Minutes of Renal Association Annual General Meeting Friday 2\textsuperscript{nd} May 2014

SECC Glasgow

Chair: Alison Brown (Honorary Secretary)

In attendance: David Wheeler (outgoing President), Bruce Hendry (incoming President), Jonathan Fox (Treasurer), Jane Tizard (BAPN President), Charlie Tomson (Past-President), Fiona Karet (Academic Vice President), Graham Lipkin (Clinical Vice President), Sarah and Bryony (representatives of MCI), Dr Prabal Kumar Chatterjee, Dr Charlotte Bebb, Ms Joy Liao, Dr Parminder Judgem, Prof Edwina Brown, Dr Jill Norman, Dr Iain Moore, Dr Ken Farrington, Dr Richard Haynes, Dr Daniel McGuinness, Dr Andrew Lewington, Dr Wendy Metcalfe, Dr Gowrie Balasubramanian, Dr Martin Christian, Dr Matthew Graham-Brown, Dr Damian Fogarty, Dr Helen Collinson, Dr Jane Deal, Dr Morag Gorrie, Dr Robert Peel.

Agenda

1. List of attendees and Apologies for absence (Alison Brown)

AB welcomed everyone to the AGM and presented the list of attendees.

Apologies were received from Dr Paul Rylance, Dr Jean Smellie, Dr Alan Bevington, Dr Peter McClelland, Dr Mark Taylor, Prof Albert Ong.

2. Approval of minutes of last AGM, Bournemouth, Thursday 14.3.13 (AB)

AB asked the AGM to approve the minutes of the last meeting; these were accepted as a true record.

3. President’s report (David Wheeler)

3a. DW welcomed everyone to his last AGM as outgoing President. He presented the diagram (below) of the current structure of RA, detailing the Clinical Affairs Board and Academic Affairs Board and now including the Renal Information Governance Board; further revision of this RA organogram is already underway by Fiona Karet and Jane Tizard following earlier discussion at the Trustees’ meeting.
3b. RA strategic plan: DW discussed the strategic plan outlined below and explained progress, and listed the meetings with the British Renal Society that have taken place to work towards increased collaboration. DW thanked MCI for their help in developing the current strategic plan to inform future development, and highlighted the need to keep this under review.

1. Develop tiered, multi-disciplinary membership categories.*

2. Encourage membership from the multidisciplinary team members.*

3. Increasing the Renal Association’s contribution to multi-disciplinary research.*

4. Increasing support for our academic trainees.

5. Redesign of the Renal Association website and membership database.
6. Increase the relevance and visibility of the website.

7. Collect data on patients with AKI and stages 4-5 CKD via the Registry.

8. Provide support and expertise in clinical safety and service improvement.*

9. Involve patients in the implementation of guidelines.*

10. Include content from the ANC course on the website.

   • * Require engagement with BRS to achieve

3c. Goodbyes and hellos:

ci. DW thanked Jonathan Fox for his term of office as Treasurer; JF now becomes ERA-EDTA Treasurer and will be succeeded as Treasurer of the RA in September 2014 by Neil Sheerin.

cii. DW thanked Mark Taylor for his pioneering work as Chair of Rare Diseases Committee and welcomed Detlef Bockenhauer as his successor.

ciii. DW thanked all members of the RA as he now demits as President and becomes Past-President, and is succeeded by Bruce Hendry. DW presented the plaque which details former Presidents of the RA to Bruce Hendry, who succeed as President at the end of this AGM. BH thanked DW for his term of office; he is leaving the RA in very good health

civ. DW thanked Charlie Tomson for his invaluable contribution to the RA over many years, latterly as President and Past President.

cv. DW thanked ALB for her support as Honorary Secretary, and thanked the Trustees and Executive for all their efforts. DW thanked MCI and especially Claire Ford for the support provided by the Secretariat. DW thanked all members of the RA for allowing him to serve as President, and looked forward to his term of office as Past President.

4. Treasurer’s report (Jonathan Fox)

4a. JF discussed his report:

   • Membership: 1090 (1085 at end 2012)

   • There has been an increase in Corporate Members to 8 (5 at end 2012) mainly thanks to Bruce Hendry’s efforts in recruiting new members.

   • Renal Association Fund currently stands at £314k (down from £365k at end 2012)
- deficit of £51k (deficit of £4k at end 2012), mainly resulting from web site upgrade (£60k) and the loss from the joint conference deficit with the BTS in 2013 (£24k)

- Renal Registry Fund: £2.42 million (£1.13 million at end 2012)
  - surplus of £1.1 million (surplus of £41k in 2012) as result of £1.2 million from NHS Kidney Care for AKI project

- Total reserves: £2.42 million (approx. 16 months expenditure)

- RA account has separate funds for British Association of Paediatric Nephrology & Nephrology SpR Club

- UK Renal Registry manages Renal Patient View

JF presented the following piecharts to the AGM:
Renal Association Expenditure 2013

- Bank Charges & Interest: 0.18%
- Joint Conference Loss: 9.45%
- Other Expenses: 7.66%
- Electronic Communications: 3.33%
- Donations Made: 1.17%
- Secretariat Fees: 52.60%
- Awards and Bursaries: 4.90%
- Trustee and Committee Expenses: 3.58%
- Meetings: 17.18%

Total: £257,065
Renal Registry Income 2013

- Bank Interests: 0.92%
- Project Fees: 6.90%
- Capitation Fee: 44.12%
- Grants: 48.06%

Total: £2,814,018
4b. JF thanked Trustees and Executive for their support during his 4 year term of office, which he will complete in September, when he will hand over to his successor as Honorary Treasurer, Neil Sheerin.

4c. Questions:

DW asked for clarification that the details of income and costs mentioned by JF related to 2013 Bournemouth conference, which JF confirmed. BH asked for details of the likely financial outcome of this current 2014 conference. JF replied that he hoped there would be no significant deficit; JF then discussed the arrangements for 2015 joint conference with ERA-EDTA, which he expects will result in a profit rather than a deficit.

4d. AB asked the AGM formally to approve the Treasurer’s report; all in favour.
5. Honorary Secretary’s report (Alison Brown)

AB presented her report:

5a. Current RA membership:

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<td>Trainee Free year</td>
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5b. Conference update:

2013: joint conference with the BTS in Bournemouth:
• 643 abstracts were submitted and 1054 delegates attended

2014 UK Kidney week here in Glasgow:
• 108 oral and 332 poster presentations
• 1061 delegates registered so far!
• Very many thanks to Patti Monkhouse and BRS secretariat for organising the conference so efficiently
• Very many thanks to the Programme Committee: Sharlene Greenwood, Leo Bailey, Richard Fluck, Jane Macdonald, Edwina Brown, Simon Ball and Martin Wilkie from the BRS
• Jonathan Fox, Jane Tizard, David Wheeler, Bruce Hendry from the RA, Alison Severn from the Scottish RA
• RA Science Committee of Amy Jayne McKnight, Mark Dockrell, Alan Salama and Jill Norman, who organised the scientific programme

5c. enews statistics:

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5d. Website update:
There have been 389610 visits to the new website since the upgraded version went live on 18th December 2013:
• Generally very positive feedback
• Occasional problems with online payment of membership fees—these are being addressed by MCI
AB thanked Jim Moriarty (Communications Officer) for his efforts with the website, and thanked MCI for their work. AB asked for any suggestions for improvements to the website to be submitted to her or to JM.

5e. Thanks and changeovers:

- Many thanks and farewell to Charlie Tomson who has now completed his term of office as Past President; AB added her personal thanks for his support
- Many thanks to David Wheeler who now demits as President and moves on to chair RIGB as Past President
- Welcome to new President Bruce Hendry who takes over at this AGM
- Next year we will appoint a new President Elect to shadow Bruce for 12 months
- Many thanks to Jonathan Fox who will demit as Honorary Treasurer in September after 4 years in post, and will be replaced then by Neil Sheerin, Professor of Nephrology in Newcastle

5f. Elections and Appointments:

- Rebecca Suckling (based at Epsom and St Helier) joined the Executive as a consultant of less than 5 years standing last year
- Elections to the Executive are just completed and the results are -
  - Richard Haynes – Consultant Nephrologist Less than 5 years
  - Andrew Stein – Executive Committee
- Martin Raftery completed his term as Clinical Vice President last year and was replaced by Graham Lipkin
- Alastair Hutchinson took over from Graham as Chair of the Clinical Services Committee
- Fiona Kareet took over from Bruce as Academic Vice President
- Moin Saleem replaced Fiona as Chair of the Research Committee
• Albert Ong stood down as Chair of the International Committee and was replaced by Professor David Goldsmith
• Many thanks also to Mark Taylor who completed his very successful term as Chair of the Rare Disease committee and will be replaced by Detlef Böckenhauer, Reader at the Institute for Child Health, University College, and Honorary Consultant Nephrologist at Great Ormond Street
• AB asked the AGM formally to confirm the appointment of Neil Sheerin as Trustee and Honorary Treasurer-elect of the RA; all in favour.

5g. Awards:
• In 2013 the AEG Raine Award was awarded to Andrew Hall.
• This year, the Raine Award was awarded to Thomas Hiemstra for his work on urinary exosomes.
• The 2013 Walls Bursaries were awarded to Chee Kay Cheung and Paul Brenchley.
• The 2013 Lockwood Award was presented to Neeraj Dhauns.
• 2013 Medical student elective bursaries awarded to, Amy Orme, Haresh Selvaskandan, Matthew Steel, Oscar Swift, Sanveer Tiwana, Siyamini Vythilingam, Stephan Chapman, Wei Keith Tan.
• Amgen bursaries for highest scoring abstracts submitted to the annual conference by young investigators were awarded to Alexander Hamilton, Andrew Bentall, David Long, Eoin McKinney, James Fotheringham, James Tomlinsom, Jennifer Huang, Jennifer Pinney, John Atkinson, Rishi Pruthi

5h. New members of RA:

Dr Joanne Sloan
Dr Robert Henny
Katie Harris
Dr Asheeta Gupta
Dr Partha Das
Dr Musab Elgaali
Dr George Greenhall
Dr Nadezhda Wall
DR Emma O’hagan
Dr Sarah McCloskey
Dr Jonh Prowle
Dr Alied Williams
Dr Eleanor Weber
Miss Laetitia lloyd-Davies
Mr Douglas Gould
Dr Daniel McGuinness
Dr Hannah Beckwith
Dr Ann Chu
Miss Amy Clarke
Miss Stephanie Brown
Dr Patrick Hamilton
Ms Melanie Dillon
Mr David Pitcher
Dr Nelomi Anandagoda
Mrs Karen Thomas
Mr Euan Paterson
Mr Darren Churchwood
Miss Rachel Chalis
Mrs Agnieszka Bierzynska
Dr Oscar Swift
Dr Mark Findlay
Dr Mark Elliott
Adil Hazara
Dr Matthew Graham-Brown
Dr Limy Wong
Amy McGowan
Dr Peter Gordon
Mr David Norton
Miss Nicola Hill
Hannah Wilson
Zainab Khan
Miss Nida Ahmed
Dr Jennifer Williams
Mrs Dalia Alammari
Joy Liao
Dr Michelle Auckland
Dr Wen Chi Oh
Dr Anastasia Ptinopoulou
Mr David Keane
Miss Sarah Yates
Dr James Andrews
Dr Johanna Donovan
Dr David Warland
Dr Amy Riddell
Ms Marwh Aldriwesh
Dr David Reid
Dr Jennifer Allen
Dr Karen Emma Brown
Dr Vasantha Mutha Muthuppalaniappan
Dr Isma Kazmi
Dr Satyamaanasa Polubothu
Dr Xinling Liang
Dr Ravindra Rajakariar

AB asked the AGM to approve the appointment of the new members listed above: all in favour.

5i. Questions: BH asked about membership numbers and loss of members. AB replied that each year several trainees move on and cannot be contacted: the remaining membership losses tend to be due to retirements. Also free membership may not be continued. AB acknowledged that more work needs to be done in expanding membership, and mentioned the work of Claire Sharpe, EON Committee Chair, in contacting all newly appointed renal consultants to encourage them to join the RA.
6. Clinical Vice President’s report (Graham Lipkin)

6a. GL thanked his predecessor Martin Raftery for his help and advice. GL discussed his report:

- Clinical VP chairs the Clinical Affairs Board (CAB) which integrates the work of constituent committees, and also represents and responds to draft National Policy or consultations (NICE) on behalf of RA. CAB makes nominations of RA members to Quality Boards and other Committees.

- Major changes in NHS over past 12 months which the CAB has responded to include the establishment of Clinical Reference Groups, Clinical Service Specifications (Haemodialysis, Transplantation). Publications of Francis and Berwick reports have highlighted the increasing RA focus on safety and quality improvement.

- Challenge of next year will be doing more for less, with greater safety and delivering quality care with a greater focus on outcomes important to patient.

- the RA was a major stakeholder and contributor to the “Kidney Health: Delivering Excellence” document and will work with the Kidney Health team to assist in implement the ambitions listed.

- The CAB is committed to closer working with the multi-disciplinary team, and to closer working with the BRS linkage (PSI, Guidelines, Research)

6b. GL then discussed the work of the following Committees, and thanked all the Committees for their work:

- **Clinical practice Guidelines Committee (Chair Andrew Lewington):** RA guidelines are now badged by NICE NHS Evidence. There are now 15 Clinical Practice Guidelines & Joint Guidelines/commentaries on International guidelines. The Guidelines Committee is committed to greater MDT involvement. GL thanked Andrew Lewington for his enormous achievements.

- **Clinical Services Committee (Chair Alastair Hutchison):**

  - Rules changed to reflect changes in NHS England boundaries, Devolved Nations, BAPN, BRS

  - AH arranged a very successful CD Forum in March (Manchester) where the following planned developments were discussed: Renal Unit Staffing Census, Development of Patient safety Initiative (Greater MDT input, NRLS linkage, Annual Focus, reporting via Website & BJRM, mirror on.

  - Plans for future forum for CDs on RA website, to share SOPs and good practice between units

- **Equal Opportunities Committee (Chair Claire Sharpe):** CS has arranged contact with all newly appointed consultants with offer of mentoring and encouragement to join the RA: there is an EON session at Renal week

- **Terminology Committee (Chair Afzal Chaudhry):** RA-RXB; SNOMED CT coding relevant to renal medicine in NHS.
• **Rare Diseases Committee (Chair Mark Taylor):** Accrediting RD Groups (now 13), Patient & Clinical information, Registry Development. MT has made enormous progress with RDG and RADAR

• **UKRR: Medical Director of UKRR as well as R PV Chair (Neil Turner) contribute to CAB**

• **Phil Mason** continues to work singlehandedly on monitoring and reporting on the state of the renal workforce

• GL thanked **Paul Rylance** for the safety work he has done single handedly for so many years; now formally included in CSC with ongoing work on safety reports.

GL concluded that the CAB continues to work to drive forward patient safety and MDT working, together with closer working at all levels with the BRS, for the benefit of our patients.

**7. Academic Vice President’s report (Fiona Karet)**

7a. FK took over from Bruce Hendry as Academic Vice-President in September 2013. The Academic Affairs Board comprises the Chairs of the Research, International, Education and Training and Rare Disease Committees, plus representation from the BAPN (Richard Coward) and UKKRC (Tim Goodship).

FK explained that the newly established **UK Kidney Research Consortium (UKKRC)** is a bridging group, to be chaired in turn by the Chair of Kidney Research UK (Tom Goodship, who is the current Chair of UKKRC) the AVP of the RA and the Research Chair of the British Renal Society.

7b. **Research Committee (Chair Moin Saleem);** MS took over from FK as Chair of the Research Committee (RC) in Sept 2013, with deputy Chair Jill Norman. BRS Research Chair Paula Ormandy has joined the Committee. The RC webpages have been updated; FK demonstrated current links, with more to be added in future. FK thanked Claire Sharpe for her work in establishing the Renal Research Database [http://renalassociation.org/database/](http://renalassociation.org/database/)

The RC provides oversight of research activities via:

- UKKRC and renal CSGs (including multicenter clinical trials)
- Rare Disease Groups
- Renal Scientists Working Party (**Chair Amy Jayne McKnight**)
- Renal Research Database
- Renal Clinical Research Skills Forum (led by Dorothea Nitsch)
- UK Renal Registry

**Plans**

- to develop a national list of research mentors/advisors
- clinical research fellows’ forum.

7c. **International Committee** (Chair David Goldsmith):

The aims of this committee are to:

- grow the practice of interchange of people and skills across national and regional boundaries
- includes service design and provision, education, teaching and training, and research
- Focused on trainees (ISN-UKRA Fellowships) and consultants
- Renal Sister Centre developments
- ISN sponsored session at this conference

7d. **Education and Training Committee** (Chair Jeremy Levy)

This committee has arranged:

- CPD sessions for annual conferences
- interactions with NICE eg on IV fluid management
- first RA webinar on vasculitis
- support for specialist certificate exam development

FK thanked Paul Harden and Sunil Bhandari for their organisation of the ANC which continues to be extremely successful.

Plans
- review of provision of undergraduate renal medicine teaching across the U in progress
- recommendations for, and signposting of, internet based education on kidney matters

7e. **Rare Disease Committee** (outgoing Chair Mark Taylor, incoming Chair Detlef Bockenhauer)

Rare Disease groups are making great progress, now registering patients on RPV. NIHR Renal Research Strategy has provided funding for research in progressive IgA nephropathy and also a PhD student for project on renal disease in pregnancy.

7f. A National Renal Research Strategy Steering Group has been established to take forward Ambition 15 of the ‘Kidney Health: Delivering Excellence’ document. This steering group, chaired by FK, will coordinate UK renal research strategy. FK emphasized that clinicians and scientists are all involved in research -since the whole renal community are working together to improve patient outcomes.FK asked everyone to fill in the postcards provided, to gather opinion about renal research strategy, which will inform the draft strategy document to be produced.

8. **Report from the Renal Registry (Fergus Caskey)**
FC gave his first report as Medical Director of the UKRR, having succeeded Damian Fogarty (previous Chair of UKRR)

8a. Core Registry work:

• Data timeliness
  – Three sites are significantly behind schedule; it is essential that all sites report all their data in good time if they wish to be included in the 2014 report.

• Data quality
  – Plans for fixed term appointment to establish source data verification

• Renal Data Collaboration
  – Proof of concept completed, contract signed with InterSystems, training begun
  – The future data warehouse will allow future real-time daily or more frequent data collection and then interrogation of the data plus even more timely report production. There is also the possibility of two-way communication with patients.

• Patient Council – first meeting to be held in July
  – Fiona Loud agreed to chair, advertised for potential members, interviews April 2014

• Beyond ESRD
  – Obtained Section 251 exemption for CKD2+ and dialysis dependent AKI, June 2013- this will be future workstream

8b. Major registry projects:

• Acute Kidney Injury
  – Partnership with NHS England over 2 years, with NCD Richard Fluck
  – Six workstreams – risk, education, detection, intervention, implementation, measurement
  – Registry leading on measurement
  – Launch meeting 8th April 2014
  – Inclusion of Wales, Scotland and Northern Ireland

• Patient measures
  – Funding awarded by NHS England (Patient Experience) Feb-March 2014
  – Board to be establish to oversee work around:
    • Patient reported outcome measures (HRQoL)
    • Patient reported experience measures
    • Patient activation measures
    • Quality of shared decision making
  – Inclusion of Wales, Scotland and Northern Ireland

AKI NHS England project- with help from Richard Jones in Leeds, will be able to collect all episodes of AKI in primary and secondary care in England. Discussion is ongoing with devolved nations to try to maintain UK-wide approach, and FC asked anyone currently working in this area
who wishes to discuss further, to contact him. Further permission for patient identifiable data collection (for AKI in primary and secondary care) is being sought.

8c. FC then discussed Dashboard returns: UKRR were asked to take over these quarterly data returns by Specialist Commissioners. FC explained this was not a UKRR initiative, but purely to assist the Commissioners. In future, dashboard metrics will be derived from routine UKRR data collection.

8d. A Research methods Study Group has been set up to review current methodology and suggest areas for future research.

8e. Tony Wing Fellowship – a BKPA funded fellow (Alexander Hamilton) was appointed in March 2014 to start August 2014: this fellowship is to be managed by KRUk, to carry out a PhD project on transition.

9. AOB

9a. query received about the length and cost of UK Kidney Week:
AB discussed a letter received from Venkat Rahman about the format of this year’s meeting. Venkat listed his concerns as follows:

- Exorbitant cost
- Extravagant loss of working time (4 working days)
- Duplication of time and costs with a parallel BRS (when held separately)
- Suggested solutions:
  - Bring the meeting down to 3 days, which will make it much better value
  - Combine RA & BRS, with more parallel sessions
  - Make the meeting Friday-Sunday (taking the obvious leaf out of ASN’s book)

AB suggested the following reply:

1. Feedback from this meeting is being undertaken to establish the majority preference for 3 vs 4 days and week vs weekends (since childcare issues may make weekend meetings impossible for many)
2. On-going discussions with BRS - with agreement that the default position is one of joint meetings in future, and our next joint meeting is planned for 2016
3. We could consider reducing conference costs in future with fewer overseas speakers or video-linkage (Skype used very effectively by James Shapiro at BTS) or university venues
4. Registration fees for well-paid medics allow registration for rest of MDT to be less

The AGM agreed by an overwhelming majority that it is essential to have eminent expert speakers from overseas to provide information and inspiration about the very latest cutting edge research. The majority also felt that as university venues are only available in holidays (not term-time) this would reduce the numbers of attendees. AB will write to Venkat with this conclusion, together with the conference feedback regarding preferred days.

9b. Date and time of next AGM (DW)
The next Renal Association AGM will be held in London at the joint ERA-EDTA/RA meeting May 28-31st 2015; full details of the time and venue will be circulated closer to the time.

Minutes prepared by A.L. Brown

July 2014