

ISPD GENERAL ASSEMBLY MINUTES
May 7th, 2018
Vancouver Convention Center – BC, Canada

1. The agenda was presented and approved with no objections.
2. **President's Report** was presented by Dr Isaac Teitelbaum
 - a. OPERATIONAL ISSUES:
 - i. Established regular, monthly ISPD Executive teleconferences to ensure more vigorous oversight and conduct of ISPD matters
 - ii. Secured resolutions from ISPD Council to:
 1. Allow the President or Treasurer, acting alone, to spend up to \$5,000
 2. Authorize the Executive committee to conduct any and all financial transactions deemed necessary for the benefit of the Society when agreed upon by no fewer than three of its members
 - iii. Updated website
 - b. PERSONNEL CHANGES
 - i. Appointed Anjali Saxena as Treasurer (effective 1/1/17) to replace Raj Mehrotra
 - ii. Appointed Hui Kim Yap (Singapore) as pediatric representative on Council to replace Colin White (Canada)
 - iii. Reluctantly accepted the resignation of Dominique Tudor as Society Coordinator; appointed Miguel Gallardo as her replacement (effective 1/8/18)
 - c. COLLABORATIONS
 - i. Finalized agreement with the Canadian Society of Nephrology to function as the Local Organizing Committee for ISPD-2018.
 - ii. ISN
 1. Agreed to participate in the Lancet Kidney Campaign
 2. Concluded barter agreement for cross promotion of events
 3. Commitment to Saving Young Lives Project
 4. Updated Services Agreement
 - iii. EuroPD- Concluded a new 5-year MOU which documents that the societies will hold joint congresses in Europe every 4th ISPD congress, commencing in 2020
 - iv. ERA-EDTA
 - v. Industry
 1. Baxter, Davita, FMC have been contacted and we're waiting for an answer
 2. NxStage can be another prospective candidate
 - d. FULFILLING ISPD MISSION
 - i. Increasing Membership
 1. Membership campaigns spearheaded by Xueqing Yu and Dominique: Increased from 735 to 997 members
 2. Created a program to provide a new form of membership for low income countries: groups of up to 10 individuals within the country

may apply for a collective membership even if not from a single institution

ii. Educational Activities

1. Endorsement of outside educational programs: 16 programs vetted and endorsed. 1 endorsement denied
2. Catheter Insertion Programs for surgeons / interventionalists
 - a. “Train the trainer” followed by 2 programs in Vienna
3. PD curriculum: slides with audio, ≤ 15 minutes each: 28 modules planned, 10 done and already [uploaded in our website](#):
4. Supported by a grant from Baxter (FMC approached but didn’t show interest to our proposal)

iii. Scholarships/ fellowships

1. Awarded 11 scholarships to applicants from 8 countries: Bangladesh, Guatemala, Malawi (2), Mozambique, Nigeria (3), Pakistan, Peru, USA
2. Increased the number of scholarships (from 6 to 10 annually) and increased the maximum funding (up to \$5000) beginning 2018

iv. Additional Program Support

1. Solicited proposals for additional programmatic support and funded all three:
 - a. Publications committee- 5K to support translation of guidelines
 - b. IPPN- 10K to support enrollment of additional sites
 - c. Middle East chapter- 10K to support establishment of a regional PD registry
2. Allocated 5K to support SONG-PD consensus workshop

v. PDI

1. Discussion re desirability and timing of transition to “online only” publication
2. Transition planning
 - a. Publisher – we are re-advertising the publishing contract
 - b. Editor in Chief – Martin Wilkie will step down after ISPD2020 in Glasgow

vi. Future Congresses

1. Contracted with a Professional Conference Organizer (PCO)- In Conference, based in the UK- for organization and staging of our 2020 and 2022 World Congresses
2. Conducted site visits for 2020 and awarded the next Congress- a joint ISPD- EUROPD meeting- to Glasgow

e. Q&A

- i. Q: What happens with ISPD congress in 2022?
A: The only thing that is decided is that we will still have “In Conference” as PCO, but we haven’t started looking for venues yet.
- ii. Q: A patient thanked ISPD for having included them into our congress program. But she remarked on the other hand that Africa has not been much present in the congress. She mentions that the costs to send PD fluids

to Cape Town (SA) can rise up to 13000\$, and if there is something that ISPD can do to solve this problem.

A: We recommended the patient to look for local providers of PD fluids in SA, since the costs will be much lower.

- iii. Simon Davies took the opportunity to clarify that we are not collaborating in the SYL, but we are one of the 4 founders on equal grounds together with ISN, EuroPD and IPNA. He also explained the mission of the SYL programme.

3. **Editor's Report** provided by Dr Martin Wilkie.

- a. The current impact factor 1.557
- b. The highest profile papers are clinical guidelines - in particular the ISPD peritonitis 2016 update.
- c. A grant from ISPD has allowed further translations – the above guideline has now been translated into French and Mandarin.
- d. 9 PDI papers are in the Web of Science top 50 cited papers for the last 5 years where PD is in the title.
- e. Challenges:
 - i. Adapt to GDPR (mostly on the side of Multimed and we need to keep an eye on their process to achieve compliance to the new regulation).
 - ii. Transition to a new Publishing House for our journal (we requested the support of a consultant specialized in the field of scientific journals).
- f. **Q&A**
 - i. The patient explained that most of the information she has found has been through informal channels such as Youtube. That's where most patients find easily. They encouraged us to use also the channels that non-professionals use so our information reaches them.

4. **Treasurer's Report and Report of Auditors** by Dr Anjali Saxena, the treasurer.

- a. The financial situation is stable thanks to the decisions taken in the past, such as the contract with Multimed that provides regular income every year (100.000\$) and taking the membership management in our own hands.
- b. ISPD is experiencing similar difficulties with engaging Corporate membership as the ISPD Congress. ISPD is still waiting for the replies from Davita, Fresenius and Baxter.
- c. Major sources of Income: Membership and the Journal. Major expenses are: Journal management, Administrative Support through our contract with ISN, the participation in the SYL programme, and the support for Fellowship and Projects.
- d. Projected Balance 2018:
 - i. Income: \$301,307
 - ii. Expense: \$287,858
 - iii. Net: \$13,449

5. **Nominating Committee Report and Election of Officers and Councilors**

- a. *Members of Council who are leaving council are* Isaac Teitelbaum (President), Olivier Devuyt (secretary), Peter Nourse (Africa Region), Eric Goffin (Western Europe region), Matthew Oliver (North America Region), Gillian Brunier (Nurse)
- b. The nominations for the different positions have been sent out to the members for electronic voting and the result of the electronic voting was as below:

President elect: Xue Qing Yu (China)

Secretary: Adrian Liew (Singapore)

Treasurer: Anjali Bhatt Saxena (USA)

Council members (4-year term):

Brett Cullis (South Africa) for Africa / Middle East Region

Mark Lambie (UK) for Western Europe Region

Jeff Perl (Canada) for North America Region

Hui-Kim Yap (Singapore) Pediatric representation

Helen Hurst (UK) Nurse representation

- i. *Motion for approval of the results of the electronic voting was made (to comply with the ISPD constitution), seconded and unanimously approved.*

6. Other Business

- a. The former Council Members were thanked and a certificate was awarded.
- b. New president David Johnson thanked Isaac Teitelbaum for his leadership and gave a small present on behalf of the ISPD executive.
- c. New president presented the guidelines of his presidency.
 - i. Continue working to achieve ISPD mission and ways of work.
 - ii. Focus on LMICs
 - iii. Keep expansion of PD in those regions where it's most needed. Isaac will continue working in the SYL programme.
 - iv. Strengthening the International Research Committee, promote international cooperation, include researchers from LICs
 - v. Commitment to keep focus on patients, and involve them more.
 - vi. Education: continue the great work done by Sharon Nessim and her team.
 - vii. Reassess the functionality of our structure: review the work of committees and ensure that ISPD reflects the diversity of our members.
 - viii. Stay alert for the challenges ahead: change of publisher for PDI, new industry regulations that have an impact on how we can organize our events, etc.