

British Association for Paediatric Nephrology

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BAPN Business Meeting

14th May 2008
BRS/RA meeting Glasgow
Minutes

Present: Mark Taylor (President), Jane Tizard (Secretary), Sally Johnson, Hugh McCarthy, Leah Krischock, Alec Howie, Chris Reid, Brian Judd, Caroline Jones, David Hughes, Meeta Mallik, Adrian Woolf, Judith Van der Voort, Rodney Gilbert, Mairead Convery, Rukshana Shroff, Carol Inward, Heather Lambert, Shivram Hegde, Moin Saleem.

Apologies Jane Deal, Alan Watson, Stephen Marks, Sally Hulton, David Milford, Martin Christian, Lesley Rees, Dick Trompeter, Mary O'Connor, Kay Tyerman, Eric Finlay, Nick Webb, Jan Dudley, Mary McGraw, Rachel Lennon.

1. Minutes of last meeting the AGM at Birmingham Children's Hospital Dec 2007 were agreed as a true record.
2. Membership
 - a. Hannah Cottis –Trainee in Bristol with an interest in Nephrology was elected to the Association.
3. Foundation for change
 - a. Mark Taylor introduced the final draft of the document "Foundation for Change". This is a position statement for the BAPN on which the strategy for the next 5 years should be developed. It is important for interaction with other Associations. It has been received positively by those who have seen it. It has been viewed by the Renal Association Executive. Members were asked to comment on the document.
 - i. AH commented on the lack of pathologists with an interest in paediatric nephrology. It was agreed that this was a problem in some parts of the UK. In some areas the adult pathologist provides the service and in others the paediatric pathologist. It was agreed that the BAPN should make contact with the Royal College of Pathologists regarding this.
 - ii. Other good links with specialities that are lacking in some units included immunology, genetics and interventional radiology.
 - iii. CI suggested that links with fetal medicine should be included.

- iv. HL suggested that links with urology and other surgeons should be included.
- v. DH highlighted the need to include working with the other devolved bodies in addition to the DoH in England.
- vi. Emailed suggestions from AW would also be incorporated.
- b. It was agreed that with these additions the document could be endorsed by the BAPN and would be distributed.

4. Research Update

- a. Moin Saleem reported that the MCRN Clinical Study Group(CSG) has now been established. Moin Saleem has been appointed Chair of this group. Members of the group have also been appointed and there is representation from most units. A parent representative has been appointed. The formation of this group will be powerful for the BAPN as research proposals supported by the CSG will have an increased chance of obtaining funding from the HTA and NIHR programmes.
- b. In Europe the ERANET project is looking for stakeholders to prioritise research to receive EU funding.
- c. Moin Saleem and Mark Taylor have secured £350,000 funding from the MRC for developing The National Cohort Registry of Rare Kidney Diseases. This will be a web based Registry. The two pilot registries will be for MPGN and FSGS. This will be followed by Cystinosis. It is hoped that these registries will link with the End Stage Renal Failure registry. There will be twice yearly clinical meetings. The aim will be to develop specific research questions from these cohorts.
- d. VUR-sibling pair project-AW stated that the clinical data is now being reported (poster at the RA meeting). The MRC has awarded a grant for the genome search. Results are awaited.

5. Trainees Update-Leah Krischock

- a. Educational Supervisors must have appropriate training and time to supervise trainees. Standards for trainers have now been set by PMETB and are available on web site.
- b. New trainees (including 2007 grid entrants?) need to conform to the new standards.
- c. The training posts were limited to 2 for intake in September 2008. One applicant was deemed suitable for appointment, but did not accept the posts offered for personal reasons. There will be no restriction to grid posts for September 2009.
- d. The CSAC is keen to attract high quality academic trainees as well as to encourage trainees to actively pursue academic careers if they have those skills.
- e. Curriculum for General Paediatrics with Special Responsibility for Paediatric Nephrology.
 - i. Dr Peter Houtman (Leicester), Robert Jones (General Paediatrician South West), Lyda Jadresic (Gloucester) and Dr Hannah Cottis, SpR Paediatrics with interest in nephrology, are updating this curriculum with guidance from RCPCH
- f. Appointment of new CSAC Chair.
 - i. The new CSAC Chair appointment to take over later in the year will be from one of the speciality training advisors, Moin Saleem or Maggie Fitzpatrick.
- g. Next Training days
 - i. US training King's College 2 June 2008 and Liverpool September 2008
CPC at Great Ormond Street, 12th June 2008
SpR meeting in Bristol, 17th October 2008
SpR Club in Cardiff, 18th and 19th October 2008

- h. Workforce
 - i. There will be 2 consultant posts available in 2008
- i. Trainee issues
 - i. At least 16 hours per week should be in the delivery of emergency out of hours care (pro rota for flexible trainees). That implies 32 hours supervised programmed clinical training and 16 hours in the provision of acute emergency duties
 - ii. 70% of time worked should be in the sub specialty for NTN Grid trainees
 - iii. The CSAC and trainees are increasingly of the opinion that 36 months of clinical training in nephrology should become mandatory in order to achieve the competences required and to fill the appropriate level of confidence and experience to act in a consultant capacity. The BAPN agreed with this but its not clear how to create this change
- j. Issues from The BAPN
 - i. NM pointed out that delivering training within the 48hr EWTD will be a challenge
 - ii. AW asked for more opportunities for the trainees to attend the GOSH nephrology week. Currently many of the attendees are from overseas, whereas this meeting should be an excellent training opportunity for all UK trainees too.
 - iii. The trainees are expected to attend the GOSH week at least once. There is compulsory annual attendance at the RA meeting, January training day and October training days which links with the adult nephrology training days.
 - iv. JVdV asked about the requirements for dual centre training. JT to ask Sally Hulton for statement regarding this.

6. Clinical Services Committee

Nadeem Moghal

- a. Case studies which were sent out for coding to UK centres showed significant variability. These have been sent to the DoH and then the Audit commission to demonstrate the difficulty with PbR when there is such variation in coding resulting in different tariffs. There could be a variation of up to £6m between centres with the same caseload.
- b. There is currently an analysis of RRT tariff in Newcastle, Leeds, Guys and St Thomas' and Birmingham working with Beverley Matthews. This will inform the future tariff for HD and PD.
- c. Newcastle is a PbR test site for all aspects of paediatric nephrology-this will not be used to develop the tariff.
- d. HRG 4 not released for paediatrics yet.
- e. Benchmarking process-establishing all aspects of work against PAs. This has been done for surgeons. NM suggested the BAPN should do this for paediatric nephrology, before it is imposed on us.

7. Registry and Audit Committee

- a. This was deferred due to lack of time. Carol Inward was welcomed to the position of Chair of the Registry and Audit group.

8. Meetings – 2008-9

- a. Thursday June 12th CPC GOS
- b. Exec June 13th GOS
- c. ESPN Lyon 11th -14th September
- d. Exec Oct 10th Birmingham
- e. AGM Dec 5th Birmingham

