



Annual General Meeting

Date of Meeting 14/6/12

Minutes prepared 25/07/12

Location The Sage Conference centre, Gateshead

Attendance 71 members

Apologies: Alan Bevington, Krystyna Czaplá, Dr V Eisen, Sally-Anne Hulton, Colin Jones, Anne Lambie, Mark Little, Jasna Macanovic, Adam MacDiarmid-Gordon, Alasdair Macdougall, Robin Marshall, Marlies Ostermann, Stanley Peart, Hugh Rayner, Paul Rylance, John Stoves and Robin Winney.

Agenda

1. President's report – Charlie Tomson presented his final report as President and thanked all for attending the AGM. He also thanked all trustees for their help and support during his term of office, particularly Prof Mathieson for his work as past President and Chair of the Renal Registry Management Board in steering the Renal Registry through a difficult period. Prof Mary McGraw, is stepping down as President of the BAPN to be replaced by Dr Jane Tizard. Mary has helped steer the successful incorporation of the BAPN as a division of the RA. He also thanked the scientific committee for putting together an excellent meeting. He welcomed David Wheeler as new President and Alison Brown who takes over from Loraine Harper as Honorary Secretary.
 - a. The RA is an active member of several lobby groups influencing policy in the wider sphere of Renal Medicine; Martin Raftery represents the RA on the board of Kidney Alliance. His help and support, along with others, have helped steer Kidney Alliance through a restructuring process which has made them more effective. The RA has recently become part of the European Kidney Health Alliance, which lobbies for research funding in Europe. This is an important group which the RA should be involved with as the UK renal research community needs to be better at accessing research funding from Europe. The RA supports Transplant 2012 but it is unclear how effective this body is; it is likely to end as a lobby group soon. Even if the lobby group does exist beyond 2012 the RA intends to discontinue membership unless its effectiveness becomes more obvious. The Coalition of Medical Specialties is an umbrella body for medical specialties which meets four times per year to influence the Royal College. The RA is also part of the umbrella organisation that is the BRS. The RA President also sits as an observer on The Council of the Royal College of Physicians. It is likely that the RA will be invited to take up full membership of this body.

- b. Trustees have met monthly informally and three formal meetings have occurred since the last AGM to support RA management.
 - c. Trustees met with officers from the BRS Council to discuss how the two organisations could work better together. The driver to this meeting was feedback from industrial stakeholders and members stating that it was not sustainable or desirable to have two separate renal meetings per year. Previous joint meetings were successful and no reason why the scientific quality of joint meetings should be any less than stand alone meetings. The outcome of discussions was that the RA and BRS have committed to future joint meetings except 2013 which is a joint meeting between RA and BTS and 2015 RA joint meeting with the EDTA/ERA in London. A commitment has also been made to have more joint working between the two organisations in other areas of overlapping interest. This is particularly desirable for development of clinical practice guidelines as the MDT viewpoint is extremely valuable where clinical practice is delivered by the MDT. Also important to involve the MDT in patient safety and UKKRC.
 - i. No questions were asked
2. Treasurer's report , Jonathan Fox
- a. Membership is stable; the reported reduction in numbers is due to the removal of lapsed members from the database.
 - b. Corporate membership has fallen further from seven at the end of last year to five this year despite the reduction in corporate membership fee.
 - c. Renal Association fund has a deficit of £83K, much of which is due to loss of corporate membership, a deficit on last year's annual meeting and a few other expenses. Efforts have been made to reduce debtors to maximise income. The main source of RA income is from ordinary and corporate membership with a small amount made from meeting registrations. Expenditure is substantially due to secretariat and meeting fees.
 - d. Renal Registry fund accounts are healthy, total reserves remain at 15 months of expenditure. Renal Registry is funded by per capita fee. The main expense is staff salary and this year legal and professional fees but this will not continue into next year.
 - e. Separate accounts held for BAPN, SpR club and Renal Patient View.
 - i. Questions not asked
3. Secretaries report – Lorraine Harper
- a. Formally thanked all trustees but especially Charlie Tomson and Peter Mathieson for their support as LH stands down as Secretary.
 - b. New developments this year include a change in the delivery of the Advanced Nephrology Course (ANC) from a 3 day twice yearly sitting to a 5 day residential course delivered once per year covering the entire renal curriculum. 65 delegates attended the current sitting in January with excellent feedback. Thanks were given to Paul Harden and Sunil Bhandari who continue to lead the ANC. The Terminology Committee has been added to the Renal Association committees. It works with RIXG to advise parent bodies about SNOMed codes. The committee is chaired by Afzal Chaudhry and is an important innovation.

- c. Communications have improved with changes to eNews and the website. Further improvements will occur with the appointment of Dr Jim Moriarty as Communications Officer to help maintain content of website and other forms of communications useful to the membership. He will require support to maintain content and is looking for volunteers from the membership. eNews opened by 30% of recipients which would be as expected but needs to be improved.
- d. Appointments – Jeremy Levy as Chair of Education and Training Committee from Sue Carr. The RA registered its thanks to Sue for all her hard work over the last six years as Chair of this committee particularly for her work around the new curriculum for renal trainees. Alison Brown steps down as chair of the Equal Opportunities Committee to take on the role of Honorary Secretary and is replaced by Claire Sharpe. Three new Executive Committee members were elected, Mark Dockrell as non-clinical scientist who takes over from John Reynolds who has completed his term as elected member, Indranil Dasgupta and Mike Robson replace Liz Lightstone and Paul Harden. Thanks to all three for all their efforts as part of the Executive Committee.
- e. Rules for the RA have been updated and are now in alignment with the articles. The changes include:
 - i. creation of a new category of overseas member.
 - ii. to ensure that rules are consistent with articles.
 - iii. all individuals have the right to propose officers to the Association and therefore improved the democratic process of the Association.
 - iv. Rules for the governance of Renal Patient View and all committees have been added and harmonised.
 - 1. Members approved rule changes
- f. 1067 members: Trainees are still under represented in the Association despite membership being free for the first year for trainees. 90-95% Renal Consultants are members of the RA. The RA remains an organisation representing British Nephrology but non-clinical membership remains low.
- g. Awards and Bursaries – The Raine Award was given to Amy Jayne McKnight in 2012 and Danny Gale in 2011. The Award remains very competitive demonstrating the excellence in renal science across the country. The Walls Bursaries were not awarded. The Lockwood Bursary went to Subarand Chand from Birmingham. Eight Medical Student Bursaries were awarded to support renal experience during the elective attachment and are awarded annually. Continued thanks to Amgen who supported 10 Travel Bursaries to allow junior researchers to attend the annual meeting.
- h. Future meetings 2-6th January 2013 ANC, 13-15th March Joint meeting RA/BTS in Bournemouth.
- i. Members ratified new members
 - i. Questions – Peter Mathieson suggested that rather than not award a prize as has happened this year the Bursary should be used as a second or third prize for applicants for the Raine award. **ACTION Secretary to review terms and conditions of awards and make appropriate plans for future use**

- ii. Peter Mathieson also noted there was no concessionary rate at the annual meeting for retired members – **Action Secretary and Treasurer to review meeting registration rates for all categories of members for next year’s meeting**
- 4. Clinical Vice President Report – Martin Raftery
 - a. Clinical Affairs Board attended by two elected members of Executive, Renal Registry, Guidelines Committee and Clinical Services Committee Chairs. Three meetings since last AGM attended by National Clinical Director which gives an excellent opportunity to influence policy. Need to ensure as a community that quality is maintained and this will be a challenge for the future in light of financial constraints.
 - b. Successful CD forum held at St Thomas’ Hospital registration was stable on previous meetings.
 - c. Andy Lewington, has taken over as Chair of Clinical Guidelines Committee from Robert MacTier last September. Andy intends to involve trainees in guideline writing along with representation from the MDT.
 - i. Questions not asked
- 5. Renal Registry Report -Damian Fogarty
 - a. Ron Cullen appointed as new Director and is making a large impact in moving the Renal Registry forward and is keen to work with and talk to stakeholders.
 - b. Corporate governance of the RR has been focussed on to ensure compliant with all necessary approvals and the DoH toolkit.
 - c. Annual Report running late but time to validate data has now been improved. Time for Annual Report presentation will improve. In future consideration is being given to extract data in real time to improve utility of information provided to units. Keith Simpson is going to support the integration of extraction routines between RPV and Renal Registry. This is complex because of the large number of different systems used by units.
 - d. Registry continues to do excellent research with external funding. Future links between the RR and other databases such as HES will present opportunities for further research grants. Paediatric SpR has been funded to support the Paediatric Registry.
 - e. Damian Fogarty thanked all those who supported the Registry during recent challenges.
- 6. Academic Vice President report – Bruce Hendry
 - a. Academic Affairs Board has met once UKKRC has met twice. Committees all active and meet virtually.
 - b. UKKRC has worked well with the NIHR. Changes in the clinical research activity in renal medicine in NIHR studies reflecting progress in clinical research activity. HTA have now invited suggestions for calls for funding focussed on renal research studies. Need to enhance research integration with BRS and work with MDT.
 - c. Rare Disease Committee is very active and is moving the rare disease agenda forward and has held meetings with stakeholders. Rare disease study groups have funding from BKPA to move work forward. The portfolio of rare disease groups will be expanded in time. PKD registry will be developed along same lines as other rare diseases.

- d. BH thanked Sue Carr for all her hard work around the renal curriculum as she demits as chair this year to hand over to Jeremy Levy.
 - e. International Committee has helped develop an international fellowship co-funded with the ISN. First fellow has been appointed this year and is based in Sheffield.
 - f. Need to think carefully around governance of industry funded but badged as investigator initiated studies. KRUK has been given money to fund an anaemia trial by industry. This process needs to be carefully monitored and all protocols peer reviewed to ensure there are no conflicts of interest and all processes are transparent.
7. AOB – Peter Mathieson stands down as Vice President and was formally thanked for his office as President and as Vice President.