ANN COP AP Meeting minutes 21/1/25

Name	Email	Present at meeting
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Yellow highlight – COP lead

Welcome

Christine Budd (CB) welcomed all to the meeting and thanked them for being part of this exciting development

Introductions

Explanation about ANNUK and how a COP works including the terms of reference
This was given by Chris – essentially COP terms of reference set up to have meetings every 2 months a way to formally network and support renal AP across the country
The group vision is to create a national AP renal standard to support existing AP and trainees similar to the ones endorsed by NHS England.
It is important that the COP group are all ANN members and this does give reduced membership to UKKA as well. There are lots of benefits to membership to ANNUK- including educational grants for the upcoming conference, and to UKKW. There is opportunitie for mentorship etc. It could be that people who aren't nurses could join as an associate member.

COP leads
This is a rotational post to ensure drive and enthusiasm does not wane. Thank you to Chris, Marie and Andrea for taking on this role. Communications will be directed through these people.

ANN UK conference – 4th April
Workshop has been approved, Beccy said conference should be live shortly to register (delayed due to an update on the website)
Sharon has agreed to help Chris with the scenario voting system
Marie will put together a 3rd AKI session Just in case we have a second session or need to fill time
Beccy/ Andrea suggested senarios from the audience open to the panel of experts
Marie, Chris and Andrea happy to present

Beccy has explained as COP leads travel will be paid for There are a limited number of bursaries that would cover the conference fee for others

Scenarios.pptx

AP COP report
A report needs to be submitted to the executive board to explain what we do and what is planned for the next 12 months – this needs presenting on 3rd April – Andrea has agreed to write prior to next meeting

National guidelines – what's out there already

Vison to create one document of standards/ competencies which is generic for the whole country but can be tailored to the role required due to the diverse nature of renal AP.

Needs to be based on the ST3 training syllabus and in the format of the existing documents approved by NHS E – all agreed
Beccy was clear not to get worried about formatting as NHS England will be clear about that
UKKA are also very interested in the work we are doing and ongoing discussions with ANN UK and UKKA are in progress to avoid duplication of work but also consideration has been mentioned of a optional university renal module to be launch around AP in renal. – exciting but a little scary too !
It is important to recognised ANN uk is the Nursing voice but we also need to be clear AP is multidisciplinary but are grateful for all assistance given in helping this group achieve its objectives

Basic generic requirements will be standardised across all documents. Suggestion to start with a section at a time for alteration/ approval – agreed

Acute medicine advanced practice area specific capability and curriculum framework
Older people advanced practice area specific capability and curriculum framework

Centre-endorsed area specific frameworks - Advanced Practice
In the centre endorsed area specific frameworks the ones in white are done the ones in grey are being completed.
Comparing Older persons and Acute medicine

Section 1 – Identical – ours needs to be the same
Section 2 – identical ours needs to be the same

2.4 – **needs writing**
2.5 **needs writing**

Section 3 mainly identical – ours needs to be the same
3.1.2 – Core and Generic clinical the same
3.1.2 specialty Clinical – **needs writing**
3.2 – Core and Generic clinical the same
3.2.2 specialty Clinical CIP– **needs writing**

Renal capability ACP 2024.docx

Working a renal ward
Managing renal replacement therapy programmes
Running an acute renal referral service
Managing patients with chronic kidney disease
Acute kidney injury programme
Managing renal transplant patients

3.3 Presentations and conditions – **needs writing**
3.4 procedures – **needs writing**

4 – Same
5- same
5.3 **needs writing**

6 – same
7 – same
8 - same

Appendix 1 **– needs writing**

This is the Royal College of physicians document that the Doctors have to comply with
https://www.thefederation.uk/sites/default/files/Renal%2520Medicine%25202022%2520Curriculum%2520FINAL.pdf

AOB

Action points

Chris – send out minutes
Chris – to finalise Workshop idea presentation
Sharon to help Chris with the voting system
Chris to send out meeting invites for next year (monthly)
Marie – to write 3rd scenario
Chris – Send out document(s) to work on before next meeting (see below)
Andrea – to write report for 3rd April by next meeting for approval by the group
All – promote ANN conference when live – keep your eyes open !
All- Any ideas suggestions to Leads
ALL – As below please forward any completed work to Chris to collate – an update will be expected at the next meeting

Next meeting (any days /times to avoid)

4th March 2 pm
Agreed currently to have monthly meetings

Delegation of team for sections to develop

Comparing Older persons and Acute medicine

Please feel free to involve Beccy ANN COP lead leader , AP COP leads (Chris, Marie or Andrea) or anyone else to help !

Section 1 – Identical – ours needs to be the same - Chris to pull together the document ensuring AP replaces Older person / acute medicine

Section 2 – identical ours needs to be the same

2.4 – **needs writing** Joanne , Annika
2.5 -**needs writing** Georgina and Vicky

Section 3 mainly identical – ours needs to be the same
3.1.2 – Core and Generic clinical the same
3.1.2 specialty Clinical – **needs writing** – Karen, Natalie, Lauren this will need splitting I think but up to you (please ask for help with this as is a large section)
3.2 – Core and Generic clinical the same
3.2.2 specialty Clinical CIP– **needs writing** Rachel, Ruth, Leanne this will need splitting I think but up to you (please ask for help with this as is a large section)

Renal capability ACP 2024.docx

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