

## The Renal Association

### Executive Meeting

#### Meeting minutes produced 7/07/10

Location: Manchester Conference Centre, Manchester

Date 17<sup>h</sup> May 2010

Present - Lorraine Harper (LH), Charlie Tomson (CT), John Feehally (JF), Stuart Rodger (SR), Peter Mathieson- chair (PM), Kevin Harris (KH), Mary Mcgraw (MM), Caroline Savage (CS), Martin Raftery (MR), Paul Harden (PH), Jane Tizard (JT), Donal O'Donoghue (DO), Richard Fluck (RF), Albert Ong (AO), Damian Fogarty (DF) Simon Davies (SD), Bisher Kavar (BK), Stephen Morgan (SM), Mark MacGregor (MM), Neil Turner (NT), Robert Mactier (RM), Colin Baigent (CB), Andrew Lewington (AL), Laurie Solomon (LS), Peter Drew (PD), Bruce Hendry (BH), Fiona Loud (FL), Rob Lewis (RL), John Reynolds (JR).

1. Apologies – Sue Carr, Magdi Yaqoob, Jane McDonald, Liz Lightstone, John Williams, William Nelson, Jonathan Fox
2. Minutes of the previous meeting –
  - a. Sc should read Honorary Treasurer not Honorary Secretary
  - b. Jane McDonald President of BRS not Jane Tizard
3. Matters arising – none
4. President's report – attached in paper's submitted
  - a. Constitutional matters important that all attend AGM. To increase attendance bacon butties will be supplied for breakfast. The current rules relating to the appointment of the President suggest that CT's election was not legitimate. Clause in the rules states that the Chairman of the Renal Registry Committee cannot stand for President until 2 years following completion of his term as Renal Registry chair. There are also a number of other rules which are inconsistent with our current practices for running the Association. Any change in rules needs to be publicised to membership prior to asking for approval to change constitution. Plan to call an emergency general meeting to have rule change approved, this will include approval relating to previous officers standing for president without a gap between roles as need to ensure that rule changes can be applied retrospectively. The legitimacy of the RA needs to be maintained and therefore rule changes have to be performed according to procedure. The AGM will be adjourned at the point of discussions on the constitution so that rule changes can be publicised with appropriate notice. Executive unanimously approved approach to rule changes.
5. Treasurer's report – report attached in submitted papers
  - a. Both general and Registry funds healthy

- b. Income is down slightly due to loss of corporate members
- c. Ring-fenced accounts for BAPN now included in Renal accounts - £120K
- d. Formal affiliation of SpR club with Renal Association. Will ring fence funds for the SpR club and will be shown in future accounts
- e. £8.5K spent on publication of Renal Association guidelines, parallels publication of Renal Registry Annual Report. The 5<sup>th</sup> edition of the guidelines marks the 60<sup>th</sup> anniversary of the RA. PM formally thanked SR for his report for his continuing superb work as Honorary Treasurer. SR completes handover as Honorary Secretary to Jonathan Fox at next meeting in September

#### 6. Clinical VP report

- a. KH hands over to Martin Raftery in September.
- b. PBR and tariff – From April 2011 payment will be tariff based on 1 HD session and PD/day. This will move to best practice tariff by 2012. This is potentially a large financial risk for renal units as there is a £40 million shortfall between what is paid now and what expected to be paid by tariff. Donal O’Donoghue commented that HD is overpaid. ARF, end-of-life care and pre-dialysis are not tariff funded. Potential threat to these services with removal of excess from HD payments. This may result in the need for greater efficiency savings in renal medicine than expected. RL asked if advice was being given to Clinical Directors as to how savings should be met. MR noted there was a session at the annual meeting to discuss these issues and others regarding efficiency savings. RL felt that the uniform approach to service delivery in the country was threatened. CT felt that PBR should be abolished for chronic disease states. PBR promotes unnecessary waste with additional visits for patients. The RA should promote alternative models of funding. RL notes the RA should lobby the current administration on kidney issues. Concern that there might be pressure for individuals to have conservative care. Donal O’Donoghue noted conservative care should only be practised for the correct reasons. Important to decide as an Association in cooperation with the BRS what response should be taken to funding pressures.
- c. Guidelines committee – Robert Mactier - 28 colleagues have imputed to publication of the guidelines. Strong collaborations have been developed with other guideline committees such as KDIGO. A joint guideline with the radiologists to avoid contrast nephropathy has been developed. NHS accreditation document has been submitted. SR noted that the DOH were producing guidelines on Blood borne viruses. The RA guidelines should match these and there should be clarity between guidelines. RM noted that the evidence base for blood borne virus guidelines is poor and not all agree with differences of opinion between virologists and nephrologists. It is very difficult to determine individuals’ risk and determining travel risk is impossible.
- d. Renal Registry – Charlie Tomson – the Renal Registry academic output is improving and the annual report is larger this year. Collection of the National Renal Dataset has caused problems for data validation. Unable to collect data on peritoneal dialysis. Still trying to assimilate data for completion of the vascular access audit.
- e. Clinical Service Committee – Martin Raftery – recent CD forum successful. MR to hand over to Graham Lipkin in September.

#### 7. BAPN –

- a. the RA constitution has been amended to allow the BAPN to become a division of the RA.
- b. Mary McGraw reported that Roche had recently withdrawn their epo-pen which was widely used by paediatric patients. This was a result of the partnership between

Roche and an external company that made the pen being dissolved in 2008. The first communication relating to withdrawal of the pen by Roche was 2010. This has caused considerable difficulties with epo prescribing in paediatric practice. The EMEA need better practices for pharma to withdraw products and this should involve consultation with specialties.

- c. Paediatric services are working with the Royal College and NHS Kidney Care looking at documentation to develop network of paediatric kidney care to ensure best practice across centres
  - d. Jane Tizard joins executive as Honorary BAPN secretary
8. Green Nephrology – 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. CT will speak to the Health Foundation for further funding. RA response to green initiative slow but on-going.
9. Academic report
- a. Clinical Trials committee – met in January with a report from each of the clinical study groups. Output of groups encouraged to be submitted to KRUK and other funding bodies. A clinical trial session is being held at the annual conference aiming to increase education and deliver high quality trials.
  - b. Research Committee – BH will take over as academic VP at the September executive meeting. The genetics research group is now established and active. The research committee is promoting links between pharma and academia. The research committee has been working with Sheffield University to establish a renal research database. Need to advertise for new Research Committee Chair.
  - c. Education Committee – work on renal curriculum approved. CS formally thanked Sue Carr for all the committee’s hard work. The Advanced Nephrology Course continues to be successful, the last meeting was residential with very positive feedback. Residential format will be repeated in September in York. The annual meeting has 3 CPD sessions organised by the Education and Training Committee. Successful bid for elearning for health to map to renal curriculum. New flexible training website developed.
  - d. International committee- Albert Ong taken over as chair. Currently has 10 members, some of which are retiring need a call in eNews for new members. The RA is well represented in the ISN – JF president-elect, Paul Harden chairs sister programme. There are 12 UK centres paired with international centres. A session at the annual meeting had been organised to promote global nephrology. RA to fund 1 place at the pan-African Congress. Robert Unwin wished to know if the RA could facilitate trainee exchange – this should be discussed with the chair of the Education and training committee. The RA was asked if they would co-sponsor an ISN fellow providing 50% salary funding (roughly £10K), SR responded that a formal proposal would be needed but in principle executive supportive – **ACTION** Albert to submit proposal on behalf of International Committee to executive. It was noted that there may be difficulties in overseas doctors working in the UK. ISN fellows previously have only been allowed to work as observers. Discussions with the RCP and DH to address this had not been fruitful. Very difficult for GMC to accredit clinical practice in this setting.
  - e. UKKRC – aim to develop the research agenda next meeting 7<sup>th</sup> July. The consortium remains active. CS will demit from chair of the renal specialty group on 1<sup>st</sup> July.

#### 10. SAC –

- a. The renal curriculum has been accepted by PMetB. The curriculum was commended for embedding leadership skills within the curriculum. Needs to be implemented by training committees as it goes live in August.
- b. The national recruitment process led by Pearl Pai is on-going. Shortlisting went well but concerns raised about quality of trainees being attracted to nephrology. Spread of scores was to lower end of continuum compared to other specialties.
- c. There is pressure to reduce the number of training places across the country. Lack of engagement to support implementation of cuts from lead dean. 7 places have already been cut, 2 West Midlands and 5 London. Further reductions are required but the SAC has no executive power to implement. Simon Davies wished approval from the executive to write to COPMed to request permission to ask for a new lead dean. Discussion around the merits of this plan occurred. The executive supported the contact with COPMed. It was suggested that this should be handled by telephone rather than email to allow discussion about a vote of no confidence in current dean.
- d. Academic training – distribution of academic trainees is uneven and needs to be strategically managed as these posts create difficulties for workforce planning. The post-graduate training budget is to be cut by 15% which will affect all specialities.
- e. Sub-consultant grade – the BMA is strongly against the sub-consultant grade doctor. Trainees need jobs they are not in principle against the sub-consultant grade but concerned that these will be dead end jobs with no movement to senior posts. Phil Mason wishes to engage with the development of these posts rather than the standoff that the BMA have taken. The BMA stance is that it is not desirable for consultants to have different terms and conditions as would happen with a sub-consultant grade. Mark Macgregor commented that specialty doctor appointments in Scotland were attracting poor quality applicants as these posts were poorly paid.

#### 11. Devolved nation report

- a. Northern Ireland- Billy Nelson not in attendance. report submitted report in attached papers
- b. Wales -John Williams – not in attendance. Wales copying academic training with development of a Welsh system similar to the Scottish Clinical Research Excellence Development Scheme. Developing clinical networks so patients do not have to travel more than 30minutes to their dialysis unit.
- c. Scotland – Mark Macgregor- Scotland is piloting direct election to Health Boards. Concern regarding financial pressures on services in Scotland due to disproportionate reduction in spending proposed. Recent consultant expansion has slowed with 60 nephrology consultants in post. Scottish electronic patient record due to go live soon. Recent increase in number of patients receiving home HD but shrinkage in patients on PD. In total 1800 HD patients in Scotland. GP survey – approximately 3% of patients have CKD stage 3. No organised response to recent NCEPOD report. Developing guidelines for use of plasma exchange.

#### 12. Revalidation – Peter Drew

- a. No longer recertification and licensing but revalidation based around appraisal which will occur yearly following a 5 year process, including 360° multi-source feedback, CPD and audit. The GMC will be responsible for the process. The biggest problem will be revalidating locum doctors. The College supports CPD and is developing open book learning. The cardiologists as part of their CPD have to do a series of questions based on a textbook which need to be repeated every 8-9 years.

It is an extension of SpR exam. The intellectual property on the NSCE is jointly owned between RCP and RA so may lead to difficulties in using these questions for revalidation. Mark Macgregor noted that in Scotland draft guidance has been issued on appraisal time required and should get time in job plans. Laurie Solomon commented that trusts have to introduce education for individuals to perform appraisal.

13. Renal Tsar report submitted

- a. New government will not change the challenges facing the NHS with budget restrictions
- b. James Metcalfe appointed to chair kidney quality information. This will be complementary to the Renal Registry and increase engagement with the NHS Information Centre.
- c. Push by department to increase provision of home haemodialysis
- d. Need to look at end of life care and AKI and define quality indicators. Acute Kidney Injury need to take on KDIGO definitions.

14. Future meetings

- a. Cardio-renal forum with Dutch meeting will occur in October
- b. 2011 Paris joint meeting with French, programme committee met and outline of programme made. Concern about sponsorship.
- c. 2011 meeting in Birmingham with BRS
- d. 2012 meeting will be a stand alone meeting. Planned to meet in London but venues identified by MCI expensive. Martin Raftery noted that there were many venues in London that would have capacity to host the RA meeting. He would forward suggestions to MCI. **ACTION** – MCI to be asked by CT to look at other venues in London.
- e. EuroPD meeting will be held in UK next year. RA has been asked to help promote meeting at no financial risk. To be promoted in eNews.

15. Communications

- a. New website and eNews format. Chairs of committees asked to make sure website updated at least prior to each executive meeting to ensure pages relevant.

16. Renal Patient View – Neil Turner reported that a poster was being displayed at the annual meeting showing how RPV was being used. Patient use is variable but those who do use it use it often. RPV should now be usable by all renal units, approximately two thirds of units have RPV installed. RPV conference on 7<sup>th</sup> September. Patients are a driver to encourage units to use but not generally promoted to patients. Need to think about how best to promote to patients.

17. AOB –

- a. SpR club officially affiliated with the RA. An SpR club report should be standing agenda item at each executive meeting. The SpR club will encourage SpRs to join the RA, will give a discount to RA members attending SpR club meetings.
- b. Renal Scientist working group need to encourage members to join RA. Need to identify benefits to the scientists not currently members. **ACTION** John Reynolds to discuss with working group.
- c. Kidney Alliance – recently been successful in changing EU draft legislation on living transplantation. Next world kidney day theme will be keep kidney and heart well.

18. Next meeting 29<sup>th</sup> September Birmingham venue to be arranged