



THE BRITISH ASSOCIATION FOR PAEDIATRIC NEPHROLOGY

The first thirty years

Richard H R White

Past President

1973-2003

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FOR PAEDIATRIC NEPHROLOGY**

The first thirty years

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Foreword

Paediatric nephrology in Great Britain began in Glasgow in 1950, paradoxically thirty-three years after we began performing open renal biopsies on children! Even by 1966, when arranging the inauguration of the European Society for Paediatric Nephrology here, Britain had only a handful of mainly part-time paediatric nephrologists, and it was not until 1972 that it seemed timely to bring together eight experts and suggest that an association be formed. One of the main reasons for such an association in Britain, as in Europe and internationally, is to make clear that babies and children are not just tiny adults, but require clinical care and advocacy from specially trained paediatric nephrologists. This record shows how the British Association for Paediatric Nephrology has struggled effectively to attain this objective. Another reason was to ensure that paediatric renal units, suitable training, research and knowledge were optimally used within the limited resources of the British health services. Once again this record shows that these targets have been highlighted, tackled and achieved to a greater or lesser extent. What was not, perhaps, envisaged was the extent of involvement needed in politics, both medical and parliamentary, to ensure children a fair crack of the nephrological whip! The BAPN has clearly also met this challenge.

The history of the British Association for Paediatric Nephrology is admirably recorded in this publication, which deals with the growth and development of British paediatric nephrology in meticulous detail. This progress merits great credit to the succession of hard working officers, committee members, research workers and others during a period of more than thirty years. How fortunate it was that Richard White, Britain's finest paediatric renal pathologist, 'volunteered' (in the army meaning of the word!) to raise his sights from the microscope and become the archivist of the BAPN, without which many of the details of the BAPN's history would have been lost forever. The BAPN has a proud record and its continuing success is assured in the decades to come, when perhaps replacement kidneys will be grown from the patient's or donor's tissue as a matter of routine.

Gavin C Arneil

Emeritus Professor, University of Glasgow;

Past President, International Pediatric Association; Co-founder and first President, European Society for Paediatric Nephrology; Founder and first Secretary-General, International Pediatric Nephrology Association.

Preface

It is important that the evolution of professional societies, even small ones, should be documented for posterity and, after just over thirty years of its existence, it seems appropriate to write a brief account of the origins and development of the British Association for Paediatric Nephrology (BAPN) before memories fade. Prevailing circumstances in the mid-1960s provided no encouragement that paediatric nephrologists would become accepted by their more dominant adult counterparts. In the *Lancet* of 27 September 1969, an anonymous reviewer of the first English language textbook on renal disease in children [1], while complimentary about its contents, wrote "One might well ask, why renal disease *in childhood?*" and "Some of the best paediatric nephrologists are the few physicians with a renal interest who have arranged to disregard the artificial barrier of adolescence and concern themselves with patients of all ages". By that time paediatric nephrology had been evolving in Great Britain for nineteen years, British paediatric nephrologists were playing a prominent role within the International Study of Kidney Disease in Children, and the European Society for Paediatric Nephrology had already held three international meetings!

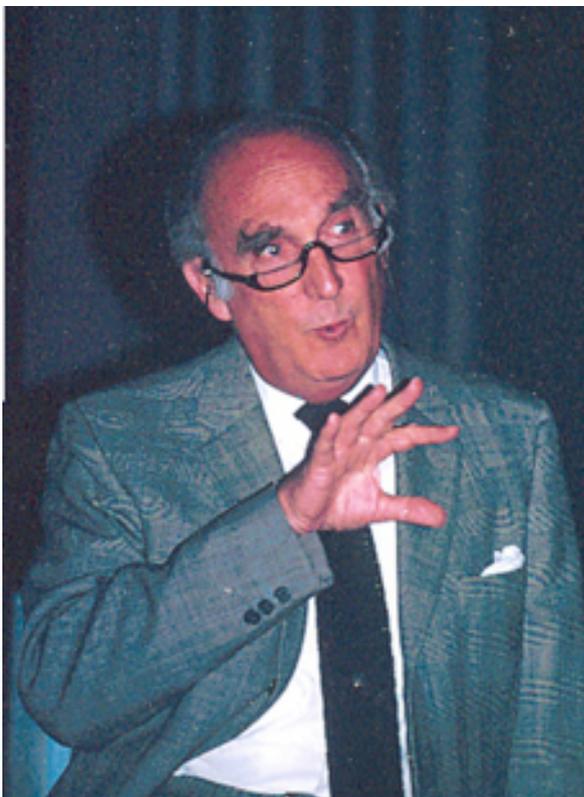
Suggesting the need to document the origins of our Association, at a business meeting some years ago, led to my being instantly voted 'Honorary Archivist', unopposed and with no escape! Fortunately my policy of hoarding papers that could conceivably have future historical value, although at times maddening, paid off in compiling this document. I have had access to the minutes of BAPN business meetings, except during the years 1976-80, when all papers appear to have been discarded, and to those of Executive Committee meetings since its establishment in 1991. The minutes of a Medical Research Council Working Party, of which I was a member during the late 1960s, were also retained and have proved invaluable. BAPN membership lists, nowadays updated biennially, have assisted in calculating changes in membership numbers. Personal memories of the Association's beginnings, as well as those of other senior members, have played a useful part, and I would particularly like to record my gratitude to Gavin Arneil, Martin Barratt, Stewart Cameron, Cyril Chantler, Lesley Rees, Jane Tizard and Alan Watson for their unstinted help and support in preparing the manuscript. As the historical background unfolded, much of it was a revelation to me, as surely it will be to most readers.

Richard White
Barnet Green, Worcestershire

September 2003

Background

For many years, following the elegant nineteenth century descriptions of Richard Bright, interest in the kidney focussed on the morbid histology and its clinical correlations, but turned to renal physiology in the inter-war years. The clinical management of renal disease, in both adults and children, was handled by general physicians and paediatricians until after the second world war, when increasing knowledge led a number of physicians to specialize in nephrology. The Renal Association, one of the first professional bodies concerned with nephrology, was inaugurated in London on 30 March 1950 [2].



Henry Barnett, founder of the International Study of Kidney Disease in Children, and the 'grandfather' of paediatric nephrology. (Geneva, 1974).

Paediatric specialization evolved in the United States several years ahead of the United Kingdom and, by the early 1950s, several academic centres of paediatric nephrology had become established, notably by Walter Heymann at Cleveland, Charles Janeway at Boston, Clark D West at Cincinnati, and Henry L Barnett at the Albert Einstein College of Medicine, New York. They were the leading lights of the National Nephrosis Foundation. Henry Barnett, known affectionately as the

‘grandfather’ of paediatric nephrology, gave the 1965 George Frederick Still Memorial Lecture of the British Paediatric Association (BPA).

In the UK the first regional referral unit for children with renal disease was established at the Royal Hospital for Sick Children, Glasgow, in 1950 by Dr (later Professor) Gavin Arneil, together with consultant pathologist Dr AM MacDonald and a research fellow. Historically it is of interest that the first report of open kidney biopsy and histology was on nephrotic children at this hospital, in 1917. In the early post-war years the management of acute nephritis was improved through a better understanding of the mechanisms of sodium and water retention, also researched in Glasgow, while antibiotic treatment of tonsillitis rendered the condition uncommon.

Gavin Arneil, a pioneer of paediatric nephrology in the UK, founder of the BAPN and our first Honorary member. (Heidelberg, ESPN, 1970).



In the decade from 1952 this unit published some sixteen papers reporting the first series of children in Europe with the nephrotic syndrome treated with various corticosteroids, culminating in a review by Arneil in 1961 of no less than 164 children with ‘nephrosis’ [3], which also highlighted retrospectively the dramatic reduction of mortality brought about by the introduction of sulphonamides and penicillin during the late 1940s. In the 1960s, peritoneal dialysis was pioneered here in the treatment of acute renal failure, and led to its later use in the management of end-stage renal

failure (ESRF) when a new renal ward, purpose-built in 1971, enabled this work to expand.

The development of a safe and effective technique of needle biopsy of the kidney by Kark and Muehrcke in 1954 [4] revolutionized our understanding of glomerulonephritis, and paediatric nephrologists in the USA, as well as Cuba, were soon to adapt the method to children [5]. Permission to perform renal biopsy as a senior registrar at Great Ormond Street Hospital (GOS), in 1959, using a personally modified Silverman needle, provided an introduction to the world of paediatric nephrology. The experience was consolidated during my two years' service at the Mulago Hospital, Kampala, Uganda [6]. Since at that time I was unaware of anyone on this side of the Atlantic undertaking the procedure in children, my source of tuition was Dr (later Professor) Hugh de Wardener, who was then at St Thomas's Hospital, London. In 1959 Gavin Arneil visited Henry Galan in Cuba, where he learnt the technique using a Menghini needle.



Reviewing renal biopsy sections, 1993.

Ultimately much more satisfying than the technique itself was the opportunity to study the renal pathology and, during three years spent at Guy's Hospital, London, I was able to collaborate fruitfully with Dr (later Professor) Stewart Cameron, who had recently returned following a period of research into the renal clearance of proteins, with Dr E L ('Stretch') Becker at Cornell University Medical School, New York. It

was my good fortune to meet Henry Barnett during his sabbatical year in London in 1965, and his first act of kindness was to take me to Paris, where I was able to spend a week with Dr (later Professor) Renée Habib – unique as a personality and also as the world’s only pure paediatric renal pathologist!



Stewart Cameron, founder member, with Renée Habib, world renowned paediatric renal pathologist and one of our first three Honorary members. (Heidelberg, ESPN, 1970).

Subsequently Henry invited Jack Churg of New York, along with Renée Habib and myself, to join the International Study of Kidney Disease in Children (ISKDC) as founder members and consulting pathologists, and appointed Gavin Arneil the British clinical director.. This group, which held its inaugural meeting at the Ciba Foundation, London, on 21 March 1966, went on to yield a pathological classification of the nephrotic syndrome [7] which has stood the test of time, giving impetus to the development of paediatric nephrology as a specialty.

In the early 1960s another research group formed at University College Hospital, led by Dr Jean Smellie, who spent a period of research with Dr Robert Heptinstall at the Johns Hopkins Hospital, Baltimore, USA, investigating infective renal disease in rats. With the late Dr John Hodson, radiologist, and Dr (later Professor) Colin Normand as principal

collaborators, they embarked on what would become a lifetime study of the clinical, microbiological, radiological and nuclear imaging aspects of urinary tract infection.



Jean Smellie, a founder member and leader of research in urinary tract infection and renal scarring.



Colin Normand, a founder member, and a close research collaborator and husband of Jean Smellie

Their work soon gained international recognition and their first landmark paper [8], demonstrating the presence of vesicoureteric reflux in one-third of children with urinary tract infection, and radiological renal scarring in

more than a quarter, was published in 1964. These early studies inspired further research contributions in this important sphere of childhood urinary tract disease from other centres, notably the Institute of Child Health (ICH), London, Cardiff, Newcastle and Birmingham.

Moving to the Birmingham Children's Hospital as a senior lecturer in 1965, renal biopsy was the vehicle which I initially used to persuade the regional paediatricians of the benefits of a specialty referral service. The introduction of peripheral shared-care clinics, much appreciated by paediatricians and patients alike, facilitated expansion of the service, and peritoneal dialysis was soon employed for acute renal failure, then ESRF. The service started at Guy's Hospital in 1963 was maintained after my departure to Birmingham by Stewart Cameron who, although by training an adult nephrologist, was nevertheless an energetic campaigner for paediatric nephrologists.

Cyril Chantler, founder member, at the twenty-first anniversary dinner, Dublin, 1993.



He continued to advise and assist the paediatricians there until the appointment in 1972 of Dr (later Professor Sir) Cyril Chantler, who had previously spent a year in Professor John Soothill's department at the ICH, London, completing studies, initiated at Guy's Hospital under the direction of Mr Norman Veall, of $^{51}\text{CrEDTA}$ as a means of measuring the

glomerular filtration rate. He worked for a further year as a research fellow with Dr Malcolm Holliday in San Francisco, USA, studying growth in rats with chronic renal failure and gaining experience in clinical paediatric nephrology, and consolidated this on his return to Guy's Hospital in collaboration with Stewart Cameron.

By that time, a similar development had emerged at GOS, initiated by Dr (later Professor) Martin Barratt, who had studied fluid physiology with Dr Mackenzie Walser at the Johns Hopkins Hospital, Baltimore, and spent time in adult nephrology with Dr Oliver Wrong at the Hammersmith Hospital, London. In 1967 he was appointed Lecturer in Paediatric Nephrology under Professor John Soothill, at the ICH, London, and in 1971 was promoted to Senior Lecturer and Consultant Paediatric Nephrologist at GOS – the first whole-time senior academic position in this specialty in the UK.



Martin Barratt, one of the 'Dublin eight', and the first Honorary Secretary. (Dublin, 1993).

A comparable service for north-west England was established by Dr (later Professor) Ian Houston, who spent a period of two years at the Albert Einstein College of Medicine, New York, under Henry Barnett and Chester M Edelmann, Jr, where he carried out research on developmental physiology, particularly of the renal tubules, and learnt basic clinical nephrology. Returning to the UK in 1967, he was appointed Senior

Lecturer at the Royal Manchester Children's Hospital, and was soon invited to join the ISKDC as a clinical participant.

Facilities for haemodialysis evolved during the early 1970s, the units at Guy's Hospital and the Royal Manchester Children's Hospital becoming the first dedicated paediatric haemodialysis units in the UK, followed by the one at the Royal Hospital for Sick Children, Glasgow, which was headed by Dr Anna Murphy after she had gained experience in Manchester. Initially there were no plans to create facilities for the treatment of ESRF at GOS, and children in the north Thames region were served by collaboration with the renal unit at the Royal Free Hospital, London.



The late Michael Winterborn, one of the 'Dublin eight' and the third Honorary Secretary (Birmingham Children's Hospital, 1991).

The establishment of such facilities in the West Midlands was, regrettably, delayed owing to local political and financial obstacles until, responding to a morning radio interview given by Mrs Elizabeth Ward, President of the British Kidney Patient Association, on 6 November 1976, local BBC television pressed me to concede that our child patients were dying needlessly from lack of facilities [9]. Although this had no impact on the health authorities at the time, it did inspire an immediate fund-

raising campaign, and the resulting purpose-built dialysis unit opened on 9 October 1979. It was directed by the late Dr Michael Winterborn, but for political reasons had to be located at East Birmingham Hospital, necessitating less than satisfactory split-site operation.

Research has featured strongly in all these units, as in others that evolved subsequently. In the early pioneering years the majority of paediatric nephrologists in the UK were expected to practise and teach general paediatrics additionally, as paediatric nephrology was not yet designated a specialty.

The need for a professional association

On 24 September 1970 the Medical Research Council Working Party on the Use of Immunosuppressive Drugs in Renal Disease convened an *ad hoc* meeting of paediatricians and other professionals under the chairmanship of Gavin Arneil, with the brief "to discuss whether there is a need at the present time to set up collaborative trials on the use of immunosuppressive drugs in children with renal disease, and to make recommendations accordingly". The minutes of this meeting record that Professor Soothill gave his opinion that multicentre trials were not desirable, and that the ideal trial should be organized within a single centre, where departures from protocol would be minimized. By this time, however, the I S K D C had already published two papers on collaborative studies of the nephrotic syndrome.

In response to the suggestion that a separate organization be established in the UK for the study of renal disease in children, Professor Soothill continued "...it would be disastrous to create another administrative structure for the paediatric group, who should collaborate informally and not under the aegis of the Working Party." Martin Barratt, however, stressed the advantages that would accrue from regular meetings of British paediatric nephrologists, and was strongly supported by Stewart Cameron, as well as the other five paediatricians present, three of whom continued to practise paediatric nephrology, sooner or later as professors. Moreover, the European Society for Paediatric Nephrology (ESPN), co-founded by Professor Arneil in Glasgow in October 1967, had by now held three annual meetings, while Arneil was already working towards the formation of what became the International Pediatric Nephrology Association (IPNA) in 1974.

The BAPN became a reality during the sixth annual conference of the ESPN, held in Dublin under the Presidency of Professor S Dundon when, on 5 October 1972, Gavin Arneil called together a group of seven colleagues interested in paediatric nephrology: Martin Barratt, Stewart Cameron, Ian Houston, Roy Meadow, Martin Moncrieff, the late Michael Winterborn and myself – the ‘Dublin eight’. It was resolved to form an association open not only to clinical paediatric nephrologists but also to anyone with a professional interest in renal disease in children, whether surgeon, pathologist, radiologist or basic scientist. Martin Barratt accepted nomination as the first Honorary Secretary, and set about contacting colleagues in the UK whom it was thought might be interested in becoming members.



The first renal group, Birmingham Children's Hospital, 1969, including three of the 'Dublin eight': Roy Meadow (standing, right), Martin Moncrieff (sitting, right) and Richard White (sitting, centre). At top left is the late Eric Glasgow, anatomist and renal pathologist, Melbourne, who would have been a member had he stayed in the UK.

Inauguration of the BAPN

The first formal meeting was held at the ICH, London, on 22 February 1973, with ten out of fifteen possible members present (Table 1). The title 'British Association *for* Paediatric Nephrology' was deliberately

chosen (as opposed to '*...of paediatric nephrologists*') in order to facilitate the admission of candidates of merit other than paediatricians. Membership was made open to those resident in the UK and the Irish Republic. At the inception of the BAPN, the only officer considered necessary was the Honorary Secretary. The four agreed aims of the Association were:

- To formulate and express opinions on policy regarding the care of children with renal disease;
- To conduct scientific and clinical meetings, usually in conjunction with meetings of the BPA and the Renal Association;
- To consider training requirements in paediatric nephrology; and
- At a future date, to conduct clinical trials and other collaborative studies.

Table 1: The inaugural meeting of the BAPN in the Institute of Child Health, London, on 22 February 1973.

Founder members present

GC Arneil	ICS Normand
TMBarratt	Heather Richardson
C Chantler	Jean M Smellie
T McKendrick	RHR White
SR Meadow	MH Winterborn

Apologies for absence received from other founder members

JA Black	MW Moncrieff
JS Cameron	Anna Murphy
IB Houston	

Affiliations

In 1973, the BPA, on the initiative of Dr (later Professor Sir) Roy Meadow, then Honorary Secretary to the Academic Board, decided to promote the development of specialty groups, of which the BAPN was the second, following endocrinology. These groups were affiliated to the BPA and their conveners were made members of the Academic Board. Since April 1974 the BAPN has held one of its biannual meetings as a specialty group session during the annual conference of the BPA, and now the Royal College of Paediatrics and Child Health (RCPCH), usually inviting a senior member or a distinguished non-member to present a keynote lecture.



The author at York University in 1995, with Roy Meadow -President of the British Paediatric Association, soon to become the first President of the Royal College of Paediatrics & Child Health.

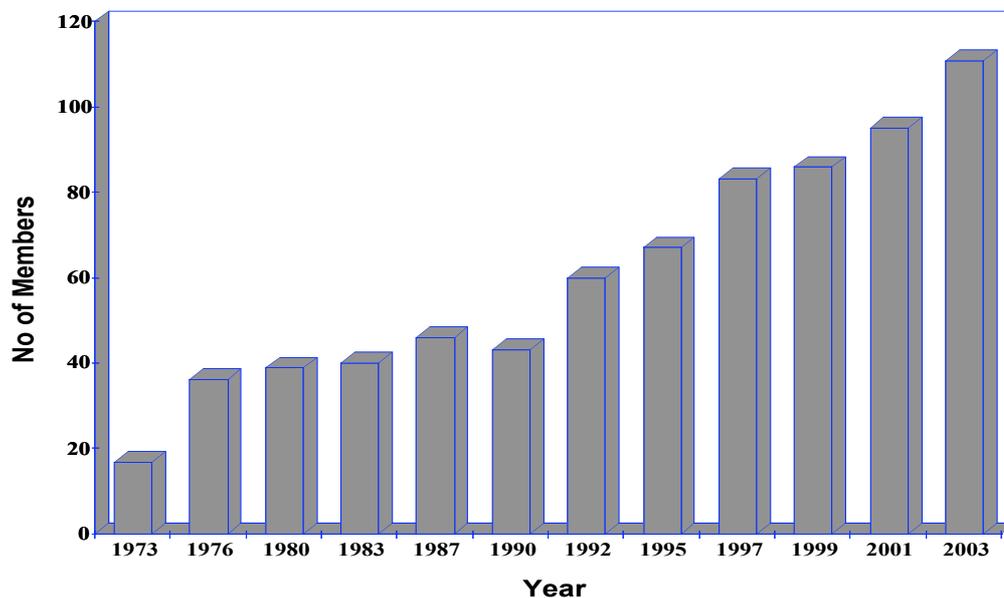
(Photograph – Peter M Dunn).

Most BAPN members at that time also belonged to the Renal Association, and indeed the Executive Committee of the latter rarely lacked a paediatric nephrologist, not as of right, but elected by national ballot. Affiliation with that organization was accordingly sought, and the second BAPN meeting of the year was arranged in the morning immediately before the Renal Association's October meeting in London. Subsequently, peer-reviewed papers have regularly been presented by BAPN members during the Renal Association's autumn conferences,

which are now officially designated joint meetings, and sometimes also at the regional spring meetings.

Growing demands

The business of the BAPN occupied little time in the early years, and was handled by a succession of Honorary Secretaries, each of whom served for four years. A proposal for a more elaborate administrative structure was initially rejected on a show of hands by a majority of members present at a business meeting in 1985, but a decision to embark on collaborative research - one of the aims of the Association - led to the nomination of two new officers: Chairman of Research and Honorary Research Secretary. The first research meeting was held in Birmingham under my chairmanship on 7 March 1986, with Dr Mark Taylor as Secretary. It was soon considered necessary to include audit in these meetings, and to formulate plans for the establishment of a registry of renal diseases in children.



The expanding BAPN membership, 1973–2003.

By this time the BAPN was acquiring a reputation as a responsible professional body, and the Honorary Secretary was increasingly being called upon to advise on a wide range of matters, especially clinical and medico-political. Moreover, the expanding membership (see Diagram),

which included committed trainees as well as established specialists, generated increasing administrative work, and it was becoming impossible to conduct all the business demanded during the BPA annual conference lunchtime break. It also had an impact on costs, which had hitherto been absorbed by the Honorary Secretary's hospital departmental funds. In April 1990 it was therefore agreed that these growing demands needed to be met by a formalized administrative structure, and that members should be expected to pay a modest annual subscription from 1991 onwards. A working party, proposed by Cyril Chantler and consisting of five members (Michael Dillon, Mary McGraw, Mark Taylor, Kate Verrier-Jones, and myself as chairman), was briefed to draft a new constitution which, after the incorporation of a few amendments, was formally approved by the members in December 1990.

Table 2: Officers of the Association

Presidents

1991-94	RHR White
1994-97	TM Barratt
1997-2000	GB Haycock
2000-03	RJ Postlethwaite
2003-	MJ Savage

Honorary Treasurers

1991-97	JT Brocklebank
1997-2002	DA Hughes
2002-	R Gilbert

Honorary Secretaries

1972-76	TM Barratt
1976-80	IB Houston
1980-84	MH Winterborn
1984-88	MJ Dillon
1988-92	Kate Verrier-Jones
1992-95	RJ Postlethwaite
1995-98	DV Milford
1998-2001	Mary McGraw
2001-	Lesley Rees

Honorary Research Secretaries

1986-94	CM Taylor
1994-97	TJ Beattie
1997-2000	AGB Clark
2000-03	AS Woolf
2003-	NJA Webb

The revised constitution did not alter the aims of the Association fundamentally, but defined membership categories – Ordinary and

Honorary - and detailed the officers (Table 2), organization of meetings and financial arrangements. An executive committee consisting of the President, Honorary Treasurer, Honorary Secretary, Honorary Research Secretary and two elected members was also formed. Subsequently one of the elected members of the Executive Committee was allocated to the task of developing audit within the Association, and the other one undertook chairmanship of the newly-formed Education and Training Subcommittee. All the newly designated officers were formally elected in April 1991, and our first three Honorary Members were nominated: Gavin Arneil, Renée Habib and the late Professor Jan Winberg, of the Karolinska Institute, Stockholm.

In addition to biannual scientific meetings, the BAPN now holds one-day meetings in the spring and autumn, in which business is preceded by a session devoted to collaborative research projects. Since 1992 the President has been a member *ex officio* of the Renal Association Executive Committee, and now represents the BAPN on the Specialty Board of the RCPCH. The President and Honorary Secretary represent the BAPN on the Renal Diseases Committee of the Royal College of Physicians (RCP), London, while the Honorary Secretary attends meetings of the Academic Board of the RCPCH. This College, and to a lesser extent the Renal Association, now provide the principal channels through which matters of a political nature are conveyed to the Department of Health.

Political Role

Early in its existence the BAPN assumed an advisory role in service planning matters. In its first report [10], published in 1974, it proposed that dialysis and transplantation facilities for the treatment of children with ESRF should be provided in twelve university-based centres in the UK. At that time only seven of the designated centres had even a single paediatric nephrologist, so that dependence upon adult nephrologists was obligatory. In 1979 a second report by the BAPN [11] reviewed progress, which was noticeably slow, and reiterated the need for these centres to develop the necessary facilities, proposing also that the geographically large and populous Midlands area should be divided into east and west regions with the addition of a thirteenth centre in South Trent, later to be identified as Nottingham. It also emphasized the necessity for each unit to appoint a minimum of two paediatric nephrologists, in order to provide an adequate service with 24-hour cover. However, only four centres then had two consultants each, six a single consultant and three none.

Nevertheless, these two reports did ultimately have the effect of preventing adult renal units treating occasional children with ESRF.

The third report [12], published in 1993, was an important document. It was principally a description of contemporary paediatric nephrology, to act as a guide for providers and purchasers of paediatric renal services, but also highlighted deficiencies in the existing services, particularly in teaching and research, and recommended a minimum of three consultants in every unit, "...to bring the standard of expert care up to the level provided in most European and North American centres". In the appendix to this report reference was made to the difficulties arising from the small population served by the unit at Edinburgh, and recommended close collaboration with Glasgow, where comprehensive services for children with ESRF was available. This effectively reduced the number of designated UK centres once again to twelve, although the future development of a comprehensive unit in Southampton was forecast, to cover the Wessex region, which hitherto had referred patients with ESRF to London and Bristol.

Because of the lack of supporting factual data in this report, the BAPN set up a working party under my chairmanship with the object of gathering the information needed to produce definitive national recommendations for paediatric renal services, including staffing requirements. It included, in addition to five BAPN members, representatives from the Committee on Renal Diseases of the RCP, London, the BPA, the British Association of Paediatric Surgeons, the British Transplantation Society and the Royal College of Nursing, and an Observer for the Department of Health. Its report [13], which was endorsed by the RCP, the BPA and the Renal Association, was published in 1995 and recommended a substantial increase in consultant staff.

The recommendations of this last report were subsequently reviewed in the light of new developments, including the European Working Hours Directive and Clinical Governance, and revised workplans [14] were published in 2000. The BAPN's most recent report [15], published in July 2003, is the product of a multidisciplinary working party chaired by Dr Jane Tizard, in her capacity as current chairman of the Audit and Registry Subcommittee. It is a comprehensive document setting out in clear terms the roles not only of doctors and nurses in the delivery of care, but also of dietitians, pharmacists, psychologists, social workers, teachers and play therapists, and makes workforce recommendations for each category of staff. These reports have been circulated in turn to senior medical officers and ministers at the Department of Health, as well

as chief executives of NHS hospital Trusts, where the recommendations they contained were warmly received and generally accepted in principle. The continuing slow progress in implementing the additional staff recommended has for the most part been a consequence of competition with other local priorities in a climate of financial deprivation.

Alan Watson, an energetic member of the Executive Committee and organizer of audit. (Dublin, 1993).



In addition the BAPN has for a number of years been actively involved with the Renal Association in producing national documents on standards for the management of adults and children with renal disease, particularly renal failure. Dr Lesley Rees represented the BAPN on the Standards and Audit Subcommittee of the Renal Association and was responsible for the paediatric contributions to three publications on standards and audit measures [16-18]. The BAPN created an Audit and Registry Subcommittee in response to need and it first met, under the chairmanship of Dr Alan Watson, in May 1997. It led to the development of a Paediatric Renal Registry, using the expertise of Dr Malcolm Lewis.

To date three paediatric renal registry chapters have been incorporated into the Renal Association's annual UK Renal Registry reports [19-21]. It is intended that, in the future, the adult and paediatric renal registries will be merged, to facilitate the coordination of data from 15-18 year-old

patients, and to enable the analysis of long-term follow-up data into adulthood of childhood-onset renal failure. It is hoped that the combined data will also contribute to a revitalised European Dialysis and Transplant Association Registry. A further document, produced jointly with the Renal Association and published in 2002 [22], covered multiprofessional workforce issues and service provision. The planned development of peer review visits unfortunately had to be abandoned after two visits, owing to unresolved indemnity matters. However, a Multiprofessional Peer Review Scoping Group has recently been set up by the British Renal Society, with two paediatric representatives, including a BAPN member.

Many BAPN members have served on the Councils of the ESPN and IPNA. Gavin Arneil was the first President of the ESPN and first Secretary-General of the IPNA, and the late Michael Winterborn and Kate Verrier-Jones were in turn elected Honorary Secretaries of the ESPN. Stewart Cameron hosted an ESPN conference as President in Cambridge, in 1975, and Ian Houston in Manchester, in 1988, while Martin Barratt and Cyril Chantler hosted an IPNA conference as joint Presidents in London, in 1998. Several members have been honoured for their lifetime contributions to public service or advances in knowledge (Table 3).

Table 3. Members' honours and awards

Richard White	James Spence Medal. BPA, 1995.
Cyril Chantler	Knighthood, 1996.
Roy Meadow	Knighthood, 1997.
Martin Barratt	CBE, 1997; James Spence Medal, RCPCH, 2002.
Stewart Cameron	CBE, 1998

Service planning and medical staffing

During the past twelve years in particular, the BAPN has been preoccupied with service planning and workforce issues. Paediatric nephrology is a relatively low-volume, high-cost specialty and, to avoid the dilution of experience in areas such as renal biopsy and the management of acute and chronic renal failure, the BAPN produced guidelines for the minimum and optimum sizes of population which should be served by regional specialty units [13]. It was originally

proposed that the number of such units, nationally, should not exceed twelve, but changing needs and geographical considerations subsequently demanded the addition of a thirteenth unit. In 1995 it was recommended that 52 consultants were needed to staff the 12 tertiary renal centres [13], whereas the number of established posts was only 32. By 2002 consultant numbers had only increased to 38 and, in the most recent review [15], the target for 2004 has been set at 67 consultants in 13 units, to take into account the increased burden of onerous on-call commitments, education and training, audit, clinical governance, continuing professional development and the European Working Time Directive. Thus there remains a deficit of 29 consultants, coupled with a shortage of multiprofessional support staff, and these issues urgently need addressing.

The past thirty years have brought about an interesting social change within the Association, in common with other branches of medicine and, indeed, other professions. Recruitment of women into the specialty, reflected by BAPN membership, has increased from 20% of founder members to almost 40% currently. The resulting increase in eligibility for maternity leave and, in some instances, part-time training or consultant sessions, to meet the needs of young children, are additional factors that have to be entered into the workforce planning equation.

Training

The training of future paediatric nephrologists has exercised the BAPN in recent years, in order to accommodate the changes recommended in the Calman report, as well as the certification requirements of the European Economic Community. The lack of openings noted above has adversely affected recruitment into training posts, hopefully only temporarily. The Association is rightly insistent that future trainees should begin with a good grounding in general paediatrics. With rare exceptions, usually on academic grounds, adaptation from an adult nephrology background is today considered inappropriate.

In 1997, with the establishment of the RCPCH and the disbanding of the Paediatric Specialist Advisory Committee of the RCP, the supervision of training underwent change. The RCPCH set up a College Specialist Advisory Committee (CSAC) for each major specialty, and the BAPN established an Education and Training Subcommittee to monitor the progress of trainees and advise the Nephrology CSAC, whose chairman is Mark Taylor. In 1998 the RCPCH recommended that training in years

four and five should be coordinated nationally, and the BAPN established a National Training Scheme for paediatric nephrology, under the chairmanship of Mark Taylor. All the training posts are located in tertiary centres, and have been approved by the CSAC. This scheme will enable future growth to be controlled by matching the number of trainees to the vacancies created by retirements and expansion, and should improve recruitment.



Mark Taylor, the first Honorary Research Secretary and currently national coordinator of paediatric nephrology training.

Research and publication

As a result of collaborative research carried out to date, six papers have been published by, or on behalf of, the BAPN; five reported results of clinical investigations [23-27], and one described management guidelines [28]. The BAPN was also formally represented on a working group of the RCP Research Unit, in producing a medical audit paper [29]. Furthermore, the BAPN research meetings have acted as a forum for individual members to present outlines of planned investigations for review and criticism, thus encouraging high quality research. Ongoing multicentre research includes the epidemiology and management of the haemolytic uraemic syndrome, a registry of cystinosis, cytotoxic T-cell

therapy in post-transplant lymphoproliferative disease, and a DNA study of paired siblings with vesicoureteric reflux. Dr Robert Postlethwaite has edited two editions of a clinical nephrology textbook aimed at non-specialized paediatricians, but also useful for specialty trainees [30], while Martin Barratt is the senior editor of the fourth edition of an encyclopaedic textbook for specialists [31], and a coauthor of previous editions. Many BAPN members have contributed to these two volumes.



*Ian Houston, a founder member, with Robert Postlethwaite, a Manchester colleague, at an ESPN meeting in Heidelberg, in 1993.
(Photograph – Karl Schärer).*

Although between 1994 and 2000 the consultant medical staff of tertiary paediatric renal units increased by 18%, it is a matter of concern to the BAPN that the number of academic consultants has actually declined. Moreover, failure to implement the increased consultant staffing recommended by the BAPN [13-15], through financial constraints, has left research and teaching the chief casualties, as was noted in a previous report [12]. Because the workload of practising paediatric nephrologists is necessarily dominated by the huge clinical, psycho-social and educational needs of children with ESRF, the BAPN recognises that there is an urgent need to create protected research time in consultant and registrar contracts [12], and to establish new academic appointments [14], in order to reinvigorate and expand research into clinical and basic scientific areas of renal disease in childhood.



Gavin Arneil and 'Jim' Dundon, enjoying the 21st anniversary dinner in Dublin, where the BAPN had been conceived.

Conclusion

On 7 May 1993 the Association held a joint meeting with the Irish Nephrological Society, organized by Professor Denis Gill at the Royal College of Surgeons, Dublin. The day ended with a dinner at the Royal Irish Yacht Club, Dun Laoghaire, hosted by Emeritus Professor 'Jim' Dundon, to celebrate the twenty-first anniversary of the Association's conception in that city. From its modest beginnings at inauguration in 1973, the BAPN has blossomed into an important professional organization with both political and scientific roles. The turning point in

its evolution was undoubtedly the creation of a formalized management structure (Table 2) in 1991, since when it has been increasingly regarded as a competent source of advice in service planning, staffing and training matters. As it continues to grow, in membership and in stature, the Association's future seems assured.

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