

BRITISH TRANSPLANTATION SOCIETY
104th Council Meeting, 9th November 2010
Association of Anaesthetists, 21 Portland Place, London.

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)
Dr Chris Dudley (CD)	BTS Secretary (2009-2012)
Mr Craig Taylor (CT)	Councillor (Histocompatibility) 2010 – 2012
Mr Hany Riad (HR)	Councillor without portfolio 2008-2011
Dr Richard Baker (RB)	Councillor without portfolio 2009-2012
Mr Nizam Mamode (NM)	Councillor (Transplantation Surgery) 2009-2011
Professor Marlene Rose (MR)	Councillor (Basic Science 2009 - 2011)
Ms Jane Smith (JS)	Councillor (Coordinator/Transpl nurse 2009-2011)
Professor John Dark (JHD)	Councillor (Cardiothoracic Transpl 2009 – 2011)
Mr Murat Akyol (MA)	Councillor (Liver Transplantation)
Dr Peter Andrews (PA)	Chair Standards Committee
Dr Paul Harden (PH)	Chair Clinical Trials Steering Group
Mr. John Asher (JA)	Carrel Club President
Dr James Douglas (JFD)	Archivist

In Attendance:

Miss Sally Ross (SR)	KSAM Secretariat (Minute taker)
J Mellish	KSAM Secretariat

1. Apologies for absence

Apologies were received from; Hany Riad, Antonia Cronin, Iain MacPhee and Argiris Asderakis

2. Minutes of the 103rd Council Meeting, 12th July 2010

a. Accuracy

The Standards Committee report states that the organ retrieval nurse was from Manchester; this should read Birmingham.

b. Action points

Page 2 Item 4f): KR has spoken to Nick Webb and will put the relevant points on the e-bulletin to members.

Page 3 Item 4h): KR has changed the page of the BTS website outlining the benefits to members.

Page 3: Elizabeth Simpson has accepted the offer of honorary membership of the BTS.

Page 4 Item 7: The spending of the Society's surplus to be discussed later in the meeting

Page 5 Item 15: NM has updated the paper on the Provision of Transplant Services.

c. Matters arising, not separately identified

i. Problems of transplantation-related research involving material from deceased organ donors.

This item was raised under any other business at the last meeting. A license is required by the hospital at which the donor originates before centres are able to use tissue or blood samples obtained from a deceased donor for research. Only a few hospitals have a license and this requirement is impeding research. JFD & others are preparing a paper highlighting this problem which will be circulated to Council for comment prior to submission. The BTS have been aware of this issue and has raised it with the HTA on two occasions. The HTA have

sought legal advice and found the law is as it states and that amendments to this law at present are not thought likely.

The UK Donation Ethics Committee is also addressing this issue which will be further discussed at a national symposium on 10th November.

Action: AW will represent the Society at the meeting tomorrow

ii. The Handbook on Organ retrieval.

Concern was raised about copyright of diagrams used in the handbook. Because of this, KR advised that the author's details will appear as a link in the resources area of the BTS website instead of the document.

3. Future Council Meeting: Dates and times to be confirmed

a. Tuesday 8th March 2011 Bournemouth Conference Centre 2pm

4. President's Report

a. On behalf of the Executive

i. The Congress Organising Committee undertook a site visit in Bournemouth yesterday. The Executive met with the Senior Corporate Partners, who were mostly happy with the relationship with the BTS but were struggling financially. Roche confirmed that they can no longer be a Senior Partner but will step down to Corporate Partner membership from 1/1/2011. The other Senior Corporate Partners committed to 2011 although their commitment to 2012 was uncertain.

ii There are a range of options for the future of the HTA. The BTS has supported its merger within the Care Quality Commission.

iii The consensus document on Donation after Cardiac Death has been endorsed by the BTS. The BTS draft document on DCD has been leaked to the Intensive Care Society and some of the wording has caused upset. CW is to meet with the ICS to try and resolve these difficulties.

iv KR reported that he had been to a meeting in Manila, Philippines reviewing the ethical issues surrounding organ donation. KR confirmed his presence at the meeting was on an independent basis and not representing the BTS.

b. BTS Education Forum

A written update was produced prior to the meeting. There will be enough funding to run another meeting but it may be alternate years.

c. Transplant 2013

Transplant 2013 is a coalition of professional groups, patients and representatives from pharmaceutical industry. The formal launch date is 23rd November at an evening Parliamentary Reception at Portcullis House, Westminster. The MP contact programme has been successful and it is planned to launch the All Party Parliamentary Group for Transplantation on the above date.

d. Membership update

It was recognised earlier in the year that much of the information held on the membership database was incorrect and that many in the transplant community were not in fact members of the BTS. KR has done a lot of work updating and cleaning the membership database so that we now have more accurate information on the members. At the same time KR has sent a letter of invitation to each unit contact with the request that this be forwarded to non-

members, and this has so far produced a small number of new members. CD will be sending out the yearly letter with renewals at the end of November. There are currently approximately 750 active members and our target is to achieve 1000 members.

e. Subspecialty recognition

A written update was provided with the meeting papers. The Council agreed on the following actions.

Trainees will do 3 years of subspecialty training, 6 months of which will be in organ retrieval. This will involve a slight curriculum amendment and will go before the GMC early next year. This will simply be called Transplant Surgery.

f. Professional leadership

At the last ODT Programme Delivery Board Sir Bruce Keogh gave an impressive exposition of the impact that the White Paper will have on the NHS.. KR advised that Council need to give thought as to what the BTS can do in the future to extend its role as the professional voice for transplantation in the UK. The exact role of the National Commissioning Board was unclear and it was agreed that the BTS should offer to help with advice regarding the commissioning of transplant services. Other possible areas for involvement included setting a transplant tariff, the commissioning of immunosuppressive drugs with a narrow therapeutic index and commissioning ABOi/HLAi transplantation.

Action: Any other ideas to be fed back to KR.

g. Incentives

At the last Council meeting AW had advised that there was £30k available for spending. KR proposed a number of areas where this money could be spent. These ideas were circulated in the papers prior to the meeting.

John Goodwin has implemented online journals for BSHI so CT advised that KR discuss how this was done as KR has not had much success to date.

Council approved the proposals that KR put forward however advised that giving more ESOT bursaries may be beneficial.

KR would investigate the popularity of the St John's Ambulance Travelling Fellowship

Action: KR

h. Website

KR reported to date there have been half million hits from over 25,000 individuals since the BTS website went live. A decision needs to be made who on the Council will provide clinical input when KR leaves the President post. KR advised that he would continue with the website updates if there was no other interest in taking this on.

i. Kidney Alliance

The BTS has always resisted paying a subscription to the Kidney Alliance however they have asked if the Society would reconsider a minimum subscription of £6,000. It was asked if the BTS would be prepared to pay to be part of another non-renal organisation?

The Council agreed that it would not be appropriate to contribute financially as the BTS represents all solid organ transplants and the Kidney Alliance appears to be involved in a limited amount of transplant related business/activity.

Post- meeting note: After further discussion, the Executive Committee felt it would be reasonable to support the Kidney Alliance with a subscription for the next year. It was requested that adjustments should be made to their website to make transplantation more prominent and that the BTS should be provided with a summary of their last year's accounts and their business plan for the coming year.

j. TTEC Terms of Reference

KR has revised the TTEC ToR and circulated with the meeting papers. The Council approved the document.

k. Honorary Membership – Professor Elizabeth Simpson

Professor Elizabeth Simpson has accepted an invitation to be made an honorary member and Anthony Warrens has offered to give the citation at the beginning of the plenary session at which she is speaking at the Annual Congress in Bournemouth.

l. Email from Tim Statham

After much discussion the Council agreed that the email should be ignored. However, the BTS had contributed to a workshop looking at 'The Role of Emergency Medicine in Organ Donation' and this would shortly be published.

5. Vice President's Report

a. Bournemouth 2011

CW advised that the programme outline is on the website and that all speakers but one had accepted.

Abstracts are live, with a submission deadline of 28th November; which is much earlier than normal.

There are now only three companies for the Sponsored Symposia which causes an issue with allocation so the programme may have to be re-jigged.

Transport to Bournemouth is very simple with many cities flying to Southampton followed by a very efficient train journey into Bournemouth.

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

There has been considerable progress in putting together the guidelines. An initial draft was sent to Council and is now in second draft. CW advised of the importance of getting this right. The NHSBT lawyers will look at the 2nd draft of the guidelines and the document will be re-circulated.

c. ESOT 2011

The ESOT programme has now been finalised. Abstract submission and the programme outline are on the ESOT website.

Action ALL: Any feedback on the programme to be provided to CW.

d. Expert psychiatry resource

Kathy Walsh a psychiatrist in Cambridge has established a network of psychiatrists. She met with CW on 1st October. The network would like to become an expert resource for the BTS and NHS BT.

6. Secretary's Report

a. Elections

CD confirmed that the Council elections will be running over the next few weeks. All the Council positions available were outlined in the papers circulated prior to the meeting. All posts to run for 3 yrs (subject to approval at next AGM) apart from the Vice President and Treasurer.

b. Awards

The Roy Calne is the only award which will be presented next year. CD asked that all Council encourage people within their departments to apply for this award.

c. NICE CKD guidelines

RB has produced the CKD guidelines; the closing date for comments is 10th November (tomorrow) so there is not time to circulate. RB outlined what was in the document.

7. Treasurer's Report

AW confirmed that the Society was in a good financial position. As at 31st October the net assets were over £472,000.

For the 2010 Congress, the final bottom line provided a profit of £48,743. This is a very encouraging figure with a high number of attendees. AW also confirmed that the registration fees were significantly less than previous years.

AW proposed that the fees for membership should not be increased for 2011. The Council agreed the proposal.

Corporate Sponsorship/Membership is currently £25,000 for Senior Corporate Membership and £3,000 for Corporate. The Council agreed that this figure should be held for the next year.

The final proposal from AW was that the Congress fees for 2011 should be the same as last year. The Council agreed this proposal. A suggestion was made that the bursary amount be reduced to offer more of them due to the modest registration rates. However, it was agreed to maintain the bursary amount.

The issue of how to deal with registration fees and the VAT increase in 2011 was discussed and it was agreed that the Society would absorb the VAT increase.

8. Ethics Committee Report

AC was not present at the meeting and there was nothing to report.

9. Transplant Training and Education Committee Report

AA had provided a written report prior to the meeting. It should be made clear who the current members of the TTEC are and their roles.

Action: RB to take back to the next meeting.

10. Standards Committee Report

PA provided a written report prior to the meeting. Most areas are progressing well. PA advised that there was a very successful author meeting for the BTS/RA Consensus Guidelines and asked the Council if the Living Donor Guidelines can be printed in a hard and provided to each unit.

Action: SR/JM to investigate the cost of producing a printed copy of the guidelines.

Action: All to provide any suggestions to PA where guidelines should be produced.

11. Carrel Club Report

JA reported that continued vascular access training was a concern if vascular surgery splits from general surgery.

12. Clinical Trials Steering Group Report

PH advised that positive things are happening in the UK.

a. The BTS have endorsed and are supporting the 3C trial. The first few patients have been recruited in Oxford.

b. NIHR application led by Newcastle to do a non inferiority trial of ex-vivo lung perfusion (The DEVELOP UK Study). The BTS clinical trials group needs to endorse this. Every adult lung patient will be recruited in the UK.

c. The Kidney Transplant Trial Summit is scheduled for a one day meeting on 4th April. CD to assist in the logistics of who to invite from each unit.

d. Terms of reference need to be produced

Action: PH

e. The ATTOM study (Access to Transplant and Transplant Outcomes Study) was briefly mentioned.

13. Report from Paediatric Nephrology Network meeting

HR provided a written report prior to the meeting.

NHS Kidney Care has set aside £½ million from the Department of Health to support the transition of young renal transplant recipients transferring from paediatric to adult units. Five centres have been supported.

14. Reports from Constituent Parts

a. Basic Science

Nothing to report

Action: MR to

encourage another representative to apply for the Council position for 2011. .

b. Transplant Co-ordination & Nursing

JS confirmed that the nurses have a full day's programme set aside at the next Congress. JS thanked the BTS for this and advised that it would be a good 'pull' for the nurses.

c. Histocompatibility

The programme for the H&I sessions at the BTS Congress has been agreed. There is also close involvement in the H&I programme for ESOT.

d. Liver Transplantation

Nothing to report.

e. Transplant nephrology

Nothing to report.

f. Transplant Surgery

The survey that Neil Parrott circulated on staffing of renal units is still ongoing. NM has not heard anything further.

The next Surgeons Chapter meeting is scheduled for next week. The idea is to submit podcasts onto the website.

Post CCT fellowships will not continue.

g. Cardio-Pulmonary Transplantation

JD advised that national DCD Lung retrieval guidelines are to be produced.

The guidelines for cardiothoracic organ referral have been updated.

A review of the current CT organ allocation system is being undertaken.

There is likely to be a review by NCG on the number of cardio-pulmonary transplant centres with the aim of reducing to three centres.

The American Thoracic Society and Intensive Care Society have produced an excellent consensus document on DCD lung retrieval .

15. Reports from Allied Groups

a. Association of Surgeons

KR provided a report prior to the meeting. The Provision of Services document produced by the BTS was well received at the last Council meeting. Revalidation for surgeons was again discussed and the outline recommendation for each of the surgical sub-specialties reviewed. The BTS have made the point that transplant outcomes are more team dependent than individual surgeon dependent.

b. BRS

Nothing to report. PA is to assume representation from RB as the meetings are always held in London.

c. CORESS

The next CORESS meeting is scheduled for this week.

d. Kidney Alliance

Discussed previously.

e. NHS BT ODT KAG

Nothing to report.

f. ODTF Programme Delivery Board

KR provided a report prior to the meeting. Chris Rudge suggested a final item for discussion. This is that those patients appearing on the organ donor register that met the criteria for brain stem death should be referred to a co-ordinator. KR agreed with this statement from a BTS perspective and advised if anyone had additional comments to refer to the document.

g. Renal Registry

Nothing to report.

h. RCP/RA Joint Speciality Committee

Nothing to report.

i. STEPP

Nothing to report.

j. RIXG

Nothing to report.

16. Archivists Report

JFD has agreed that Wellcome can take information from the BTS website for recording purposes.

Members of Council were asked to let JFD know of any positive publicity relating to members or the Society for electronic archiving.

Ali Bakran's obituary is on the website. JS to let JFD have internal obituaries from Liverpool. The memoirs of previous officers is requested.

17. Any other business

ISN has a project called the 'Global Outreach Fund'. This provides links between transplant centres in the developing and developed world. The ISN has approached the Transplant Society and ESOT asking if they wanted to do a joint collaboration with the ISN. The question was raised in Council as to whether the BTS/RA would also be interested in a joint collaboration with a developing country? To support a link would be £40,000 over a five year period.

PH will produce a paper for the next meeting.