The British Association for Paediatric Nephrology
Founded 1972

Annual Report 2014
Welcome from the president
Dr Jane Tizard

Welcome to the 2014-15 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

It is now three years since I took up the position of President of the British Association for Paediatric Nephrology (BAPN). It has been a great privilege and an extremely enjoyable experience. As BAPN president I have been a RA Trustee and also a member of the Executive Committee and Renal Information Governance Board and I have valued the support of the other Trustees and members of the RA in making sure that children are always included in adult initiatives which may benefit them. We have continued to integrate with the RA and now have representation on all RA committees.

I am delighted that David Hughes, Consultant Paediatric Nephrologist in Glasgow is taking over as the BAPN president and I know that the BAPN will be in very safe hands. It is particularly opportune timing as the Glasgow team led by Heather Maxwell has been successful in their bid to host the 2017 50th anniversary meeting of the European Society for Paediatric Nephrology (ESPN) bringing the Society back to where the inaugural meeting took place in 1967.

Over the last year the BAPN has thrived in many areas. There are now 129 BAPN members of whom almost half are consultant paediatric nephrologists. Other members include consultant SPIN paediatricians, trainees and honorary members. Our main UK meetings in 2014 have included an excellent day at the RCPCH meeting in April linking with paediatric rheumatology, the RA/BRS meeting in Glasgow, where we held our AGM, the annual Surgical Challenges meeting, hosted by the Manchester team this year and our winter meeting in Birmingham combining both a business meeting and research. The executive committee met three times in 2014 and the full Association met twice, at the AGM and the winter meeting. The outline of the activities of all the Executive members is detailed by the
Martin Christian’s support as Honorary Secretary has again been invaluable in the smooth running of the Association. He has improved our eNews and communication within the BAPN enormously over the past year. He has also had an important role the development of the Peer review programme which we hope will be ready to implement in 2015.

I am very grateful to the members of the executive for all their hard work and commitment to the BAPN and to the many others who have also made significant contributions to the BAPN over the past year. In particular I would like to thank Maggie Fitzpatrick who completed her tenure as Chair of the paediatric nephrology CSAC in August 2014. During her tenure we saw the successful introduction of the START (Specialty Trainee Assessment of Readiness for Tenure) assessment which included specialty specific areas. I am delighted that Kay Tyerman has taken over the role as CSAC chair and she will be overseeing a review of the paediatric nephrology curriculum. I am also grateful to Mohan Shenoy who as part of his role has led on World Kidney Day celebrations and to Jelena Stojanovic who completed her year as Trainee representative. We welcome Mordi Muorah and Hitesh Prajapati who have taken up the positions of ordinary member and trainee member respectively.

Finally, I would like to thank members of the BAPN for giving me the opportunity to serve as BAPN President which I have thoroughly enjoyed and I wish David Hughes and the BAPN every success for the future.
Secretary’s Report

Dr Martin Christian

I took over the role of BAPN secretary in June 2013. The role of the BAPN secretary includes:

- Supporting the executive committee meetings through organising the agenda, the distribution of briefing papers and writing minutes
- Organisation of the two general meetings each year
- Preparation of the monthly eNews sent to all members
- Cascading any urgent communications in between via centre leads

Membership

The secretary is also responsible for the BAPN membership. As of March 2015, there are 129 BAPN members, including 62 consultant paediatric nephrologists. The other member categories which included consultant SPIN paediatricians, trainees, honorary members and MDT members need to be revised. In late 2014, and in conjunction with the Renal Association, the categories of BAPN member were simplified.

Constitution

The exec have agreed changes to the presidential term which, if agreed by the membership at this year’s AGM, would see each new president serving a one-year term as president-elect before a three-year term as president, commencing from 2017. The change would bring valuable continuity to leadership.

ENews

ENews has been distributed monthly to all BAPN members. There are regular sections with updates in research, registry (including RaDaR) and forthcoming meetings. This year, there will be 10 editions – a combined July/August edition and an absent December edition. The 10 editions are timed so that they can be used as the vehicle to deliver briefing papers to members ahead of the AGM and Winter Meeting, and the subsequently to contain documents relating to the presentations that took place at these meetings.
Meetings
The 2014 Winter Meeting was held again at Birmingham Children’s Hospital, commencing with a two hour business meeting which included updates from all BAPN officers and on several multi-centre research projects. The main speakers were Stephen Waldek (standing in at late notice for Graham Lipkin) and Steven Wise, speaking on transition and adult care in cystinosis. The day finished with four high-quality trainee presentations. It was attended by 40 people (35 BAPN members).

Anglo-French meeting
There is a proposal for a paediatric renal meeting that would bring together the British and French paediatric nephrology societies. The BAPN are investigating November/December 2016 as a trial meeting to be held in France. If successful, we hope to repeat it every three years but to keep this as a separate meeting from the adult Entente Cordiale triennial meetings.

Peer review
This is something which I have been involved in developing that is separate from my role as secretary. A pilot steering group comprising nephrologists and MDT members from four paediatric renal units have been meeting regularly to agree how this might work in paediatric renal services and what measures should be used. The process was temporarily suspended last year due to internal NHS England matters but is now back on track and we hope to distribute a draft measures document for consultation in the near future. Once the final agreement for peer review has been given by NHS England and once the initial version of the measures document has been agreed, we hope to begin self-assessments towards the end of 2015 with selected peer review visits shortly afterwards.
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 remain unchanged. The BAPN expects to award 3-5 travel grants or prizes to trainees for presentations from this fund. At the recent AGM it was agreed that the monies from the funds introduced by the BAPN will be placed in a high interest earning account without a restriction on withdrawals.

Expenses paid for the BAPN committee meetings by the Renal Association are of a similar order to 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 for a study into AKI.

The BAPN have agreed to hold the trainees account. Decisions on expenditure for the trainees account remain under the control of the trainees.

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<th>Fund</th>
<th>Funds remaining Apr 2014</th>
<th>Funds remaining June 2014</th>
<th>Funds remaining Sept 2014</th>
<th>Funds remaining Dec 2014</th>
<th>Funds remaining Feb 2015</th>
<th>Funds remaining 31st March 2015</th>
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<td>£23,924.35</td>
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<td>(£3563.89)</td>
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Audit and Registry Committee
Chair: Dr Manish Sinha

Registry

In 2014 the UK Paediatric Audit and Registry subcommittee comprised of seven core members with support from UKRR colleagues. The committee met twice with additional meetings via teleconference.

In 2014 we reported Paediatric data in two chapters published in the 17th annual reports from the UKRR for data from 2013 – included new analyses on cardiovascular risk factors and growth in children on RRT. We also continue to actively collaborate with the ERA-EDTA registry contributing with annual data submission and additional data for reports from the European Registry.

Key achievements in 2014:

1. The New Paediatric Renal Dataset merged with the New Adult Renal Dataset

2. Annual data returns went paperless - all data submitted electronically.

3. Tony Wing Fellow, Dr Alexander Hamilton appointed. The project will be managed in collaboration with the BKPA & KRUK.

Audit

The results of the re-audit of renal biopsy were submitted to peer review journal. Two audit projects funded by the BKPA were in manuscript preparation or in data analyses stage, including audit titled ‘Anaemia in children receiving Renal Replacement Therapy’ and ‘Infant dialysis in <2 year olds in the UK’.

Project on ‘late presenters in children on RRT in the UK’ in final stages of manuscript write-up.

Data collection for the national audit of Paediatric AKI was commenced in late 2014 with results due in mid-2015.
Research Secretary’s Report
Dr Richard Coward and Dr Sally Hulton

The intention of the British Association for Paediatric Nephrology / MCRN clinical studies group, is to work towards being able to offer every patient the opportunity to be involved in research.

The past year has been an exciting and productive year for paediatric nephrology research.

Meetings

In April 2015 we ran a joint Royal College of Paediatrics and Child Health meeting with the endocrinology sub group. This was well attended with key-note talks on FGF23 in kidney disease by Professor Nick Shaw, bone densitometry by Nicola Crabtree and obesity and the metabolic syndrome in renal progression by Professor Julian Shields. It ended with a lively debate on the role of bariatric surgery in childhood obesity again with Professor Julian Shields and Tam Fry. Next year we will be linking with paediatric gastroenterology.

The 2015 Renal Association meeting was linked with the European Renal Association in the Excel and had many excellent paediatric nephrology relevant sessions including complement mediated disease, paediatric growth in chronic renal insufficiency and the science underpinning renal tubular disorders.

We discovered in 2015 that we will be hosting the 2017 European Society of Paediatric Nephrology in Glasgow, on its 50th anniversary and returning to where it began! This will be led by Dr Heather Maxwell from Glasgow.
Current Research Studies

These are coordinated through the Paediatric Nephrology Clinical Studies group which has representation from all 13 UK Paediatric Nephrology centres, parent representatives and other multi-professional input.

- **PREDNOS and PREDNOS 2** - Studies examining the best use of steroids in nephrotic syndrome - led by Professor Nick Webb, Manchester. Funded by NIHR HTA
- **RaDaR** - the rare renal disease consortia. Now in excess of 15 patient and professional groups to study rare kidney disorders. The lead is Professor Detlef Bockenhauer from GOSH, London.
- **HOT-KID study** examining optimal blood pressure control in children with CKD - led Dr Manish Sinha, Guys’ and St Thomas’. Funded by the British Heart Foundation
- **NIDUS study** examining a novel type of haemodialysis /haemofiltration machine for neonates – led by Dr Heather Lambert, Newcastle. Funded by NIHR/MRC EME Programme.
- **3H study** comparing different ways of dialysing children with kidney failure- led by Dr Rukshana Shroff, Great Ormond Street London. Funded by Kidney Research UK

Currently under review NIHR/MRC EME ProgrammeStudy examining the role of Eculizumab in Shiga-Toxin producing E. Coli Haemolytic Uraemic Syndrome (ECUSTEC) – Dr Sally Johnson, Newcastle

National renal research strategy (NRNS).

We are intimately involved in forming the national renal research strategy with our adult nephrology colleagues, the Renal Association, British Kidney Patient Association and British Renal Society. This will be produced and published in the next 12 months.

Developing research priorities for the future.

We are currently establishing a number of key study groups in paediatric nephrology to consider these and to decide on the research priorities for paediatric nephrology in the future. This is being supported by KRUK. We envisage that each group will have a trainee attached as well as a family/parent representative. We intend to identify the key research questions in our field and develop them into research studies. The HTA are supportive of this process. We hope this will progress in the next 12 months.
The role of the CSAC is to oversee recruitment to Nephrology NTN GRID, review the curriculum/assessments and appraise trainees annually. The CSAC also now has responsibility for approving the training of Paediatricians with a ‘Specialist Interest in’ (SPIN) nephrology. SPIN posts can be undertaken either as part of run-through training or in a post-CCT/ non-training post.

Current committee members:
Chair - Dr Kay Tyerman - appointed 2014

Training Advisors - Drs Sally Hulton and Richard Coward (job-share - joint BAPN research secretaries 2012 - April 2015) with Dr Richard Coward continuing April 2015
- Dr Caroline Booth - appointed November 2014

Trainee Representative - Hitesh Prajapati - appointed 2015

Quality Advisors
- Dr Jane Tizard - President BAPN - appointed 2012 / Dr David Hughes - President BAPN appointed 2015
- Dr Martin Christian - Secretary BAPN - appointed 2013

Assessment Advisor - Dr Larissa Kerecuk - appointed 2012

Co-opted members agreed by RCPCH
General Paediatrician with a Special Interest in Nephrology (SPIN) - Dr Munir Ahmed - appointed 2012

Professor Jeremy Levy has kindly agreed on behalf of RA Training Committee to find a representative to attend our CSAC meeting annually.

Nephrology GRID 2015
We had 5 applicants who were long-listed and subsequently shortlisted for interview on 5th December 2014. Four trainees were appointed, due to start September 2015, taking up posts in Nottingham, Birmingham, Evelina/Great Ormond Street Hospital and Bristol.
Current Trainees:

There are currently 11 GRID trainees. Three further trainees have recently gained their CCT and two are expected to gain their CCT during 2015. GRID training days are held twice per year (Liverpool & Leeds in 2014). The first meeting of 2015 was held in Glasgow on 15/16th January 2015- excellent programme attended by 9 trainees. The CSAC Chair (KST) and Research Lead (SH) both attended and formally met with grid trainees to assess progress against the curriculum and to provide support and mentoring. A report was registered on the e-portfolio for trainees and their supervisors to access and to be used as part of the trainee’s ARCP. A further Training meeting is scheduled for June in Southampton.

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.

Trainees are also actively encouraged to complete GCP training and participate in recruitment of patients to MCRN and NIHR supported Research Studies.

The curriculum section in ‘The Framework for competencies for level 3 training in Paediatric Nephrology’ is on the RCPCH website. The Paediatric Nephrology CSAC plans to review the current curriculum in line with RCPCH plans to move to a symptom-based rather than topic-based curriculum.

The Framework of competencies for level 3 training SSM in Paediatric Nephrology directed at potential SPIN doctors is also on RCPCH website. RCPCH are working with CSAC to develop a framework to manage and monitor SPIN training.

START (Specialty Trainee Assessment of Readiness for Tenure) has been ratified by the GMC. All trainees wishing to CCT in a subspecialty must have a START assessment in that subspecialty. Nephrology trainees are encouraged to undertake START at October sitting.

Dr Kerecuk - Assessment Advisor is working with the CSAC and has submitted a comprehensive number of scenarios directed at paediatric nephrology trainees to be used as part of START. The CSAC will need to continue to update the bank of scenarios for our subspecialty and ensure they are benchmarked.

There have been 2 substantive consultant appointments in Birmingham and Glasgow in 2014 and an academic appointment at UCL/GOSH in 2015. Further substantive appointments are expected in 2015 throughout the UK with a combination of new and replacement posts. It is encouraging that there are also an increasing number of general paediatric consultant posts advertised with nephrology SPIN.
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 Clinical Standards and Guidelines subcommittee of the BAPN evolved from the Standards and Registry subcommittee, which was established in the 1990s. A number of standards for paediatric practice were developed by the BAPN until 2008. In 2013 it was agreed that The Renal Association would produce joint adult and paediatric guidelines with the BAPN, using a NICE- accredited process awarded to The Renal Association in 2010. Six clinical areas have been identified as requiring new guidelines or updates. The Clinical Standards and Guidelines subcommittee has identified paediatric nephrologists to contribute to these. NICE itself has produced and continues to develop guidance on renal conditions (see Table).
<table>
<thead>
<tr>
<th>Date</th>
<th>Document</th>
<th>Current status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NICE rescope consultation: Kidney transplantation (children, adolescents) - immunosuppressive regimens (review of TA99) [ID346]</td>
<td>Consultation May 2015</td>
<td>BAPN responded to evaluation consultation document (ECD) April14 J Dudley and S Marks on Expert reference group D Milford proposed to represent BAPN as consultee</td>
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<td></td>
<td>Eculizumab for the treatment of atypical haemolytic uraemic syndrome [ID703]</td>
<td>Published Jan 2015</td>
<td>BAPN responded to evaluation consultation document (ECD) March14</td>
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<tr>
<td></td>
<td>i.v. fluids in children</td>
<td>Consultation May 2015</td>
<td>J Dudley / L Jadresic on GDG</td>
</tr>
<tr>
<td></td>
<td>Social care guideline: Transition from children's to adult services</td>
<td>Draft scope Guideline consultation anticipated Sept 2015</td>
<td>A Nagra / S Marks attended scoping workshop 17th February 2014 BAPN responded to draft scope consultation document April14</td>
</tr>
<tr>
<td></td>
<td>Quality Standard: Renal Replacement Services</td>
<td>Published November 14</td>
<td>D Hothi on Quality Standard Advisory Committee</td>
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<tr>
<td></td>
<td>Quality Standard: Acute kidney injury</td>
<td>In progress</td>
<td>BAPN responded to topic engagement exercise Feb 14 Paediatric representation on ERG (no nephrologist)</td>
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<tr>
<td></td>
<td>Clinical guideline update: Anaemia management in CKD</td>
<td>Draft consultation 17/11/14–8/1/15</td>
<td>S Stephens on GDG. No comments from BAPN</td>
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<tr>
<td></td>
<td>Clinical guideline update: Chronic Kidney Disease</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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</table>
The Clinical Standards and Guidelines subcommittee promotes clinician involvement on NICE guideline development group and expert advisory group and promotes consultation of NICE guidance and standard development to the BAPN membership. Over the last 12 months the committee has contributed Clinical Expert reviewers to advise on the development of ‘Key Practice Point’ decision support tools for healthcare professionals seeing children at the first point of contact as part of a Department of Health-funded initiative (‘Paediatric Care Online (PCO)’; figure 1).

The remit of the committee has also expanded over the last 12 months to include the hosting and review of a patient information resource (infoKID), which is about to enter an evaluation phase (figure 2).
Clinical Services Committee
Chair: Dr Daljit Hothi

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
I have updated a workforce document. The first section summarises the national projected consultant retirement numbers from 2014 to 2030, including information on which tertiary nephrology centre a vacancy may become available. The second section describes in detail the contractual job-plans in 2014 for each paediatric nephrology consultant in England and Wales. This information will be held by the executive team and will be reviewed and updated annually.

B) Renal Services Specification
NHS England accepted the National Renal Services Specification. However we now know that the document will need to be reviewed and re-written to include quality statements, measures and / or indicators. There is also an expectation to develop Paediatric Nephrology dashboards for national and international benchmarking. We have been very fortunate as Jane Tizard is a member of the Paediatric CRG.

C) Nephrology Services Peer Review Pilot
Martin, Jane and I 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.

The steering group has now met several times and the first draft of Paediatric Nephrology Peer Review document has been written and circulated amongst the working group. Once the comments have been collated the amended draft document will be circulated to the BAPN executive committee in the first instance and then to the BAPN members for final comments. Upon completion the pilot peer review process will be tested at Great Ormond Street Hospital, Nottingham Children’s Hospital and Southampton Children’s Hospital.

In addition a subgroup was formed to develop a draft Paediatric Nephrology measures document.

D) QSAC Renal Replacement Therapies
I was part of the Quality Standards Advisory Committee (QSAC) for renal replacement therapies. The quality standard has been completed and circulated.
E) Transition Services
Developing and establishing transition pathways for paediatric renal patients is a key DOH and professional objective. Most tertiary level paediatric nephrology centres have begun work on their transition pathways but these may differ in maturity between different cohorts of patients within the same unit. Arvind Nagra has developed a fantastic transition programme called ‘Ready, Steady, Go’ and continues to work with the national Supporting Young Adults with CKD Special Interest Group to develop a work programme to improve transition process for young adults with CKD across paediatric and adult services. This will comprise of:
- Quality standards for transition – NICE/CQUINS
- Peer review standards and programme
- Data collection and agreement of minimum data set
- Ensure equal partnership between paediatric and adult services provision.

F) EWG For Paediatric Chapter
I am part 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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<tr>
<td>PA38C</td>
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<td>2,468</td>
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<td>PA38D</td>
<td>Renal Disease with Renal Failure with length of stay 1 day or more</td>
<td>1,392</td>
<td>£3,054</td>
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</table>

Proposed RC 2012/13 Design – with interactive CC splits:

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<th>HRG</th>
<th>Label</th>
<th>FCEs</th>
<th>Mean LOS</th>
<th>Median LOS</th>
<th>Estimated Cost</th>
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<td>PA38F</td>
<td>Renal Disease with Renal Failure, with CC Score 1-3</td>
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<td>1.0</td>
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<td>1,069</td>
<td>1.2</td>
<td>0.0</td>
<td>£767</td>
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We are now working with Monitor and NHS England who have produced the 2016/17 national tariff draft prices for the paediatric chapter. The draft prices are based on the HRG4+ currency design using 2013/14 reference costs, with a large number of changes to Health Resource Groups. Our review will feed into the Tariff Engagement Document (TED) for wider feedback from those with an interest in national tariff, which Monitor and NHS England will publish in the Summer.

A previous consultation of the proposed tariff revealed 2 major shortcomings.

- **PA38D**: Renal Disease with Renal Failure with length of stay 1 day or more was showing a 13.6% cost reduction. The drop in income would have a huge impact on the income for paediatric nephrology centres as this tariff describes the majority of our admissions.
- **We noted that paediatric nephrology did not have a specific outpatient tariff but was set by the general paediatric tariff. This is in comparison to many other paediatric specialities that had specific tariffs set as a higher unit cost. Furthermore the outpatient tariff prices were lower than the adult nephrology outpatient tariffs. The outpatient tariff for all the national paediatric nephrology centres were negotiated locally and were grossly different across the country.**
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.

Ordinary Member’s Report

Dr Mohan Shenoy

I assumed the role of the Ordinary Member in September 2012. My main role is to be the link person for World Kidney Day (WKD) celebrations in the UK. WKD is celebrated on the 2nd Thursday in March every year. This year WKD was on the 15th of March and there were a record number of events in the UK. The theme for this year was ‘Kidney Health for All’. Please visit www.worldkidneyday.com for more details.
Trainee Representative’s Report

Dr Hitesh Prajapati

I recently took over as trainee representative and would like to thank my predecessor Jelena Stojanovic, with whom I have jointly written this report, for all of her hard work. As trainee representative I am part of the BAPN executive board and CSAC and regularly attend meetings offering

There are currently 11 grid trainees. One trainee reached CCT in 2014 with another three trainees expected to gain CCT in the coming year. Two trainees secured substantive consultant posts and two others were appointed into locum consultant posts.

I am delighted to report that four trainees were appointed to grid training and will commence their posts in August/September 2015.

There are two trainee education meetings per year and in 2014 they were held in Leeds and Liverpool. The meetings were well attended and were excellent forums for education and with colleagues. We actively encourage paediatric trainees looking to apply for subspecialty training in nephrology and those with an interest in nephrology to attend the meetings. A grid trainee meeting is held on each occasion and any training issues fed back to the CSAC at board meetings. Annual trainee appraisals took place at the Leeds meeting in January.

Trainees were well represented at national and international meetings with four trainees presenting at the BAPN winter meeting in Birmingham this year and numerous trainees attending and presenting in the form of posters and oral presentations at the ESPN meeting in Porto in September. One trainee received a travel grant and presented at the plenary session at the French Society for Paediatric Nephrology meeting in November.

Trainees across all centers are actively participating in clinical trials in Paediatric Nephrology and recruiting patients to renal registries. There is also a trainee representative for the UK Renal Registry and a new trainee was recently elected to this post in January 2015.

One of the trainees has also been part of the development and implementation of a quality improvement curriculum which has been incorporated into the Paediatric Nephrology curriculum. This is the first quality improvement curriculum in paediatrics in the UK.
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. The work of integration has been ongoing since. The webpages specific to each centre have been updated and there is ongoing work in integrating this information further with the Renal Association centre database.

My role also includes meeting as a member of the infoKID steering committee following the website launch. The work of evaluation and assessment is due to begin soon.
• 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.