

b. BTS Education Forum

The meeting date is set for 1-3 December and the programme has now been finalised and is on the BTS website. There are fifty positions available and the proposal is to charge BTS members £100 and non-members £150. Roche has provided £30K in sponsorship and by charging a registration fee only half of the funding will be used, which will fund another meeting next year. KR is waiting for wording from Roche to comply with ABPI and once this has been agreed a leaflet including registration form will be provided on the website and circulated to all unit heads. The programme will cover the breadth of Transplantation. It is uncertain whether Roche will provide future funding. Genzyme has expressed some interest in providing further support.

c. Transplant 2013

A full update was provided in the meeting papers. An AGM was held in May providing good representation from professional and patient groups and industry. KR is the interim chair of the committee. The main aim of the group is to raise the profile of transplantation in Parliament. There has been a number of conversations with MPs with a view to establishing an All Party Parliamentary Group on Transplantation.

d. ODT PDB Exit Strategy

The last meeting of this group is scheduled for May 2011. All 26 projects associated with the 14 recommendations will have been achieved. Chris Rudge as National Clinical Director will finish his secondment and will not be replaced. There is a growing concern that the focus on organ donation and transplantation with the Department of Health and the Government will be lost.

A suggestion was made that the BTS talk with Triona Norman from the Department of Health to see if the BTS can assist in bridging the gap.

e. Joint Donation after Cardiac Death (DCD) Working Group

A successful Surgeons chapter meeting was held in April to discuss the surgical issues regarding DCD and to come up with a consensus view. There were areas where there are clear guidelines and others that are a little vague. The final guideline document will be circulated for comments soon.

f. Transplant Trust

KR e-mailed the Executive and Council in April asking for their views on the BTS taking on some of the functions of the Transplant Trust, e.g. National Transplant Week, taking forward the Paediatric Transition project and providing a repository for the Astellas Transplant Foundation.

The majority of Council were against BTS taking over the running of National Transplant week. The consensus was that this needs to be managed by NHSBT.

It was agreed that the Society should take forward the recommendations from the Paediatric Transition Project. A paper had already been prepared jointly by the BAPN/RA regarding transition of adolescents and young adults to adult renal units. Clarification to ensure there is no duplication of effort would be required.

Action: KR to talk to Nick Webb and determine what role BTS should take.

g. Joint Annual Congress with Renal Association 2013

An agreement has been made between the BTS and RA that we have a joint meeting in 2013. The RA did ask if the BTS wanted a tripartite meeting with the British Renal Society, however the executive took the decision that the transplant element of the meeting would become somewhat diluted, therefore the offer was declined.

h. Membership Update

KR has started recreating the database into a more useable format. KR is currently making amendments and additions to the member's profiles where possible, and will then write to the department heads for

further clarification. This will mean that the BTS can target individual groups for meetings and mailshots instead of sending information to the entire database. The Society's webpage would also be more specific about the benefits of BTS membership.

Action: KR to write a paragraph outlining the benefits of becoming a member of the BTS. Any ideas of information to be sent to KR, and then uploaded onto the website.

Prof Elizabeth Simpson has been elected Fellow of the Royal Society. It was suggested that she should be offered honorary membership of the BTS. AW will prepare a citation. It was agreed to invite her to give a lecture at the 2011 BTS Congress.

**Action: CW to include a talk from Elizabeth Simpson in the 2011 congress programme.
AW to prepare a citation for honorary membership**

5. Vice President's Report

a. Bournemouth 2011

Lorna Marson and Richard Baker are coordinating the programme for the March 2011 Annual Congress in Bournemouth and CW confirmed that the programme for the meeting was coming together well. Lorna Marson, CW and SR did a site visit in May and confirmed that the facilities in Bournemouth are excellent, with several hotels very close to the Conference Centre. The aim for the programme is to have a similar format to the meeting in London, with a drinks reception and posters on the Wednesday evening and the Gala dinner on the Thursday evening. The venue for this will either be the Ballroom or the Marriott Hotel. The AGM is to be moved to the Friday lunchtime to try and get more people there.

b. Joint BTS/NHSBT meeting on Consent for Organ Transplantation

Meeting scheduled for 7 July with a few invited participants to discuss the issues around the information given to recipients, when it should be given to them etc. Follows on from a number of cases when the media have reported stories regarding the quality of organs used.

The UK Donation Ethics Committee has met and AW is a member. Any suggestions for topics that they should consider to be sent to AW.

c. HTA

Not yet heard from the HTA following the communication reported at the last meeting.

d. ESOT 2011

A lot of work has been done in recent months on the ESOT planning for 4-7 September 2011. The programme is developing well. John Forsythe, Alan Jardine, Anthony Warrens, Keith Rigg, Chris Watson and Peter Friend met in Glasgow to work further on this. A full report was provided with the Council papers.

6. General Secretary's Report

Any Declaration of Interest forms that have not been received are to be sent to CD and/or SR.

NICE scoping document on immunosuppression is ongoing and CD will report back to the BTS soon.

7. Treasurer's Report

The BTS remains in a good financial position. The income and expenditure is in line with previous years.

London 2010 congress is showing a surplus of approximately £48K even though the registration fees were reduced by 50% in most cases.

AW proposed that the Corporate Partner's membership fees and conditions should remain the same.

Ordinary membership fees should also remain the same for 2011. Council accepted these proposals.

At the last Council meeting it was felt appropriate to spend some of the Society's surplus funds and a number of possibilities were discussed including:

- non clinical PhD studentships/fellowships. There was general consensus that this was a lot of money for one person to receive.
- travel scholarships/fellowships to attend international meetings
- scholarships to attend Congress
- full on-line text access to selected transplant journals for members
- support for attendance at guideline meetings
- support for Clinical Fellows
- bursaries up to £5k

Action: The executive to pull together costing on some of the ideas above and primarily look at the two journals (Transplantation & AJT) and the idea of £30K been available for other types of funding,

8. Ethics Committee Report

AC advised that the Ethics Symposium will be held on 15 December at St Thomas' Hospital, London, the topic being 'The Ethics of Organ Retrieval: Goals, Rights and Responsibilities. The speakers have been confirmed and funding has been secured for this event.

AC was asked to prepare a response to the Nuffield Council on Bioethics Consultation Paper; the document was circulated with the Council papers. The following feedback was provided:

- Q23 Adrian McNeil advised that the Human Tissue Authority was very clear about the need for consent and that there should not be anything explicitly referring to section 2 & 3 of the Human Tissue Act. There is a lot of ambiguity over the Human Tissue Authority documents. Council agreed that this ambiguity should be highlighted in the BTS response and supported the response to Q23 prepared by AC
- Specific statistics to be added to Q4.
- Q18 the issue of indirect compensation – agreed to minor changes.

With the minor changes outlined by Council, AC will submit the document tomorrow.

9. Transplant Training & Education Committee

The Committee had met at the annual congress. The issue of revalidation was discussed. In spite of surgery being quite advanced it seems there will be further adjustments and delays to the scheme. The issue of external peer reviewers/assessors was felt to be crucial for the process.

Training out of region was also discussed. A letter has been sent to all deaneries to facilitate the process. The Training committee will act as a facilitator if problems arise. It was once more stressed that support will be given if somebody moves to a proper training slot for a defined purpose and gives adequate warning to the deanery according to local rules.

The issues about the access to web site (problems with log on, difficult to navigate to the appropriate section etc) were also highlighted.

It was felt from most members that subspecialty recognition will be a useful move provided the connection with General Surgery is maintained. The main concern was that within the training an appropriate period of unselected on call is maintained.

Training in organ retrieval should be formalised.

Training in laparoscopic donor nephrectomy and the loss of funding for clinical fellowships will be discussed at the next committee meeting.

RB is the nephrology representative on the training committee. It was suggested that the membership of the committee might benefit from more senior representation and that the terms of reference may need modification.

10. Standards Committee Report

PA provided a report based on the council papers circulated prior to the meeting.

Living Donor guidelines are the main focus for this year with an expected completion date of January 2011. Any suggestions of what should be done next year to be fed back to PA.

New and old documents are to become more evidence based and referenced with the intention of applying for formal accreditation by NHS Evidence on a rolling basis.

A handbook on organ retrieval had been prepared by an organ retrieval nurse from Manchester and offered as an educational resource. This is to be peer reviewed and then put on the BTS website.

11. Carrel Club Report

A report was received in the Council papers. JA confirmed that the early morning education sessions at Congress had been very well received. Optimising DCD donation and interpretation of the cross match are suggested topics for the morning educational sessions at the next Congress.

A formal response was received by Council at the last meeting on the proposals for the establishment of a new speciality of Vascular surgery outside General Surgery, At the time of writing there had been no reply on the response from the Department of Health, currently still awaiting feedback.

12. Clinical Trials Steering Group Report

Nothing to report.

13. Public engagement/Website report

Nothing to report. The access to journals mentioned in section 7 'The Treasurers report' may help with membership recruitment.

14. Response to NICE draft scoping document

Simon Bramhall represented the BTS at the original scoping meeting; the BTS now need to feedback on the document SB provided with the Council agenda papers. Monday 19 July is the deadline for feedback. Any specific feedback to be sent to SB directly.

15. Provision of Transplant Services

NM provided a paper in the Council papers circulated prior to the meeting. A number of suggestions were fed back to be included in the document..

Action: NM to update the paper and forward to KR to take to the Association of Surgeons.

16. Reports from Constituent Parts

- a. Basic Science

The web page on the BTS site is still empty as there is little incentive for people to add content. MR wants to encourage members from BSHI to come to the BTS meetings and will liaise with CT on this. CT advised that the BSHI conference was less well attended than in previous years so there seems to be a general decrease in conference attendance.

b. Transplant Coordination & Nursing

JS provided a report in the Council agenda papers. JS advised that promoting membership remains a significant challenge, and was disappointed that no response had been received from NHSBT regarding SNOD representation on Council.

c. Histocompatibility

The HTA has provided recent guidance that all living kidney donors would need to give consent on whether they would want to know if H&I data suggested that the relationship with the recipient was not consistent with that stated. There was concern that there was no provision for recipient involvement in this discussion. Both BSHI and the Royal College of Pathologists had voiced disquiet over this guidance. Council decided that each individual unit should decide how to deal with this issue. The updated Living Donor guidelines would need to include recommendations for this consent.

d. Liver Transplantation

Report provided prior to the meeting.

e. Transplant nephrology

Nothing to report.

f. Transplant Surgery

NM advised that Neil Parrott has been writing to all units to identify the current situation with regards to Transplant Surgical staff numbers and the needs for the future.

CORESS would like to circulate an electronic version of their report via the BTS. Council agreed.

g. Cardio-Pulmonary transplantation

Update provided with the Council agenda papers prior to the meeting. The main area addressed is that heart transplant activity continues to decline while lung transplant activity continues to increase.

17. Reports from Allied Groups – All reports provided prior to the meeting.

a. Association of Surgeons

A symposium on 'Transplantation for the General Surgeon' has been offered for next years ASGBI conference. This is instead of having a specific transplant session which would be poorly attended.

b. BRS

Nothing to report.

c. CORESS

Nothing further to report.

d. Kidney Alliance

IM confirmed that the Kidney Alliance have embarked on a campaign of writing to NHS trusts to seek reassurance from CEO's that they are implementing the recommendations of the Organ Donation Task Force.

e. NHSBT ODT KAG

Nothing to report.

f. ODTF Programme Delivery Board

Update provided in the Council papers. Nothing further to report than mentioned in section 4 of the President's update.

g. Renal Registry

IM advised that a paper on access to transplantation by centre has been accepted for publication in the BMJ.

h. RCP/RA Joint Speciality Committee

Nothing to report.

i. STEPP

There is still a major problem with ongoing funding and it is thought that STEPP will no longer continue as a group.

j. RIXG

Nothing to report.

18. Archivists Report

John Hopewell thanked the BTS very much for letting him provide his memoir on the website.

Anyone who has information for the website to advise JD.

19. Any other business

MR reported that she had withdrawn her centre from a study, which was aiming to use a new anti-endothelial cross-match technique to see if this helps identify patients at risk of rejection. The reason she withdrew was uncertainty about the meaning of the HTA ruling which stipulates that tissues cannot be taken from cadaver donors for research unless the hospital, where the donor originates, is licensed for research. The sites involved in this study (Harefield, Newcastle and Birmingham) could not agree on what constitutes Research versus Service Development.

This represents a considerable impediment to researchers and needs to be clarified. AW said there would be a meeting in November about interactions between the HTA and researchers.

The meeting was declared closed at 15:25.