



The Voice of Transplantation in the UK

# Council Strategy Meeting Report

June 28th 2017



Lorna Marson





The voice of transplantation professionals in the UK, providing leadership, representation and guidance for the benefit of our patients



This purpose is supported by four strategic objectives:



#### Advance

To advance scientific and clinical research and innovation relevant to the practice of transplantation.



#### Influence

To influence public opinion and operational strategy relevant to transplantation.



#### Promote

To promote excellence in professional standards and ethics across the multi-disciplinary transplant community.



#### Contribute

To contribute to the advancement of transplantation, from organ donation to long-term follow up, to maximise patient and graft outcomes for all organs.

## **Priorities for 2017-19**

1. Continue to improve inclusivity within the Society
2. Develop education for all constituents of the Society
3. Recognise the broader workforce, that may not engage with BTS
4. Work with patients as partners to support BTS activities (eg. UK-wide information for consent to transplantation, standards and guidelines, ethics and research initiatives)
5. Embed research into clinical practice, with the aspiration that every transplant patient is offered the opportunity to participate in a clinical trial

## **Review of BTS committees, Strategy meeting June 28<sup>th</sup> 2017**

1. Clinical trials and research committee, chaired by Gabriel Oniscu
2. Education committee, chaired by James Gilbert
3. Ethics committee, chaired by Antonia Cronin
4. Standards committee, chaired by Peter Andrews

## **Clinical trials and research committee (CTRC)**

### **I. Remit of CTRC**

- a. To identify priorities for research in transplantation
- b. To engage all units in a UK-wide research network
- c. To promote patient and clinician involvement in research
- d. To offer every transplant patient the opportunity to participate in clinical trials

### **II. Membership**

- 5 elected members
- Trainee member (co-opted), representing the Carrell Club
- Patient representation: not currently in place, but proposed
- Other BTS members may be co-opted to contribute to specific short-life working groups

### **III. Vision**

To realise the vision that all transplant patients are offered the opportunity to participate in clinical trials, the development of a UK-wide transplant research consortium is proposed, involving all relevant stakeholders (eg. transplant and referring centres, patients, funders, Research, Innovation and Novel Technologies Advisory Group (RINTAG) and NHS Blood and Transplant (NHSBT)).

The members of the consortium will undertake to:

- a. Define cross-sectional research themes applicable to different organs.
  - b. Develop organ specific groups
- An exemplar is the UK Kidney Research Consortium (UKKRC) developed by Kidney Research UK (KRUK). The role of this group is to review planned studies in kidney transplantation and submit a recommendation to KRUK. All studies approved by this group have been subsequently funded by various bodies.
  - A similar approach is proposed for each organ to facilitate successful funding applications, and promote research.

#### **IV. Action plan**

- a. Prepare a position paper to outline the vision (short-term and long-term) as above.
- b. Explore strategies to increase cooperation in line with the above vision and learning specifically from the UKKRC to develop similar strategies for other organ specific groups.
- c. Identify stakeholders/priorities/barriers to engage and facilitate the collaborative approach.
- d. A RINTAG/BTS day is planned for 18.01.18, at which developments in transplantation will be showcased and there will be an opportunity for horizon scanning.

It is proposed that CTRC run a one-day symposium on 17.01.18 with two specific aims:

- i. To receive updates from organ-specific groups about research that was defined at earlier study days, held in the past as part of the Royal College of Surgeons Clinical trials initiative.
- ii. To establish priorities and future research needs in transplantation for discussion the following day at the RINTAG/BTS meeting where commissioners and representatives of the Department of Health will be present.
- e. At the forthcoming BTS Congress in 2018 we plan to hold a dedicated session illustrating transplantation as a model system for basic research to rekindle the interest of basic researchers in transplantation and to increase their engagement in the Society.

**Gabriel Oniscu**

*Chair of Clinical Trials & Research Committee*

## **Education committee**

### **I. Remit of the Education Committee**

- a. To develop a culture of inter-professional shared learning
- b. To provide an overview of the educational and learning needs of the transplant community
- c. To develop an educational framework to help meet learners' needs at local and UK level
- d. To contribute to the development of educational programmes, where possible in collaboration with other bodies, eg. European Society of Transplantation (ESOT)
- e. To provide educational guidance to key society constituents (eg. Carrel club, Chapter of Surgeons, Chapter of Nurses)

### **II. Membership**

- a. Elected chair (3 years)
- b. 3 elected members ideally representing surgery, nursing and medicine (2 years)
- c. Co-opted Nephrology and Hepatology Rep
- d. Trainee representation (approach the renal registrar group)
- e. Nurses' Chapter representation

### **III. Goals of the committee next 12 months**

- a. Mapping exercise of all teaching and learning opportunities delivered at a local level in each unit to their staff
- b. Mapping exercise of formal education platforms that currently exist (e.g. ESOT) for BTS to align with
- c. Development of an educational strategy document that defines
  - i. Ideal learning / training needs for practitioners
  - ii. How these can be achieved

### **IV. Goals of the committee next 2-4 years**

- a. Development of a BTS database of members prepared to provide teaching and learning at local levels
- b. Consideration for development of a multidisciplinary 'Continuing Medical Education (CME) Day' in transplantation, similar to the previous BTS education forum
- c. Specific support for the development of formalised transplant education programmes in renal medicine, hepatology and nursing

### **V. Financial challenges**

- a. Courses and training costs money!
- b. Work to champion local delivery and subsidised courses initially
- c. Explore potential collaboration with industry who may sponsor educational courses

**James Gilbert**

*Chair of Education Committee*

## **Ethics committee**

### **I. Remit of Ethics committee**

To anticipate, consider and respond to existing and evolving ethical issues in organ donation and transplantation on behalf of the Society

### **II. Membership**

- a. Five elected members
- b. Members co-opted if required
- c. Patient representation proposed

### **III. Roles and Responsibility**

- a. To consider current and future ethical issues in transplantation
- b. To produce position statements which reflect the views of the Society and that have been ratified by the Executive or Council
- c. To review and revise existing position statements on a regular basis

Requests for specific position statements will be considered from a variety of stakeholders: Council or ordinary members of the BTS, patient groups or Organ Donation and Transplantation (ODT) advisory groups

- d. Horizon scanning of potential ethical issues in transplantation **with the expectation of providing a forum for in depth discussion**
- e. To work closely with **communications officer**, web manager and secretariat
- f. To organise an Ethics session at the BTS Annual Congress in liaison with the Conference Organizing Committee
- g. To organise a Winter Ethics Symposium to address contemporary ethical issues in transplantation
- h. To respond to relevant public and stakeholder consultation documents on behalf of the society

### **IV. Proposed work:**

- a. Ethics symposium/ annual congress / compose consultation response to Scottish Bill / review media request (12 months)
- b. Review and revise position statements (24 months)
- c. Engage more fully with ODT and patient groups (38 months)

### **V. Consideration of financial impact**

Potential to apply for grants to support specific topics/symposia: for example, from companies with a policy of corporate social responsibility/Morgan Stanley/BKPA

### **VI. Aspirations and plans to achieve them:**

- a. Greater involvement with ODT advisory groups
  - Chair of Ethics Committee to write to AG chairs to engage with ethical issues at their request.
- b. Close working with communications officer to horizon scan and with website team to upload up to date documents
- c. Patient engagement
  - Chair of Ethics Committee to write to chairs of relevant charities, eg. Kidney Research UK, National Kidney Federation (NKF) , British Heart Foundation

**Antonia Cronin**

*Chair of Ethics Committee*

## Standards and Guidelines committee

### I. Purpose:

- a. Important activity for the BTS; growing international recognition/leaders in the field
- b. To generate high quality, National Institute for Clinical Excellence (NICE) accredited standards and guidelines and operational guidance with a UK focus to reflect multi-organ clinical practice, demographic subtleties
- c. To continue to develop appropriate collaborations to deliver best option for specific guidelines and avoid duplication
- d. To increase BTS endorsement of relevant guidelines from within the UK and outside the UK
- e. To increase endorsement of BTS guidelines outside the UK

### II. Strategic Fit: Added value to BTS and members- 'tool to achieve other things':

- a. All accredited guidelines generated publications in high impact Journal
- b. Good for individual profiles- authors and editors
- c. Embedded in peer review (useful for commissioning processes)
- d. Consensus from the community in producing new/updating guidelines
- e. Enhance BTS membership by attracting new members and interest from different organ groups
- f. International profile of the society

### III. Work plan:

Prioritise work based on updates required and new, important issues to UK practice

#### a. Updates (7)

- Human Immunodeficiency Virus (HIV) guidelines- to include kidney and liver next revision: 2018 (liver new)
- Donation after Circulatory Death (DCD) guidelines- 2018
- NASH liver- 2017 (in progress)
- Kidney-pancreas – LB to discuss with CC (to publish 2017)
- Living Donor Kidney Transplantation (LDKT)- 2017 (published)
- Potential recipient kidney Tx: in progress 2018 (Renal Association (RA, endorsed by BTS)
- Post Transplant Proliferative Disorder (PTLD)- no progress- archive. PA Written 3 times to British Society of Haematology (BSH). Email VA to explore this again

#### b. New (4):

Generated by key councillor representatives- current strength of Council as it covers the networks; identify the gaps

- HIV- liver: new
- PTLD review
- Heart and lung?
- Alcohol and substance abuse



## IV. Financial Impact

### Principles

Annual financial plan to accurately assess impact to Society

Explore funding issues:

- Literature searching; NICE requirement therefore consider approaching centre of evidence for BTS 'deal' for sustainable model (e.g. ESOT??)
- Financial collaboration with Departments of Health (DHs)/Commissioners to

### Tiered system:

Tier 1 – brand new, major revision, breadth, impact

Tier 2- minor, updates, low impact but important, niche

- **Tier 1**

Range of authors

Editorial committee

1 Consensus meeting/combined with obvious forum if available (e.g. living donor (LD) Forum)

Directed literature review

£5000 max (x2 year)

- **Tier 2**

Limited authorship and editorial committee and/or endorsement of other guidelines

Selected literature review

Minimal cost

Chair responsible for delivering work of the standards committee within a budget of up to £10k/year, with Treasurer oversight and active remuneration sought from DHs/Commissioners

### Patient involvement:

NICE requirement- early involvement.

Develop a specific framework for involvement

Most constructive method- to have specific asks.

### **Peter Andrews**

*Chair of Standards committee*

## Contributors to the working groups

### **Clinical Trials and Research committee**

Chair: Gabriel Oniscu

Anthony Dorling

Rachel Hilton

Stephen Wigmore

Colin Wilson

### **Education committee**

Chair: James Gilbert

Roberto Cacciola

Jen Lumsdaine

Krish Menon

Nick Torpey

### **Ethics committee**

Chair: Antonia Cronin

Pedro Catarino

Bimbi Fernando

Mark Roberts

### **Standards committee**

Chair: Peter Andrews

Lisa Burnapp

Varuna Aluvihare