EXECUTIVE COMMITTEE OFFICERS AND TRUSTEES

President: Prof. Peter Mathieson
Past President: Prof. John Feehally
Honorary Secretary: Dr. Lorraine Harper (from September 2008, previously 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

EX OFFICIO

National Clinical Director for Kidney Care: Dr. Donal O’Donoghue
Speciality Advisory Committee (SAC): Prof. Steve Powis
Renal Medicine Chair: Dr. Mark Taylor
Associate Specialist Rep: Dr. Mick Kumwenda
Specialist Registrar SpR Club Rep: Dr. Shabir Maqbool (from May 2008, previously Dr. Vicki Marsham)
Society for District General Hospitals (DGH) Rep: Dr. Paul Stevens
Renal Alliance Chair: Fiona Lead
Renal Patient View Chair: Prof. Niall Turner
Representative for Wales: Prof. John Williams
Representative for Northern Ireland: Dr. William Nelson
Website Manager & Representative for Scotland: Dr. Mark MacGregor

RENAL ASSOCIATION COMMITTEE CHAIRS (APPOINTED)

Education & Training Committee Chair: Dr. Sue Carr (from May 2008, previously Prof. Edwina Brown)
International Committee Chair: Dr. Dwomoa Adu
Clinical Trials Committee Chair: Prof. Calvin Baigent
Research Committee Chair: Prof. Bruce Hendry
Clinical Service Committee Chair: Dr. Martin Raftery
Clinical Practice Guidelines Committee Chair: Dr. Robert Mactier

EXECUTIVE COMMITTEE (ELECTED)

Renal Scientist Representative: Dr. Tim Johnson
Elected Member: Dr. Gordon Bell
Elected Member: Dr. Pili Kalra
Elected Member: Dr. Rob Lewis
Elected Member: Prof. Magdi Yaqoob
Elected Member: Dr. Laurie Solomon
Elected Member: Dr. Andrew Lewington
Elected Member: Dr. Sue Carr
Elected Member: Dr. Robert Mactier

WELCOME FROM THE PRESIDENT

Prof. Peter Mathieson

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Dr. Lorraine Harper, Honorary Secretary

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Welcome to the 2008 Annual Report of the Renal Association. I hope you will find it interesting and informative, whether or not you are currently a member.

Reflected in these pages is the massive amount of work undertaken by officers and members of the Association on behalf of our specialty.

It takes in the diverse areas that fall under our umbrella. These include training, education and research as well as service development and delivery, outcomes analysis and professional affairs in relation to nephrology. The finances of the Association are explained and reported in detail, the overall picture being stable and healthy.

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 continues to grow 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.

The past 12 months have been memorable for the Association. In 2008, we held the largest and most successful annual conference in our history as an Association, with the British Renal Society (BRS) and the Scottish Renal Association in Glasgow.

We passed the significant milestone of recruiting our 1,000th member and contributed further to national and international discussions and debates on key issues in clinical service, guidelines, policy and strategy development as well as in research, education and training. Our executive was strengthened by colleagues from Scotland, Wales and Northern Ireland and we launched our new logo.

We played a major role in the alliance of medical specialities that tackled complex issues of shared interest such as the specialty certificate examinations, revalidation and the implications of the Darzi report. Our relationships with renal societies across the world grow ever stronger. Plans are forming for meetings with colleagues from overseas along the lines of the successful meeting we held jointly with the Francophone Society and the Royal Society of Medicine in February 2008.

Thus the Renal Association today is a vibrant, growing, active and financially sound organisation that contributes hugely to all aspects of our specialty. Our influence is felt nationally and internationally in nephrology and more widely in medicine. The Association will celebrate its 60th birthday in 2010 and has much to celebrate.

Special thanks are owed to the trustees. They have provided me with fantastic support and continue to work tirelessly for the Association. Our secretariat at MCI has been enormously helpful in assisting with the management of the Association and preparing us to meet our existing commitments and exciting new challenges. Our endeavours would not be possible without the continued, generous sponsorship from our corporate members.

I am proud to be President of such a dynamic and successful Association: welcome again to our annual report.

Peter Mathieson
President of The Renal Association
"I said at the beginning that I was proud to play a part in the Association’s future and that’s the theme I would like to end on"
CLINICAL COMMITTEE REPORTS

ANNUAL REPORT OF THE CLINICAL PRACTICE GUIDELINES COMMITTEE 2008-2009

During the past year the committee has agreed a plan and timeline to enhance the range, format and utility of the RA clinical practice guidelines. The main activities and achievements of the committee are summarised in this report.

GUIDELINES PAGE ON THE RENAL ASSOCIATION WEBSITE

The guidelines page on the website (http://www.nice.org.uk/pages/pages/guidelines.php) has been modified to take account of the expanding number of the RA guideline modules and other relevant guidelines and to make our website based guidelines more user friendly. The first page provides links to all modules which are in final or draft format; the second page provides a timeline of all planned new modules and scheduled updates of existing modules, the third page provides links to guidelines developed with other societies or endorsed by RA and the last page provides an archive of historic editions of the RA and other out of date guidelines.

CURRENT AND FUTURE RENAL ASSOCIATION CLINICAL PRACTICE GUIDELINES

Drafts of new modules on blood-borne virus infection in the renal unit and peritoneal access for peritoneal dialysis are now posted on the website with requests for feedback to the authors prior to the final draft. New modules are planned during this calendar year on vascular access for haemodialysis, planning for renal replacement therapy or conservative management in CKD and medical management of the renal transplant recipient.

The only sad note to report from the past year is the death after a long illness of one of our committee members, Dr. Mike Cassidy. The high standard of the current versions of the cardiovascular and bone metabolism guidelines which he produced will be difficult to sustain.

ADOPTION OF THE MODIFIED GRADE SYSTEM

The committee has been proactive in introducing the modified GRADE system (Grading of Recommendations, Assessment, Development and Evaluation) in all updates and new guideline modules as from the beginning of 2009. The modified GRADE system offers the additional benefit of defining the strength of the recommendations of the guideline authors and the level of evidence upon which each of the recommendations is based. This grading system classifies expert recommendations as “strong” (Grade 1) or “weak” (Grade 2) based upon the balance between the benefits and risks, burden and cost-effectiveness. The quality or level of evidence is designated as high (Grade A), moderate (Grade B), low (Grade C) or very low (D) depending on factors such as study design, directness of evidence and consistency of results.

Most guideline organisations have recognised the need for a system offering the dual benefit of defining the strength of the recommendations of the guideline authors and the level of evidence upon which each of the recommendations is based. The only sad note to report from the past year is the death after a long illness of one of our committee members, Dr. Mike Cassidy. The high standard of the current versions of the cardiovascular and bone metabolism guidelines which he produced will be difficult to sustain.

HARMONISATION WITH INTERNATIONAL GUIDELINES

The committee will continue to strive to harmonise the RA clinical practice guidelines with other national and international renal guidelines. The authors of the blood-borne virus module have cited the guidelines from the first available Kidney Disease Improving Global Outcomes (KDIGO) guideline on hepatitis C whenever appropriate. The update of the bone metabolism module has been scheduled for early 2010 to enable it to be harmonised with the KDIGO guideline on mineral metabolism disorders when it is published later this year. The co-authors of the renal transplant module have been engaged in parallel with others to ensure that the KDIGO guidelines on mineral metabolism disorders when it is published later this year.

IAN P. HETT, Chair

Dr. Martin Raftery is the current chair of this committee and it meets once a year at the annual Renal Association Conference.

Most of its business is conducted by email. Its purpose is to engage and collaborate with other agencies in the provision of renal services, to exchange information and ideas in regard to the commissioning of these services and to highlight deficiencies or gaps in service provision.

The Clinical Practice Guidelines Committee has continued to engage with the Department of Health to ensure that renal replacement treatment remains part of the Specialised Services National Definitions Set. It also, through its chair, cascades documents from Department of Health, the National Clinical Director for Kidney Care, and other national and regional agencies to clinical directors and lead clinicians in renal medicine throughout the UK in order to ensure that the renal community is kept abreast of all healthcare developments with relevance to renal medicine.

In 2008 it was successfully involved in lobbying the Department of Health to ensure that renal replacement treatment remains part of the Specialised Services National Definitions Set. A successful CD Forum was held in March 2008 with more than 70 registrants from 35-plus renal units in the UK at which a range of topics of relevance to renal medicine was covered by a variety of speakers.

The Clinical Services Committee has continued to engage with the Department of Health and Strategic Health Authorities over the planning and capital funding of adequate dialysis facilities and is currently planning the March 2009 CD Forum.

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, the Clinical Practice Guidelines Committee and the Clinical Services 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.

Chaired by Dr. Kevin Harris, the Association’s Clinical Vice-President, the CAB enjoys a helpful working relationship with the National Clinical Director for kidney services in England and the newly formed NHS Kidney Care organisation, enabling the committee to contribute significantly to the development of national policy.

During 2008, Association members joined a working group to provide advice on adult renal services to the Department of Health’s Payment by Results (PBr) team as it prepares for a mandatory tariff for renal replacement therapies in 2010/11.

It is anticipated that the work of this group will extend to consider renal transplantation and paediatric and conservatory care. The group is in active discussions with the PBr team on the possibility of creating a best-practice tariff in relation to renal replacement therapy.

2008 COMMITTEE STRUCTURE

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THE UK RENAL REGISTRY

“As in previous years, the UKRR remains indebted to the many nephrologists and others who support its work”

The 11th Annual Report of the UK Renal Registry (UKRR) contains summary data on all patients receiving Renal Replacement Therapy in the UK. All centres apart from one now submit a quarterly electronic data extract from their information system.

The UKRR remains unique amongst renal registries in presenting de-anonymised centre-specific analyses of the achievement of clinical performance measures and of survival.

This year’s report will also be published as a web-only supplement in Nephron Clinical Practice, to bring the analyses to a wider academic readership and improve ease of citation.

Interactive maps to allow geographical display of UKRR analyses can now be accessed on the Association’s website. Work is ongoing on software to provide centre-specific audit reports including statistical process control charts. Dr Afzal Chaudhry deserves special thanks for the work he has put into these projects.

Members have also been supporting the Department of Health in the development of Excel-based models (intended for use both by commissioners and providers) of the future growth of the RRT programme, taking into account age, social deprivation and ethnicity, and allowing the effects of different assumptions on HD/PD ratios, transplantation rates, and transplant failure rates to be predicted.

The Association is also working with the Information Centre on the vascular access component of the National Kidney Care audit, which will require implementation of additional software within each centre’s information system to allow capture of the necessary data items.

The Information Centre is partnering with the Association in a bid to run a national audit of the management of CKD stage 4 and 5 across the primary/secondary care interface.

The English NHS has now made it a mandatory requirement for trusts to support collection of data that includes all the current items within the Registry dataset, the vascular access items required for the Kidney Care audit, and additional items, including those required for calculation of peritoneal transport and PD dose and some (e.g. dates of hospital admissions) currently held within patient administration systems.

It is anticipated that trust IT departments will work actively to support Renal Information Systems to develop the capacity to collect these new items.

UKRR staff now provide support for Renal Patient View. Work is continuing with Man Saleem and Mark Taylor on the development of a secure web-based Rare Disease Registry (RADAR), initially designed to support data collection and research into two rare paediatric glomerular diseases, with the hope that the Association will eventually be able to support many other rare disease registries.

Two specialist registrars recently completed three-year attachments to the UKRR and are writing their theses. Uday Udjayaraj on ethnicity and socioeconomic status as determinants of outcomes of RRT, and Alex Hodson on the causes of between-centre variations in achievement of RA standards for calcium, phosphate, and parathyroid hormone (PTH). Dan Ford continues to work on analyses of advanced CKD prior to the start of RRT.

As in previous years, the UKRR remains indebted to the many nephrologists and others who support its work, whether in the committee and sub-committees or simply by ensuring that data is accurate and that the analyses provided are used to drive continuous improvement in the care of kidney patients.

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As in previous years, the UKRR remains indebted to the many nephrologists and others who support its work, whether in the committee and sub-committees or simply by ensuring that data is accurate and that the analyses provided are used to drive continuous improvement in the care of kidney patients.

The Academic Affairs Board chaired by Prof. Caroline Savage comprises Clinical Trials, Education and Training, International and Research Committees. The AAB has also actively contributed to development of the UK Kidney Research Consortium, supporting development of 10 new clinical study groups to promote development of clinical research including experimental medicine, proof of concept studies and clinical trials.

CLINICAL TRIALS COMMITTEE

This committee has developed a database of currently active trials and clinical studies in the UK that is now available on the Association website. This should provide a useful information resource. A number of clinical trials are being promoted via the committee, including Study of Heart and Renal Protection (SHARP).

The committee is also working closely with the UK Kidney Research Consortium to develop clinical trials in collaboration with the newly formed Clinical Study Groups.

EDUCATION AND TRAINING COMMITTEE

Three successful CPOD sessions at the Association meeting in Glasgow covering dialysis, glomerulonephritis and basic mechanisms were organised during an active 2008 for this committee.

In March, a stimulating Renal Masterclass took place entitled “Renal tubular and interstitial disease – common, exciting and forgotten”.

The Advanced Nephrology Course was attended by 90 delegates in London in January 2008 and the course enjoyed another full house when it was repeated in Manchester during September.

A bid to the Department of Health e-Learning for Health (eLfH) programme, was successful and will help to promote the development of further e-learning resources.

The Renal Speciality Training Curriculum review group submitted minor changes to the renal curriculum and a major curriculum review is scheduled for 2009.

INTERNATIONAL COMMITTEE

A one-day Continuing Medical Education (CME) course will take place at the African Renal Association meeting in Abuja, Nigeria in February 2009. The Renal Association will support a visiting speaker, helping to develop educational links between the two organisations.

The International Committee is working closely with the Education and Training Committee to develop e-learning modules that will be sympathetic to the needs of clinical nephrology in Africa.

RESEARCH COMMITTEE

A strategic stakeholder group in UK Renal Genetics has been established and the first meeting will take place in January 2009 in London. Topics will cover single gene and polygenic disorders.

Leadership groups have been established to further explore development of renal genetics research in the UK.

The Renal Scientists have arranged an exciting session at the annual meeting in Liverpool that will cover commercialisation of research and links with biotechnology companies.
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 St 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 Association.

In 2008 the AEG Raine Award was awarded to Brian Conway.

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 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 2008 the Walls Bursary was awarded to Maria Fragiadaki.

LOCKWOOD AWARD

This award was established in memory of the late Dr. Martin Lockwood, a distinguished investigator and active member of the Association, who died in 1999. It is the successor to the Milne-Muehrcke award. Its aim is to help 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 2008 the Lockwood Award was presented to Jeremy Hughes.

MEDICAL STUDENT ELECTIVE BURSARIES

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

In 2008 Bursaries were awarded to Matt Bottomley, Rickey Raja, Thrindu Bandara, Victoria Reid, Rohit Saha, Kamlesh Patel and Cheryl Phillips.

AMGEN BURSARIES

In 2008, 50 Amgen Bursaries were awarded to the highest scoring Renal Association member abstract applicants.

The recipients were: Dr. Sohail Ahmed, Dr. Stephanie Bolton, Dr. Emma Borthwick, Mr. James Browne, Dr. James Burton, Dr. Kalit Edmond Chan, Dr. Cian Chan, Dr. Rawya Chord, Dr. Constantia Chrysoschoou, Miss Emma Clapp, Dr. Laura Clark, Dr. Neeraj Dhaun, Dr. Gavin Dreyer, Dr. Helen Edington, Dr. Robert Elias, Dr. David Farrenbach, Dr. Alastair Ferraro, Dr. Cari Fielding, Dr. Jack Golifford, Dr. Matthew Hall, Dr. Andrew Hall, Dr. Richard Hoefield, Dr. Neil Holden, Dr. Juma Ibrini, Dr. Helen Jefferyes, Dr. Stephen John, Dr. Sally Johnson, Dr. Elaine Jolly, Dr. Sarah Jones, Dr. Bisher Kavar, Dr. Larissa Kerekcik, Dr. Christopher Kirwan, Dr. Shwan Karran, Dr. Nicola Kumar, Dr. Christopher Lawrence, Dr. David Long, Dr. Patrick Mark, Dr. Amy Jayne McKnight, Dr. Jason Moore, Dr. Paul Owen, Dr. Rajan Patel, Dr. Rakesh Suresh Patel, Dr. Alex Pearson, Dr. Ruth Pepper, Dr. Kate Stevens, Dr. Peter Thomson, Dr. Mangalakumar Veerasamy, Miss Melissa Vickers, Dr. Enric Vilar, and Dr. Lisa Willcocks.

Sincere thanks to all corporate members for their support throughout the past year. The Association’s valuable work is made possible by their contribution and involvement.

CORPORATE MEMBERS

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COMPANY NAME

Amgen
Astellas
Baxter
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CCL
Gambro Hospal
Genzyme
Ineos Healthcare
Kimal
Novartis
Ortho-Biotech
Roche
Shire
Syner Med
Wyeth
At the end of 2008, the Renal Association had 1015 members, 101 more than at the end of 2007.

The Association is delighted to welcome the following individuals who all became members in 2008.

Dr. Jennifer Pinney
Dr. Shalabh Srivastava
Dr. Issa Al Salmi
Dr. Jacqueline Nevols
Dr. Mohammad Shokr Abdul Malik
Dr. Rebecca Jo Suckling
Dr. Stephen McAdoo
Dr. Sanjukta Achariya
Dr. Hansberg Rothe
Dr. Wael Hussein
Dr. Claire Reid
Dr. Julie Browne
Dr. Margareta McCluskey
Dr. Nicos Mitsiides
Dr. Aghagha Csabado
Dr. Mohammed Eldehni
Dr. Juliet Mikle
Dr. Kristin Veighey
Dr. Rachel Davison
Dr. Nina Brown
Dr. Nithya Krishnan

Dr. Seema Jham
Dr. William Hirschhutte
Dr. Lynsey Wadd
Dr. Irene Hodjimichael
Dr. Dana Sharif
Dr. Philip Webster
Dr. Helen Stafford
Dr. Saurabh Chaud
Dr. Timothy Shipley
Dr. James Fatheringham
Dr. Syazrah Salam
Dr. Richard Fish
Dr. Subash Somalanka
Dr. Rupert Beale
Dr. Souvik Pal
Dr. Vrhad Day
Dr. Manikka Uchada
Mr. Amit Kaura
Dr. Jyothi Kondlapudi
Dr. Saira Rival
Dr. Arising O’Riordan

Dr. Michael Raschen
Miss Jillian Rannie
Dr. Azad Ullah
Dr. Miriam Barry
Dr. Amir Bhanji
Dr. Suzanne Elcombe
Mr. Rohit Saha
Dr. Mohamed Buhas
Dr. Le Anh Luong
Dr. Yabsullah Syed
Dr. Thomas Connor
Dr. Hanaan Noaem
Ms. Yuen Fei Wong
Dr. Iain Macintyre
Dr. Raza Ali Akbar
Dr. Neil Halden
Miss Qin Hu
Dr. Tanaji Dasgupta
Dr. Christina Rath
Dr. Mehtak Kaltakar
Dr. Jane Collins

Dr. Rafeek Gokmen
Dr. Jonathan Price
Miss Faith Nutter
Dr. Dhruvraj Singh
Dr. Jonathan Emberson
Dr. Helen Jeffries
Dr. Kazem Rahimi
Dr. Richard Oram
Dr. Ganepola Wijesekara
Mrs. Jane Smith
Mr. Imen Bensalta
Dr. Gillian Hirtz
Dr. Dong Dong Luo
Miss Louise Dunn
Dr. Samantha Tull
Dr. Ann Humphreys
Dr. Shivakumar Kunchuryappad
Dr. Anette Alanzo

Subscriptions from our ordinary and corporate members remain the core source of funding for the Association’s activities outside of the Registry and this income increased significantly in 2008 as a result of a rise in both member numbers and fees.

The joint annual meeting with the British Renal Society and the Scottish Renal Association made a healthy profit because of the unprecedented numbers of delegates attending and the generous support from industry. The financial success of the Glasgow meeting has allowed the Association to reduce registration fees significantly at this year’s annual meeting.

These reserves represent approximately 18 months of expenditure for restricted reserves and 14 months of expenditure for unrestricted reserves and will allow the Association to continue to function on a sound financial footing.

Stuart Rodger
Treasurer
FINANCIAL

RENAL ASSOCIATION

RENAL ASSOCIATION EXPENDITURE 2008 - £244,613

- Meetings 30.24%
- Bank Charges & Interest 0.11%
- Trustee & Committee Expenses 2.29%
- Electronic Communications 1.47%
- Donations Made 4.32%
- RPV 7.91%
- Other Expenses 9.66%
- Awards & Bursaries 14.72%
- Secretariat Fees - MCI 29.08%

RENAL ASSOCIATION INCOME 2008 - £426,058

- Corporate Subscriptions 26.40%
- Advertising Income 1.41%
- Sponsorship 2.73%
- Bank Interest Received 3.32%
- RPV 4.04%
- Bursary Income 5.87%
- Other Income 14.61%
- Membership Subscriptions 16.51%
- Meeting Income - REG Fees 25.10%

FINANCIAL

RENAL REGISTRY

RENAL REGISTRY EXPENDITURE 2008 - £760,817

- Staff Salary Costs 82.04%
- Depreciation 1.04%
- Office Overheads 0.75%
- Meeting Room Costs 0.81%
- Postage/Sundries 0.82%
- Staff Expenses 3.72%
- Staff Training & Development 3.12%
- IT Costs 3.33%
- Legal & Professional Fees 5.32%

RENAL REGISTRY INCOME 2008 - £1,314,966

- Capitation Fees 64.26%
- Other Income 0.02%
- Project Fees 1.56%
- Bank Interest Received 3.19%
- Donations Received 13.36%
- Grants Received 17.61%
DATES FOR YOUR DIARY

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

2 – 5 SEPTEMBER 2009
43rd Annual Scientific Meeting of the European Society for Paediatric Nephrology
University of Birmingham, UK

28 SEPTEMBER – 1 OCTOBER 2009
Advanced Nephrology Course Part 1
Museum of Science and Industry, Manchester

17 – 20 MAY 2010
British Renal Society/Renal Association 2010, celebrating 60 years of the Renal Association
Manchester