

# British Association for Paediatric Nephrology

**President: Dr C Mark Taylor, Birmingham Children's Hospital**  
Tel: 0121 333 9225 Fax: 0121 333 9231 E-mail: [mark.taylor@bch.nhs.uk](mailto:mark.taylor@bch.nhs.uk);

**Secretary: Dr Jane Tizard, Bristol Royal Hospital for Children**  
Tel: 0117 342 8881 Fax: 0117 342 8810 E-mail: [jane.tizard@ubht.nhs.uk](mailto:jane.tizard@ubht.nhs.uk);

**Treasurer: Dr Richard S Trompeter, Great Ormond Street Hospital for Children, London**  
Tel: 020 7813 8305 Fax: 020 7829 8841 E-mail: [trompr@gosh.nhs.uk](mailto:trompr@gosh.nhs.uk);

[www.bapn.org](http://www.bapn.org)

## BAPN Executive Meeting

*Friday 13<sup>th</sup> June 2008*

Institute of Child Health GOS

Present: Mark Taylor (President)

Kay Tyerman  
Moin Saleem  
Leah Krischock  
Sally Hulton  
Eric Finlay  
Nadeem Moghal  
Lesley Rees  
Dick Trompeter  
Jane Tizard

Apologies: Chris Reid  
Carol Inward

1. Minutes of last meeting from 29<sup>th</sup> February were agreed apart from fee to ESPN – should be 1000E.
2. Matters Arising
  - a. Membership of general paediatrician on Executive committee to be checked. (not on constitution-therefore needs to be taken to Dec AGM)
  - b. RT to try and link again with adult unit at RF to see if possible to link for registry downloads.
3. Foundation for change
  - a. The final document has now been widely circulated including the RCPCH, JSC, RA, President of RCP, Registrar RCP. It was discussed with Donal O'Donoghue and Beverley Matthews.
    - i. Transition
      1. There has been agreement between the colleges to collaborate and produce a professional statement endorsed by both the RCP and the RCPCH. This is important to give the commissioners unanimity of professional guidance. A working party will be set up to develop this. LR pointed out that much of the work had been done in the Action Learning Sets which was

- a DOH document but it was thought to be important to have a college endorsed document.
2. Suggested names for committee were David Milford, Stephen Marks, and Nadeem Moghal. From the Adult nephrology aspect John Feehally and Paul Harden would be appropriate people to be included. It was decided to ask David Milford to lead the group. **Action: MT** It would be important to include input from other non-medical professions and adolescents.
  3. Unfortunately there is little evidence of improved outcome and therefore important to get evidence from users that quality of care improves with transition process.
  4. It was agreed that the BAPN should fund the group and there should be an aim to produce the report in 6 months.
- ii. Matching services to population
    1. The "Framework of critical interdependencies" of specialised services has been completed and the document will be published very soon. There is currently a modelling group looking at the number of services required for each service. There has been one meeting and working with the model it appeared that approximately 9 units would be required for England. It appeared that for specialist services like nephrology the number of units would approximately map to the number of regions. There is a further meeting shortly by which time this work should be completed.
    2. This has not included discussions of transplant services and it was agreed that this should be investigated from within the BAPN. Bob Postlethwaite had addressed this before and LR agreed to try and find the document. **Action LR**
  - iii. Specific issues of healthcare delivery
    1. There is a new workforce project with the BRS and DoH which will concentrate on the competences required by the team rather than just numbers. There will be a workshop/meeting in the autumn. Need to identify leads from each of the disciplines. So far have received names for dietetics and pharmacy. The WF planning project is being led by Jane MacDonald president elect of BRS. **Action JT/all**
  - iv. Training
    1. The issue of how to promote academic training was discussed. SH has written to the RCPCH but has not had an answer. With the new academic training programmes Trusts need to apply for academic posts but specialties may compete for these and they will not provide permanent training opportunities in nephrology. It was suggested that SH, MS and Paul Winyard should identify the units that can offer academic training. The BAPN can then support these Trusts in applying for such posts. **Action SH, MS.**
    2. Not mentioned in the document but the issue of prolonging training to 36 months has been supported by the Association at the general meeting in May. There is concern that that with reduction in working hours 2 years will not be sufficient. SH will write to Ian Doughty (HST) at RCPCH. **Action SH**

#### 4. Reports

##### a. Treasurer

- i. Some subscriptions still not paid-being followed up
- ii. £80,000 from KKR has gained £2000 interest
- iii. Only 1/3 travel bursaries were awarded-these should be advertised before the main meetings.

- iv. The ESPN has been paid 1000 Euros x2 for the 2 years to support the ESPN registry. Still no receipt-to be followed up. **Action EJT/RT**
  - v. Leeds costs for website still to be paid
  - vi. Once KKR funds moved to KRUK the balance will be approx £7000
- b. Registry
- i. Carol Inward has been elected to Chair of registry and has arranged to meet with the Registry group and Malcolm Lewis in the next 2 weeks.
- c. Research
- i. MCRN Nephrology CSG –this group had the first meeting in March 08. There will be 2 meetings per year. The next meeting is October 16th
    - 1. UTI study has applied for HTA funding
    - 2. HTA – has called for projects of diagnostic criteria UTI-Primary care Bristol to contact Alan Watson
    - 3. NS study-awaiting decision of KRUK and HTA
  - ii. Opportunity for trainees to present research at an annual meeting is being considered.
  - iii. Registry posts funded by NIHR/UKRR are advertised on the RA website- this should be disseminated to trainees
  - iv. York-
    - 1. This was poorly attended this year. Need to ask T Stephenson re next year's format. **Action MS**
    - 2. Email re 5x5 session subsequently sent to all for suggestions to be sent to MS. **Action All**
  - v. RA meeting 2009- there will be some weighted sessions re paediatrics but no separate sessions. Suggestions for speakers to MS. **Action all.** JT to contact David Goldsmith re room for BAPN meeting. **Action JT**
  - vi. Bursaries to be advertised on the website 3x £1000. **Action MS and EF**
  - vii. Rare diseases registry-MRC grant has been awarded. Web-based site to be developed. Needs to relate to UKRR. Initial pilot will be for FSGS and MCGN.
- d. Clinical Services Committee
- i. Benchmarking and workforce survey-Civil Eyes consultancy is working with the consortium of Childrens hospitals to benchmark clinical services. Matching work to team based PAs has been proposed by NM. The contact with the heads of services has resulted in a limited response. It is difficult to standardise, there are uncertainties as to how to collect activity e.g. for phone calls/advice to region. Some units log all calls. How to assess quality? Need framework for collecting data on quality and criteria for quality e.g. patient feedback. It was suggested that this could be part of research project perhaps funded by BAPN from KKR money. **Action NM**
  - ii. PBR update- Analysis of data on costing of RRT from Birmingham, Newcastle, Leeds and Guys is being undertaken. Beverley Matthews is involved. This should produce a report soon. Newcastle will be a pilot PbR site for all paediatric nephrology activity. **Action NM**
  - iii. Coding feedback-the result of the coding exercise has been circulated. There will be publication for HSJ consideration. How to improve the coding structure will be speculated in the paper. **Action NM**
- e. Communication Strategy

- i. Forum not being used much. This is in part due to the E mailing of relevant information so no need to look at website. It was decided to email links to website where possible. Eg Links to papers for general meeting in December. Agreed that some E mails for appropriate to bypass website. **Action JT/EF**
  - ii. Need to give consideration to “patches” to protect forum but this is expensive and not justified yet.
  - iii. We would encourage use of website if we had more protocols/ guidelines available
  - iv. Consider charging for advertising meetings etc. Need to show more use of website or will not be justified to charge. EF to develop “publicity pack”.
  - v. BAPN branding-need high quality PDF logo that can be used to identify BAPN. The letterhead is not sufficient. Quotes are high from Leeds. MT to enquire from ESPN management whether cheaper option is available. **Action MT and EF**
  
- f. Clinical Standards and Guidelines
  - i. NICE UTI guidelines-there is a deadline of 3/12 for the Association to respond to these guidelines.
  - ii. Responsibility for Audit of ESRF should be the remit of the Registry committee. The CSG committee would be responsible for all other national audit.
  - iii. The RA standards –LR has still not has responses from some of those leading the RA standards document paediatric chapters. **Action LR**
  - iv. It has been agreed that trainees should all produce a clinical guideline. These should conform to the outline of the RCPCH guideline protocol. However it was acknowledged that this is a very rigorous and time consuming process and that trainees should be encouraged to choose a focused area to base the guideline on, perhaps identified from a clinical case they have been involved in. Alternatively they could do a national survey of clinical practice. The trainees should contact LR before commencing the guideline and there should be a list available on the website of guidelines in progress and trainees and supervisor. SH and LK agreed to take this forward with the trainees. **Action SH, LK, LR**
  - v. MCGN guidelines being revised by Larissa Kerecuk.
  - vi. Patient Information.
    - 1. LR has produced much PI from GOS and is willing for this to be available via the BAPN website. If this is labelled as BAPN information then needs to be agreed by GOS and the guideline committee. **Action LR & EF**
    - 2. Jan Dudley has been offered industry financial support to produce interactive pt information as provided by OTIS for renal transplants in adults.
  - vii. RPV –Chris Reid will be attending first meeting of the RPV group very soon.
  
- g. CSAC and trainee issues
  - i. Modular curriculum for general paediatrics with an interest in nephrology is being developed with Peter Houtman leading the group.
  - ii. There is strong feeling amongst the Association and trainees that 36 months training should be a requirement for training in tertiary paediatric nephrology. SH to take this forward with the RCPCH. **Action SH**

- iii. Overseas training should be encouraged but it is essential that this should be planned in advance so that educational approval can be given
- iv. Two U/S training courses. King's College is more for adult trainees but also of use in paediatrics. The Liverpool course will be in September and is aimed at paediatric trainees.
- v. Two consultant posts will be available this year, one on GOS and one in Guys. Aim to do another survey of potential retirement dates/posts available. **Action MT**
- vi. A replacement for SH will need to be appointed. This is a college appointment which will need to be advertised soon so that the appointment can be ratified in the November Council meeting. Usually CSAC chair is from STA post. SH to arrange advert with college. **Action SH**
- vii. Need to appoint paediatrician with interest on CSAC committee. Advertise to Association. **Action SH/JT**

h. Secretary

- i. WG on Specialist paediatrics and data modelling-as above
- ii. Specialised service definition set-this project is now being managed by Civil Eyes consultancy. JT to forward info to NM to help provide information on coding. **Action JT**

5. Presumed consent survey

- a. There were 40 responses to the website survey. General agreement that current system is inadequate. The majority agreed with presumed consent for all organs. However there was variation in response and KT agreed to produce a draft statement to circulate. **Action KT**
- b. World Kidney day-KT is now on the KA subcommittee.

6. ESPN Birmingham 2009

- a. The RA/ESPN combined day is now arranged.
- b. There are concerns re lack of industry sponsorship due to new regulations. Were relying on £100-150,000 sponsorship. If not will significantly increase the registration fee. MT awaiting further information

7. External Committee Update

- a. Representatives-update-will be sent to EF. **Action JT**
- b. British Renal Society
  - i. BRS 2009 1-3<sup>rd</sup> June. Please encourage MDT to attend. Suggestions for speakers to JT. **Action all**
- c. Joint Specialties Committee. MT reported that the main issue was the lack of adult nephrology posts and the excess of trainees. This has led to a concern over the development of sub-consultant posts. There may also be a possibility of 5 year contracts.
- d. Kidney Alliance as above
- e. UK Transplant. The paediatric subgroup of the KAG has been formed. This will meet once a year and also communicate via Email. A nomination for a lay member was sought from the BAPN. MS suggested suitable nominee and will

ask him if he is willing to sit on the committee. **Action MS**

- f. IPTA dates 18<sup>th</sup> -21<sup>st</sup> April-noted to overlap with the RA
- g. ERA/ESPN registry is progressing. Report will be presented at ESPN
- h. RIXG no further meeting since last Exec

8. Meetings – 2008-9

- a. ESPN Lyon 11<sup>th</sup> -14<sup>th</sup> September
- b. Exec Oct 10<sup>th</sup> Birmingham
- c. AGM Dec 5<sup>th</sup> Birmingham
- d. Exec feb 09
- e. General meeting 09 Liverpool
- f. Exec June 09

9. Date of next Executive Meeting – Friday 10<sup>th</sup> October 2008 Birmingham