

BRITISH TRANSPLANTATION SOCIETY
100th Council Meeting, 15 July 2009 12:30
Association of Anaesthetists

Minutes

Present:

Mr Keith Rigg (KR)	BTS President (Chair) (2009-2011)
Mr Chris Watson (CW)	BTS Vice President (Pres 2011-2013)
Professor Anthony Warrens (AW)	BTS Treasurer (2006 – 2011)
Miss Lorna Marson (LM)	Councillor without portfolio 2007 – 2010
Mr Hany Riad (HR)	Councillor without portfolio 2008 – 2011
Dr Sue Fuggle (SF)	Councillor (Histocompatibility) 2008 – 2010
Dr Iain MacPhee (IM)	Councillor (Nephrology) 2008 - 2010
Professor Derek Manas (DM)	Councillor (Liver transplantation) 2008 - 2010
Mr John Asher (JA)	President, Carrel Club
Dr James Douglas (JD)	Archivist
Mr Luke Devey (LD)	Co-opted: IT strategy / webmaster
Professor Marlene Rose (MR)	Co opted: Councillor (Basic Science) 2009 - 2011
Ms Jane Smith (JS)	Councillor (Coordinator/Transpl nurse) 2009-2011
Professor John Dark (JD)	Councillor (Cardiothoracic transpl) 2009 – 2011
Dr Antonia Cronin (AC)	Chair, Ethics committee

In Attendance:

Miss Sally Ross (SR)	KSAM Secretariat (Minute taker)
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1) Apologies for Absence

Apologies were received from Chris Dudley (Secretary 2009-2012), Simon Bramhall, Nizam Mamode (Councillor, Transplantation Surgery 2009-2011) and Richard Baker (Councillor without portfolio (2009-2012)).

2) Minutes of 99th Council Meeting

a) Accuracy

The minutes were agreed to be an accurate record.

b) Action Points

The action points from the previous meeting were discussed with the following outcomes:

- i) Transplant Training and Education Committee - to be picked up later in the meeting.
- ii) IT Report – LD still awaiting pictures of Council members to add to the website.

c) Matters arising

No other matters arising.

d) Future Council Meeting

Wednesday 11 November 2009 – Association of Anaesthetists, London
Monday / Tuesday 15/16 March – Kensington Town Hall, London

3) President's Report

a) On behalf of the Executive

Nothing to report not otherwise on the agenda.

a) Presidential Activity

i) Corporate partners

KR advised the Council of a meeting being held that afternoon with the Corporate Partners, this is the yearly meeting to discuss outcomes of the Congress and their buy in for 2010. There will be further 1:1's scheduled in November.

ii) Eversheds

KR and CW met with Eversheds, the Society's solicitors. The major point of note was a requirement to change the Articles and Memorandum of Association in line with the new companies act that comes in to force later in the year. As part of this new law the directors of the BTS, i.e. the executive, need to have had a CRB check.

iii) BMA Ethics group

KR met with Veronica English who is head of ethics at the BMA. BMA were keen to resurrect the Opting Out debate and were keen to assess the Society's views. KR had pointed out that at the last poll of members opinion was too divided for the Society to come out strongly in favour of or against opting out.

KR affirmed that the society was keen to improve organ donation rates, and believed we should wait to see the effects of the ODTF recommendations before pushing for a change in legislation. Council agreed on this position.

iv) European directive

The EU Organ Directive Steering Group has met three times and is planning two further meetings. There are still issues around authorisation and licensing of procurement centres. It is not yet clear if this should be a national initiative or only apply to individual units. Council will be kept informed of future developments.

b) Proposed Collaborative working

A paper was circulated prior to the Council meeting outlining the areas below.

i) ODT/NHS BT

James Neuberger and Sally Johnson are very keen to collaborate with the BTS. Three areas they wish to collaborate in particular are:

- Standards & Guidelines – eg guidelines for what are acceptable organs for transplantation; guidelines for consent
- Research – they may be able to provide statistical help and financial support
- Representation of the BTS within the new Advisory Board structure. Suggested we continue with representation on KAG at present and assess its value at the end of a fixed period. Also suggested that the Councillors representing Cardiothoracic and Liver Transplantation could represent the BTS on CTAG and LAG.

ACTION: KR to write to JN.

ii) Intensive Care Society

BTS and ICS held a joint meeting in 2006. However there was a bit of a struggle to make it happen. Bob Winter is the new President and is keen for a joint meeting again. A relevant topic would be non-heart-beating donors. The Department of Health is also willing to offer funding under the remit of the ODT PDB.

ACTION: KR to write to ICS

iii) Transplant Trust

Vashti Poole has approached the BTS looking for a collaboration to provide a website for transplant patients to provide reliable and relevant patient information for all organs and covering all stages of the patient pathway. This would be a good tool to share information between the centres, and would be a good mechanism of ensuring uniformity with the messages that are given to patients. After discussion, Council felt that material that they produce should appear on the BTS website but could be published in collaboration with the Transplant Trust.

ACTION: KR to write to Vashti Poole

c) **Roche RTEF**

The Renal Transplantation Education Forum has been run by Roche, and is entirely clinical unlike the Summer School which was part basic science. It is believed that Roche want to pass over the RTEF to the BTS. No written proposal has yet been received. One option would be to rebadged it and combine it with the BTS summer school, and include basic science. Not clear if Roche would continue to fund it. General feeling was supportive, pending full details. It was seen as an opportunity for nurses, surgical trainees and new PhD scientists, which in turn would bring them to the BTS. The Council agreed that the Summer School needs to be reintroduced. Roche have not made plans for next year.

d) **Publication of minutes on website**

A page is available on the website for the publication of minutes. After much discussion by the Council it was agreed that the minutes should appear on the members' area of the website. The minutes are to be circulated to all of the Council for their approval and then be published on the website, any confidential information to be removed prior to this.

e) **Membership**

To be discussed later in the meeting by the Treasurer.

f) **ESOT 2011**

The Organising Committee has been split into two categories: Local Executive Committee headed up by Alan Jardine and John Forsythe, with Peter Friend, Chris Watson, Anthony Warrens and Keith Rigg;; and the Scientific Committee, headed up by John Forsythe. The first communication going out will be in the ESOT 2009 delegate bags.

ACTION: CW circulated a copy of the flyer around Council members.

g) **Transplant 2013 – proposal for coalition of stakeholders**

A paper was circulated to the Council prior to the meeting. *Advocate* is a policy and public affairs agency. The document is a distillation of the discussions that took place in the first meeting. This was made up of several people within the transplant world and pharma. The next meeting is to be held in September. The organisation will require funding from all the participants at the meeting. There is a risk if BTS do become part of the group but also a risk if we do not. The preference should be that BTS lead the group as there is a risk of losing the Society's role as the primary voice of transplantation.

ACTION: KR to speak to all the key stakeholders concerned.

h) BTS representative of RIXG required

Rob Higgins has resigned from the Renal Information Exchange Group.

ACTION: KR to ask Richard Baker if he would be the BTS representative.

4) Vice President's Report

a) London Congress 2010

i) Pre meeting symposia

Following a lot of email discussion, LM confirmed that the focus of 2010 should be 'B Cells in transplantation'. LM confirmed the aim to get speakers from outside of the transplantation arena. The ESOT community has been emailed to see if there were any overseas speakers that would be relevant to this topic. AW to advise on the speaker budget that we have available.

VP is looking at a surgical pre meeting symposia: he has contacted DM and they are in discussion. The Transplant Surgeons chapter may be included in this day. CW confirmed that BASL, ITNS and BSHI sessions should be included within the programme. The programme will also contain early morning education courses. The Bill Hoffenberg lecture "The ethical landscape of transplantation" will be held on the Thursday evening.

A decision is yet to be made on the social events, AW reported that there may be difficulties in London obtaining a gala dinner for £35-40 per head. A number of places have been considered, including the Palace of Westminster and merchant halls in the City.

The following ideas have been had:

Instead of having an informal Social event it was thought that a drinks reception could be held on the first night at Kensington Town Hall.

The moderated poster sessions should be done again and it was suggested that this is done at 5pm with drinks.

It was suggested that two extra categories of abstract submission be identified, in addition to "Clinical science", "Basic science" and "Coordination", namely "Histocompatibility" and "Ethics, Law and Public Policy"

There was much discussion over the ethics symposium and it was agreed that the same lecturer should not speak at both the BTS meeting and the ethics symposium held in December. A suggestion was made by AC that the ethics meeting in December be held as a plenary session on the Thursday afternoon of the Congress prior to the Bill Hoffenberg meeting.

ACTION: AW and Vassilios Papalois to look at the programme and see if this can be accommodated.

b) TL

Thomas Lee, was invited to present to the Executive following discussions in the last Council meeting. It has been agreed that he will present at the Executive meeting in November. All Council members are invited to arrive early to the meeting in November if they wish to hear his presentation. Timings are to be clarified.

5) General Secretary's Report

a) Request for NICE appraisal of HLAi/ABOi renal transplantation

It has been suggested that the Society make a request for an appraisal of HLAi/ABOi renal transplantation. If NICE come down with an appraisal that it should not be a service that is

provided the funding will stop and become more difficult to apply for in the future. After discussion it was felt that now might not be the right time to do this, but Council agreed that this topic should be approached in the future. To be revisited in a year's time.

6) Treasurer's Report

a) Financial Update

AW circulated papers to the Council. Unfortunately the bottom line for the Liverpool congress has not yet been collated.

- There is a significant fall in income by members, partly due to problems with direct debits and still the issue over consultants paying reduced member rates. KSAM will make this a priority for them to sort out.
- Fall in corporate income probably accounted for by their paying in instalments
- Less interest from bank interest
- No restricted income since none of the Pharma supported a fellowship as part of their CP agreement.
- Unrestricted expenditure for Congress not accurate as not had final figures from MCI.

The balance sheet shows the current assets of the Society at £550k, the liability is under £8k. Of that £200k is restricted; hence the unrestricted reserves of the Society are in order of £350k. It was confirmed that the Society is in a healthy state.

b) Discounted & reciprocal membership

Membership fees are comparable with sister organisations such as BSHI, BSI etc. A number of scenarios for reciprocal membership of organisations were outlined. Council agreed with the concept and that an approach should be made to BSHI, BSI and ESOT. Simulation 3 was agreed as the best option

ACTION: AW to approach

c) Future budgeting

AW circulated a long term modelling spreadsheet.

- Restricted income will no longer be provided by the Pharma companies.
- Restricted bursaries will still be available from the Astellas/Novartis monies previously provided for ATC & ESOT. It has been agreed that we will continue to use this for ad hoc purposes e.g. congress bursaries.
- Fellowships/studentships are ongoing and the BTS has committed to these over a three year term.
- The budget also projected a reduction in Corporate Partner money from £155k in 2008 to £50K in 2014, and a pull back on the income for the congress over the years.
- Income reduced from £340k in 2008 to £170k in 2014.

Expenditure - congress figures are based on Glasgow figures in 2007. The figures are 'ball park', for all others based on these figures there is a deficit from 2012 with a large deficit in 2014 of £108k. This shows that by 2014 the Society will still be hold above the reserve threshold, suggesting that we will still be in acceptable financial health for the next five years, even if the grim prognostications about income do eventuate. With this in mind the non clinical fellowship will not be offered for the next couple of years. ESOT will give BTS £100k from the congress in Glasgow; however this has not been added to the budget, since it is not yet guaranteed.

7) Ethics Committee Report

Antonia Cronin

Incorporating the meeting into the Congress next year would be good news for the Ethics community. AC proposed that there could be separate registration for the symposium and the delegates would not have to register for the whole meeting.

The addition of a poster session was agreed by the Council.

AC reminded the Council that 20 July was the closing date for the applications for the Donation Ethics Committee. This has been advertised on the website for a few weeks.

Council were keen that the BTS continue to have its own ethics committee. This should run separately from the national Donation Ethics Committee, but acknowledged that on most issues the BTS would endorse the NDEC opinions. Nevertheless the BTS needed to have an independent voice in case it disagreed with NDEC.

8) Transplant Training and Education Committee

Simon Bramhall

No report submitted.

9) Standards Committee Report

Chas Newstead

No report submitted.

10) Carrel Club Report

John Asher

A new committee has been appointed. The following are the aims for the future months:

- 1) Reach out to under-represented centres and broaden membership. There are no cardiac trainees for example.
- 2) Micro site within the website is well received. However a decision needs to be made what to do with it as Carrel Club already have an email forum and website; so how will they be interlinked?
- 3) National Organ Retrieval Strategy and European Working Time Directive are areas that affect trainees. Not sure if there is sufficient funding for organ retrieval and it may be that this is left to consultants. With the Working Time Directive there is no national strategy that will work for transplantation. Pure transplant centres could work as they have enough staff to have the next day off, however transplant plus centres may struggle.
- 4) Sub specialist surgical training is also an issue.

11) Clinical Trials Steering Group

Chris Watson

Handed over to Paul Harden who will come up with a terms of reference.

12) IT Report

a) Review of launch

KR thanked LD for all his hard work in putting the site live on 17 June. The site is getting approx 2500 visits per week. Most people are coming through on Google, the 'transplant people' is the most popular page so far. There is the need for the BTS to be hitting higher on the page rank when searching in Google for transplant; investment with Google can promote the BTS higher up the search hits ; agreed to review this at a later date. A lot of the visitors to the site are from the US.

In the Members area it is a little more difficult to find how many members have logged in to the system, as there is development work ongoing. Council members were asked to promote the site by placing items there and leading discussion forums.

b) Future website development and management

Going forward, LD is not able to continue his time on the website development, as he needs to concentrate on his day job. There are three aspects of the website to be managed; technical, administrative and developmental. Technical aspects would be done through the support package from EIBS and the website administration is to be dealt with by KSAM. KR to discuss the contractual arrangements on this. Other members of Council could learn how to use the Content Management System in order to spread the workload. A member also needs to be in charge of content. Journalistic features could also be included on the website to keep the content as dynamic as possible; this will not be done now but could be reconsidered at a later date. The new webmaster would be co-opted to Council. Any ideas of people to be passed to LD.

13) Report from constituent groups

a) Basic Science

Marlene Rose

The main aim is to increase the numbers of scientists who become members and also who attend the Congress. From the BSHI side this is important as people tend to go to the BSHI meeting instead of the BTS meeting.

It is a good focus point having a symposium for scientists the day before the BTS meeting ML was keen to know how many basic scientists were members of the society, but as yet that information could not be provided.

b) Transplant Coordination & Nursing

Jane Smith

It would be useful knowing how many nurses there are and how many coordinators.

Feedback from the joint meeting with ITNS was good. Keen to build on this for 2010.

Welcomed the splitting of her role with a separate coordinator and transplant nurse representative in future.

Emphasis was also made to all constituent groups that without members updating their details the secretariat are unable to give details analysis of the number of members in each group.

c) Histocompatibility

Sue Fuggle

The progress on the BSHI BTS guidelines on antibody-screening and cross matching has been slow. The BTS Council agreed to fund a day to complete this. However a suitable time has not yet been agreed.

Abstract subheading for H&I at the Congress would be welcomed. Clarification has been made that there will be a joint symposium.

d) Liver transplantation

Derek Manas

The BASL meeting was a success and all attendees thought that this should be continued. None of the hepatologists present at the meeting were members of the BTS as they do not see any benefit to membership. There will be additional information added to the website to assist in this.

DM was keen on a meeting to discuss NHBD liver donation next year as a joint meeting with the relevant parties. This meeting would need to be self funding.

e) Transplant nephrology

Iain MacPhee

Feedback from the NICE workshop on Belatacept and Everolimus was presented; there was a shock that most of the transplant centres were not following NICE guidelines for immunosuppression in renal transplantation. It may be that the scope of the appraisal is widened to reappraise all immunosuppressant in renal transplantation.

f) Transplant surgery

Derek Manas

The webpage is now live, DM has asked people to do guest editorials on this site. DM to discuss with LD how to submit info onto the website. The group are to meet twice a year and KR to be a honorary member of the chapter.

Concern was expressed about the introduction of National Organ Retrieval Service (NORS); the chapter of surgeons held option 3 as the preferred one.

Terms of reference for the Surgeons Chapter were in need of development.

ACTION: KR / DM

g) Cardiothoracic transplantation

Over the next few years the BTS meeting does not clash with the SCTS and ISHLT meetings.

There are ongoing staffing issues with cardiothoracic transplantation: two posts were advertised and only one applicant applied throughout the country.

Ex vivo lung perfusion was looking more promising.

Going to collaborate with organ retrieval.

CTAG were looking at a national allocation system for hearts.

14) Reports from allied groups

a) Association of Surgeons

Keith Rigg

Subspecialty recognition awaiting review from application. KR write article for the Association Newsletter about the BTS.

b) BRS

Richard Baker

Nothing to report due to absence.

c) CORESS

Nizam Mamode

Nothing to report due to absence.

d) Kidney Alliance

Ian MacPhee

Position statement on organ donation now written and is now in support of the Task Force.

e) KAG/ODT

Anthony Warrens

Nothing relevant to the Council meeting to report.

f) ODFT Programme Delivery Board

Keith Rigg

Communications need to be improved, need more update on 24 projects for the website.

They have asked that the BTS be more involved in training. Five sub groups are looking at the delivery of training. The BTS will have some input, and KR is to ask Simon Bramhall for a volunteer.

ACTION: SB to be asked for a volunteer for the sub group

g) Renal Registry

Iain MacPhee/Lorna Marson

Renal Registry want to share data with NHS research, and are also cooperating to link data on renal replacement therapy with the National Hospital Episode Statistics (HES) data. Current block is the need to merge different patient identifiers on the two systems.

h) RCP/RA Joint Speciality Committee

Richard Baker

Nothing to report due to absence.

i) STEPP Study

Anthony Warrens

The aim of the group is to try and develop the collection of long term data. The Pharma companies wish the study to continue in the long term. AW attends the meeting as the BTS representative and informed the Council that he will also be representing the Renal Association.

j) UK Kidney Research Consortium

Lorna Marson

No feedback received from the last meeting.

15) Archivists Report

JD agreed to contact some of the elder statesman to write something for the BTS to add to the website.

16) AOB

a) SaBTO

About to finalise the guidance of their microbiological advice. This will be circulated around stakeholders in September.

b) Elizabeth Buggins' Report on non EU citizens

This has gone to the Secretary of State and will be made public by the end July.

c) Paediatric nephrologists

Poorly represented within the BTS. HR asked if there was another way of engaging them. May need to collaborate with the British Association for Paediatric Nephrologists.

ACTION: KR to write to President of BAPN

d) Living Donor Transplantation Forum

DM has been asked to co chair this to incorporate liver donation. Nigel Heaton is also involved.

The meeting was declared closed at 16:35