA guidelines within the NHS. Important that membership gives feedback on guidelines – these are published on RA website in draft form with version control. Guidelines committee actively engaging with other guideline development groups. Also been invited to comment on KDIGO guidelines.
7. UK Renal Registry
- a. New registry alerts will highlight findings relating to mortality that may require further investigation and provided to clinical directors.
 - b. 12th report published online 5th March in Nephron Clinical Practice. This has been useful as report will now be available for citation.
 - c. The Renal Registry committee meets twice yearly with subgroups meeting more regularly.
 - d. Finances as reported are healthy
 - e. 3 renal trainees have registered for higher degrees with research focussing on registry data
 - f. Collaboration with outside bodies such as the NHS Information Centre remain challenging. Have partnered with others in a successful NIHR programme grant looking at access to transplantation.
 - g. Registry has recently moved to new accommodation at Southmead Hospital much better working environment.
 - h. Collection of National renal Dataset has been challenging and complex. The UK Renal Registry is responsible for collection of a significant part of the mandatory dataset but not for provision of upgrades to software so that clinical units can collect data. This responsibility falls to clinical units. Other parts of the dataset are collected by UKT and HES etc. NHS kidney care is funding the creation of a data-sharing platform to enable linkage of systems. James Medcalfe has been appointed to lead this project.
 - i. Charlie Tomson welcomed Damian Fogarty as the new Chair of the Renal Registry Damian takes over after the RA AGM.

CT was asked if the report could be published more quickly. He responded that there is tension between the publication of inaccurate data versus the delays that data validation imposes.

CT was asked whether there should be closer ties with the NHS now that the registry has developed in to a large business with £1million turnover. He responded that it was important to maintain professional leadership which would be at risk with a merger with the NHS information Centre. However to maintain independence it was essential that relationships with the NHS were improved which would be a challenge for his successor.

8. Academic Vice President Report – see annual report

- a. Caroline Savage welcomed Bruce Hendry as new academic VP, handover will be completed at the September executive meeting. Applications for chair of the Research committee are requested.
- b. The education and training committee has been very active over the last year. 3 CPD sessions have been organised at this year's annual meeting. A new renal curriculum has been developed and approved by PMetB. A successful bid to elearning for health has been made to develop renal elearning resources. The first module will be acute kidney injury. An education platform will be placed on the RA website. New pages on the RA website have been developed to support less than full time trainees by Alison Brown.
- c. International committee has a new chair; Albert Ong has taken over from Jo Adu. The RA will support 8 single day delegate places per annum on the Advanced Nephrology Course for overseas attendants. One speaker from the UK will be supported to attend the Pan-African renal congress on a bi-annual basis. Tropical nephrology is being supported as out of programme experience rather than as a sub-specialty.
- d. Clinical Trials committee met in January when an update from each of the clinical study groups was submitted. The NIHR CCRN Renal Specialty group is actively engaging and promoting investigator led and pharma clinical trials.

9. Green Nephrology

- a. The RA is part of a consortium to address green issues in the delivery of healthcare. A session is being held at the annual meeting on green renal healthcare.
- b. Andrew Connor, Clinical Fellow for Green nephrology, has worked hard to capture information on how to increase the green nature of nephrology delivery but also how this will save money, examples include recycling dialysis water. Unfortunately this post does not have recurrent funding.

10. Constitutional matters

- a. The articles and rule of the RA are not internally consistent with the working practices of the Association. The rules make Charlie Tomson's election as next president illegitimate but they also make several of the recent past-president appointments also illegitimate. There are multiple other anomalies in the rules. As a professional organisation these anomalies need to be addressed with a redrafting of the constitution. The redraft will require ratification by the membership with sufficient notice of intent. Charlie Tomson cannot take over as new President under the current rules.
- b. Propose to adjourn the meeting and re-open as an extraordinary general meeting where the redraft of the rules can be discussed. The draft rules will be publicised with sufficient time for comment prior to the EGM. This was approved unanimously.

11. AOB CT formally thanked Peter as RA president. Peter Mathieson will demit following approval of the re-draft constitution .

12. Next meeting – extraordinary general meeting June – date to be confirmed

