### EXECUTIVE COMMITTEE OFFICERS AND TRUSTEES

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>President</td>
<td>Prof Peter Mathieson</td>
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<tr>
<td>Past President</td>
<td>Prof John Feehally</td>
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<tr>
<td>President - Elect</td>
<td>Dr Charlie Tomson</td>
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<tr>
<td>Honorary Secretary</td>
<td>Dr Lorraine Harper</td>
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<tr>
<td>Treasurer</td>
<td>Dr Stuart Rodger</td>
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<tr>
<td>Renal Registry Chair</td>
<td>Dr Charlie Tomson</td>
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<tr>
<td>Academic Vice-President</td>
<td>Prof Caroline Savage</td>
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<tr>
<td>Clinical Vice-President</td>
<td>Dr Kevin Harris</td>
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### EX OFFICIO

<table>
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<tr>
<th>Position</th>
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<tbody>
<tr>
<td>National Clinical Director for Kidney Care</td>
<td>Dr Donal O’Donoghue</td>
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<tr>
<td>Specialty Advisory Committee (SAC) Renal Medicine Chair</td>
<td>Dr Simon Davies</td>
</tr>
<tr>
<td>British Association of Paediatric Nephrology (BAPN) President</td>
<td>Dr Mary McGraw</td>
</tr>
<tr>
<td>Associate Specialist rep</td>
<td>Dr Mick Kumwenda</td>
</tr>
<tr>
<td>Specialist Registrar SpR Club Rep</td>
<td>Dr Bisher Kawar from January 2009, previously Dr Shabbir Moochhala</td>
</tr>
<tr>
<td>Society for District General Hospitals (DGH) Rep</td>
<td>Dr Stephen Morgan from April 2009, previously Dr Paul Rylance</td>
</tr>
<tr>
<td>British Renal Society President</td>
<td>Jane Macdonald from June 2009, previously Dr Paul Stevens</td>
</tr>
<tr>
<td>Kidney Alliance Chair</td>
<td>Fiona Loud</td>
</tr>
<tr>
<td>Renal Patient View Chair</td>
<td>Prof Neil Turner</td>
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<tr>
<td>Representative for Wales</td>
<td>Prof John Williams</td>
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<tr>
<td>Representative for Northern Ireland</td>
<td>Dr William Nelson</td>
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<tr>
<td>Representative for Scotland</td>
<td>Dr Mark MacGregor</td>
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### RENAL ASSOCIATION COMMITTEE CHAIRS (APPOINTED)

<table>
<thead>
<tr>
<th>Committee Chair</th>
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<tr>
<td>Education &amp; Training Committee Chair</td>
<td>Dr Sue Carr</td>
</tr>
<tr>
<td>International Committee Chair</td>
<td>Prof Albert Ong from June 2009, previously Dr Dwomoa Adu</td>
</tr>
<tr>
<td>Clinical Trials Committee Chair</td>
<td>Prof Colin Baigent</td>
</tr>
<tr>
<td>Research Committee Chair</td>
<td>Prof Bruce Hendry</td>
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<tr>
<td>Clinical Service Committee Chair</td>
<td>Dr Martin Raftery</td>
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<tr>
<td>Clinical Practice Guidelines Committee Chair</td>
<td>Dr Robert Mactier</td>
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### EXECUTIVE COMMITTEE (ELECTED)

<table>
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<tr>
<th>Position</th>
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<tbody>
<tr>
<td>Elected Renal Scientist</td>
<td>Dr John Reynolds</td>
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<tr>
<td>Elected Member</td>
<td>Dr Paul Harden</td>
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<tr>
<td>Elected Member</td>
<td>Dr Liz Lightstone</td>
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<td>Elected Member</td>
<td>Dr Rob Lewis</td>
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<tr>
<td>Elected Member</td>
<td>Prof Magdi Yaqoob</td>
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<tr>
<td>Elected Member</td>
<td>Dr Laurie Solomon</td>
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<tr>
<td>Elected Member</td>
<td>Dr Andrew Lewington</td>
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<tr>
<td>Elected Member</td>
<td>Dr Sue Carr</td>
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<tr>
<td>Elected Member</td>
<td>Dr Robert Mactier</td>
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Welcome to the 2009 Annual Report of the Renal Association, the third that we have produced in this format. I hope you will find it interesting and informative whether or not you are currently a member.

The Renal Association is the professional body for nephrologists (renal physicians, or kidney doctors) and renal scientists in the United Kingdom. It is active in the planning and development of renal services and nephrology in Britain and the promotion and dissemination of research and education relating to the specialty. Further information is available at www.renal.org

In this report you will read about the diverse activities of the Renal Association: I would like to take this opportunity to thank all those who contributed to our work in 2009. We rely on the willingness of busy members to undertake the work of our committees and to serve as officers of the Association. The endless energy, commitment and ability of Renal Association members never cease to amaze me: we could not function without them. The President’s job is made possible by the sterling support of the other Trustees and I would like to particularly thank Lorraine Harper, Honorary Secretary and Stuart Rodger, Honorary Treasurer for their help with the compilation of this report and for their hard work and wise counsel through another year. The financial affairs of the Association are explained herein: you will see that the Association is in a stable financial condition.

We do not underestimate the financial challenges that face us all in the next few years but I am confident that the Association will continue to flourish. 2010 will be a special year for us since we will celebrate our 60th anniversary and our claim to be the oldest renal society in the world.

It is now widely accepted that kidney disease is much more common than previously appreciated. Societies such as ours are driven by the desire to improve the lot of those afflicted by kidney problems through research, education, training and optimal delivery of clinical services. Real progress is being made but much remains to be done. The gifted individuals that make up the Renal Association and the hard work that characterises their approach give reasons for genuine optimism about the future. I hope you enjoy reading about our work.

Peter Mathieson
President of The Renal Association
2009 Review of the Year

“we are unique in an ageless approach to nephrology representing the interests of all specialists caring for patients with kidney disease.”

2009 has been a busy year for the Renal Association. This year saw a strong and vibrant Association moving forward in its agenda to represent the interests of the renal community. This was reflected in the strong applicants for election to the post of new president. We welcome Charlie Tomson as our president until 2012.

Membership of the Association remains strong with 1041 current members, stable on last year, reflecting the importance of the Renal Association to nephrologists. We welcome the British Association of Paediatric Nephrologists under the umbrella of the Renal Association. As a specialty society we are unique in an ageless approach to nephrology representing the interests of all specialists caring for patients with kidney disease.

The various committees of the RA have been busy on your behalf. The Education and Training Committee have successfully submitted a re-write of the renal curriculum to PMetB and contributed to the successful completion of the first diet of the Nephrology Specialty Certificate exam. The exam saw 50 consultant nephrologists involved with the exam in some capacity. Their enthusiasm has resulted in nephrology being among the leading specialties in the Specialty Certificate Exam process. The feedback for the Advanced Nephrology Course remains outstanding under the new stewardship of Sunil Bhandari and Paul Harden. For the first time this year the ANC ran as a residential course with increased workshops. 70 delegates attended with excellent feedback. Given the enthusiasm of delegates, future Advanced Nephrology Courses will be run in a residential format. Bruce Hendry on behalf of the research committee ran a very successful workshop for those interested in genetics. A clinical study group committed to research in monogenic diseases has been formed from this taking forward the research agenda in rare disease. As always the guidelines committee, under the stewardship of Robert Mactier has been busy with 14 complete modules on the website.

In 2009 the Association awarded travel bursaries to attend the ASN combined with a visit to a unit/laboratory of their choice to Albert Ong (Walls Bursary) and John Reynolds (Lockwood Bursary) individuals who both have made substantial contributions to nephrology.

With the help of Amgen, 21 travel bursaries were awarded to young researchers that had submitted work for presentation to attend the 2008 annual meeting. 6 medical students received travel bursaries to study nephrology as part of their electives. These bursaries allow the Association to support the future of UK nephrology. The prestigious Raine Award was given to Andrew Salmon who has made substantial contributions to better understanding of the regulation of glomerular permeability.

The 2009 annual meeting joint with the British Transplantation Society was another success. Over 1000 delegates attended the meeting in Liverpool, with the whole multi-disciplinary medical and surgical teams represented. We had 75 oral presentations and 405 posters. This is a tribute to the huge amount of research that is going on within UK nephrology. Feedback from all was good. The organising committees of both the RA and BTS have to be congratulated and all those who helped score abstracts, moderate sessions and who attended the meeting. Without your help these meetings cannot succeed.

The future looks bright for the Renal Association. Joint meetings have proven to be popular and we intend to meet again with the BRS in 2011, a joint meeting with the French Society of Nephrology in Paris, February 2011 and a meeting with Dutch organised by the cardio-renal forum in October 2011 are all taking place.
We welcome three newly elected executive members; Liz Lightstone and John Reynolds, a non-clinical member, both from Imperial College, London, and Paul Harden from Oxford. Liz Lightstone is a Clinical Senior Lecturer at Imperial College with a strong interest in glomerular disease. John Reynolds is a Research Lecturer in the Renal Section within the Faculty of Medicine at the Hammersmith Campus of Imperial College London. John has an active teaching role at Imperial College and regularly supervises BSc, MSc and PhD student research projects. He has been an active member of the RA research committee and is currently Chair of the Renal Scientist working party. Paul Harden has led the re-structuring of outpatient renal transplantation care from a surgical-led to physician-led service at Oxford. In addition he has led the rapid expansion of local comprehensive renal services in North Wiltshire. He has also run a joint annual interactive summer school on RRT for trainees from Northern Europe and currently runs the Advanced Nephrology Course for the RA with Sunil Bhandari. They replace Phil Kalra, Gordon Bell and Tim Johnson, who we thank for their efforts on behalf of the Association.

2009 has been an exciting year for the Association and I look forward to next year. Please feedback your thoughts on how we can make the Association work better for you. Thank you for your support this year.

Dr. Lorraine Harper
Honorary Secretary

The website and eNews have a new look for the 60th Anniversary of the Renal Association. eNews is becoming more concise with better links to the website. The website continues to contain a large source of information relevant to nephrologists. Committee chairs will keep pages updated to maintain the website’s relevance to the needs of the community. I hope you have enjoyed our updates on previous winners of the Raine, the complete archive of renal abstracts and our new section of the website to celebrate the past and future of the Association.
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 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.

The CAB is a registered stakeholder with NICE for any issues related to the practice of nephrology and in 2009 it contributed to a number of consultations relating to dialysis and transplantation.

Reports from 2 working parties to examine the provision of home dialysis therapies were published in 2009: the PD working party (chair Edwina Brown) and the Home HD working party (chairs Robert Mactier and Sandip Mitra) are available on the Associations website.

In June 2009 NICEPOD published a report investigating the care of patients who died in hospital with Acute Kidney Injury (“Adding Insult to Injury”). This report had been suggested by the Renal Association and the CAB was invited to respond to it ensuring issues related to the prevention, identification and treatment of AKI as outlined in the Renal NSF were appropriately highlighted. During 2009 Andrew Lewington has represented the CAB in contributing to a number of multidisciplinary AKI related initiatives.

Much of the latter part of 2009 was taken up with ensuring the renal community had access to the most up to date information relating to planning for and treatment of the anticipated H1N1 pandemic. Fortunately H1N1 didn’t have the impact that had been predicted in 2009, but the exercise demonstrated tested effectiveness of the Associations communication strategies with its membership.

The CAB continues to enjoy a helpful working relationship with the National Clinical Director for kidney services in England and NHS Kidney Care organisation, ensuring the Renal Association has a strong input into the development of national policy.

Work on Payment by Results continues in preparation for a non-mandatory tariff for renal replacement therapies in 2010/11, and a mandatory best practice tariff in 2011/12.

The Joint Specialty Committee for Renal Medicine (JSC) is a collaborative group between the Renal Association and the Royal College of Physicians of London. 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.

Dr Martin Raftery has been elected as the next Clinical Vice-President of the Association and will take over in September 2010. I would like to extend my congratulations to Martin. It has been an honour to serve the Association during the past 3 years.

Kevin Harris
Clinical Vice-President
ANNUAL REPORT OF THE CLINICAL PRACTICE GUIDELINES COMMITTEE

Five key developments to report during 2009/2010 are:

1. RA guidelines (the 28 lead co-authors are all members of the RA Clinical Practice Committee and are on schedule to complete the 14 modules of the 5th edition in 2010).
   - 4 modules finalised on the website (peritoneal access, BBV in the renal unit, planning, initiation and withdrawal of RRT, HD).
   - 4 modules in draft form for consultation and feedback (nutrition in CKD, anaemia in CKD, cardiovascular disease in CKD, PD).
   - 2 new modules planned in early 2010 (vascular access, medical management of the renal transplant recipient).
   - 4 updates of existing modules planned in early 2010 (detection and management of CKD, mineral and bone disorders in CKD, assessment of the recipient for renal transplantation, AKI).

2. Invited commentaries on the 3 current KDIGO guidelines.
   - RA commentaries on the KDIGO guidelines on hepatitis C, mineral and bone disorders in CKD and medical management of the renal transplant recipient are on the “other guidelines” page on the website.
   - The CAB will also provide a commentary on the soon to be published KDIGO AKI guideline.

3. Links with other guideline development groups.
   - Joint guidelines with other societies (EPS, atypical HUS, oral bowel cleansing agents in renal patients) were approved by the CAB and are on the “other guidelines” page.
   - RA is represented by Drs Ferro, Goldsmith and Wheeler in the Joint British Societies (JBS) 3 cardiovascular disease guideline group.
   - Prevention of contrast induced the AKI guideline (led by Dr Lewington) is planned in conjunction with representatives from the British Interventional Radiology and British Interventional Cardiology Societies (BSIR and BCIS).

   - This was submitted on the 22nd February and we await a decision from the NHS Evidence Committee meeting on 10th June 2010.

5. Dissemination of the 5th edition of the guidelines
   - An electronic publication of the full guidelines (and a print publication of the main recommendations) is proposed to improve communication of the guidance and contribute to marking the 60th anniversary of the Association.

Robert Mactier

ANNUAL REPORT OF THE CLINICAL PRACTICE COMMITTEE

The Clinical Services Committee consists of representatives from the Strategic Health Authorities of England and National representatives from Northern Ireland, Scotland and Wales, all of whom are Clinical Directors or Lead Clinicians in nephrology.

Dr Martin Raffery is the current chair of this committee and it meets once a year at the annual Renal Association Conference. Most of its work is done by email contacts between committee members. Its purpose is to engage with other agencies to promote the provision of renal services, to exchange ideas on best practice and to highlight any emerging problems in the commissioning of these services.

Through its chair it cascades information and documents from the Department of Health, the National Clinical Director for Kidney Care, NICE and other agencies to all Clinical Directors and Lead Clinicians in the UK.

In 2009 it was heavily involved in preparing the renal community to plan for and react to the swine flu pandemic which thankfully did not cause as much disruption as was feared.

A very successful CD Forum was held in March 2009 in London with participants from over 85% of renal units in the UK including CDs and managers at which a range of topics of relevance to delivery of renal services were discussed.

The Clinical Services Committee has continued to engage with the Department of Health and Strategic Health Authorities over the provision of renal services and in ensuring that they continue to have a high priority in the forthcoming months and years when resources for investment are likely to be in short supply.
“These developments are critically important for the future of the Registry as it continues to mature and expand.”

The UKRR’s 12th Annual Report was published on our website on 5th March 2010 and on the website of Nephron Clinical Practice on 31st March, and contains national and de-anonymised centre-specific analyses of data submitted electronically from all centres providing Renal Replacement Therapy (RRT) in the UK. All members have been given the option of whether they wished to receive a full printed copy (as in previous years) or a CD.

These analyses relate to patients receiving treatment up until the end of 2008 – meaning that the analyses related to events that had happened at least 14 months prior to publication. There are many causes of this delay, but the most important is the extensive data validation and cleaning undertaken by the Registry’s data team prior to statistical. Much of this delay could be removed if the renal centres’ IT systems (from which data extracts are obtained) contained higher quality data.

Inclusion of much of the Registry’s dataset within the National Renal Dataset has not, to date, resulted in major improvement in the completeness or quality of data submitted by centres. Progress in collection of new data items, including those required for the national vascular access audit, is slow. We encourage Clinical Directors to use the fact that submission of these items is mandatory (in England) to bolster their arguments for Trust support of their renal IT systems. It is not the role of the Registry to support local IT developments in those centres that have a history of under-investment in renal IT systems.

Members of the Registry Committee are responsible for the design and interpretation of many of the Registry’s analyses, whether these are published in the annual report or as scientific papers, and we wish to thank current and past members of the Committee. We also thank each of the authors and editors of the Annual Report, many of whom are not on the Committee, for the time they give in designing analyses and providing detailed clinical interpretation of the findings in the Report. Dr Afzal Chaudhry has replaced Dr Andrew Williams as Secretary of the Committee.

The Registry has appointed several new members of staff, including an Informatics Manager (Fiona Braddon), a Project Manager (Susan Shaw) and a Deputy Director (Professor Chris Maggs). Job descriptions for each of these posts and for the Director and Chair of the Registry have been agreed by the Management Board. These developments are critically important for the future of the Registry as it continues to mature and expand.

Our Specialist Registrars contribute significantly to the routine work of the Registry, but also help to develop new analyses: Dan Ford is working on the year before start of RRT and on patients with CKD5 who are managed without RRT; Lynsey Webb is working on the causes of increased mortality around the time of transplant failure; and Clare Castledine is studying the factors, other than case-mix, that cause between-centre variation in the proportions of patients on different modalities of RRT.

Charlie Tomson’s term as Chair of the Registry Committee comes to an end in May 2010, and Damian Fogarty was appointed (from a field of 7 excellent candidates) as his successor.
The Academic Board, chaired by Prof. Caroline Savage, continues to support education, training, research, clinical trials and international affairs through its four committees, as well as supporting clinical and translational research at a national level through the National Institute of Health Research (NIHR) Renal Speciality committee and the UK Kidney Research Consortium.

The Education Committee has organised three CPD sessions for the annual meeting in Manchester in May 2010, overseen development of a trial three-day Advanced Nephrology course that was successfully piloted in Oxford in January 2010, and undertaken a major review of the renal speciality training curriculum that was presented to PMETB in November 2009 who subsequently approved the 2010 Renal Curriculum without conditions, a testament to the hard work and commitment of all concerned. The Committee also continues to develop e-learning resources and have developed an improved flexible training webpage.

The Clinical Trials Committee met in January 2010 in Oxford and reviewed established clinical trials (PEXIVAS, RESCUE, SHARP, Dialysate Cooling Study) and others in earlier stages of development.

The Research Committee is supporting the development of the UK renal research database in collaboration with Computer Sciences at Sheffield University and is actively promoting researchers to consider how laboratory research can be moved towards the clinic through the Biotechnology and Commercialisation session held at the Liverpool Annual meeting, a theme that will be important to continue.

A UK Renal Monogenic Disease Study group emerged from the UK Genetics research strategy meeting held in January 2009, and now links closely to UKKRC. Indeed, the UKKRC and particularly the ten Clinical Study Groups are busily engaged with developing new studies and trials to enhance the clinical translation base of renal medicine in the UK. The Renal Speciality group report from NIHR suggests that just over 40% portfolio studies are recruiting to target, so there is work to be done to improve performance as we go forward.

The International Committee have had an active year and we are especially pleased to announce the election of John Feehally as ISN President-Elect, Meguid El Nahas to the ISN Council and Paul Harden as Chair of the ISN sister centre committee. This is a tremendous recognition of the UK’s past and present contribution to nephrology globally.

Currently, there are 12 ISN sister centre pairs between UK units and developing centres. This is a record and we will aim to improve on this in the coming years.

Challenges that need to be addressed are the continuing visa restrictions for clinical trainees to enter the UK and to encourage more UK nephrologists to take an interest in global nephrology. We will also seek to work more cooperatively with other stake-holders such as the EDTA-ERA and the RCP as well as strengthen bilateral ties with regional renal societies where there are strong personal links.

Albert Ong, Chair, International Committee (from June 2009) comments “I am indebted to my predecessors - Jo Adu and Meguid El Nahas - for their advice, vision and energy - in leaving a lasting legacy for the RA to build on.”
Awards and Bursary Winners

Renal Association awards and bursaries are annually available to all 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 Renal Association annual meeting.

In 2009 the AEG Raine Award was awarded to David Kavanagh.

**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 2009 the Walls Bursary was awarded to Albert Ong.

**Lockwood Award**

The Lockwood 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. This award 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 2009 the Lockwood Award was presented to John Reynolds.

**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 2009 Bursaries were awarded to Nada Lee Al-Muhandis, Caroline V J Higgenbottam, Najeebah Jaunbocus, Zhi Yang Ng, Srikanth Puttagunta, Cyrus Razavi, Annette Marie Maznyczka.

**AMGEN BURSARIES**

In 2009, 21 Amgen Bursaries were awarded to the highest scoring Renal Association member abstract applicants.

The recipients were:

- Dr Heather S Bevan
- Dr James O Burton
- Dr Ka Kit Chan
- Mr Joseph Chilcot
- Miss Deborah A Edison
- Dr David A Farenbach
- Dr Shuang Feng
- Ms Rebecca R Foster
- Dr James Fotheringham
- Dr Ross S Francis
- Dr Daniel Gale
- Dr Richard Hoefield
- Dr Neil Holden
- Dr Helen Jefferies
- Dr Stephen John
- Mr Amit Kaura
- Dr Larissa Kerecuk
- Dr Rajan K Patel
- Dr Jennifer Pinney
- Dr Thomas Tapmeier
- Dr Lisa Willcocks
We would like to express our sincere thanks to all of our corporate members for their continued support throughout 2009. Their contribution and involvement adds great value to the Association’s work.

COMPANY NAME

Amgen
Astellas
Baxter
BMS/Sanofi-Aventis
Fresenius
Gambro Hospal
Genzyme
Ineos Healthcare
Novartis
Ortho-Biotech
Roche
Shire
Syner Med
Wyeth
At the end of 2009, The Renal Association had 1041 members.

The Association is delighted to welcome the following individuals who all became members in 2009.

Dr Thilini Abeygunaratne
Dr Helen Alderson
Dr Tarun Bansal
Dr Amlan Bhattacharya
Dr Girish Bommayya
Mrs Wendy Brown
Dr Rebecca Brown
Dr Gary Campbell
Dr Ben Caplin
Dr Anil Chalisey
Dr Lindsay Chesterton
Dr Rhian Clissold
Dr Andrew Coutinho
Dr Andrea Cove-Smith
Dr M. Shaker Dahan
Dr Ishita Dasgupta
Dr Ruma Das
Dr Rosemary Donne
Miss Deborah Edison
Mrs Clare Edwards
Miss Nevine El-Sherbini

Dr Kennedy Feyi
Miss Ellen Forty
Dr Sudhakar George
Dr Kathryn Griffith
Dr Alex Harrison
Dr Christopher Hill
Dr Junaid Iqbal
Dr Seema Jain
Dr Sagar Babu Juijavarapu
Dr Manivarma Kamalanathan
Dr Prashanth Karanth
Dr Maryam Khosravi
Dr Ben Lindsey
Dr Catherine Maclean
Dr Thomas Peter Alexander Maginnis
Dr Khalid Mahdi
Mrs Monsey McLeod
Dr Nikam Milind
Dr Jim Moriarty
Dr Christian Moser
Dr Arvind Nagra

Dr Khai Ping Ne
Dr Thomas Oates
Dr Michael Oliver
Dr Tanya Pankhurst
Dr Reena Popat
Dr Laura Ratcliffe
Dr James Ritchie
Dr Adam Rumjon
Dr Imran Saif
Dr Amit Shah
Dr Shahzad Shah
Mrs Seema Singh
Ms Sadie Slater
Dr Sivakumar Sridharan
Dr Shalabh Srivastava
Dr Benjamin Storey
Dr Havel Surchi
Dr Paul Taylor
Dr Vadamali Viver
Dr Edwin Kwan Soon Wong
Dr Sajeda Youssouf
TREASURER’S REPORT

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 2009 please go to www.renal.org.

In brief, at the year end the General Fund held £483,595 and the surplus for the year was £87,086; the Registry Fund held £1,218,578 and the surplus for the year was £200,003. These reserves represent approximately 9 months of expenditure for General Funds and 17 months for Registry Funds and will allow the Association to continue to function on a sound footing during the future period of financial constraints.

Subscriptions remain the core source of funding for the Association’s activities outside of the Registry and although the ordinary membership remained stable the number of corporate members fell significantly in 2009.

The joint annual meeting with the British Transplantation Society made a healthy profit despite the reduction in registration fees compared with the 2008 meeting. Judging the financial risk of the annual meeting will continue to be the most significant consideration related to funds for the Trustees each year.

The partnership between the Association and the British Association of Paediatric Nephrology in 2010 that both parties welcome should lead to a further increase in the ordinary membership and should not pose a significant financial risk.

In 2009 Renal Patient View was funded by capitation fees (Scotland excepted) and its finances managed by the Registry. This arrangement should secure the development of this important initiative to support patients with kidney disease.

The Specialist Certificate Examination in Nephrology had its first diet in 2009 and it is anticipated that this joint venture with the Federation of Royal Colleges will not achieve financial balance during the first three years that it is in place.

My tenure as Treasurer will end after the summer but I am sure the finances of the Association will be assiduously managed by my successor Jonathan Fox who has been shadowing me in the role since his appointment.

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

Stuart Rodger
Treasurer
Financial

RENAL ASSOCIATION EXPENDITURE 2009 - £652,957

Meetings 60.49%
Secretariat Fees 23.81%
Electronic Communications 5.64%
Other Expenses 4.08%
Awards & Burseries 2.22%
Donations Made 1.88%
Trustee & Committee Expenses 0.80%
RPV 0.64%
Bank Charges & Interest 0.44%

RENAL ASSOCIATION INCOME 2009 - £740,043

Meeting Income - Registration Fees 40.33%
Sponsorship & Exhibition 28.65%
Corporate Subscriptions 14.19%
Membership Subscriptions 9.03%
Other Income 4.54%
Advertising Income 1.62%
Bursary Income 1.40%
Bank Interest Received 0.24%
Financial

RENAL REGISTRY EXPENDITURE 2009 - £865,617

- Staff Salary Costs 81.69%
- Legal Professional Fees 5.52%
- RPV 3.99%
- Staff Expenses 2.61%
- IT Costs 2.12%
- Staff Training & Development 1.48%
- Postage/Sundries 1.20%
- Office Overheads 0.77%
- Meeting Room Costs 0.53%
- Depreciation 0.09%

RENAL REGISTRY INCOME 2009 - £1,065,620

- Capitation Fees 86.54%
- RPV 7.38%
- Grants Received 5.07%
- Project Fees 0.68%
- Bank Interest Received 0.32%
- Donations Received 0.01%
Dates for your Diary

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

27 – 29 SEPTEMBER 2010
The Renal Association Advanced Nephrology Course
University of York, UK

15 OCTOBER 2010
Dutch Cardio-renal forum
Royal College of Physicians, UK

5 – 7 JANUARY 2011
The Renal Association Advanced Nephrology Course
Corpus Christi College, Oxford, UK

10 – 12 FEBRUARY 2011
Joint meeting with the French Society of Nephrology
Paris, France

JUNE 2011
Joint Annual Meeting with British Renal Society
ICC, Birmingham, UK
www.renal.org