

ANNUAL GENERAL MEETING OF THE RENAL ASSOCIATION

SCOTTISH EXHIBITION AND CONFERENCE CENTRE

THURSDAY 15TH MAY 2008 AT 07.45AM

AGENDA

1. Present
2. Apologies for absence
3. Minutes of last meeting
4. Matters not covered in this agenda
5. President's report
6. Treasurer's report
7. Hon Secretary's report
 - 7.1 Changes to Articles and Regulations
 - 7.2 Annual Report 2007
 - 7.3 New Members to approve
8. Clinical Vice President's report covering Clinical Affairs Board (CAB)
 - 8.1 Clinical Services Committee
 - 8.2 Clinical Practice Guidelines Committee
 - 8.3 Renal Registry
9. Academic Vice President's Report covering Academic Affairs Board (AAB)
 - 9.1 Education and Training committee
 - 9.2 International Committee
 - 9.3 Research Committee
 - 9.4 Clinical Trials
10. AOB
11. Date and Time of next AGM

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MINUTES OF THE MEETING

1

PRESENT

64 MEMBERS OF THE RENAL ASSOCIATION

2

APOLOGIES FOR ABSENCE

NONE RECEIVED

3

MINUTES OF THE PREVIOUS MEETING (BRIGHTON 2007)

ACCEPTED AS AN ACCURATE RECORD

4

MATTERS NOT COVERED IN THIS AGENDA

NONE

5

PRESIDENT'S REPORT

The President remarked on how over the last 18 months the words kidney and renal had been much more widely heard in the Press and in politics. He paid tribute to the hard work of the National Clinical Director.

The President remarked on how important it was that the Renal Association was seen to be representative of the whole UK renal community. While there was an ex-officio place on the Executive Committee for the National Clinical Director for Kidney Care (England) there was no similar representation from the devolved nations of Scotland, Wales and Northern Ireland. At the Executive meeting held on Tuesday 13th this had been discussed, and as a result, some changes to the composition of the Executive were being recommended. These in essence

allowed for invitations to the Welsh equivalent of the National Clinical Director / Renal Lead, and in the case of Scotland, pro tem for one of the current Executive members to be the Scottish representative. In future, the Scottish Renal Association would be asked to nominate a suitable person for ex-officio membership of the Executive. For Northern Ireland, the nephrologists there would be asked to make a nomination from amongst their number. A change to the quoracy definition for Executive meetings will also be made.

The rules and articles of the Renal Association will change to accommodate these.

The AGM accepted these changes.

(the Rules and Articles of the Renal Association in their new format can be found on the website)

<http://www.renal.org/pages/pages/the-association/memorandum-articles-rules.php>

The President then remarked that the RA feedback to NICE on their draft CKD guidelines was extensive, and he thanked Martin Raftery (Chair of the Clinical Service Committee) for his hard work in assembling these comments. Comments from individuals had of course been possible independently of the RA

David Goldsmith was demitting from office in September 2008 as Honorary Secretary. The President thanked David for his hard work for the Renal Association. The Trustees had selected Lorraine Harper as the Honorary Secretary from September 2008. The President and the AGM wished her well.

In 2009, Stuart Rodger the current Honorary Treasurer would be stepping down, and later that year also there would need to be a Presidential election for the President Elect then to spend one year before assuming office in the Spring of 2010 (at the AGM)

The Knowledge Based Assessment arrangements and the negotiations with other specialist societies and with the Federation of Royal Colleges about these remained active issues.

The success of the current meeting in Glasgow (with over 1300 people registered) was acknowledged, and all the hard work from so many members which has contributed to this success was appreciated

The Annual Report for 2007 was presented (requiring some alterations before distribution)

Thought was being given to a new "racier" logo for the Renal Association. John Main remarked it might be a shame to throw away the current logo which he felt so accurately enshrined and epitomised the values of the Renal Association.

6

The Honorary Treasurer then presented the Financial Accounts (as per 2007 Annual Report (final altered version)). This will be available on the website after the meeting. There were no questions.

7

The Honorary Secretary presented his report. This will be available on the website after the meeting. Membership was flourishing; it was expected that we will have > 1000 members in 2008-2009. The re-classification of membership categories (Clinical, Non-clinical; Senior and Trainee-Junior) was explained, with a diagram explaining the charges to be made for membership in 2009. These changes will take effect from January 2009. The Honorary Secretary wished his successor Lorraine Harper the best of luck in her new post.

Edwina Brown asked why we did not actively seek membership from the many professions allied to medicine. It was felt this needed careful consultation and planning if it were to be adopted as a strategy.

8

The Clinical Vice President then spoke about the activities of the Clinical Affairs Board and the Committees. Clinical Guidelines was now under the chairmanship of Robert Mactier. The various module work groups would start working soon on the 5th Edition. Thanks were made to David Wheeler who steered the 4th Edition through to a successful conclusion. Charlie Tomson explained the upcoming work which the Renal Registry was undertaking, including a pilot project for the collection of data on CKD stage V (dialysed and non-dialysed) in 8 units, and a project to record drug therapies. The National Vascular Access audit would take place through the Renal Registry. Martin Raftery asked for potential agenda items for the 2009 Clinical Directors' Forum to go to him.

9

The Academic Vice President then spoke about the activities of the Academic Affairs Board. The Education and Training committee were concerned about the low consultant numbers attending both the ANC and the annual masterclasses. The International committee had got agreement for funding an RA speaker to attend AFRAN (meeting of African nephrologists) in Nigeria in 2009. In addition, some spaces on the ANC would be held for visiting ISN / COMGAN fellows. The Research committee had a new database and were forming a new "genetics group" to advise on and facilitate renal genetic research in the UK. The Clinical Trials group wanted to complete a comprehensive database of all active clinical trials involving patients with chronic kidney disease in the UK. This would be a great value to the UK Kidney Research Consortium (made up of representatives from KRUK, BRS, BTS, BAPN, RA, RR and chaired by Caroline Savage) and the Local Comprehensive Research Networks (all of which had renal leads now). Multicentre trials (REN-1 and REN-2) were actively being planned.

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10 AOB

Grave concern was expressed about the lack of consultant expansion, and the large number of trainees who were likely to emerge in the next 2-4 years with a CST but no consultant job to go to. It was clear that the JSC / RCP was leading on this, but the ramifications for current and future service delivery were immense.

11 DATE AND TIME OF NEXT MEETING

Next AGM will be in Liverpool on April 23rd 2009