

BRITISH TRANSPLANTATION SOCIETY
99th Council Meeting, 21 April 2009 13:30
The Jury's Inn, Liverpool

Minutes

Present:

Professor Peter Friend (PF)	BTS President (Chair) (2007-2009)
Mr Keith Rigg (KR)	BTS Vice President (Pres 2009-2011)
Mr Chris Watson (CW)	BTS Secretary (2006 – 2009)
Professor Anthony Warrens (AW)	BTS Treasurer (2006 – 2011)
Mr Nizam Mamode (NM)	Councillor 2006 – 2009
Miss Lorna Marson (LM)	Councillor without portfolio 2007 – 2010
Ms Jacqueline Spencer (JS)	Councillor (Coordination and nursing) 2007– 2009
Dr Nick Jones (NJ)	Councillor (Basic science) 2007 – 2009
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
Ms Suzanne Fernandez (SF)	Chair, Carrel Club
Dr James Douglas (JD)	Archivist
Dr Chas Newstead (CN)	Chair of Standards Committee
Mr Simon Bramhall (SB)	Chair Transplant Training Advisory Committee
Mr Luke Devey (LD)	Co-opted: IT strategy / webmaster
Dr Chris Dudley	BTS Secretary (2009-2012)

In Attendance:

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

Apologies were received from Antonia Cronin, Hany Riad and Colin Short.

2) Minutes of 98th 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) ESOT –EDC Triple C Course (PF)

Scheduled to be a pre-congress course at ESOT, and include donor, recipient and living donor coordinators. Not clear yet how ESOT will run this.

ii) Transplantation as a sub-speciality of surgery (PF)

PF met with Stuart MacPherson. Stuart McPherson's view is that specialist accreditation will be 'modular' with modules including transplantation, HPB, vascular etc (and with emergency general surgery being a separate module). Trainees will then decide which modules to apply to be accredited in. This should fit the needs of transplantation well. The timescale is uncertain.

iii) Declaration of Istanbul (PF)

An email was circulated to all members, following endorsement from the Council at the last meeting.

c) Matters arising

No other matters arising.

d) Future Council Meeting

Wednesday 15 July – Association of Anaesthetists.

Wednesday 11 November – Association of Anaesthetists.

Tuesday 16 March – Kensington Town Hall, London.

3) President's Report

a) On behalf of the Executive

Nothing to report not otherwise on the agenda.

b) Corporate Partners

AW to discuss later in the meeting.

c) ESOT 2011

Meeting to be held with Secretariat of ESOT on Wednesday 22 April. Programme is currently being developed. .

d) Post CCT Fellowships

The Department of Health has agreed to fund a number of Post CCT Transplant Fellowships. Fourteen posts have been advertised: 3 posts in paediatric liver transplantation, 3 in laparoscopic donor nephrectomy and 8 in abdominal multi organ retrieval. The Cardiothoracic Advisory Group have agreed to take up 6 allocated to them; these have not yet been advertised. The funding is for one year in the first instance, but it is hoped that the scheme will be renewed at the end of the first year. The College of Surgeons will undertake the recruitment process with the BTS as a partner as far as interviewing is concerned. The posts are not accredited for training.

e) 2016 Transplantation Society Congress

The Transplantation Society are considering bids for the 2016 congress. It was decided not to apply at this stage, but consideration may be given in future, depending on how ESOT goes. The last meeting in the UK was held in Brighton in 1988.

f) WHA resolution on transplantation

The paper was circulated to Council prior to the meeting. It was not contentious. This is not something that requires a huge amount of intervention on the BTS part.

4) Vice President's Report

a) RA/BTS Joint Congress, Liverpool 2009

Nothing to report.

b) London Congress 2010

AW & Vassilios Papalois have thoughts on how the meeting will run. 2011 will see the full adoption of the central organising committee; the aim for 2010 is to blend next years arrangements with the future congress planning infrastructure. LM has agreed to be programme chair in 2011, and will be involved in 2010. It is hoped to market the meeting a little bit further afield, as it is easier for European delegates to attend a meeting in London.

The London meeting will not conflict with EASL or ISHLT. An approach has already been received to run a cardiac symposium at congress; hopefully symposia with BASL, BSHI and ITNS will also be possible.

c) EU Organ Directive

The executive have submitted an opinion on this, aiming to resist elements such as licensing of transplant centres etc, as happened when a similar directive was imposed for blood and tissue.

d) ACCEA 2010 round

The timetable for these has changed. The current round of awards will be published at the end August for 2009. The new award year will start in September. KR to continue being the Specialty Society Officer.

e) External representation

A paper was circulated to the Council on the current representation on external bodies.

CORESS representation is to be NM, and in principle representation will remain with the councillor representing transplant surgery. CORESS would like the representative to become the "Programme director for Transplantation".

NM will no longer represent the BTS on the Renal Registry and BRS.

LM to take over the Renal Registry and Richard Baker will be approached to take over as BTS representative to the BRS.

AW to represent the STEPP Committee, which is run by James Medcalf and supported by KRUK, Renal Association and Pharma.

5) General Secretary's Report

a) Elections 2009

More people voted than last time electronically but fewer than when the society last ran a paper ballot 2 years ago. Development of a new membership database will enable further mailings to go out to everyone asking to update their details where required to ensure that the correct email addresses are on file.

No candidate was put forward for the Councillor Representing Basic Science. The executive co-opted Marlene Rose to this position. The positions were filled as follows:

General Secretary – Chris Dudley

Councillor without portfolio – Richard Baker

Councillor representing coordination and transplant nursing – Jane Smith

Councillor representing transplantation surgery – Nizam Mamode
Councillor representing cardiothoracic transplantation – John Dark

Elected unopposed:

Vice President – Chris Watson

Member of the standards committee – Peter Andrews

Member of the transplant training & education committee – Susana Fernandez

b) NICE Appraisals

From time to time the BTS are asked to give opinions in appraisals of new technology or drugs. There are areas where requests are received but there may not be a member expert in this field. Hepatology and Cardiac areas are difficult as there is only a couple of members who may know this area.

The Council agreed that the most appropriate Council member be chosen to respond where appropriate, but that if none existed it was important to get the best advice. Written advice to NICE should first come through the executive / council. The possibility of developing a virtual subcommittee of experts was discussed.

6) Treasurer's Report

a) Financial Update

AW circulated the financial figures. The Society is in good financial health. At the end 2007 £367K in funds there is now £421K which shows a surplus of £54K which was entirely unrestricted funds. The reserves were increased from £80K to £120K two years ago due to financial commitment of the drug companies.

Item 4 shows that there will be a hit in 2009 on investment income.

Item 5 there is a currently an issue with individual membership mainly due to the database and will be the main priority of KSAM to ensure this is correct.

A surplus of £400 was made from the 2008 Congress.

AW talked through the budget for 2009. The budget plans for a deficit of £24K currently £18K surplus so looking as though we will stay in credit, this is due to the financial commitment to the new website and membership database.

Congress budget also reported on. The current congress prediction is surplus to the tune of £33K for the BTS.

AW proposed that the membership fees and that the threshold of reduced membership stays at £30K, and that the Society offers a funded non clinical fellowship in 2010.

The Council accepted both of the above proposals.

7) Ethics Committee Report

Antonia Cronin in absentia

The Transplantation Ethics Symposium in December 2008 was very well attended with approximately 100 delegates. The event will continue provided there is sufficient funding available.

8) TTEC

Simon Bramhall

The committee met and talked specifically about pancreatic transplantation and that this should be included in the curriculum. Letter was written to PMETB suggesting this was offered within the curriculum rather than as post CCT training.

It was agreed that sub specialisation with Transplantation was preferred, with trainees being able to accredit in transplantation plus another subspecialty such as endocrine.

Discussion arose around the role of the BTS in training in other areas of transplantation, such as the training of donor care practitioners (DTCs). DM reported that Birmingham and Cambridge currently have courses. Similar training requirements exist for coordinators.

While the BTS could take a lead in these training requirements it was also the role of NHSBT. Agreed that the BTS should put itself forward to have a major stake in the training provision and standards. KR suggested writing to the Dept of Health to suggest that the BTS has representation on the work streams group involved.

Action: SB to advise PF who to write to at the DH.

9) Standards Committee Report

No further progress on Bone Marrow transplantation and Dermatology guidelines. CN to discuss with Peter Andrews to determine a way forward, particularly with the dermatology guidelines where there were key benefits to members to have such guidance.

Several responses received from members on PTLD, guidelines for which are being finalised ready for publication. Should be ready by the end of May.

In light of TL case CN was asked to come up with a timetable for revision of the existing guidelines.

10) Carrel Club Report

SF absent from the meeting no report received.

11) Clinical Trials Steering Group

The group are due to meet this week. 3C Campath study going forward

Proposal to initiate something to evaluate different treatment options with PTLD, but discussions so far have been slow.

Proposals for studies of cardiovascular risk also being developed at present.

12) IT Report

A few delays with the IT developers, but the BTS website is now nearly built, awaiting integration of a few areas on the site. Go live date should be in the next month.

Action: LD requested a profile picture and description of council members to go onto the website.

13) Report from constituent parts

a) Basic Science

NJ was currently updating the laboratory database for the website. There will be a mechanism on the new site for ongoing change to be made in future.

b) Transplant Coordination & Nursing

JS is coming to the end of her position on the Council. JS aims were to get recognition for coordination and she feels that this has happened, the biggest achievement is the parallel session on Thursday at the Conference.

Also concerned about discrepancy in use of some marginal donors, particularly where death was from an intracranial tumour. Discussion followed about best way to approach this, but resolved to await publication of further evidence regarding safety of such donors.

c) Histocompatibility

Relatively slow progress on BSHI/BTS guidelines. The two societies have agreed to fund a meeting with overnight stay to finish this.

d) Liver transplantation

There is a BASL symposium at the BTS conference. There is still a lot of resistance from the liver community who still think that the BTS is not for them. The website having a designated liver area may help them.

e) Transplant Surgeons Chapter

The Council agreed that the TSC should formally become a constituent body of the Society. Discussion took place concerning developing a separate TSC subcommittee with terms of reference etc.

f) Transplant nephrology

Nothing to report.

14) Reports from allied groups

a) Association of Surgeons

Peter Friend

There are two areas of concern.

1. Reaccreditation, PF and CW attended a lengthy meeting at the beginning of year. Transplantation is in a stronger position than many other medical areas with national audit already in place and key outcome markers identified.
2. European Working Time, big challenges to transplantation in terms of the 48 hour directive.

b) BRS

Nizam Mamode

Nothing to report.

c) Kidney Alliance

Ian MacPhee

The issue of presumed consent was discussed, with Evan Harris expressing his opinion that the Task Force should have recommended it.

d) KAG/UKT

Anthony Warrens

Nothing to report.

e) Renal Registry

Nizam Mamode

There was little transplant related topics discussed at the last meeting.

15) Archivists Report

Andrew Bradley had shared concerns about some information that he has given to JD that may be confidential. JD also raised concerns about information being shared on the website and confidentiality to non members.

JD informed council that the Wellcome regularly copy the society's website to record for posterity. However they would not have access to the password protected areas of the new website.

16) AOB

a) Bill Hoffenberg Memorial

Bob Sells

The international forum for transplant ethics was formed in 1995 to provide a multidisciplinary approach to ethical issues in transplantation. Members included Abdul Daar, Ian Kennedy, Janet Radcliffe Richards, Margerat Lock, Nick Tilney, Ron Guttman, Bob Sells and Bill Hoffenberg. It was funded by Pharma, and obtained written confirmation of ownership of the funds from the sponsoring companies. The last meeting was held in 2002 in Montreal, since then 5 people have retired and Bill Hoffenberg died last year.

In their time the group had published papers on organ sales, presumed consent and the use of organs from anencephalic donors, with 4 Lancet papers and one in the NEJM.

The IFTE want to donate funds to the BTS to sponsor an annual lecture. The speaker should be of international repute and provide a logical analysis of a theme related to transplantation and ethics.

The IFTE were intending to donate 16k to a Canadian group, and wished the balance (£20k) to go to the BTS, with the possibility of the £16k following at a later date. There was no stipulation regarding the choice of speaker or topic.

Council expressed its gratitude and accepted the offer. It was discussed whether this should be a plenary at congress or a separate meeting in London; in the first instance it was agreed to hold a meeting in London. It was agreed that opening the meeting to the press and public would be valuable, and that the lecture was well publicised.

The Council thanked BS very much and would like to accept the funding.

Action: BTS to write a letter to Madeleine Hoffenberg thanking her for the money.

b) Basic Science Meeting

LM proposed that the BTS should run a standalone meeting for basic science in the autumn. The meeting to be branded by the BTS with a specific theme. AW expressed concerns that this may

make them decide to attend this meeting instead of the conference. Logistically it would be of benefit to run adjacent to the annual congress.

c) Thanks to retiring committee members

PF thanked JS, NJ, CS for all the work and commitment over their Council terms.

The meeting closed at 17:07hrs.