

**BRITISH TRANSPLANTATION SOCIETY**  
**105<sup>th</sup> Council Meeting, 8<sup>th</sup> March 2011**  
**Bayview Suite, Bournemouth International Centre, Bournemouth.**

**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
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) 2010 - 2012
Dr. Iain MacPhee (IM)	Councillor (Nephrology) 2008 – 2010
Dr Paul Harden (PH)	Chair, Clinical Trials Steering Group
Mr. Argiris Asderakis (AA)	Chair, Training and Education Committee 2010-2012
Mr. John Asher (JA)	Carrel Club President
Mr. Vassilios Papalois (VP)	Chair, Ethics Committee 2011 - 2014
Dr James Douglas (JFD)	Archivist

**In Attendance:**

J Mellish (JM) KSAM Secretariat (Minute taker)

**1. Apologies for absence**

Apologies were received from; Hany Riad, Peter Andrews, Simon Bramhall and Antonia Cronin

**2. Minutes of the 104th Council Meeting, 9<sup>th</sup> November 2010**

a. Accuracy

The minutes were signed off as a true reflection of the last council meeting.

b. Action points

Page 3 Item 4g): KR had explored the feasibility of on-line journals but this had proven too expensive.

Page 3 Item 4i): KR apologised for the manner in which the executive committee had handled this item. A report from IM regarding the Kidney Alliance had not been tabled at the last Council meeting and the executives had responded to this information after that meeting. The Kidney Alliance was an important lobbying group and membership ensured that transplantation remained prominent on its agenda. A copy of the annual accounts and business plan had been requested and ongoing membership would be reviewed annually.

Page 5 Item 10): Standards Committee Report – SR/JM to update on quote to print hard copies of the Living Donor Guidelines so they can be provided to each unit.

Page 7 Item 17): AOB. ISN Global Outreach Fund. The Transplant Society was still considering its position regarding joint collaboration and ESOT had declined. There would be no joint collaboration this year.

**3. Future Council Meetings**

Monday 20<sup>th</sup> June 2011 at The Association of Anaesthetists, Portland Place, 12:00-17:00

Monday 24<sup>th</sup> October 2011 at The Association of Anaesthetists, Portland Place, 12:00-17:00

#### 4. President's Report

##### a. On behalf of the Executive

KR advised this would be his last meeting as his term as President would come to an end at the AGM on Friday 11<sup>th</sup> March 2011.

##### b. President's Report

KR thanked the retiring Trustees, Councillors and Committee members. In particular he thanked AW as Treasurer for ensuring the Society was in a robust state financially with money to spend.

##### c. BTS Education Forum

A written update was circulated prior to the meeting. KR reported that there had been an overspend of the budget and that £9k out of the original £30k sponsorship remained. It was suggested that an increased registration fee could be considered in future as it was currently very cheap. It was agreed that the meeting should be held every 2 years.

##### d. EU Organ Directive

A written update was circulated prior to the meeting. This needs to be implemented by 27 August 2012. The HTA is the interim competent authority. DoH has set up an Organ Directive Implementation Steering Group which will meet over the next year. JD or KR will attend each meeting. There is a Stakeholders meeting to be held in May and a consultation will be published July – Sept. The BTS will need to respond.

##### e. Subspecialty recognition

A written update was circulated prior to the meeting. KR confirmed that at the Stage 2 Panel Review of the GMC, they confirmed that they and their predecessor (PMETB) do not approve sub-specialities which are not designed for both pre- and post-CCT. It was agreed that the BTS should re-visit this later in the year.

##### f. Professional leadership

A copy of a letter from Chris Rudge was circulated prior to the meeting. The Organ Donation Programme Delivery Board had been disbanded. CW will be representing the Society at the 'Strategy for Organ Donation' workshop on 28<sup>th</sup> March. The exact details of the meeting were unclear but there were potential implications for cardiothoracic transplantation which would require BTS representation.

##### g. Website

JA had volunteered to be the website co-ordinator and would undertake the updating that is required.

##### h. Transplant 2013

KR reported that The All Party Parliamentary Group on Transplantation was established in December 2010 and confirmed the chair is Chris Williamson MP and the vice-chairs Baroness Finlay and Paul Uppal MP. The group was set up to promote organ donation and transplantation within Parliament and to challenge the Minister for Health when required. Sufficient funding had been committed for a range of activities over the forthcoming year. BTS would continue to maintain a high profile. Membership was £2k pa. Industry support continued to be provided by Astellas, Novartis, Alexion and Genzyme.

##### i. ACCEA

The outcome of the DDRB review of the Clinical Excellence Awards is awaited and it is not known if it will take place in England and Wales this year. AW will take on the role of Specialty Society representative.

##### j. Bursaries

Travel bursaries were available for BTS Congress, ATC, ESOT and IST. Eligibility criteria need to be clarified as currently these were only available to non-medics. It was agreed that these would be available for all members below consultant grade (prior BTS membership for one year required). It was agreed that these should not be extended to attendance at single organ society meetings. JD asked for support for Travelling Fellowships to be revisited.

k. HTA

KR advised that a number of problems with the Human Tissue Act had been identified regarding directed donation where there is no genetic or emotional relationship and permitting altruistic donation if directed donation turned out not to be possible at the time of recipient surgery. A consultation regarding the latter issue would be held in June.

## 5. Vice President's Report

CW thanked KR for all his hard work during his Presidency. All agreed that it was greatly appreciated.

a. Bournemouth 2011

CW advised that Registrants were down slightly on last year. CW confirmed that two senior corporate partners (Roche & Pfizer) had withdrawn and so BTS income would be reduced.

b. ESOT 4-7 September 2011

Plans and programme were well advanced. The abstract deadline had been extended.

c. Joint BTS/NHSBT guidelines for consent for organ donation

The final document had been reviewed by NHSBT's lawyers and would be available on the BTS website by the end of the week (11<sup>th</sup> March). After discussion, it was agreed that there should be a joint press release with NHSBT.

**Action: CW**

d. Research in organ donors and DEC

The UK Donation Ethics Committee met in November to examine hurdles for research on donors and donor tissue. There was a clear feeling that the current level of bureaucracy was stifling research, and unnecessary. There had not been much progress. There had been limited support for a specialty specific research committee.

UK DEC to review these obstacles further and publish later this year. It was agreed that this should be a standing item on the agenda. MA & JFD to meet with HTA to suggest ways of changing and extending licensing laws on research.

e. Use of organs from donors with brain tumours

SaBTO to publish guidance later this year.

f. Development of a transplant psychiatrist/psychologist network

CW confirmed the aims of the network as outlined in his report circulated with the agenda. CW advised that the group have confirmed that they will become members of BTS and will meet at the time of BTS Congress in a Parallel Session. It was agreed that existence of this group should be publicised on the website.

**Action: CW**

## 6. Secretary's Report

a. Elections

CD confirmed the results of the BTS elections as circulated with Agenda papers. All posts to run for 3 yrs (subject to approval at AGM) apart from the Vice President/President and Treasurer. A number of positions remained unfilled and it was agreed that members should be co-opted to these if possible. JHD had agreed to fill the post of Councillor representing Cardiothoracic Transplantation for 3 years. MR suggested that if it proved difficult to co-opt a member from basic science then at least one should be co-opted to the Conference

Organising Committee. The Chairs of the committees with unfilled posts would decide what approach to take.

**Note added after the meeting: Both Jacqui Spencer and James Gilbert had stood unopposed at the election for Councillor representing Donor Coordination and Member (consultant grade) of the Training and Education Committee, respectively.**

b. New Members

CD presented the list of new members that had been approved. Total membership was up slightly compared with last year and now totalled 836.

c. Process for approving new members

Although CD had considered proposing some changes to the process by which new members are approved (by the Trustees), this would require a change to the Rules of the Society so the current process would continue.

d. Awards

CD confirmed that there had been joint winners of The Roy Calne Award: Dr Thet Su Win (Cambridge) and Dr Joanna Hester (Oxford). It was agreed that the guidance for judges would be modified replacing an assessment of the personal contribution of the candidate with a requirement that the candidate was first or joint first author of the paper. CD thanked the members who had judged the award.

**Action : CD**

e. Endorsement of studies by BTS

Council discussed what criteria should be used before the BTS would agree to endorse research studies. It was agreed that it was not possible to comment on the quality of the study and endorsement would be given to any study that had ethics committee approval.

f. Vote on changes to Memorandum and Articles

Voting will take place at the AGM on proposed changes to the Memorandum and Articles.

## **7. Treasurer's Report**

AW circulated the financial report to be presented at the AGM. The Society is in a good financial position. The only item of expenditure that was significantly increased for the year was that due to the need to take legal advice in connection with one of our sets of published guidelines.

There would be no increase in fees for 2011 individual or corporate membership. Only two senior corporate partners remained, Astellas and Novartis. Congress has received less income from sponsorship than in previous years and a small financial loss from Congress was anticipated. However, it was proposed to keep Congress fees unchanged and competitive. Suggestions for active marketing to increase membership were discussed including increasing the prizes available etc.

It was suggested that more joint Congresses could be pursued including with other organ transplant groups and with other national societies i.e. with the Dutch Society in 2014. AW confirmed that for the next 5 years BTS is committed to alternating the congress between Bournemouth and Glasgow.

## **8. Ethics Committee Report**

The hard work done by Antonia Cronin, the demitting chair person, was acknowledged. VP reported that it was planned to engage more with clinical ethics committees around the UK. The draft response to the UKDEC consultative paper on 'An ethical framework for controlled donation after circulatory death' was discussed and some amendments were proposed. A further draft would be signed off by the executive committee prior to submission.

**Action: VP**

### **9. Transplant Training and Education Committee Report**

AA provided a written report. The council discussed the provision of training in multi-organ abdominal retrieval for Transplant trainees who train in non-retrieval centres and agreed that it should be for a minimum of 6 months. Council was asked to consider the value of members of the training committee supported by the Chapter of Surgeons visiting centres to assess their training posts. A number of difficulties with this proposal were identified including the concerns that it would be very resource intensive, there was no guarantee that there would be engagement of the centres and there was no sanction available if difficulties were encountered. To be discussed further within the training committee.

### **10. Standards Committee Report**

PA provided a written report prior to the meeting listing the guidelines published over the last year. PA confirmed that a great deal of work had gone into producing the publications especially the Living Donor Guidelines and thanked all the authors involved. These last guidelines were on the website for a 6 week period to enable members to comment. It was proposed to launch the Living Donor Guidelines with a press release and seek publication in Transplantation as well as publicity in the BMJ and Lancet. PA had previously requested that the Living Donor Guidelines should be printed and a hard copy provided to each unit.

**Action: JM to investigate the cost of producing a printed copy of the guidelines**

CT stated that guidelines for the selection of HLA matched unrelated haemopoietic stem cell donors were available and would circulate them to the BTS Council subject to confirmation from the authors.

**Action: CT**

### **11. Carrel Club Report**

JA reported that this would be his last meeting as President of the Carrel Club. New officers would be elected during the BTS Congress. There had been a steady increase in new members of the club.

### **12. Clinical Trials Sub- Group Report**

PH produced a report at the meeting regarding the suggested aims, composition and objectives of the sub-group. PH suggested 3 main objectives to be progressed and reported at the next meeting to include:

1. Identify and review candidate protocols for the next potential national kidney transplantation trial
2. Help propagate uptake of the 3C Trial in as many UK centres as possible.
3. Explore options for a national pancreas transplantation trial.

It was suggested that the group should have regional representation and should include propagation of other national studies such as REMIND and REPAIR.

JHD stated that cardiothoracic transplantation was developing its own clinical trials group.

**Action: PH to define role of group and progress main objectives**

### **13. NICE Guidelines for Organ donation for transplantation**

JHD confirmed he would circulate to Council his comments on this document made on behalf of BTS before the deadline on 16<sup>th</sup> March.

**Action: JD**

### **14. Reports from Constituent Parts**

#### **a. Basic Science**

MR provided a report prior to the meeting. MR confirmed that none of her senior scientific colleagues had applied for the position of Councillor on the BTS Council. MR suggested that Council did not need a permanent member to represent Science but suggested that Council co-opt a scientist as a member of the program committee every year.

b. Transplant Co-ordination & Nursing

JS provided a report prior to the meeting. JS confirmed there was positive feedback from last year's Education Forum. The main challenge remains actively engaging this group within the BTS.

c. Histocompatibility

CW and CT would attend the NHSBT meeting regarding the challenges to H&I laboratories in providing HLA typing for DCD when so few progress to donation.

d. Liver Transplantation

MA had represented the Society in responding to a request from the NICE MTA Committee for expert advice regarding the VeriQ system (a Doppler flow probe to measure blood flow in situ).

He raised concern regarding the challenge in engaging liver transplant surgeons/hepatologists in Congress and suggested that a joint Congress with BASL should be considered. It was agreed to count the number of hepatologists/liver transplant surgeons attending Congress. He also raised the possible role of BTS in coordinating a liver specific clinical trial.

**Action: SR to advise on attendance numbers**

e. Transplant nephrology

The Kidney Alliance had asked IM to comment on the NICE appraisal of belatacept. The BTS had not been asked to comment.

**Action: CD to chase**

f. Transplant Surgery

Post-CCT fellowships: attempts have been made to continue these, as they have been very successful. Chris Rudge and Derek Manas among others have been doing their best, but at present it would appear that these will not continue.

The Transplant Surgeons' Chapter is planning to hold a mono-thematic meeting later in the year and will update Council when more information is available.

NORS continues to be re-visited and evaluated through the Transplant Surgeons Chapter. The TSC is holding a session on the afternoon of Friday 11<sup>th</sup> at the BTS.

g. Cardio-Pulmonary Transplantation

The proposal for an NIHR funded trial had received a positive response but a final verdict was awaited.

JHD had been asked to produce a guidance document for retrieval of lungs from DCD. He was keen that the new term "Donor after Circulatory Death" was adopted for DCD.

## 15. Reports from Allied Groups

a. Association of Surgeons

Nothing to report.

b. BRS

Nothing to report.

c. CORESS

NM attended the meeting of CORESS on 11<sup>th</sup> February and confirmed that CORESS newsletters are now being mailed out electronically to BTS members.

d. Kidney Alliance

Nothing to report.

e. NHS BT ODT KAG

Nothing to report.

f. ODTF Programme Delivery Board

It was agreed to remove this from the Agenda for future meetings.

g. Renal Registry

There had been some significant structural changes that had created difficulties at the UKRR. Therefore the annual report had been delayed. Any suggestions for appropriate studies would be welcomed by the Transplant Study Group.

h. RCP/RA Joint Speciality Committee

Nothing to report.

i. STEPP

It was agreed to remove this from the Agenda for future meetings.

j. RIXG

A request for data return from NHSBT had been made.

k. Transplant Week Meeting

'Transplant Week' was now run by NHSBT with the aim of increasing registrations on the Organ Donor Register. A campaign called "Why Wait" will be run by a PR company. There will be 3 meetings per year and NM confirmed he will continue to represent the BTS at these.

**16. Archivists Report**

JFD suggested that the most important presentations made at Congress could be saved on the website. Some such as the Hoffenberg Lecture are already available in the Members' area of the website.

**17. Any other business**

VP advised that in London they have established every two months a London Transplant Surgeons meeting (Consultants and Trainees) that takes place every time in a different London Transplant Centre. The meeting is very interactive (case presentations followed by open discussion), is attended by ~60 people and is very successful. The next meeting on the 18<sup>th</sup> May at the Hammersmith will feature the inaugural Ossie Fernando Lecture. The topic will not be medical and the first speaker will be Geoff Koffman. Before the meeting there will be a training session on the use of the Life Port organ perfusion machine.