# ANZPNA 2017 AGM Agenda

## Date: 06/09/2017, 0930-1100

## Location: Meeting Room 3, Darwin convention centre

1. Apologies: Ian Hewitt, Chanel Prestidge, Hemant Kulkarni, David McCredie, Tonya Kara, Andrew Rosenberg, Richard Kitching, Gad Kainer, John Burke, John Knight, Frank Willis, Christine Mincham.  
   Present: Peter Trnka, Fiona Mackie, Josh Kausman, Lil Johnstone, Jonathon Craig, Sean Kennedy, Swasti Chaturvedi, Anna Francis, Michael Falk, Sally Kellet, Ashlene McKay, Maddie Disbury, Dhanusya Sivananthan  
   Phone: Nick Larkins, Amelia Le Page, Siah Kim, Cathy Quinlan, Stephen Alexander, Elisabeth Hodson, David Metz, Anne Durkan, Sharon Teo, Simon Carter
2. Welcome and confirmation of 2016 AGM minutes  
   Proposed: NL Seconded: Sean K Accepted without amendment
3. Conflict of interest: JK and AD expressed a conflict of interest item 17 d- new TMA guidelines as co-authors. JK and AD recused themselves during discussion of 17 d.
4. Business arising from previous minutes
   1. Website. NL   
      The excellent work of NL was acknowledged by the group
   2. Training issues:
      1. Funding for webinar subscription. (See attached powerpoint Proposal by ST).   
         These educational sessions have been designed and organised by the trainees and are well received. Approximately 13 have been participating. Sharon Teo (trainee) has been organising the monthly webinars and her excellent work was acknowledged. They are also recorded so that trainees not able to participate at the time, still have access. Webinars are paediatric specific in contrast to the educational content via ANZSN platform. The presentations are to be linked via the ANZPNA website. The current website has a file size limit and in order to obtain greater hosting capacity, the proposal was made to use Vimeo Pro at an approximate cost of $ 500 pa. CQ suggested Zoom could be used and provided free of charge via universities. However on further discussion it was not clear that all sites would have this available. Trainee access is to be password protected. JC raised the issue of whether the entire program should be delivered via SPEC and their infrastructure. Free access to all trainees (non-nephrology) was debated, included access to unit protocols. However there was general concern about patient access to different unit protocols and the anxiety that may cause if there was free access to all material. JK stated that different silos of access will be created for different materials. **There was general agreement by the group to support funding of the order of $500 pa for the project.**

ii.Proposal to nominate trainee rep to coordinate meetings and upload presentations. JK requested that Sharon nominate a trainee representative to take over the organisation of the webinars for the next 12 months and to report back to the executive.   
**Action: ST to inform the executive of the next trainee webinar organiser.**

* + 1. Proposal for simulation program on HD emergencies SK.  
       Discussion about organising an onsite simulation day for HD emergencies. To be organised in conjunction with a SIMS team. May coincide with AGM or with TSANZ meeting. Sally Kellet to organise in conjunction with the trainees. There was general support from the group for the idea.   
       **Action:** **Sally Kellet and trainees will organise a simulation day on HD emergencies. It has been suggested this may best be coordinated in conjunction with another meeting.**
  1. Nephrotic syndrome consensus protocol for 1st presentation.  
     JK: Awaiting PREDNOS publication and will then take the protocol forward after consultation  
     **Action: JK will circulate the new protocol after review of the publication to units for consideration**
  2. Trainee IPNA travel grants
     1. Announcement of successful applications for Paul Roy Travel Grants
        1. Sally Kellet oral presentation: $1500
        2. Noa Amir IPTA oral presentation: $1500
  3. RACP- New model for collaboration with specialist societies – Nil new.
  4. ANZPNA application for GH in young children (Attachment 4: PBAC response attached)- JK follow up letter 31/7/17 (attached).   
     JK has received a reply in response from PBAC stating they are looking into the issue again.
  5. Transition- Strong advocacy from MBS review and RACP statement (“Sick kids grow up”).   
     No new updates

1. Membership issues:
   1. New membership form on website with criteria for all categories. 
   2. Nomination of new members TK, NL
      1. Trainee members: Ashlene McKay
      2. Full members: Siah Kim   
         Proposed: Fiona Mackie Seconded: SK
      3. Honorary members: Gad Kainer. Proposed: JK Seconded: Sean K
   3. Maintenance of members’ contact list with addresses. TK, NL.  
      Members need to keep their own contact details up to date  
      **Action: Members to regularly update their contact details for the website with NL if changes**
2. Chair’s report. JK 
3. Honorary Treasurer’s report. DH   
   JK: there has been a slight reduction in income because of late subscriptions. Members were reminded that if they are more than 2 years late on payment, their membership will lapse and they will have to re-apply for membership
4. ANZPNA Research group report. PT   
   PT has invited any interested members to join the group
5. International Pediatric Nephrology Association Report. DL   
   JC and A LeP spoke about the plans for a shared registry between IPNA and countries of participating members. The primary benefit would be for developing countries who do not have the mechanism for data collection; it is likely to be of less benefit for countries like Australia and New Zealand who have robust data collection. In time there would be the capacity for us to propose research questions to the database. Discussion are ongoing and our interests are represented by JC and A Le P
6. The Oceania Group of ANZPNA, acute dialysis for Pacific islands. DL   
   FM: discussion about the problems encountered with the resignation of Sir Trevor Garland. JC commented that ANZSN acknowledged there was no overall strategy for delivery of renal care in Oceania. ANZSN may be interested in partnering on the issue. JC requested JK nominate interested and relevant individuals for this.   
   **Action: JK to inform JC of appropriate member/s to be involved in ANZSN Oceania nephrology project**

1. Specialist Advisory Committee Report (ATC).
   1. Australia. AD  
        
         
      AD informed us that trainees need to be involved in the acute management of 12 transplant patients. There was a discussion regarding restriction of training numbers QLD had elected to train 25% less trainees (adult program). RACP maintains it is responsible for training standards and supervision but not numbers of trainees.
   2. New Zealand. CP
2. ANZSN reports:
   1. Council. JK 
   2. SPEC. PT   
      Frank Ierino to be new chair
3. TSANZ report. SA   
   SA: The TSANZ paediatric transplant group has been invited to be upgraded to the status of an advisory group. There is a plan for a half day workshop on allocation and specific paediatric transplant issues.
   1. RTAC subcommittees
      1. Allocation. FM FM raised issue of planned allocation change in Victoria where requirement for dialysis time for children to obtain priority is removed. Problems with instituting the change as the NOMS algorithm currently includes dialysis and would have to change nationally. There was debate as to the merits of the proposed change and whether it should be advocated nationally with views expressed for and against. The issue requires further debate by the membership.   
         **Action: This issue is to be debated at the TSANZ workshop**
      2. **Histocompatibility. JK**
4. ANZDATA report. ALP 
   1. Identification of units for ANZDATA authorised by membership.
   2. Renewal of assent. ALP ALP discussed the issue of re-assent for patients at the time of turning 18 ( for provision of data to ANZDATA) It was generally felt that this should be performed by the adult hospitals on transfer.   
      **Action: A Le PA statement will be added to the privacy area of the ANZDATA website stating that a privacy form should be re-provisioned to patients by the time they turn 18 as part of the transition process.**
5. Renal genetics report. HM  
   JK: The PKD Foundation approached JK about the lack of resources on their website for ARPKD and would like input from our group. CQ informed that she has already had some involvement with the group. SA nominated H McC to be involved as well.
6. Workforce Issues:
   1. Review (see report by AW). 
   2. Members need to ensure they are correctly registered with AHPRA as paed nephrologist (currently sig underestimated when AMW looked at workforce)
7. New business:
   1. Newly established Darwin paediatric renal service- SC SC updated us on the new unit. Dialysis is not provided yet with the exception of CRRT via the adult ICU. SC and Sean K were thanked for their work organising the paediatric update day to follow the meeting. 
   2. ANZPNA Paed update Darwin
   3. Establishing a working group on workforce safety and staffing for paediatic nephrology services in ANZ. NL is trying to develop a document and asked if any resources known of. SA has a document from CHW on staffing and funding to send to NL. SK suggested that ASMOF and AMA guidelines may be of more use in terms of safe rostering. S McT commented that the use of benchmarking to obtain more resources was unlikely to be a successful strategy.   
      **Action: SA to send document to NL**
   4. Request for endorsement of TMA guideline for Rx in ANZ (see attached draft).   
      This discussion was held with JK excused from the room. The authors of this document are seeking endorsement from our group for publication. There was discussion that ANZSN had already declined to endorse the document as it had not gone through the usual processes for development of a consensus guideline ie CARI. Members agreed with this and there was also general discomfort with endorsing a document that ANZSN had declined to endorse. It has not been the policy of ANZPNA to date to endorse consensus documents unless we have been involved in the process from the beginning. It was felt that the document carried weight based on the authors involved and that endorsement would in no way affect publication.  
      **Action: The group declined to endorse the guideline.**
   5. Proposal of new agenda item; benchmarking unit practices. Plan to develop one on transplant immunosuppression regimens and Monitoring of DSAs in time for paed workshop in Melbourne in 2018.
   6. Academy of Child and Adolescent Health (ACAH) approach for collaboration.   
      Noted.
8. New exec to be nominated for 2018.