

# British Association for Paediatric Nephrology

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## BAPN Executive Meeting

Thursday 17<sup>th</sup> Sept 2009  
RCPCH London

### MINUTES

Present: Peter Houtman, Maggie Fitzpatrick, Kay Tyerman, Lesley Rees, Leah Krischock, , Carol Inward, Moin Saleem, Mary McGraw (President) Jane Tizard (Secretary)  
Apologies: Nadeem Moghal, Eric Finlay

1. Minutes of last Exec meeting were agreed as a true record
2. Matters Arising(not otherwise on the agenda)
  - a. Quality initiative-. New VP for Health Services was not aware of offer of previous VP Simon Lenton to possibly fund a workshop to consider quality initiatives and this is not in RCPCH workplan. Consider asking NHS kidney care to fund a meeting. **(Action JT to ask Bev Matthews)**
3. RA/BAPN interaction- report circulated
  - a. JT reported on the meeting with Peter Mathieson and MM
  - b. Finances
    - i. Issue of membership for paediatricians with an interest and whether they should have reduced membership fee but would not have benefit of reduced admission to RA meeting. Other group in RA is the renal scientists who are full members but attend the RA. This will be discussed further at the next meeting on October 22nd. Ask PM if S Rogers (RA treasurer) should come to meeting. **(Action JT)**
  - c. Communication
    - i. Link with RA website still to be determined
4. Workplan
  - a. The updated work plan was discussed. Most discussed elsewhere in agenda.
  - b. Audit and guidelines
    - i. There was a discussion about clarification of roles regarding audit and guidelines committees. It was agreed that the registry and audit committee should plan the audit programme and where guidelines are available, audit against those guidelines. After the audit is completed then the suggested changes to existing guidelines or suggestions for new guidelines should be submitted to S and G

committee. The S&G committee should submit new or amended guidelines to the executive committee for ratification.

- ii. Renal biopsy audit had not followed this process. However it was agreed the S&G committee would review the suggestions made for guidelines that had come from this audit and submit to EC a suggested set of guidelines. It was envisaged this could be done quickly as most of the work had been done. This would then be a good topic for re-audit against the new guidelines. **(Action S & G committee)**
- iii. Infant dialysis audit- CI reported that this would be led by Birmingham A trainee, Helen Jones, had expressed an interest in leading this. Some standards (eg RA standards exist) but need to ask S & G group for further input. LR explained that International PD registry has some evidence to provide standards for PD and growth for example.
- iv. BPSU study on ethics of decision making in infant dialysis-proposed by Karl McIver-few aware of this. Therefore need log of trainee projects.

**(Action HM)**

- c. Research-this didn't include all the current proposed studies- MS to send details **(Action MS)**
- d. Clinical services subcommittee
  - i. Will need new lead in May-consider those with management role
    - 1. ? Ihab Shaheen, Rodney Gilbert
  - ii. Need further information on timelines of projects. MM to contact NM **(Action MM)**

#### 5. AGM Dec 2009

- a. To be held in Birmingham. Mark Taylor has said no cost for room. Will need to fund refreshments.
- b. MM stated that the AGM is a statutory formality for any organisation. It should be for 1 hour and have brief reports back to the Association.
- c. It was suggested that the day should include a significant CPD element to attract SPIN paediatricians too. To include some state of the art topics. Suggestions included use of rituximab (JvV) and update on registries (MS). CI suggested a discussion on the recent NCPEOD enquiry into acute kidney injury-this would be of interest to both SPIN and tertiary paediatric nephrologists. JT suggested in the light of the recent successful funding of the NS study that this would be a useful topic for all as the study would be commencing soon. All were enthusiastic about a presentation by P Houtman on the clinical network project. It was also agreed that trainees should be given an opportunity to present work in progress for research or audit.
- d. Final agreement for meeting 10.30-16.30
  - i. AGM 1 hour
  - ii. AKI
  - iii. Nephrotic syndrome study
  - iv. Nephrology networks
  - v. Trainees **(H McCarthy to arrange)**
- e. CPD points-MM to enquire from RCPCH **(Action MM)**

Executive  
Carol Inward 1 hour  
Nick Webb 1 hour  
Peter Houtman 1 hour

#### 6. Schedule of meetings

- a. The AGM should be held at the annual RA meeting in May/June
- b. RCPCH meeting will be in Warwick 2010
- c. 2011 RCPCH may be change of format to regional meetings. BAPN may need to consider link with regional meeting

#### 7. Committee membership

- a. New appointments-will need to request nominations for 3 positions towards end of year
  - i. Consultant within 5 yrs of appointment
  - ii. Clinical services committee char.
  - iii. Secretary

- b. Lay representative
  - i. Tim Statham has responded very favorably to suggestion of lay representative on exec. Need to send person specification. MM to ask for RCPCH person specification. **(Action MM and JT)**

8. Reports

a. Treasurer

- i. JVV has spoken with S Rogers from the RA and needs to give more information. The RA has requested the last 3 years accounts. JVV gave an overview of the current accounts. Need to identify restricted funds as the remainder will be amalgamated with the RA funds.
- ii. KKR donation to the ESPN of 10,000E-this should now be arranged as the ESPN has a separate accounting line for the ESPN Registry. There was some discussion about the history of the donation but it was agreed this should be requested from KKR once invoice from the ESPN arrives.
- iii. £134,897.61 is current balance but need to confirm how much is KKR money-probably > £125,000. JVV to check with Dick Trompeter.
- iv. Need to consider other regular commitments eg donation to KA £300pa (RA pay £6000). Payment for bursaries-this came out of KKR funds.
- v. RA has charitable status which will be a benefit.
- vi. Need to clarify role of BAPN treasurer in RA -this will need to protect interests of BAPN.

b. Research report submitted

i. KKR funding

1. Initial offer of 100,000 p.a. for 3 years. BAPN asked to administer via KRUK infrastructure and were offered additional £50,000 top ups if £100,000 awarded but not achieved in 2008
2. 2008-£100,000-funded RADAR top up and LR pilot study. Did not fund N/S study or R Schroff ergocalciferol study.
3. 2009 only application was D Hothi-for study of cooling HD dialysate. This did not conform to the Multicentre/national nature of the trials that had been the agreement for the KKR/KRUK funded projects.
4. KKR money remaining includes 100,000 from this year and remainder from 2008. KKR would like to use this money to fund research. They want to fund D Hothi project which narrowly missed funding from KKR round of applications as no further money to offer. This project has now been converted to a multi-centre study and is awaiting result of funding request from NIHR (due December). This funding request is for significantly more but LR who is co applicant explained that project could still be conducted as a multi-centre trial within the budget of the initial proposal to KKR(ie £99.878)
5. Options were discussed as to whether to 1) give 100,000(or more) back to KKR or 2)whether to agree to the funding of the project with BAPN support or 3)to ask for rollover. MM informed the committee that KKR wanted to spend the funding this year.
6. After much discussion it was agreed that MM should write to KKR and agree to the funding of this project as LR gave her absolute assurance that it would be a multicentre study. LR agreed to provide a revised project demonstrating that it is now multi-centre. This would then fulfil the BAPN requirements.

**(Action MM and LR)**

ii. RCPCH meeting 2010

1. Need to link with another specialty. Suggestions included

- a. Rheumatology
  - b. Infectious diseases
  - c. Intensive care
  2. MS to make link **(Action MS)**
  3. Academic board meeting soon will discuss change of format. MF may attend as CSAC chair. MM also attending
- c. Registry
- i. CDI asked if the Exec would endorse inviting Charlie Tomson to continue attending the Paediatric renal registry committee as he had been so supportive. This would be in addition to the incoming Chair of the adult registry. This was agreed. **(Action CI)**
- d. Clinical Services Committee
- i. Not discussed in the absence of NM
- e. Communication Strategy-report submitted
- i. LK asked if the BAPN could buy a copy of "Dreamweaver" to enable her to update the website. This was agreed. **(Action LK)**
- f. Clinical Standards and Guidelines-report submitted
- i. Care plans-need to be able to adapt for paediatrics. JT offered to ask Beverly Matthews for non pdf version for clinical standards and guidelines group to alter. **(Action JT)**
  - ii. Patient related outcome measures-patient care surveys are being developed. A survey for HD has been developed at GOSH. The questions have to be designed so that there is a possibility of change in response. Jan Dudley had agreed to develop a survey for PD and Davis Milford for children with transplants. **(Action LR to follow up)**
  - iii. Audit of renal Units- This needs to be discussed again as may become a requirement.
  - iv. Guidelines.
    1. LR reported that the trainee guidelines were not proving successful. It was agreed that this issue should be further discussed by the CSAC **(Action MF)**.
    2. RA guidelines paediatric aspects –the dialysis guidelines had been updated and are accessible on the BAPN website but in spite of reminders the other groups-transplantation, acute renal failure and chronic renal failure had not progressed. It was agreed that this would be a task for the new Chair of the CSG group to invite volunteers to take this on **(Action LR to inform new Chair)**
    3. NICE guidelines on UTIs -Jan Dudley has approached the RCPCH with a view to considering an audit of the use of the guidelines.
- g. CSAC and trainee issues
- i. Report taken as read. Nothing else discussed.
- h. SPIN
- i. PH reported that he had sent out SPIN survey to about 60 paediatricians. He has had 26 replies. He will report at the AGM. **(Action PH)**
- i. Secretary-report submitted
- i. BRS- Workforce planning-BAPN need to respond-only 4/13 units so far. Urgently need the remainder **(Action JT)**

- ii. BRS meeting with RA in 2010 and probably in 2011-need to encourage MDT to attend **(Action all)**
  - iii. NHS kidney care priorities –
    - 1. JT has asked if they would support the SPIN project and audit projects-need further discussions **(Action JT)**
    - 2. Home HD project-JT had been surprised to hear that as NHS kidney care could not fund the project it was being taken to the commissioners where the possibility of “sharing the risk” amongst SCGs would be discussed. This had not been discussed as part of the original application. It was agreed that a proposal should be sent to the executive to be discussed **(Action LR)**
9. World kidney day-report submitted
- a. KT asked for some younger patient representation at next year’s event. It was suggested that there should be a “BAPN table”. Could include –for example paediatric kidney care plans. Ideas to be sent to KT. **(Action all )**
10. ACCEA
- a. Applications have been requested with deadline for 13<sup>th</sup> October.
11. External Committee Update-
- a. In view of lack of time no further updates were discussed.
12. Meetings – 2009-10
- a. Surgical challenges meeting Bristol November 20<sup>th</sup>
  - b. AGM Dec 4<sup>th</sup> Birmingham
  - c. Exec March 2009
  - d. Warwick 2009 April 20-22<sup>nd</sup> 2010
  - e. RA/BRS May 17-20<sup>th</sup> 2010 (plus BAPN business meeting)
13. New members-none
14. Renal biopsies
- a. The BAPN paper on renal biopsies and some suggested standards had been circulated by A Watson, asking for suggestions/approval. It was agreed in principle that this request should go to the CSG group as they should set standards (based on evidence where available). Re-audit should be managed via the audit committee. A Watson should be emailed with this plan**(Action JT)**
15. AOCB
- a. Revalidation
    - i. MM asked for this to be highlighted. It was suggested that there should be a BAPN officer leading this. MF was nominated and agreed.
    - ii. RCPCH is requesting specialty specific evidence for revalidation
      - 1. eg contributing to the renal registry (although not necessarily individual)
    - iii. This issue should be on the CSAC agenda **(Action MF)**
  - b. Pharmaceutical support for funding audits.
    - i. CI asked if the executive would support pharmaceutical support for audits. It was agreed that it would but the strict regulations that are in place now need to be upheld.
16. Date of next Executive Meeting – March 2010 2009 TBA

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