New Zealand Renal Group Business Meeting

Minutes of meeting 28 February 2014.

NZ Chapter – Structure

The NZ Chapter Chair is currently Murray Leikis who is standing in an ex-officio role until formal ANZSN council elections are held later in the year. The chair of NZ Renal Group will sit on the NRAB. The NRAB will elect the chair it that body from the sitting members of the NRAB. This may be the same person as the ANZSN NZ rep/NZRG Chair.

NZ Honours for Renal

Adrian Buttimore and Mr Stephen Munn were both recognised in the New Year’s honours with list with the award of Officer of the NZ Order of Merit. Murray Leikis will write a letter on behalf of the NRAB and NZ Nephrology Group to congratulate them both on this honour.

RACP training issues

The RACP is merging the Australian and NZ SAC into one committee. This is thought to have a total of 9-12 members with 2-3 New Zealanders on it. How the committee oversees training in each country and accredits training centres is not known yet.

For the NZ SAC Suetonia Palmer has resigned and Janak de Zoysa was looking to leave at the end of 2013 but hasn’t yet in order to maintain some continuity particularly over the transition period. William Wong is representing the paediatric group but may pass this on to Chanel Prestige. Jo Dunlop is also on the committee.

Discussion was had about moving to a national training programme with a planned training programme for trainees. New trainees would need to apply to a National committee and be given a 3 year structured programme. The Northern Training Hub could be in a position to help organise. It could follow the successful models run by gastroenterology and neurology. Jo Dunlop is going to investigate and progress. It would need to be agreed to be all units. The current concerns are that we have no limit on trainee numbers with less available jobs than trainees. Currently no checks on quality of trainees starting training overall. Trainees do not enter renal training with a 3 year structure and get training jobs on a year to year basis.

PHARMAC – Nephrology PTAC

PHARMAC have called for nominees to sit on a PTAC Nephrology committee to order to assess relevant medications to Nephrology. It should be set up and have their first meeting by midyear.

A multivitamin pill developed and manufactured in NZ (David Voss) has been accepted by the PTAC subcommittee but not yet been approved for funding. Hopefully it will come through by year end.
National Renal Transplant Service

The National Renal Transplant Service has been in development for some time now and was presented to the National Health Board on 26 February 2014. It received the support of the NHB Board who will now put it to the Minister of Health as a recommended service for funding.

CKD consensus document

The CKD consensus document which was first discussed at the Matakana meeting in November 2013 now has a draft document circulating for comment. Once finalised it will need a strategic plan associated with it the go forward.

PD Registry

The PD Registry still does not have data entry form Wellington and Christchurch units who are not prepared to send data to it until formal reports are being produced. Some initial outcome data has been presented at this meeting and it looks promising. Ongoing funding remains an issue and is being explored.

Tacrolimus changes

PHARMAC have put out a consultation letter in January proposing a sole supply of Tacrolimus Sandoz instead of Prograf with a changeover beginning in May. This has been debated/discussed by PHARMAC for a couple of years now and will result in significant financial savings to the cost of medicines.

Annual Meetings

Discussion held over the next Annual NZRG meeting usually held in October/November. The group agreed that the meeting should be held in the South Island this year and were happy with the previous PCO. The committee will be Ian Dittmer, Janak De Zoysa, Suetonia Palmer and Kannaiyan Rabindranath. It was noted that industry sponsorship was getting less every year and we may not be able to attract any at all in the future. This would mean higher costs however CME funds can easily cover this for SMOs.