Welcome from the president
Dr Jane Tizard

Welcome to the 2013-14 Annual Report of the British Association for Paediatric Nephrology (BAPN). The BAPN was formed in 1972 and is the specialist society for paediatric nephrology. Its aims are

• To set and to improve the standard of medical care of children with renal disease.

• To formulate and express opinions on policy concerning the care of children with renal disease.

• To conduct clinical and scientific meetings in order to advance the knowledge and skills of doctors with responsibility for children with renal disease.

• To conduct collaborative research and audit, and to disseminate results.

• To consider the training, continuing education and professional development of paediatricians with responsibility for children with renal disease.
President’s Report

Time seems to pass quickly and I am now nearly at the end of my second year as President of the British Association for Paediatric Nephrology (BAPN). The BAPN is continuing to integrate with the Renal Association (RA) and we are strengthening our links wherever possible through the different committees. We are delighted that Professor Moin Saleem has been elected to be Chair of the Renal Association Research Committee and I am sure that he and Richard Coward, who is a member of this committee, will make sure that paediatric nephrology is considered at every opportunity. In addition, in the past year we have integrated our website into the newly developed RA website and I am very grateful to Andy Lunn for his input into this.

Together with the RA we are also trying to strengthen working relationships with the British Renal Society particularly through the joint meetings. We could not provide paediatric nephrology care without the excellent multidisciplinary teams in all the Paediatric nephrology centres and we are encouraging members of these multidisciplinary teams to join the BAPN and to contribute to the nationally led initiatives to develop paediatric nephrology. The BAPN has been involved in the organization of the 2014 RA/BRS Annual Meeting which has included some excellent BAPN sessions especially the “Alport’s” and “Complement and the kidney” sessions and we hope to continue to promote a strong presence at these meetings.

As BAPN President I continue to represent the BAPN as a Trustee of the Renal Association and a member of the RA executive committee and The Renal Information Governance Board. The BAPN executive has met quarterly over the past year and has reported to the BAPN at the RA annual meeting and at our winter meeting which combines a business meeting with clinical, academic and clinical services updates. I have also represented paediatric nephrology on the Paediatric Medicine Clinical Reference Group. We are continuing to develop service specifications and outcome measures which can be used to benchmark services.

Finally, I would like to thank the members of the Executive committee who have supported me and have driven forward the work of the BAPN which is summarized in this year’s report. I would also particularly like to thank Sally Feather, David Milford and Judith Van der Voort, who all demitted office in 2013, for all their contributions to the BAPN during their terms of office. I am also very grateful to the many others who have contributed to the work of the BAPN over the past year and particularly to Martin Christian took over the role of Honorary Secretary and whose support has been exceptional.
Secretary’s Report

Dr Martin Christian

I took over the role of BAPN secretary in June 2013. The secretary’s role is in the preparation of the monthly eNews to members, communicating with members on other matters, organising meetings and the writing and distribution of meeting minutes.

Constitution

As a result of problems in achieving a quorum to vote at general meetings, the BAPN constitution has been amended to allow for greater use of proxy voting and a less rigid insistence on an unrealistic proportion of the membership present in person. These changes are due to be voted upon at the AGM.

Membership

The BAPN membership stands at 63 consultant paediatric nephrologist members, 18 trainees, 29 SPIN members (paediatricians with a special interest in nephrology – includes both consultants and trainees) and 19 honorary members. There is a single non-medical member and we recognise that we need to do more to promote the association to MDT members. The re-drafted BAPN constitution has also taken account of these changes.

I would like to welcome the following new members this year: Dean Wallace, Helen Stannard, Adamu Sambo, Wen Yi Ding, David Broodbank, Jon Jim Kim and Mark Bradbury.

Winter meeting

The 2013 winter meeting was held at Birmingham Children’s Hospital and was attended by 37 people, all BAPN members or speakers. It combined a morning business meeting with presentations from trainees and invited speakers. Feedback from the academic part of the meeting was excellent and several made note of the high quality of the trainee presentations. We propose a similar format next year and are exploring an informal drinks reception after the meeting. We aim to make individual officer reports available to the membership ahead of the meeting.

Peer review and other work

I have co-authored the paediatric chapter of the Kidney Health Delivering Excellence report. I have also been involved with a national peer review pilot group, developing a system for paediatric renal services. Unfortunately, this project has been put on hold. We have been assured that there is still a good chance that pilot will progress but await further developments from NHS England whilst advocating for the importance of a means by which individual units can share good practice and benchmark.
Treasurer’s Report

Dr Arvind Nagra

Below is a brief summary of the activity during the year. A detailed report can be found at www.renal.org.uk.

Funds introduced by the BAPN have been reduced by £2000 for the agreed expenditure for the development and launch of InfoKID in association with the Royal College of Paediatric and Child Health and the British Kidney Patient Association. Expenses paid for the BAPN committee meetings by the Renal Association are slightly less than last year: the fund is topped up annually to the amount of £4000 by the Renal Association. Almost half of the 5NYSIVESON project funding for Acute Kidney Injury (AKI) has been spent. The remainder of this money is earmarked into for a study into AKI.

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<thead>
<tr>
<th>Fund</th>
<th>Year start 2013</th>
<th>Expenditure</th>
<th>Funds remaining at Year end 2013</th>
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<td>Infokids: £2000 Expenses: £100</td>
<td>£23,925.35</td>
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<td>BAPN transactions paid by the Renal Association</td>
<td>£4000</td>
<td>Expenses for the BAPN committee: £2488.43</td>
<td>£1511.57</td>
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<td>5NYSIVESON project funding for Acute Kidney Injury (AKI)</td>
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<td>Expenses for the AKI guideline committee: £2343.16</td>
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</table>
Audit and Registry Committee

Chair : Dr Manish Sinha

In 2013 the UK Paediatric Audit and Registry subcommittee comprised of seven core members with support from UKRR colleagues. The committee met thrice including via teleconference.

In 2013 we reported Paediatric data in two chapters published in the 16th annual report from the UKRR for data from 2012. This included new improved analyses on pre-emptive transplantation, survival on RRT during childhood and body mass index. We also continue to actively collaborate with the ERA-EDTA registry contributing with data and for reports from the European Registry.

Key achievements in 2013:

1. Continued improvement in Registry data and annual reports as a result of sustained efforts to improve data quality.

2. New Paediatric Renal Dataset- submitted to the UKRR and data items integrated with planned new adult dataset.

3. Eleven of thirteen centres submitted data electronically. This included 92% of all reported subjects.

4. Ongoing collaborations with ERA-EDTA Registry with contributions to reports on growth, obesity and dyslipidaemia.

Audit

The following publications and presentations were made from ongoing work of the audit sub-committee

1. ‘Longitudinal changes in BMI following renal transplantation in UK children’ published in NDT on behalf of the BAPN

2. Three presentations at 2013 Renal Association meeting on ‘Anaemia in RRT’, ‘growth in infants on dialysis’ and ‘late presenter project’.


4. Two projects being written up: ‘late presenters’ and ‘infant dialysis project’

The Tony Wing Fellow, Alexander Hamilton was appointed in March 2014. The project will be managed in collaboration with the BKPA & KRUK.
Research Secretary’s Report

Dr Richard Coward and
Dr Sally Hulton

Over the past 12 months we have had a successful time in running academic meetings, consolidating existing research studies and starting to plan for the future in paediatric nephrology research.

• The academic meetings we have held include the RCPCH national paediatric nephrology day that we did in collaboration with paediatric rheumatology. This was very stimulating with invited expert talks on lupus nephritis (Professor Michael Beresford, Dr Louise Watson and Dr Steve Marks), the clinical use of biologicals (Dr Mark Frisswell) and the use of steroids in Henoch Schonlein Purpura (Dr Jan Dudley). There were several excellent trainee presentations including “A cytokine storm is brewing” from Dr Madeline Long from Sheffield Children’s hospital, which was awarded the oral prize and Dr Choy Yin Lee Manchester Children’s hospital entitled “The early renal transplant biopsies in children: rejection or calcineurin inhibitor toxicity?” which was awarded the prize for the best poster.

• The British Renal Association / BRS meeting Glasgow where there were a number of paediatric based sessions including a symposium on complement in the kidney and a joint paediatric adult session on Alport’s syndrome.

• We are supporting the association in an application for Glasgow to host the 50th anniversary meeting of the European Society of Paediatric Nephrology.

On going non-commercial research studies we are especially keen to support are the RADAR and also the flagship studies in steroid sensitive nephrotic syndrome (PREDNOS and PREDNOS2) as well as the HOTKID hypertension study. Going forward we realise there is an opportunity to be involved in the NIHR directed call for childhood chronic disease conditions and we have encouraged our association to consider these calls. We are also currently setting up a number of Clinical Study sub-groups to identify the key research questions on our field for the future. We are very pleased that the paediatric trainees are keen to be involved in these groups.
CSAC Report

Chair: Dr Maggie Fitzpatrick

The paediatric nephrology CSAC is a committee of the RCPCH whose role is to advise on aspects of specialist training relating to paediatric nephrology and now meets three times per year following the BAPN executive meeting.

Grid Training

There were 9 applicants shortlisted and 5 were interviewed for the 2014 grid entry. Three appointments were made and trainees will start in posts at London (Evelina/GOS), North Western (RMCH) and West Midlands (BCH) to start in September 2014.

Current grid trainees – 11 with 2 additional trainees post CCT not in substantive posts.

- 7 currently in clinical posts
- 2 completing research
- 1 on maternity leave
- 1 doing a locum consultant post
- 1 doing an out of grid placement - educational course/teaching UCL

Guidelines

Trainees are working actively with the CSAC group regarding the development of paediatric renal guidelines building on established guidelines from adult renal care on the Renal Association Website. There are now designated lead paediatric nephrologists identified who are working with trainees to progress these.

Consultant Appointments

The CSAC/BAPN continues to receive updated information regarding potential future consultant posts with departmental expansion and proposed retirements for optimal workforce planning.

There were three substantive consultant appointments in 2012/3 (Glasgow, Bristol, Evelina). In 2014 one substantive post has been appointed in Birmingham and two further substantive post are soon to be advertised in Leeds. Two locum posts were appointed in 2014 - RVI and Evelina.

Trainee Support

The CSAC Training Advisor and Research Lead formally meet with grid trainees to assess progress against the curriculum and to provide support and mentoring. A report is registered on the e-portfolio system for trainees and their supervisors to access and is used as part of the trainee’s ARCP.
**Competency Frameworks**

The curriculum section in ‘The Framework for competencies for level 3 training in Paediatric Nephrology’ is on the RCPCH website. The updated curriculum has been circulated to all our current trainees for their information and guidance.

The Framework of competencies for level 3 training SSM in Paediatric Nephrology directed at potential SPIN doctors is also on the RCPCH website. Modules are now being taken up and CSAC has had a number of interested enquiries. The CSAC will need to work with the RCPCH to develop a framework to manage and monitor this process.

**START**

START (The Specialty Trainee Assessment of Readiness for Tenure) has been ratified by the GMC. There have been 3 sessions - Nov 2012 and March and October 2013, the next being in March 2014. All trainees entering level 3 training on or after August 2011 are required to undertake START before applying for their CCT.

All trainees wishing to CCT in a subspecialty must have a START assessment in that subspecialty. A working group for our specialty has been convened by Dr Kerecuk - Assessment Advisor - working with the CSAC which has now submitted a comprehensive number of scenarios directed at paediatric nephrology trainees to be used as part of these assessments. The RCPCH has suggested the following areas that assessments should cover - maintaining trust, safety and quality, communication, teacher and scholar, leader of the clinical team, logistics and organisation, collaboration and service management.

The CSAC will need to continue to update the bank of scenarios for our subspecialty.
Clinical Guideline and Standards Committee

Chair: Dr Jan Dudley

The role of the Clinical Guideline and Standards Committee chair is to co-ordinate development of standards and guidelines for all aspects of paediatric nephrology and to provide a link to the Renal Association Clinical Guideline Committee.

The committee has been involved in the following activities;

1. 1st Meeting CSGG 7.2.14

2. National guidance development:

   BAPN topics and lead authors:
   - Peritoneal Dialysis: Chris Reid
   - Peritoneal Dialysis Access: Carol Inward
   - Haemodialysis: Daljit Hothi
   - Bone Metabolism: Rukshana Shroff
   - Renal Transplantation - assessment of the recipient: Jan Dudley
   - Renal Transplant - post-operative care: Heather Maxwell
   - Anaemia: Jonathan Evans

   The full list of guidance developed by the Renal Association is available via http://www.renal.org/guidelines/clinical-practice-guidelines-committee

Current position: £10 k Funding agreed to support guideline development – currently unallocated

3. InfoKID.

Funded by the BKPA and created jointly by the Royal College of Paediatrics and Child Health and the British Association for Paediatric Nephrology, www.infoKID.org.uk was launched in March 2014. Currently there are over 45 different information standard certified weblets (web-based leaflets) on kidney conditions, causes, treatment and their management. An example is included below. The project is now moving into an evaluation phase which will commence in September 2014.
# 4. NICE Guidance on renal conditions

<table>
<thead>
<tr>
<th>Date</th>
<th>Document</th>
<th>Current status</th>
<th>Comments</th>
</tr>
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<tr>
<td>May 14</td>
<td>Single Technology Appraisal (STA): Vasculitis (anti-neutrophil cytoplasmic antibody-associated) – rituximab (with glucocorticoids) [ID567]</td>
<td>Published March 14</td>
<td>Response sent to NICE Oct 13 on behalf of: Arthritis Research UK, BAPN, RA, British Society for paediatric and Adolescent Rheumatology, British Society of Rheumatology, NHS England Specialised Rheumatology CRG, Rare disease consortium/UKIVAS, and RCN challenging recommendations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Draft scope</td>
<td>BAPN responded to evaluation consultation document (ECD) April14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluation Consultation closed</td>
<td>BAPN responded to evaluation consultation document (ECD) March14 NICE recognises that eculizumab is an effective treatment for patients with aHUS …but has requested an explanation for its considerable cost.</td>
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<td></td>
<td>i.v. fluids in children</td>
<td>In progress</td>
<td>J Dudley / L Jadresic on GDG</td>
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<td></td>
<td></td>
<td>Draft scope</td>
<td>A Nagra / S Marks attended scoping workshop 17th February 2014 BAPN responded to draft scope consultation document April14</td>
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<tr>
<td></td>
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<td>Draft scope</td>
<td>D Hothi on Quality Standard Advisory Committee</td>
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<td></td>
<td></td>
<td>Recruiting for Quality Standards Advisory Committee</td>
<td>BAPN responded to topic engagement exercise Feb 14 Paediatric representation on ERG invited</td>
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<td></td>
<td></td>
<td>Draft scope</td>
<td>BAPN did not respond to draft scope consultation document April14 Adult guidance (&gt;16 years)</td>
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New Information Resource for Parents and Carers

Launched in December 2013, infoKID is a new information resource for parents and carers of children with kidney disease. This online resource includes around 50 topics on different kidney conditions in children, including diagnostic procedures, treatments and information about living with chronic illness.

Funded by the BKPA, this project is administrated and run by the Royal College of Paediatrics and Child Health (RCPCH) in partnership with the British Association for Paediatric Nephrology (BAPN) and the BKPA. With input from all children’s renal units throughout the UK, as well as associated professional and health organisations, it is a comprehensive and well researched set of information.

You can see an overview of one of the topics (nephrotic syndrome) across the page. There’s lots more detail on the website www.infokid.org.uk. Take a look and let us know what you think via info@britishkidney-pa.co.uk.
Nephrotic syndrome - steroid-sensitive

In nephrotic syndrome, the kidneys leak too much protein into urine, leading to a drop in the levels of protein in the blood. This causes swelling in the body, especially in the face, legs and feet. Children usually need to stay in hospital for monitoring and treatment the first time this happens.

About nine in ten children with nephrotic syndrome have a type that can be treated with a steroid medicine. This is steroid-sensitive nephrotic syndrome (SSNS), because it is "sensitive" to steroids. It is sometimes called minimal change nephrotic syndrome (MCNS). In a few children, the nephrotic syndrome does not get better with steroids, or keeps coming back (relapsing).

About the urinary system
The urinary system gets rid of things that the body no longer needs, so that we can grow and stay healthy. The kidneys are bean-shaped organs. They filter blood to remove extra water and waste in urine (waste). Most of us have two kidneys. They are at the back on either side of our spine (backbone), near the bottom edge of our ribs. The two ureters are long tubes that carry urine from the kidneys to the bladder. The bladder is a bag that stores urine until we are ready to urinate. It sits low down in the tummy area. The urethra is a tube that carries urine from the bladder to the outside of the body.

Symptoms and complications
The main symptom of nephrotic syndrome is swelling in the body - this is called oedema. In children, the swelling is mainly around the eyes and in the legs and feet. The swelling happens because the kidneys leak a lot of protein in the urine (this is called proteinuria). You cannot usually see the protein, though it can be found using a simple urine test. A small number of children have other symptoms such as a very swollen tummy (ascites) or breathlessness. Complications, or further problems, are extremely rare.

Causes
Nephrotic syndrome is rare - about 1 in 50,000 children get nephrotic syndrome each year. It affects more boys than girls. It can happen in people of all ages, though often starts when a child is between two and five years old.

Many cases are linked to the immune system, which normally protects the body against disease and infection.

There are different types of nephrotic syndrome. These are described by whether steroid medicine will treat the symptoms, or what is causing the symptoms. It is often not possible to find out which type your child has until after they have taken a course of steroids.

Tests and diagnosis
Your doctor can diagnose (identify) nephrotic syndrome by doing a physical examination, asking about the symptoms and doing a urine test to look for protein. Your child may need other tests, such as blood tests.

Treatment
On initial diagnosis, your child will probably need to be admitted to hospital for a few days or longer.

He or she will need to take a steroid medicine called prednisolone. Most children start to get better after taking steroids for one to two weeks. In about nine in ten children, the nephrotic syndrome will have responded to the steroids after four weeks.

Some children need to take other medicines to help prevent or treat infections or to reduce the oedema (swelling).

Monitoring
You will need to test your child’s urine for protein every morning while your child is on steroids, and then for at least six months, but not daily. A nurse will show you how to do this. If there is no or very little protein in the urine and the swelling goes down, the nephrotic syndrome has gone into remission. If there is protein in the urine again, this is a relapse. You will need to contact your doctor, and your child may need another course of steroid medicines.

About the future
Relapses
About half of children with SSNS will have at least one relapse, and many have two or three relapses. In most children, the SSNS tends to relapse less often as they grow into their teenage years.

It is rare that SSNS continues to relapse in adulthood. If your child’s nephrotic syndrome keeps coming back, this is called frequently relapsing nephrotic syndrome. Your doctor will consider the best treatment for your child.

Follow-up
All children with nephrotic syndrome need to go back to the hospital or clinic for follow-up appointments to check for any health problems. Remember to bring the results from your urine testing.

Kidney problems
A very small number of children with nephrotic syndrome have more serious problems with their kidneys. Your doctor will refer your child to a paediatric nephrologist, a children’s kidney doctor, for more specialist treatment.
The role of the Clinical Services Committee Chair is to develop key documents necessary for developing paediatric nephrology services nationally with a focus on quality indicators, developing networks and transition services.

A) Workforce document
The document summarises the national projected consultant retirement numbers from 2013 to 2030 and describes in detail the contractual job-plans in 2013 for each paediatric nephrology consultant in England and Wales. This information will be held by the executive team and will be updated annually.

B) Renal Services Specification
NHS England has accepted the National Renal Services Specification. We anticipate that the document will need to be reviewed within the next couple of years to include quality statements, measures and/or indicators. There is also an expectation to develop Paediatric Nephrology dashboards for national and international benchmarking. Jane Tizard is a member of the Paediatric CRG.

C) Civil Eyes
For 2 years Civil Eyes has presented paediatric nephrology clinical leads and service managers information relating to disease specific demographics, activity and casemix. We concluded that this data is necessary and helpful but in addition inaccurate and unrepresentative of the work undertaken by each unit.

Civil Eyes agreed to sponsor some work looking at renal transplant services and pathways across the country, evaluating renal transplant services at Bristol, Leeds and Great Ormond Street Hospital in 2012.

It was again evident that the data was inaccurate. Our current concern is that this information is being used by managers of service providers and commissioners to plan future service delivery.

D) QSAC Renal Replacement Therapies
Dal Hothi applied to join the Quality Standards Advisory Committee (QSAC) for Renal replacement therapies quality standard as a specialist member. We are pleased to announce that that the application was successful and her position on the committee has been confirmed.

E) Nephrology Services Peer Review Pilot
Martin Christian, Jane Tizard and Dal Hothi have initiated a pilot peer review project in Paediatric Nephrology. The steering group comprises of a multidisciplinary team whose remit is:

*To review the quality of nephrology services that patients receive by developing measures from the existing nephrology standards in order to determine whether the service is conforming to the standards and if patients are directed to the right service.*

Paediatric Nephrology care pathways nationally were discussed and agreed. There has been consensus that the service pathway will start from the point that the child is identified as being part of the nephrology service.

Upon completion the pilot peer review process will be tested at Great Ormond Street Hospital, Nottingham Children’s Hospital and Southampton Children’s Hospital.

A measures development subgroup has developed and they are working on draft Paediatric Nephrology measures.
**F) Transition Services**
Developing transition pathways is a key DOH and professional objective. Most tertiary level paediatric nephrology centres have begun work on their transition pathways.

Arvind Nagra has developed a fantastic transition programme called ‘Ready, Steady, Go’ which has the potential to become the program of choice nationally both for renal and other specialities.

Arvind Nagra and Dal Hothi are also members of the national *Supporting Young Adults with CKD Special Interest Group.*

**G) EWG For Paediatric Chapter**
Dal Hothi is a member of the Expert Working Group for the Paediatric Subchapter of the HRG4+ for Reference Costs 2012/13.

In the latest Reference Cost 2011/12 design this subchapter has a total of 114 HRGs, all of which are diagnosis -driven. The majority of HRG roots in this subchapter have CC splits.

Based on our discussions and analyses we have recommended Interactive CCs instead of a binary system, in alignment with the renal chapter.

We investigated the renal HRG to see if the addition of interactive CCs would be an improvement:

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<tr>
<th>HRG</th>
<th>Label</th>
<th>FCEs</th>
<th>Average Cost</th>
<th>Mean LOS</th>
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<tbody>
<tr>
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**Proposed RC 2012/13 Design – with interactive CC splits:**

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<th>Mean LOS</th>
<th>Median LOS</th>
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<td>0.0</td>
<td>£767</td>
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</table>

Our next big project is trying to see if we can align work undertaken by Monitor and NHS England with regards to commissioning with the future development of the HRG4+ for Reference Costs.
**SPIN Representative’s Report**

Dr Munir Ahmed

The SPIN representative role is to facilitate the BAPN interface between specialist paediatric nephrology services and renal aspects of general paediatrics.

**SPIN applications**

Three applications were submitted and approved by the CSAC for SPIN posts in Nephrology. This is the first time that such applications have been considered. All the hard work done by CSAC and particularly Peter Houtman in developing the curriculum is paying off now. There are further 8 such trainees who are pursuing SPIN status.

**SPIN Members**

There are 29 such members on the list.

**InfoKID**

SPIN members have contributed to development of InfoKID by reviewing the draft leaflets.

**SPIN Surveys**

SPIN members were surveyed about their local outreach Nephrology clinics. The results are available on the BAPN website.

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**Ordinary Member’s Report**

Dr Mohan Shenoy

I commenced this post in November 2012.

My main role has previously been the BAPN representative to the Kidney Alliance. Unfortunately this organization has been disbanded and no longer meets.

I have therefore attended the BAPN Executive Committee meetings and contributed to the general work of the Executive Committee.
Trainee Representative’s Report

Dr Jelena Stojanovic

I was elected Trainee representative and started this role in September 2013.

Trainees
In 2013 one trainee was appointed to a substantive Consultant post. There are currently 11 trainees and two trainees post CCT not in substantive posts.

Exchange programme with USA
An exchange programme has been set up with centres within the USA. The programme will initially start in two centres, Detroit and Chicago, with Cincinnati hopefully joining once the programme is running. Currently there is no formal funding for this programme and funding will be sought from sources such as pharmaceutical companies unconditional education grant schemes. For further information contact Jelena.stojanovic@doctors.org.uk

CSG Topic Specific Groups (TSG) trainee representatives
Trainees are welcoming the opportunity to be representatives for Topic Specific Groups. Dr Louise Watson is co-ordinating and will soon have allocated trainees with their preferences for a total of eight TSGs.

Grid training days
Both centres in London hosted our training days in June 2013 and Liverpool hosted our meeting in January 2014. Both meetings had good attendance with excellent lectures. The next meeting is in Leeds on 3-4th July 2014. We welcome and encourage colleagues from SPIN programme and any general paediatric trainee interested in applying for grid to join our meetings.
Communications Officer’s Report

Dr Andrew Lunn

I have been the BAPN Communications Officer since November 2012 and my main role is maintaining and updating the BAPN website.

In 2013 we integrated the website within the Renal Association website. This has allowed us to improve the appearance and functionality of the website whilst maintaining our own distinctive pages. The website can be accessed via www.renal.org/bapn.

In addition the webpages that are specific to each paediatric nephrology centre have been updated.

My role also includes meeting as a member of the infoKID steering committee and the website was officially launched this year – www.infoKID.org.uk.

Finally I have been excited to be involved in organizing a competition for our patients to design a new logo for the BAPN.
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