



Generic substitution of products prescribed by brand name has been proposed. KR confirmed that the BTS would get involved in the consultation process.

The BTS were approached prior to the last Council meeting regarding running the Roche Renal Transplant Education forum. The format of this meeting was discussed. It was agreed that it should be kept multi disciplinary and cover all solid organs. Roche will contribute up to £30k for the forum and contributions from other CPs would be welcome. The timescale for this meeting is possibly November 2010 although there is a potential clash with the Organ Retrieval Workshop.

**Action: An expression of interest from Council members to organise the Renal Transplantation Education Forum was requested. Contact KR**

Novartis will still be running their training course for nurses.

KR also raised the issue of model consent forms for extended criteria and marginal organs. Each unit has a different form and the question was raised whether the BTS should produce a consent form template?

**Action: CW to produce a model consent form. All to send a copy of their consent forms to CW.**

b. Media Strategy

The Communications Committee held a meeting on 15 July due to an increasing number of media requests being received by the Society. Between ten and fifteen were received in October. The media strategy is now on the website, any media enquiries are now directed to the executive. Any 'out of hours' requests are picked up and an action taken by one of the executive team.

c. Links with other organisations

i. ESOT

All presidents of the constituent groups met a few weeks ago. ESOT have proposed that reduced ESOT membership be offered to all national transplant society members at a 50% reduction (£50 for a regular member €25 for a trainee). A formal letter is required to carry this forward. The Council supported this proposal.

ii. BAPN

KR has written to Mary McGraw, and agreed that a joint meeting between BTS/BAPN would be very beneficial.

The Surgical Challenges paediatric meeting founded by HR have been very successful over the years and these should continue. It was agreed that the paediatric meeting should include liver transplantation

iii. Transplant Trust

KR met with the Transplant Trust, BAPN and a patient representative to discuss a joint website. Progress has been made on this as the transplant patient has got free web design, hosting etc and has set up an outline site with a transplant trainee. The Patient pathways are to be agreed by Jan Dudley and KR. A copywriter is to be funded to write the content and then section editors are to be agreed by the BTS and BAPN to ensure that the content is up to date.

iv. Transplant Coalition

This was discussed at the last meeting and concerns were raised by the Council. KR presented a document from the group Advocate to the last meeting. They have seen a gap in the market to develop a coalition for transplantation. A research steering group has been set up by Advocate including KR, Transplant Trust, Astellas and Genzyme to ensure that organ donation and transplantation remain on the political agenda. It was suggested that the Secretary of State for Health and his shadow should be asked for written responses to specific questions about transplantation that could be displayed on the BTS website.

Concern was expressed that this coalition was being driven by a commercial lobbyist and should be led by a patient or professional body.

d. Bournemouth 2011 – COC

Part of the six year Congress strategy. The COC and Programme Committee will have to change next year. LM agreed to chair the Programme Committee for the next two years to ensure consistency. A stand from Bournemouth will be at the London meeting advertising BTS 2011.

e. TL presentation

Following the presentation by TL earlier in the day, KR advised that he was a lot more positive than when he originally approached the BTS. The Council agreed that he could have a slot in the Transplant Surgeons Chapter sessions at the 2010 Congress.

**Action: KR to write to TL and advise that he can present in the Surgeons Chapter and to liaise with Neil Parrot**

## 5. Vice President's Report

a. Book promotions

The executive were asked to consider emailing all members with details of a new book produced by one of its members. Instead, a notice will be put on the website in the Surgeons Chapter and a book review will be posted. OUP, publishers of the book, agreed to provide a link to the Oxford Specialist Handbook series from the website and offer members a 20% discount for purchases

b. Peter Morris Transplant Library

ESOT have subscribed to the library and have a link to Transplant Trial Watch which lists ten selected trials that have been published in the past month. The BTS has agreed to put the same link on the website, but awaiting a final go ahead from Peter Morris. A suggestion was made that an e mail alert to members regarding this list should be added to the President's monthly e-letter.

c. Memorandum and articles

Due to a change in the Companies' Act the memorandum and articles were no longer correct. These have been reviewed by the society's solicitors Eversheds. CW circulated the new document and listed the changes that had been made. A draft of the document will go on the website, and will be signed off at the AGM next year. No comments were received.

d. Liver allocation

The BTS has been asked to contribute to a consultation on the development of a new Liver Allocation Scheme for the UK. Alex Gimson, chair of LAG, has circulated a draft document which DM, as liver transplant representative, has been asked to lead on.

DM has written to all the liver representatives in each unit advising of the scheme, but has not yet received a response from everyone.

e. ESOT 2011

Meeting scheduled in the next month where the theme leaders and strand leaders will meet to move forward. A lot of good advertising was done at the Paris meeting.

## 6. General Secretary's Report

a. New members

The new Society members were listed in the papers circulated prior to the meeting.

b. Retiring Council members & elections

The following posts are due for election:

Miss Lorna Marson	Councillor without portfolio
Dr Iain McPhee	Councillor representing Transplant nephrology
Dr Sue Fuggle	Councillor representing Histocompatibility
Prof Derek Manas	Councillor representing Liver Transplantation
Miss Laura Buist	Member Ethics Committee

Mr John Dark  
New post  
Three posts

Member Ethics Committee  
Councillor representing Donation  
Members of the Standards Committee

c. Awards

The Roy Calne Award is the only award that will be made available this year.

Clinical Excellence Awards. KR described the process of support from the BTS. Communication is restricted to eligible consultants and those consultant members who have not changed their membership status will not have been alerted.

## 7. Treasurer's Report

a. Financial update

The Balance Sheet showed the BTS remains in good financial health. There is currently £450k in the bank, although a large sum is restricted which will be spent on existing commitments over the next few years.

The restricted income is much less than the expenditure due to the outstanding fellowship payments. Over the next few years the restricted reserve will be very significantly eroded due to ongoing payments of fellowships and bursaries to support attendance at BTS Congress. At that point, the Society will have to review the ability to offer bursaries to attend Congress and decide if it is appropriate to support this out of unrestricted funds.

AW confirmed that the surplus for Congress 2009 is in the region of £40k, but the figure has still not yet been finalised.

Approximately £11k has been paid out for professional fees, which included legal advice regarding the Articles of Association, website disclaimers and the TL case.

The Society currently has an unrestricted surplus of £74k.

b. London Congress 2010

AW gave an update of the programme. He also advised that the Gala dinner will be buffet style in the main hall as this is a lot less expensive. Reception drinks will take place on the Wednesday evening and nibbles with a close of 7.30pm where people can then go off and have dinner.

JS advised that the ITNS did not wish to hold a joint session with the BTS at the 2010 Congress, but would be willing to exhibit at the meeting. The Council agreed that a free stand should be made available to them. KR advised that a letter would be appropriate from the ITNS outlining the reasons why they do not want to continue with the joint meeting and that the BTS/ITNS would meet in the New Year.

AW presented models of different possible registration fees. It was decided that option d was the best. Overall this represented a 50% decrease in the registration fees from 2008 for BTS members coming to the whole Congress.

It was agreed that the fee for the Ethics Symposia be £15 for students and £25 for all other attendees and for the Tuesday pre-congress Symposia be £25 for reduced members and £50 for others.

**Post-meeting note: The Executive Committee subsequently agreed that there would be no registration fee for those attending the Ethics Symposium and the Hoffenberg Lecture with a pro rata reduction in the Thursday day rate to ensure that members attending the whole day were not disadvantaged.**

***\*\*\*The Council agreed that payment will only be made by credit/debit card for the 2010 Congress and that anyone who requests to make payment in another form will have to contact the Secretariat office.***

## 8. Membership

KR tabled a paper raising concerns over the decrease in membership of the BTS. The current financial climate may have impacted on these figures and there are many other groups that are in competition with the BTS and it may be that it is more beneficial to be a member of another group. Joint discounted membership should be explored; this could be promoted through attending the Congress at a reduced rate. The reduction in registration for Congress may also encourage more members. The liver community are not engaged and hepatologists need to be encouraged to join. The benefits of membership for non-transplant specialist (nephrologists and hepatologists) need to be explored and promoted. UKTCA no longer exists and BTS could fill this void. The Wednesday afternoon session of the meeting needed to be advertised directly to the coordinators

**Action: Any other items that need to be added to the e-bulletin to contact KR.**

**Action: DM to ask Alex Gimson to advertise the BTS through the Liver groups.**

**Action: LM to e mail regional coordinators about the Wed afternoon congress session**

## 9. Ethics Committee Report

- a. Draft programme for Ethics Symposium BTS Annual Congress 2010

The Ethics Symposium will appear prior to the Hoffenberg lecture. AC advised that all of the religious parties have been very positive about the BTS' approach. Robert Sells is chairing the Hoffenberg lecture. AC presented the programme to Council which was circulated with the Council papers.

The Journal of Clinical Ethics has agreed to advertise the event if they could have a pitch at the exhibition.

**Action: AC to see exactly how much space they require for exhibition.**

Need to work out how to publicise this meeting.

- b. Commercial Dealings in Human Material for Transplantation – draft position statement

AC advised that this position statement is ready for the website. With the removal of the word “currently” from the last paragraph and slight amendments to the wording, the Council agreed the paper.

**Action: AC to make the changes and circulate to the council for final sign off.**

- c. Paired/Pooled Organ Donation & Transplantation – draft position statement

AC made changes in the meeting and following discussions will re draft the position statement.

**Action: AC to make the changes and circulate a re draft.**

- d. Marginal/Expanded Live Donor Transplantation – draft position statement

AC made changes in the meeting and following discussions will re draft the position statement. There was discussion over what was the most appropriate term to use “marginal” or “expanded”.

**Action: AC to make the changes and circulate a re draft.**

## 10. Transplant Training and Education Committee Report

The TTEC minutes from the September meeting were circulated with the agenda. There was discussion regarding the Post CCT Fellowship scheme; it was never intended to run beyond one year and SB commented that the scheme had not been success.

The TTEC made amendments to the ISCP curriculum and website.

The new arrangements for the Inter-Collegiate exam proposal were shared with the TTEC. Part of the written exam would be sub speciality based and the clinical exam would now include clinical scenarios or case based discussions which would reduce the requirement for patients.

The Retrieval standards document was also discussed at the TTEC. This is now on the website.

There was a lot of discussion over emergency unselected general surgery. It is important that out of six years training four years needs to contain unselected general surgery.

**Action: SB to write a note for the website stating the fact that it is important that out of 6 years training 4 years needs to contain unselected general surgery.**

The trainees felt there are difficulties with inter-deanery transfers between transplant units, the TTA will get involved with supporting this. It was suggested that the BTS/TTEC Chairman should contact the Directors of the units concerned. SB agreed to write a discussion paper.

Argiris Asderakis will be the new chair of the TTEC from 2010.

A member representing nephrology was needed to replace AW on the committee.

### **11. Standards Committee Report**

CN sent an update in his absence. A number of the guidelines are out of date. The Standards Committee will be revamped after the next round of elections. KR went through the list of standards circulated with the Council, and those that needed updating were identified. The list to be passed to Peter Andrews for updating.

**Action: KR**

DM would check if the UK Liver Transplant Group Recommendations for Alcohol-related Liver Disease published on the web in 2005 had been up dated and would provide a link on the BTS Guidelines webpage.

**Action: DM**

Links on the BTS Guidelines webpage to the Clinical Practice Guidelines for the Management of Atypical Haemolytic Uraemic Syndrome and to the Assessment for Renal Transplantation published on the Renal Association website should be provided.

**Action: KR**

### **12. Carrel Club Report**

**John Asher**

JA advised that the Carrel Club is looking to expand the educational section on the BTS website.

The European Working Time Directive (EWTD) came in force fully for trainees in August and is expected to have an impact on surgical training, although it is too early to assess this.

The proposals for formal accreditation of transplant sub speciality training within the field of General Surgery is being submitted to PMETB as currently the accreditation is for all areas of surgery.

The Surgeons Chapter are hoping to produce their position statement on the National Organ Retrieval System and EWTD very soon.

### **13. Clinical Trials Steering Group Report**

Nothing to report.

### **14. Public engagement/Website report**

#### a. Current status

KSAM update the website which has taken a huge amount of work from LD and KR.

#### b. Issues

LD confirmed there was still not much activity in the member area. A quiz with a prize at the bottom of the page is one idea for generating member traffic prior to Congress.

#### c. NHSBT publicity campaign

LD advised the Council of the NHSBT television campaign.

It was agreed that transplantation and organ donation should be kept separate.

There was the discussion of guest editors being able to put articles directly onto the website, but it made for sense for them to produce them as Word documents for subsequent uploading by the Secretariat.

**Action: LD/DM to meet and advise who may want to do the editorial and agree on topics.**

## **15. Reports from Constituent Parts**

a) Basic Science

LM and MR have organised the B Cell session for the Congress.

**Action: MR to send an email to the scientific units advising of the meeting.**

b) Transplant coordination & Nursing

**Action: JS to contact all the units regarding the ITNS session at the Congress.**

c) Histocompatibility

The session on Histocompatibility at the Congress is planned. SR requires all programmes for the beginning of January to add to the programme book.

d) Liver Transplantation

Transplantation for malignancy is the topic for this years meeting. DM has been elected to the BASL Council; there is an opportunity here for BASL/BTS to do something jointly regarding membership. Liver transplantation and the Intensive Care Group would like a joint session at a future Congress

e) Transplant nephrology

Nothing to report.

f) Transplant Surgery

NM was calculating the number of PAs a transplant surgeon should have.

The Transplant Surgeons Chapter would like to carry out a survey of surgeons in units to try and put together a database of current and planned surgical workforce within transplant units. The secretariat will assist in putting together the survey.

Email to be sent on a monthly basis to the surgeons about what was on the TSC web area.

Draft Terms of Reference needed to be ratified by Council

g) Cardiothoracic transplantation

When the speakers for the Congress have been confirmed JD will ensure that they are advertised on the cardiothoracic websites.

The Retrieval standards document has been developed with NHSBT; this should get BTS endorsement and then appear on the website. The second Post CCT post is about to be appointed.

## **16. Reports from Allied Groups**

1. Association of Surgeons

The vascular surgeons are in the process of producing the third version of the Provision of Service document. The Council proposed that renal transplantation be covered. KR to give further details to NM/RB.

2. BRS

Nothing to report.

3. CORESS

CORESS have published the TL case that we submitted.. The next meeting is on Friday; NM will be attending.

4. Kidney Alliance

There is no contribution currently forthcoming from BTS to support World Kidney Day.

5. KAG/ODT

Nothing to report.

6. ODTF Programme Delivery Board

Most of the projects are on target. Data shows that the number of DBD donors has reduced by 50% in the last 5 years.

7. UK Renal Registry

Ongoing active transplantation group; IM has agreed to take over the chair of the group.

8. RCP/RA Joint Speciality Committee

Nothing to report.

9. STEPP

AW confirmed that while STEPP has gone well, the project designed to build on STEPP (STEPP1) has met with difficulties in obtaining ongoing pharma funding. Kidney Research UK is currently working on this.

10. UK Kidney Research Consortium

Nothing to report.

11. RIXG

Nothing to report

**17. Archivists Report**

Nothing to report.

**18. Any other business**

Meeting was declared closed at 16:32.

Draft