Action Points

Non Dialysis Pathway
• Send comments to working party for consideration and preparation final document for review
• Refer final position paper to ANZSN council and KHA for ratification
  – Publish on ANZSN/ KHA website
  – Publish exec summary in Nephrology with DNT badge along with individual chapters as
• Explore addition of surprise question on ANZDATA form

Training
• Embrace 3 core clinical years – consider mechanisms/ flexibility for academic pathway
• Develop a dedicated co-ordinated 'training program' (eg at a national level) to guarantee the
• Modify curriculum with priorities that are more relevant to patient care (e.g. decrease the imp
• Need to align assessment with curriculum
  – supervisors to assess specific skill sets or modules eg trainee is competent to manage a
  – Possibly develop and use of web based assessment tools

Workforce
• ANZSN council to explore ways of improving data collection on current numbers of practising i
• ANZSN to develop position paper on future options for CPD - issues with slitting from RACP inc
• ANZSN to develop predictive models for future numbers for nephrologists and allied staff

Interventional Nephrology
• ANZSN/ SAC – ratify ANZSIN’s role in developing standards, credentialing training units and ce
  – Percutaneous dialysis access
  – PD catheter insertion
  – Renal Biopsy
• ANZSIN develop a fistula specific interventional certification process with conjoint committee
• ANZSIN explore cystoscopy as an interventional nephrological procedure

AKTN
• Explore mechanisms and barriers to change culture of involvement in trials
• Improve ethics approval process

Live Donor Registry- ANZDATA
• Notify ANZSN membership that workshop supports registry – reasons [ older donors etc]
• DNT / Registry develop data set required to develop a KPI
• DNT / Registry explore funding options to improve data collection ?use clinical networks funding
Develop a consent and information document in conjunction with RACS including information re follow up/ liv

PKE - RTAC
• Develop information package for non transplanting centres about suitability for program
• Define criteria for accepting compatible pairs into programme as a method of gaining better o
• Seek input from consumers ?KHA what they want from PKE program- develop a balanced set

ECD- RTAC
• Development of allocation criteria for SCD/ECD kidneys including policy on use of kidneys as double kic
• Incorporation of analysis on the effect of utility based allocation algorithm on HLA antibody formation
Incorporation of Eplet based allocation system in the proposed models

Hypertension

• Develop position statement on Renal Nerve Ablation
  – Patient criteria including ABPM
  – Expected indications on current knowledge
  – Minimum criteria for society endorsement as therapy
• Consider guideline on resistant hypertension

CARI
Support to progress international guideline collaborative process
Need to develop alternative funding streams, such as peer reviewed funding
Continue work at improving processes around guideline development
Support for commentaries upon KDIGO guidelines to go on ISN website.
Additional risk factor detail in background to CI-AKI section of AKI adaptation

• Involve nephrology in patients with CKD prior to initiation of dialysis in A/CKD pts starting dialysis

Infectious Disease

• Develop CARI guidelines for infection / antibiotics / vaccination management in transplantation
• Develop travel guidelines for patients with transplants including medical tourism aspects
• Incorporate antimicrobial prescribing in Syllabus - SAC
• Establish a working group to work with ID Physicians on dialysis specific issues
  – VRE management
  – Routine screening
  – Isolation

DRGs

• ANZSN needs a voice at the table to ensure adequate DRG funding
• Need a working group to look for costing anomalies etc, fund data collection as part of DRG

MRI contrast Guideline

• ANZSN members to read and comment
  – Add box in flow diagram to study without contrast if possible
• Badge as DNT/ RANZCR position statement once ratified by council and KHA

HDAC

• HDAC to consider the issue of targets for home therapy
  Explore the addition of Predialysis education on ANZDATA form

ANZDATA

• Publish identified unit HD starting access 12 monthly survey data on ANZDATA website
• Explore addition of pre dialysis education tick box to ANZDATA form
• Continue with real time unit reporting of KPIs - not for general publication
• Develop benchmarks for KPIs
• Publish unit reports including end of year "KPIs" on ANZDATA website
  – Consider reporting averages over longer time period eg 5 years
• DNT to develop procedures to assist units who ask for assistance
• Explore mechanism to improve reporting
– Incentives eg best reporting units have financial incentives for nurses to attend home t
– Wide spread unit access to real time data - ? Contact RSA so nurses know they can ask f

ATSI

• Approach TSANZ to set up a workshop to develop better transplant strategies, better data re different different immunosuppressive regimes, explore deceased donor rates etc in ATSI group
Send comments to working party for consideration and preparation final document for review.

DNT committee

Publish exec summary in Nephrology with DNT badge along with individual chapters as opinion pieces.

Develop a dedicated co-ordinated 'training program' (eg at a national level) to guarantee the 3rd year of training/ rural rotations and importance of Tx training and increase importance of CKD exposure.

patient on HD etc

nephrologists including general physicians who practice medicine, dermatology model

ertification of procedural nephrologists

e donor registry

outcomes for all of information for KHA website

ey allografts using HLA matchmaker
Incentives eg best reporting units have financial incentives for nurses to attend home therapy conference

Wide spread unit access to real time data - ? Contact RSA so nurses know they can ask for access

• Approach TSANZ to set up a workshop to develop better transplant strategies, better data for different indigenous populations,