**ANZPNA AGM Minutes**

**17th Oct 2022**

Meeting start:1205

Present: (On line)Deirdre Hahn, Frank Willis, Christine Mincham, Debbie Lewis, Amelia Le Page, Jackie Soraru, Fiona Mackie, Swasti Chaturvedi, Hugh McCarthy, Simon Carter, Steve McTaggart, Joshua Kausman, Glenda Moonsamy, Leah Krischock, Anne Durkan

(In person): Siah Kim, Chanel Prestidge, Melanie Aldridge, Sean Kennedy, Rachael Kermond, Anna Francis, Matthew Sypek, Madeleine Didsbury, Gaya Raman, Cathy Quinlan, Nick Larkins, Peter Trnka, Tom Forbes, Steve Alexander, Blake Sandery, James Ward

Apologies: Jonathan Craig, John Knight, Sally Kellett, William Wong, Amanda Dickens

2021 Minutes approved PT/S Kim

3 new applications to join ANZPNA – all approved. Welcome to Sarah Marokakis, James Ward and Jackie Soraru.

Chair’s report incl ANZSN council (CP) – as submitted document.

* Council constitution to be revised, and this should include a move away from having non-voting committee members which will benefit paediatric representatives.
* New research alliance between ANZSN and KHA will potentially fund some research

Treasurer’s report (SC) – as submitted document.

Research (AF)

* List of current projects provided in the report
* Higher degrees awarded in the last 12 month to Cathy Quinlan (MBA) and Simon Carter (PhD)
* Tonya Kara prize awarded to Maddy Didsbury

IPNA report (FM)

* Successful recent IPNA conference with good representation from ANZ
* Next IPNA conference is in Feb 2025 in Cape Town
* The IPNA model of working is under review with a push for more transparency and more younger nephrologists on council
* Currently more than 90% of ANZPNA memberships have combined IPNA membership
* Retirees should consider applying for emeritus status
* Suggest a formal election for the next IPNA representative
* Proposal to change IPNA conference to 2 yearly so the next representative should be for 4 years, ie 2 conferences if this goes ahead
* Question asked about paying for 2-3 year membership – FM will take this back to IPNA
* Fiona Mackie will take on the new role of IPNA executive secretary and was congratulated.

ATC (NL/AD)

* Nick Larkins has stood down as Australian paediatric representative. Recent EOI and assumed that next rep will be decided at the November ATC meeting
* New curriculum still in progress
* AD (NZ rep) an apology – report submitted with agenda

ETC (CQ)

* Current proposal for young ANZSN weekend course to be held once per year (3 years will encompass most important topics so covered over period of AT) – trying to integrate paediatric nephrology to the whole program rather than a breakout session
* Separated paediatrics from genetics
* Better paediatric representation at the annual meeting this year

TSANZ (NL)

* New deceased organ algorithm in place – favours paediatrics and highly sensitised with no arbitrary age threshold, instead tapering to age 40.
* More changes are proposed based on the UK system
* Review of paediatric waiting times will be done in due course
* FM currently TSANZ honorary secretary.

KidGen (HMcC)

* Thanks given to Cathy Quinlan who stood down as the KidGen education lead. Hugh McCarthy has taken up this role.
* Several projects approaching completion
* Project to sequence those with ESRD of unknown aetiology
* Several workshops planned
* Ongoing project of qualitative analysis of families experience of being seen in a renal genetics clinic.
* New $3million grant for the National Kidney Genomics Program
* Medicare rebate for outpatient genetic testing (not inpatient), for Alport’s, cystic renal disease and “everything else”. KidGen will develop some resources to help with this implementation.
* The KidGen symposium went well but it was questioned whether it would remain linked to the ANZSN annual meeting.
* There is a proposal to collect genetic data in ANZdata. This may be paediatric only in the first instance. A special interest group is being assembled and any interested parties should contact Hugh McCarthy.
* There is a “genetics champion” in each state who can help with navigating the genetic testing pathways.

IPNA Juniors / ANZPNA Training and Education (Siah Kim)

* Previous monthly webinars but there was poor attendance
* Previous proposal for a half day program has not been progressed
* Agreement that with wealth of online resources for education, and difficulties aligning times/dates for live ANZPNA education sessions, ANZPNA specific education delivery for trainees will not be progressed. Networking and attendance at ANZSN weekend courses will be encouraged.
* Young nephrologists/trainees encouraged to join the IPNA social media committee
* There is a 3 monthly IPNA journal club that trainees should be aware of
* There will soon be an EOI for SKs ANZPNA replacement on the young IPNA committee (one member from this committee sits on council)
* Amelia Le Page asked about the nephrology curriculum/education for basic trainees as she had been asked to provide lectures. There is no formal program and others had also been asked to provide lectures by the RACP. Tom Forbes and ALP will liaise and feedback suggestions to RACP re streamlining process and ensuring repetition of lecture material is not occurring.

ANZdata (ALP)

* There are pending changes to disease categories that will include co-morbidities
* Probable extension of data collection to include genetic data for children
* There has been a recent extension of the ANZdata paediatric working group to now include 9 members
* A question was raised about including NGT/gastrostomy feeding data to the paediatric data collection form

Improving First Nations Care (Swasti C)

* As per the submitted report

Constitutional Reform

* Held over to next meeting

Business without notice

* Matt Sypek noted that KHA seem to be involved in an in depth consultation about paediatric kidney disease. No one was aware of this consultation or of its aims and outcomes. Anne Durkan is on the KHA clinical council and will ask KHA to approach ANZPNA directly.

Meeting ended at 1400.