The Renal Association

founded 1950

Annual Report

2007
Executive Committee

President
Prof Peter Mathieson (from May 2007)
Past President
Prof John Feehally (President until May 2007)
Honorary Secretary
Dr David Goldsmith
Treasurer
Dr Stuart Rodger
Renal Registry Chair
Dr Charlie Tomson
Academic Vice President
Prof Caroline Savage
Clinical Vice President
Dr Kevin Harris (from September 2007)
previously Dr Chris Winerals

Elected
Dr Lawrence Goldberg
Dr Mark MacGregor
Dr Jonathan Kwan
Dr Tim Johnson (Renal Scientist representative)
Dr Gordon Bell
Dr Phil Kalra
Dr Robert Lewis
Prof Magdi Yaqoob

ex Officio
National Clinical Director for Clinical Services
Dr Donal O'Donoghue
SAC Renal Medicine Chair
Prof Steve Powis
BAPN President
Dr Mark Taylor
Associate Specialist Rep
Dr Mick Kumwenda
SpR Club Rep
Dr Vicki Moxham
Society for DGN Rep
Dr Paul Rylance
BRS President
Dr Paul Stevens
Kidney Alliance Chair
Fiona Loud
Website Manager
Dr Mark MacGregor (From Nov 07 previously Prof Neil Turner)
Education & Training Committee Chair
Prof Edwina Brown
International Committee Chair
Dr Dwomoa Adu (From Sept 07 previously Prof Meguid El-Nahas)
Clinical Trials Committee Chair
Colin Baigent (From Sept 07 previously Dr David Jayne)
Research Committee Chair
Dr Bruce Hendry (From Sept 07 previously Prof Caroline Savage)
Clinical Service Committee Chair
Dr Martin Raftery (From Sept 07 previously Dr Kevin Harris)
Clinical Practice Guidelines Committee Chair
Dr Robert Mactier (From Sept 07 previously Dr David Wheeler)
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Welcome to the 2007 Annual Report of the Renal Association, the first that the Renal Association has produced in this format. Each year we publish our accounts as required under charitable law, this year we have chosen to do so in conjunction with a more detailed analysis of the current status of our organisation.

The Renal Association is the specialist society for nephrology (renal medicine) in the United Kingdom, its aims include having a key role in the planning and development of renal services and nephrology in the UK as well as the promotion and dissemination of research and education relating to the specialty.

Our membership currently stands at 914 and includes the vast majority of UK consultant nephrologists as well as trainees in the specialty, basic scientists and numerous others with professional commitment to our areas of interest, in the UK or overseas. Our members share the common goals of enhancing knowledge of the healthy kidney and the causes and consequences of kidney disease plus the never-ending efforts to develop and improve the services available for the management, treatment and prevention of kidney disease and its complications.

In recent years there has been a growing acceptance that kidney disease is not rare, as was once thought, recent government figures in the UK suggest a prevalence of chronic kidney disease (CKD) amongst asymptomatic individuals in the community of at least 3%; other countries have produced even higher figures. A major issue for our patients is the growing body of evidence that kidney disease acts as a major cardiovascular risk factor, so that the patient with kidney disease faces not only the direct consequences of the kidney disease itself but also a massively enhanced risk of cardiovascular death. Our specialty is still small and relatively young, if we are to deal effectively with the challenges posed by the burden of kidney disease and its consequences in the developed and developing world, we must engage with other specialties and other health agencies. In the UK, nephrologists are actively working with primary care and with professions allied to medicine to develop effective management schemes for kidney disease, in the longer term, prevention must be our aim since no health care system in the world has the resources required to provide limitless kidney replacement therapies.

The Renal Association is in good health, our finances are stable and secure, our members continue to inspire confidence with their blend of intelligence, hard work, enthusiasm and commitment. I was honoured to be elected as President in 2007 (the youngest ever, it has been a novelty to be considered “young” for once!) and in my first year as President I have been most impressed by the hard work and professionalism of those involved in running the affairs of the Renal Association. Special thanks are owed to my predecessor John Feehally, to the Treasurer Stuart Rodger and the Secretary David Goldsmith: they have provided fantastic support to the new President and continue to work tirelessly for the Renal Association. Julia Phillips and her colleagues in our secretariat at MCI have been enormously helpful to the Trustees in managing the Renal Association and preparing it to meet new challenges.

The Renal Registry deserves special mention, and has its own section in this report, Charlie Tomson leads it and we are proud of the pioneering work of the Renal Registry team. 2007 saw the election of our first Academic Vice-President, Caroline Savage as well as the completion of the extremely successful term of our first Clinical Vice-President, Chris Winearls and his succession by Kevin Harris. The willingness of these gifted and committed individuals to give freely of their time and energy augurs well for the future of the Renal Association. We have an Executive and a series of committees to address focused areas of activity, these groups are populated with the brightest and the best of UK nephrology. I am constantly amazed, impressed and grateful that busy people can find time to work for the Renal Association, read herein about our work, join us in our efforts and together we can make a real difference.

Peter Mathieson
2007 was another busy and productive Renal Association year. We started with 812 members and ended with 914 members. Membership is growing each year – we have over 95% of nephrology consultants and academics as members, and a growing number of renal scientists and renal trainees.

Membership fees will rise in 2008 – always contentious I know – but only for consultant members. At £100, tax deductible, we feel this represents good value for money, given the range, scope and quality of the services, activities and meetings we try to provide. The other sections of this report bear eloquent testimony to that.

eNews and Website

eNEWS continues to be our main way of communication and interaction (there are blogs and other newer types of interactivity on the website but these remain underused). We intend to try some gentle restrained "advertising" in eNEWS from our Corporate Members in 2008. In a "Communications Working Group" report we found that the most-visited webpages on our site were, unsurprisingly, the eGFR/CKD ones. We are proud of the fact that you do NOT need to be a member to access nearly all of the useful information on our webpages (unlike quite a few other organisations and societies). Our webmasters work very hard indeed to ensure the site is clear and informative. Often our Members ask for help in disseminating information through the website and eNEWS - something we regard as a core function – but it should be understood that this is not "free" as we have to pass on the relatively small cost involved. Where meetings or events are clearly supported by pharmaceutical, dialysis or other commercial sponsors we charge more for carrying advertising and publicity.

Meetings

Our main meeting in 2007 was in Brighton in May. At 614 attendees this was by far and away the largest stand-alone meeting we have held. We had 70 oral presentations and 174 posters. This can be attributed to the willingness of so many people to score abstracts, visit posters etc., and without this level of input, meetings cannot hope to flourish. We also had for the first time, a CME programme, which was a great success and we will now expect to have this at each annual meeting. Quite how these annual meetings pan out over the next few years remains to be seen (joint with SRA-BRS in 2008 and with BTS in 2009). We also provided a "Masterclass" in haemodialysis in March 2007 and the well-received RCP Edinburgh hosted CKD Consensus Conference in February 2007.

Looking forward

Future plans may well include moving to electronic voting in 2008 or 2009 – our postal system is robust but slow and I feel we could get much more voter involvement using modern technology. There are elections each year for the Executive, and we now have three key posts elected periodically – President, Clinical Vice-President and Academic Vice-President. I would like to see much more information on the website about education and training, as these serially contentious and pivotal issues remain at the forefront of our specialty.

Above all else, this is YOUR Renal Association – please feed back to any or all of the Trustees on any issue – please do suggest things we should do better, and also let us know what we do well, and feel free to express any concerns you may have.


David Goldsmith
Clinical Committee Reports

The Clinical Affairs Board (CAB) continues to contribute to the development of all aspects of local and national policy relevant to clinical practice in nephrology by integrating and planning the work of the UK Renal Registry (please see page 8 for Renal Registry report), the Clinical Practice Guidelines Committee and the Clinical Service Committee. It ensures that the Renal Association contributes to the development of national policy, the planning of renal services and to the care of renal patients.

In 2007 Dr Kevin Harris became Clinical Vice-President and took over the chairmanship of the CAB. A helpful working relationship has been established with the National Clinical Director for kidney services in England with the latter also sitting on the CAB. This has enabled the Renal Association to have a strong input into the development of national policy. During 2007, with Renal Association members working with the Department's “18 week team” two new 18 week pathways relevant to nephrology practice were developed. In addition a short life working group was established to provide advice on adult renal services to the Department of Health's Payment by Results team as it prepares for an indicative tariff for renal replacement therapies planned for 2009/10 and mandatory for 2010/11 (report due May 2008).

During 2007 the CAB has represented the Renal Association on the NICE CKD guideline development group. This guideline is due to go out to consultation in 2008. The CAB is also a registered stakeholder with NICE for any issues related to the practice of nephrology.

A draft document was produced by Dr Lawrence Goldberg providing guidance for adult renal units in the UK in the event of an influenza pandemic which was subsequently accepted by the Royal College of Physicians (RCP) Joint Specialty Committee for Renal Medicine.
The Joint Specialty Committee for Renal Medicine (JSC) is established jointly between the Royal College of Physicians of London and the Renal Association. It is chaired by the immediate Past President of the Renal Association. The Committee works to ensure that the College is properly briefed on issues in renal medicine and that the Renal Association has access to the influence of the College on matters including workforce and training, setting national standards and agreeing joint guidelines and policy statements and continuing professional development.

A working party on Peritoneal Dialysis (PD) access has been established under the chairmanship of Dr Martin Wilkie and is due to report in early 2008.

Where clinical practice overlaps with other specialties the CAB has provided nominated individuals to liaise with other specialist societies to ensure any guidance that is produced is consistent. In 2007 this has included the British Association of Urological Surgeons (to produce guidance on pathways for patients with haematuria), the Intensive Care Society (to produce guidelines for the management of Acute Kidney Infection (AKI)), and with Diabetes UK (to examine pathways for diabetics with nephropathy).

The Clinical Practice Guidelines Committee
The Clinical Practice Guidelines Committee prepares guidelines for the renal community in the UK. The guidelines provide a template for the management of patients with kidney disease in the UK and help define the data that is collected by the Renal Registry. Dr Robert Mactier took over the Chair of the Guidelines Committee from Dr David Wheeler on 27th November 2007.

The Clinical Practice Guidelines Committee has now completed work on 5 modules (chronic kidney disease, complications, dialysis, transplantation and acute kidney injury). The final versions of the first 3 of the 5 modules were posted on the Renal Association’s website by late 2007. The transplant and AKI modules will be posted in draft form in January 2008.

Work is ongoing to both update and develop new modules. This includes the identification of a lead author and a second co-author for each module. They will involve other experts as necessary. The updates will plan to include any identified gaps and the results of any new relevant major Randomised Controlled Trials (RCTs). In addition they will be harmonised as much as possible with other guidelines and especially with the International Kidney Disease Improving Global Outcome (KDIGO) guidelines. Any updates will recommend audit measures that can be linked with the collection of data for use by local units or the UK Renal Registry. All updates will be posted on the Renal Association’s web site in draft form to allow 3 months consultation.

The Clinical Service Committee
The Clinical Service Committee consists of regional (England) and national (Northern Ireland, Scotland and Wales) representatives who are clinical directors or lead clinicians in nephrology. It arranges the annual UK Clinical Directors Forum and aims to collaborate with other agencies interested in the provision of services, to examine the delivery of renal services and to highlight deficiencies in service provision. Dr Martin Raftery took over from Dr Kevin Harris as Chair of the Clinical Service Committee on 1st October 2007.

A successful CD forum was held in March 2007 with over 70 registrants from UK renal units, as well as representatives from the Department of Health. Topics included the provision of Haemodialysis (HD) capacity, Payment by Results and an update on the Vascular Access Survey & MRSA Pilot.

The Clinical Service Committee has continued to engage with the Department of Health over the planning and provision of adequate dialysis capacity (including Independent Sector Treatment Centres) and is currently organising the March 2008 CD forum.
The Academic Affairs Board chaired by Prof Caroline Savage comprises the Clinical Trials, Education, International and Research Committees. All except the Education Committee have been restructured in the past year, with newly appointed Chairs.

**Clinical Trials Committee**

The Clinical Trials Committee can provide advice on trial-related issues, and individuals planning a trial are welcome to attend meetings whilst they are active in planning and running their study. Details and protocols are available on the RA website, together with a spreadsheet of ongoing UK nephrology trials. Dr Colin Baigent took over the chair of the Clinical Trials Committee from Dr David Jayne in September 2007.

During 2007 the Committee continued to promote the need for randomised trials in nephrology, and to advise on trial-related issues.

The Committee plans to meet twice in 2008. In addition, the Committee is organising a symposium on May 15th at the RA/BRS annual meeting, during which there will be a lecture about beta-blockers and a presentation of the design of the UK-REN-1 study comparing beta-blockers versus placebo among Stage 4 and dialysis patients. Other highlights during 2008 will be the announcement in March of the results of the ASTRAL study of revascularisation for renal artery stenosis: this study originated from members of the Committee over a decade ago. It is also planned to enhance the Committee’s web pages with a spreadsheet giving details of ongoing trials in the UK.

**Education and Training Committee**

The Education and Training Committee provides input into renal training issues (Specialist Advisory Committee (SAC), curriculum design, assessment), support and ideas for members running Continuing Professional Development (CPD) courses, and itself organises CPD sessions at the annual Renal Association meeting. Prof Edwina Brown continues to chair the Education and Training Committee.

In 2007 we coordinated a response on behalf of the Renal Association to the Modernising Medical Careers (MMC) Inquiry and held the first Renal Masterclass. The latter is an annual event aimed at consultants and senior trainees designed to provide education on a topic that is not well represented at other meetings. Because of its increasing popularity, the Advanced Nephrology Course was run twice for the first time – in London in January and Manchester in September.

We have a number of high profile projects underway, including the Renal Masterclass in March 2008 aimed at consultants and entitled "Renal tubular and interstitial disease – common, exciting and forgotten". Three CPD sessions at the Renal Association meeting in Glasgow, May 2008, are being organised which will cover dialysis, glomerulonephritis and basic mechanisms. The Advanced Nephrology Course in January 2008 was very successful with 80 delegates and a repeat course will run in Manchester in October 2008.
International Committee
The International Committee provides support to nephrologists and their units overseas, particularly within Third World countries. Dr Dwomoa Adu took over the chair of the International Committee from Prof Meguid El-Nahas in September 2007.

We are pleased to report that seven UK renal units have now joined the ISN Sister Renal Centre program, while a number of individual UK nephrologists are actively involved in educational activities in developing countries, either through personal links or through ISN Commission for Global Advancements of Nephrology (COMGAN).

We hope to strengthen links between the Renal Association and ISN COMGAN and renal societies in developing countries.

UK nephrologists who are interested in participating in these programs are invited to contact the committee Chair.

Research Committee
The Research Committee seeks to encourage the application of investigator-led science and ideas to clinical studies in the search for new therapies. The committee provides support to the UK Renal Research Consortium and is committed to helping renal scientists to work in collaboration and with fair access to funding. Dr Bruce Hendry took over the chair of the Research Committee from Prof Caroline Savage in September 2007.

Five new members were appointed in 2007 and the Committee has reviewed its objectives in the light of the new Renal Association structure of an Academic Vice-President and a separate Education and Training Committee. The Committee are now committed to support the progress of investigator-led science to the clinic.

We seek to provide an accessible database of UK renal research strengths for display on the Renal Association website as an aid to collaboration and as a showcase of achievements.
The UK Renal Registry is envied by other specialties in the UK healthcare system and by nephrologists around the world, delivering a high-quality audit of the outcomes of Renal Replacement Therapy (RRT) across the UK.

The Registry receives quarterly data extracts from computer systems used for clinical care, thereby minimising the additional data collection burden that many specialty audits (such as those in intensive care, myocardial infarction, and perioperative mortality) require. A wide range of laboratory data are collected, whereas many other national Registries struggle to produce summary statistics on the incidence and prevalence of kidney failure. These data enable us to produce detailed reports on the performance of individual kidney units against audit standards set by the Renal Association; and thanks to the fact that the Registry’s data are carefully validated, and its analyses designed and interpreted by clinicians, each kidney unit is identifiable by name in each section of the Report.

The UK Renal Registry will celebrate its first decade with the 10th Annual Report early in 2008. The Report will contain data on all patients starting, and already receiving, RRT in the UK in 2006, thanks to receipt of summary data from the 5 centres that are not (yet) returning data electronically. The Registry has achieved earlier production of the Report, thanks largely to tighter pre-specified analyses to be performed, together with some improvement in the timeliness of receipt of data extracts from centres, but there is a long way to go before we can provide ‘real-time’ analyses. Data completeness for four important items (primary diagnosis, co-morbidity, ethnicity, the date of first renal attendance) remains poor, greatly limiting ability to adjust for case mix. We need to make it easier, and more rewarding, for individual clinical nephrologists to find the very small amounts of time required to provide this information when a patient starts a lifetime of RRT under their care.

We have attracted three grants from the Department of Health for England, to develop graphical regional mapping of the data and provision of centre-specific audit packs. In addition we have been awarded funding from Kidney Research UK and the Edith Murphy Foundation to run a pilot study of outcomes amongst patients with stage 5 CKD not on RRT. We also have an EU grant to help standardise an EU electronic data interface. The Registry is keen to promote the use of its analyses in local and regional audit, and is working on improved presentation of analyses, including the presentation of longitudinal data from each renal unit using Statistical Process Control charts.

We are developing methodology to enable electronic collection and analysis of data on vascular access for HD and PD access, for inclusion in future reports. This is widely recognised as the next major challenge for the Registry, given the existing evidence of wide variation in the provision of definitive vascular access across the UK.

The Healthcare Commission has awarded funding to the Information Centre to develop national audits of vascular access and transport for haemodialysis and we are a key partner in the vascular access audit. We have also supplied denominator data for the Health Protection Agency’s (HPA) work on MRSA bacteraemia in English renal centres, and are working with the HPA, and its counterparts in the devolved administrations, on the possibility of reporting on the epidemiology of bacteraemias in patients receiving dialysis.

Three Specialist Registrars are currently taking Out of Programme Experience in the Registry: Uday Udayaraj is working on ethnic and socioeconomic determinants of outcome, Alex Hodsmann on the practice patterns underlying the ‘centre effect’ for bone and mineral metabolism, and Dan Ford on the management of CKD prior to start of RRT and in transplant patients.

The work of the Registry is overseen by the Registry Committee and its transplant and dialysis subgroups, and we are indebted to all the individuals who contribute to the work of these groups. The unique strength of the Registry is the independent professional ownership of all parts of the cycle of data collection and analysis. We are confident that this will continue long into the future. There are many challenges ahead: the most important is to ensure that the Registry’s analyses drive continued improvement in, and reduction in variation of, the outcomes of RRT across the UK.
Awards and Bursary Winners

Each year the Renal Association makes a number of Awards and Bursaries available to its members.

**AEG Raine Award**
The Raine Award was established in memory of Tony Raine, Professor of Renal Medicine at Barts, following his tragically early death in 1995. This prestigious annual award is made to a relatively junior investigator (usually 35 years of age or less) who has made a significant contribution to renal research, especially through presentations made at the Renal Association.

*In 2007 the AEG Raine Award was presented to John Sayer.*

**Walls Bursaries**
These Bursaries were established in memory of the late Professor John Walls, President of the Renal Association 1995-1998, who died in 2001. Their aim is to help Renal Association members to spend short periods (e.g. weeks or months) at other centres, generally outside the UK, to learn new laboratory techniques or gain new clinical skills.

*In 2007 Walls Bursaries were awarded to Scott Wildman, Ben Walsh and Georgina Carr.*

**Lockwood Award**
This award was established in memory of the late Dr Martin Lockwood, a distinguished investigator and active member of the Renal Association, who died in 1999. It is the successor to the Milne-Muehrcke award. Its aim is to help Renal Association members present work at the American Society of Nephrology and combine this with a visit to a collaborating laboratory or clinical nephrology unit in the USA.

*In 2007 the Lockwood Award was presented to Simon Satchell.*

**Medical Student Elective Bursaries**
The Renal Association awards 8 bursaries each year to medical students undertaking electives which include a significant renal component, either clinical or research.

*In 2007 Bursaries were awarded to:-

**Amgen Bursaries**
In 2007 fifty Amgen Bursaries were awarded to the highest ranking Renal Association member abstract submitters at the Annual Conference in Brighton.

The recipients were Dr Behdad Afzali, Dr Aminu Bello, Dr Linda Bisset, Dr Heather Brown, Mr James Browne, Dr James Burton, Dr Kakit Chan, Miss Konstantia-Maria Chavele, Dr Laura Clark, Dr Laura Denby, Dr Lorraine Eley, Dr David Ferenbach, Dr Alastair Ferraro, Dr Oliver Flossman, Dr Rebecca Foster, Dr Emily Fraser, Dr Daniel Gale, Dr Andrew Hall, Dr Rizwan Hamer, Mr Abdullah Hussain, Dr Juma Ibrini, Dr Yasmin Jaffer, Dr Stephen John, Dr Sally Johnson, Dr Katrin Jones, Dr David Kavanagh, Dr Bisher Kawar, Dr Larissa Kerecuk, Dr Christopher Kirwan, Dr Yu Liu, Dr Joanne Marks, Dr Amy Jayne McNight, Dr Sarah Nolan, Dr Rajan Patel, Dr Alex Pearson, Dr Taryn Pile, Dr Michael Quinn, Mr Iain Roche, Dr Andrew Salmon, Dr Vashisht Sekar, Dr Anurag Singh, Mr Ziyong Tang, Mr Thomas Tapmeier, Dr Peter Thomson, Dr Laurie Tomlinson, Dr Udaya Udayaraj, Dr Mangalakumar Veerasamy, Miss Melissa Vickers, Dr Caroline Wroe and Miss Yu Zhou.
We would like to thank each of our Corporate Members for their support throughout the past year. Our valuable work is made possible by the contribution and involvement of our Corporate Members.

Amgen
Astellas
Baxter
CCL
Genzyme
Kimal
Novartis
Ortho-Biotech
Roche
Shire
Syner Med
Wyeth

We were delighted to welcome the following companies who all became Corporate Members in 2007:

Daiichi Sankyo
Gambro Hospal
Ineos
BMS
We are delighted to welcome the following individuals who all become members of the Renal Association in 2007. At the end of 2007 the Renal Association had 914 members, 102 more than at the end of 2006.

Dr Qihe Xu
Dr Ashfaq Qureshi
Dr Nicholas Vites
Dr Muhammed Ahmed
Dr Phil Yates
Dr Shvan Korsheed
Dr Sian Finlay
Miss Leslie Sage
Miss Joanne Ferguson
Mr Stephen Bailey
Dr Mark Brady
Dr Sunil Daga
Dr Cormac Breen
Dr Francis McCarron
Dr Christopher Kirwan
Dr Udaya Udayaraj
Dr Robert Elias
Dr Rajni Tejwani
Dr Nicholas Annear
Dr Paul Murray
Dr Yu Liu
Dr Rajan Patel
Dr Ruth Pepper
Dr Laura Denby
Dr Sarah Nolan
Dr Peter Thomson
Dr David Ferenbach
Dr Emily Fraser
Mr Abdullah Hussain
Dr Dhaun Neeraj
Dr Katie Lane
Dr David Heaney
Dr Kavit Chan
Dr Victoria Moxham
Dr Juma Ibrini
Miss Zoe Karamanoli
Dr Bisher Kawar
Dr Vashisht Sekar
Mr Iain Roche
Dr Carol Sinnott
Mrs Jane MacDonald
Mr Bipinchandra Shirodkar
Dr Yasmin Jaffer
Miss Yu Zhou
Dr Stephen John
Dr Dominic Parsons
Dr Sandra Andrea Nakoinz
Mr Ziyong Tang
Dr Mark Little
Miss Lorna Chapman
Dr Robert Nipah
Dr James Stuart Shawcross
Dr Eugenia Papakrivopoulou
Dr Matthew Edey
Miss Sony Prasad
Dr Albert Power
Dr Kate Shiell
Dr Timothy Olanrewaju
Mr Shuang Feng
Dr Peter Thomson
Dr Judith Welham
Dr Suzanne Helen Forbes
Dr Gowrie Balasubramaniam
Dr Jody Aberdein
Dr Kate Stevens
Dr Joao Portela-Gomes Albuquerque
Dr Rajendran Prasad
Dr Hana Ving Li See Tho
Dr Azri Nache
Dr Weng Chin Oh
Dr Feroz Kaniyamparambil
Dr Jennifer Palfrey
Dr Kanniappan Murthy
Dr Stuart Smith
Dr Marie Condon
Dr Heather Kerr
Dr Georgina Carr
Dr June Fabian
Dr Gavin Welsh
Dr Daniel Ford
Dr Zoe Pittman
Dr Malik Nadeem Azam Khan
Dr Bhigu Rajo Sood
Dr Clare MacEwen
Dr Ania Kozieil
Dr Lucy Smyth
Dr Angela Theuma
Dr Durga Kangicherla
Dr Allister Williams
Dr Chitalia Nihil
Dr Rosa Maria Montero
Dr Aggarwal Yogita
Dr Chee Kay Cheung
Dr Noshaba Khijee
Dr Mark Uniacke
Dr David Andrew Glover
Dr Nilesh Shah
Dr Rizna Cader
Dr John Philip Waters
Dr John Oliver Connolly
Miss Victoria Louise Reid
Dr Andrew Bow
I am pleased to say that, despite the increase in activities of the Association described elsewhere in this report, the funds remain stable and secure. For the full financial statement for 2007 please go to www.renal.org.

In brief, at the year end the General Fund held £215,064 and the deficit for the year was £1,415: the Registry Fund, supported predominantly by capitation fees, held £464,426 and the surplus for the year was £125,003. These reserves represent approximately 3 months of expenditure for General Funds and 11 months for Registry Funds and will allow the Association to continue to function on a sound financial footing.

Subscriptions from our ordinary and corporate members remain the core source of funding for the Association’s activities and I expect this income to increase in 2008 in line with a slight rise in both member numbers and fees. We rely heavily on sponsorship to support our scientific meetings and the minor deficit in the General Fund was brought about principally by unanticipated VAT charges at the Annual Conference and the Advanced Courses of Nephrology. It remains our aim to run our meetings in financial balance whilst at the same time making every effort to minimize registration fees.

The accompanying figures illustrate the source and proportion of income and expenditure of the Association.

Stuart Rodger
Treasurer
Renal Association

**INCOME**

- **Sponsorship** 20.6%
- **RPV** 13.4%
- **Bursery Income** 4.5%
- **Bank Interest Received** 2.0%
- **Advertising Income** 1.6%
- **Advertising Income** 1.6%
- **Other Income** 0.2%
- **MEETING INCOME - REGISTRATION FEES** 32.6%
- **Corporate Subscriptions** 17.0%
- **Membership Subscriptions** 8.4%
- **Burserly Income** 4.5%
- **Bank Interest Received** 2.0%
- **Advertising Income** 1.6%
- **Other Income** 0.2%

**£ 556,038**

**EXPENDITURE**

- **Meetings** 67.0%
- **Committee Expenses** 1.4%
- **Trusatee Expenses** 1.6%
- **Awards & Burseries** 5.9%
- **Secretariat Fees - MCI** 11.4%
- **Renal Patient View** 3.1%
- **Renal Patient View** 3.1%
- **Other Expenses** 4.6%
- **Bank Charges & Interest** 0.1%
- **Other Expenses** 4.6%

**£-557,453**
The Renal Association
founded 1950

Annual Conference, Brighton

INCOME

£ 219,743

MEETING INCOME - REGISTRATION FEES 49.4%
SPONSORSHIP 50.6%

EXPENDITURE

£-230,115

VENUE 67.7%
MEETING MANAGEMENT FEE 20.6%
SOCIAL EVENTS 2.0%
AWARDS & BURSARIES 0.7%
COMMITTEE & TRUSTEE EXPENSES 0.2%
SPEAKERS TRAVEL 1.8%
ANC Courses 2007

**INCOME**

£ 77,650

- Meeting Income + Registration Fees: 94.6%
- Sponsorship: 5.2%

**EXPENDITURE**

£-86,750

- Venue: 47.7%
- Meeting Management Fee: 36.9%
- Honoraria: 13.6%
- Speakers Travel: 1.7%
INCOME

£ 747,581

EXPENDITURE

£-622,578
Dates for your Diary

13-16 May 2008  
British Renal Society/Renal Association Annual Conference in Association with the Scottish Renal Association  
SECC, Glasgow

30 September – 3 October 2008  
Advanced Nephrology Course part 2  
Museum of Science and Industry, Manchester

26-29 January 2009  
Advanced Nephrology Course part 1  
Royal College of Physicians, London

20-24 April 2009  
Renal Association and British Transplantation Society Annual Conference  
ACC, Liverpool

For more information on upcoming conferences and courses please see the Calendar of Meetings on www.renal.org