<table>
<thead>
<tr>
<th>CONTENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Committee, Officers and Trustees</td>
<td>3</td>
</tr>
<tr>
<td>Welcome from the President</td>
<td>4</td>
</tr>
<tr>
<td>2011 Review of the Year</td>
<td>5</td>
</tr>
<tr>
<td>Academic Committee Report</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Committee Reports</td>
<td>7</td>
</tr>
<tr>
<td>UK Renal Registry Report</td>
<td>8</td>
</tr>
<tr>
<td>BAPN Report</td>
<td>10</td>
</tr>
<tr>
<td>Treasurer Report</td>
<td>11</td>
</tr>
<tr>
<td>New Committees</td>
<td>13</td>
</tr>
<tr>
<td>Awards and Bursary Winners</td>
<td>14</td>
</tr>
<tr>
<td>2011 New Members</td>
<td>15</td>
</tr>
<tr>
<td>Corporate Members 2011</td>
<td>17</td>
</tr>
<tr>
<td>Dates For Your Diaries</td>
<td>18</td>
</tr>
</tbody>
</table>
EXECUTIVE COMMITTEE OFFICERS AND TRUSTEES

TRUSTEES
President
Past President
President-Elect
Honorary Secretary
Honorary Treasurer
UK Renal Registry Chair
Academic Vice-President
Clinical Vice-President
British Association of Paediatric Nephrology (BAPN) President

President
Past President
President-Elect
Honorary Secretary
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UK Renal Registry Chair
Academic Vice-President
Clinical Vice-President
British Association of Paediatric Nephrology (BAPN) President

Dr Charlie Tomson
Prof Peter Mathieson
Dr David Wheeler
Prof Lorraine Harper
Dr Jonathan Fox
Dr Damian Fogarty
Prof Bruce Hendry
Dr Martin Raftery
Dr Mary McGraw

EX OFFICIO

National Clinical Director for Kidney Care
Society for District General Hospitals (DGH) Rep
Kidney Alliance Chair
Renal PatientView
Renal Scientists Working Party Chair
Representative for Wales
Representative for Northern Ireland
Representative for Scotland
Centre for Sustainable Healthcare

Dr Donal O’Donoghue
Dr Stephen Morgan
Jane Macdonald
Prof Neil Turner
Prof John Williams
Dr Richard Moore
Dr William Nelson
Dr Mark MacGregor
Dr Andrew Connor

EXECUTIVE COMMITTEE (APPOINTED)

Education & Training Committee Chair
International Committee Chair
Research Committee Chair
Rare Disease Committee Chair
Clinical Services Committee Chair
Clinical Practice Guidelines Committee Chair
Equal Opportunities in Nephrology Committee Chair
Terminology Committee Chair

Dr Sue Carr
Prof Albert Ong
Prof Fiona Karet
Dr Mark Taylor
Dr Graham Lipkin
Dr Andrew Lewington
Dr Alison Brown
Dr Afzal Chaudhry

EXECUTIVE COMMITTEE (ELECTED)

Elected Renal Scientist
Elected Member
Elected Member
Elected Member
Elected Member
Elected Member
Elected Member
Elected Member
Elected Member

Dr John Reynolds
Dr Abraham Abraham
Dr Peter Choi
Dr Paul Harden
Dr Liz Lightstone
Dr Jonathan Barratt
Dr Sunil Bhandari
Dr Claire Sharpe
Dr Alastair Hutchison
Welcome to the 2011-2012 Annual Report of the Renal Association. The Renal Association is the only professional membership organisation for nephrologists (also known as kidney doctors or renal physicians) and for scientists interested in kidney disease in the United Kingdom, and the oldest such national society.

Our objects are:
- to advance, collate and disseminate knowledge of renal structure and function.
- to seek means for the prevention and treatment of renal disorders.
- to deal with any matters concerning the welfare of patients with renal diseases and the organisation of services for their relief.

Although the wording is a little old-fashioned, it still accurately summarises what we attempt to do. Whether the Association should attempt to broaden its appeal – to nurses and other professions allied to medicine, to health service managers, to patients and their families – is a matter for ongoing discussion. In my view, this would reinforce, rather than threaten, our commitment to high-quality basic and clinical scientific research into the causes and treatment of kidney disease. We are supported by a number of corporate members, listed elsewhere; many large companies active in the renal field have chosen not to be corporate members, and so we are particularly grateful to those that continue their membership.

This will be my final Report as President, given that one of the first decisions taken by the Executive following my election was to reduce the term of President from three to two years. This decision had my full support; two years is enough, particularly if preceded by a year as President-elect and followed by a two-year term as Past-President. I wish to place on record my sincere thanks and admiration for the work done by my fellow Trustees – Lorraine Harper (Honorary Secretary), Jonathan Fox (Honorary Treasurer), Peter Mathieson (Past-President), Bruce Hendry (Academic Vice-President), Martin Raftery (Clinical Vice-President), Mary McGraw (British Association of Paediatric Nephrology (BAPN) President) and Damian Fogarty (UK Renal Registry Chair).

The Trustees have continued to meet monthly by telephone conference or WebEx, and have had three formal meetings in the past year. The Trustees, along with the Director and Manager of the UK Renal Registry, also comprise the Management Board of the UK Renal Registry, which has met four times.

The Association continues to be a contributing member of the Kidney Alliance, Transplant 2013, and the European Kidney Health Alliance. The President sits as an Observer on the Council of the Royal College of Physicians of London, which meets bi-monthly; and the Association is a member of the Coalition of Medical Specialty Societies, which meets quarterly.

The work of the Association – including our scientific meetings, our work to promote research, our work to improve clinical practice and guide policy, our audit and Registry work – is summarised in the pages that follow. I thank everyone who has contributed: the willingness of Renal Association members to work above and beyond their day job acts as a reminder of what a great specialty we work in.

Dr Charlie Tomson
President, The Renal Association
2011 has been another busy year for the Renal Association and my last as RA Honorary Secretary. I reported in the 2008 Annual Report that I was proud to play a part in the Renal Association and that is the point I would like to end on. I have been very proud of the work that the Trustees and the Association have performed on behalf of the membership and I feel very privileged to have played a role in that work. Alison Brown from Newcastle takes over the role following this meeting and I wish Alison as much enjoyment from the role as I have had.

This year continued to see 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 Executive. We welcome to the Executive Committee Michael Robson from Guy's Hospital, Mark Dockrell, a non-clinical scientist who works at St Helier Hospital, Surrey and Indranil Dasgupta from Heartlands Hospital in the West Midlands. They replace Liz Lightstone, Paul Harden and John Reynolds, who I would like to thank for their tireless efforts on behalf of the membership. Mark Brady is welcomed to the executive as the SpR Club Representative.

Membership of the Association remains strong with 1067 current members, reflecting the importance of the Renal Association to Nephrologists. We are keen to support Doctors in training and would encourage all Trainees to become members. Significant benefits exist to membership, including reduced fees for the Annual Conference. To support Trainees the RA agreed that the first year of membership is free.

The various Committees of the RA have been busy on your behalf. Sue Carr has now passed on the baton of the Chair of The Education and Training Committee to Jeremy Levy. Sue needs to be congratulated on all her efforts which have included the new renal curriculum and securing funding from Shire for an elearning module. The Advanced Nephrology Course (ANC) has been given a new look under the stewardship of Sunil Bhandari and Paul Harden. The ANC is now a 5-day residential course held at Corpus Christ College in Oxford. 63 delegates attended with excellent feedback. Thank you to the entire Faculty who provided excellent sessions in support of the course. Alison Brown has handed the reins of the Equal Opportunities Committee to Claire Sharpe who is working at King’s College as a Senior Lecturer in Nephrology. Afzal Chaudhry has taken on the stewardship of the Terminology Committee. This is a new Committee and was formed to work with the Renal Information Exchange Group to improve the coding used in renal medicine.

In 2011 the Association awarded the Raine Award to Daniel Gale for his contribution to Genehunting in the Renal Unit to the genetics of complex kidney diseases. The field was very competitive, with five outstanding applicants, reflecting the strength of renal research within the UK. The Lockwood Travel Bursary was awarded to Sourabh Chand to attend the ASN. With the help of Amgen, 10 travel bursaries were awarded to young researchers that had submitted work for presentation to attend the 2012 Annual Meeting. Six 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 Renal Association is supportive of overseas nephrology through its International Committee and appointed an international fellow jointly funded with the International Society of Nephrology, who will be based in Sheffield.

The 2011 Annual Meeting, joint with the British Renal Society, was another success. Over 1400 delegates attended the meeting in Birmingham, with the whole multi-disciplinary team represented. Over 500 abstracts were presented with 92 given as oral presentations. Feedback from all was good, with too many highlights to mention. The Organising Committees of both the RA and BRS have to be congratulated and all those who helped score abstracts, moderate sessions and attended the meeting. Without your help these meetings cannot succeed. Other successful meetings this year have included a joint meeting with the Association of British Clinical Diebetologists (ABCD) which had over 100 delegates.

The Website continues to contain a large source of information relevant to Nephrologists. A new Communications Officer is due to be appointed to help maintain and improve on the content of the Website. Please support by providing suggestions for points of information.

The future looks bright for the Renal Association. We are continuing to grow and represent the interests of British nephrologists both at a clinical level and supporting the future through research. 2011 has been an exciting year for the Association and I will miss working with you all as Secretary. Please feedback your thoughts to Alison on how we can make the Association work better for you. Thank you for your support.

Lorraine Harper
Honorary Secretary, The Renal Association
Anthony G. W. Roberts

The most recent course run in Oxford in January 2012 was an educational and financial success. Sue Carr steps down as ETC chair in June 2012 and I thank her for her tremendous contribution. I am delighted to welcome Jeremy Levy who will take over this role.

The Research Committee under the leadership of Fiona Karet has worked to bring together the Renal Science Agenda linking molecular studies with clinical research. To this end she has recruited further expertise to the Research Committee particularly in the areas of epidemiology and trials. The RC is exploring ways to improve links with the UK Clinical Trial Service Units (CTSU). Fiona has led the re-development of a Strategy for Research Training for Nephrological Trainees and this will be presented to the June 2012 RA executive for discussion. The RA Renal Scientists Group continues to contribute strongly to the Research Committee.

The International Committee under Albert Ong has successfully organised and recruited a new ISN-RA International Fellowship with 50% support from RA funds. The Committee has also negotiated a preferential rate for RA membership for all applicants from less wealthy nations.

The Rare Disease Committee chaired by Mark Taylor has made very significant progress. The RDC reports directly to the RA Executive and sits astride the Clinical-Academic divide of the RA. Mark ran an important meeting in December 2011 bringing together the key stakeholders in the Rare Disease initiative including KRUK, British Kidney Patients Association (BKPA), Patient Representation, the UK Renal Registry, Renal Patient View and the RA to design a strategy for the Rare Disease Groups (RDG) to follow. 2011 saw the first call for applications for RDG to apply for start-up money from KRUK and the BKPA. Following a bidding and assessment process there have been 11 RDG approved and work on an initial patient registry function for these is ongoing.

Bruce Hendry
Vice President, The Renal Association
The Clinical Affairs Board (CAB) meets three times per year, usually at a venue in London. It is chaired by the Clinical Vice President and is attended by the Chair of the UK Renal Registry, the Chair of the Clinical Practice Guidelines Committee and the Chair of the Clinical Services Committee. It is also attended by two nominated members of the Executive Committee and is normally attended ex officio by the National Clinical Director for Renal Services. It tries to integrate the planning and work of the above organisations and represents the Renal Association (RA) on the development of national policy, the planning of renal services and is one of the instruments by which the RA responds to National and Regional consultation documents of relevance to the renal community and to the care of renal patients. It is also a registered stakeholder with NICE.

The Chair of the Clinical Practice Guidelines Committee changed during 2011 and the outgoing Chair, Dr Robert Mactier was replaced by Dr Andy Lewington. We wish to extend our thanks to Robert for his excellent performance over his tenure of four years. He is especially to be congratulated on the submission of the RA guideline development process for accreditation by NHS Evidence. We are pleased to report that the RA guideline development process met each of the 24 specified criteria for accreditation and was accredited by NHS Evidence in October 2010. His able successor, Dr Andy Lewington has already immersed himself in the process and a new guideline on Water Treatment has just been ratified. Four of the existing guidelines are due for review in 2012 and reviewers are already in place.

All of the final versions are available on the main guidelines page of RA website at:

http://www.renal.org/Clinical/GuidelinesSection/Guidelines.aspx

The committee continues to work closely with KDIGO in providing feedback on the KDIGO Nephrology Guidelines which are applicable worldwide. The Committee is currently working on collaborative guidelines with other specialist societies including one on contrast induced AKI jointly with the British Society of Interventional Radiologists and the British Cardiovascular Intervention Society. Details of these guidelines are available on the future guidelines page of the RA website at:

http://www.renal.org/Clinical/GuidelinesSection/FutureGuidelines.aspx

The CAB signed off all of the final versions of the guidelines. Work on Payment by Results (PbR) was completed in 2010 and all the versions were shared with CAB. The plan was for a mandatory best practice for dialysis in 2011-12.

The first iteration which was made public at the end of September, caused some disquiet in that the financial penalties for failing to reach the best practice target were rather severe, there was little time to re-engineer clinical practice and some therapies that had previously been exclusions were bundled into the tariff. The later iteration, just before Christmas 2010 addressed most of these concerns by reinstating the exclusions and moving only 50% of the way towards a best practice tariff in 2011-12 with a plan to move the remaining 50% of the way in 2012-13.

This remains a challenge for many renal units as it is superimposed on the £20 billion savings required by the Department of Health and challenging cost improvement programmes put in place by many financial directors of NHS acute Trusts. The CAB has been working with the National Clinical Director for Renal Services to ensure that those financial pressures do not result in a decline in the quality of renal services provided.

The CAB on behalf of the RA made a submission to the Future Forum chaired by Professor Steven Field and commissioned by the Secretary of State for Health. It raised concerns about how the proposals would affect services for renal patients and raised particular concerns with regard to the choice and competition proposals. It was emphasised that renal patients perhaps more than most required integrated care throughout their lives on renal replacement therapy and the risk of fragmentation of services implicit in the proposals could profoundly disrupt the integration. Some of these concerns have been addressed in the output of the Future Forum but it remains to be seen how they will affect our services when they go fully live in a year’s time.

CAB have been heavily involved working with the Kidney Alliance and the National Clinical Director on the proposed tariffs for dialysis away from base (DAFB). It was felt that they may result in reduced access of patients to DAFB if the tariffs were perceived to risk dialysing these patients at a financial loss. These tariffs have since been modified to make them more attractive but it remains to be seen whether DAFB will be as freely available as previously.

The Joint Specialty Committee for Renal Medicine is a collaboration between the RA and the Royal College of Physicians of London (RCP). It is chaired by the immediate past President of the RA and is attended by several RA members representing many aspects of planning renal services, ensuring high quality service delivery and the training of staff. This allows the RA to use the influence of the (RCP) in achieving our quality and access to service targets for our patients.

Dr Martin Raftery
Clinical Vice-President, The Renal Association
2011 was another busy year for the UK Renal Registry. In the early part of the year we had a period of consolidation with the emerging realisation that the processing of data from over 70 units was now taking almost a year to do and a further six months for analysis and report writing. Having this critical information 18 months after the patients started RRT was not acceptable. Many RA members and indeed the UK Renal Registry staff were not content with these delays and thus the reduced utility (real or perceived) of the reports. Since late 2010 Terry Feest was acting as Director and thus proceeded to spend many months with the data and systems team, revising and improving the validation of patient level information. The result is that we are now processing a year’s data in six to seven months. We now have software code that allows some automation of these processes so much so that we hope to receive and validate the 2011 data towards the end of 2012 and the 2012 data should be complete by mid 2013.

Analysis of 2010 data shows that we are now processing files for a quarter in an average of around 30 days from first asking for the file from you, but 70% of that time is waiting for the unit to respond to our queries. For the majority of units however the overall figures and performance statistics do not change much following this. As a response to the need for more timely data presentation it has therefore been decided that this “raw” data can be loaded onto the web-portal quarter by quarter as it becomes available. For 2011 data we thus plan to load each quarter on the web-portal after it has been through our first stage of validation; we hope this will engender some competition between those units wanting to have their data on the portal as soon as possible. Any outliers (in clinical indicators) will have a caveat of course but ultimately we hope this timely approach will encourage us all, units and UKRR, to ensure we process things quickly and accurately.

At the same time we are aware that some renal unit data can be validated and displayed within days via Renal Patient View for instance. We are thus embarking on a major project to assess if this model could allow us to report some of the information as close to real time as we can. In addition this would afford the Renal Association the opportunity to create a single platform for data capture that can work for Registry, renal patient view and rare disease datasets.

In the latter part of 2011 we welcomed a new director with the appointment of Mr Ron Cullen. Ron’s background in laboratory medicine, clinical governance, healthcare quality & standards, is already making us look forward to different ways of working.

In this we are engaging with many more renal unit staff, NHS colleagues, commissioners and most importantly patients than ever before. We think this will help us better serve their needs for measurable high quality care. Many thanks for your time in welcoming him and helping us understand the issues specific to renal medicine and the units.

EXTENDING NATIONAL AUDIT TO OTHER AREAS OF NEPHROLOGY

Currently our governance and section 251 approval allows us to assess patient care on RRT without individual consent. However it is clear that we need to assess nephrology care in many other areas such as advanced CKD, AKI and glomerular and other rarer diseases. Furthermore the assessment of RRT initiation rates and survival, especially in the elderly, may be influenced by differences in local approaches to referral and conservative care. The latter is particularly important as we manage older patients with significant comorbidity. It is therefore an aim for us to capture information, in hopefully a sustainable and electronic fashion, on those with CKD stage 5 that attend renal units.

DATA ITEMS REQUIRED TO ASSESS RRT AUDIT STANDARDS

The current RA Clinical Practice Guidelines is a major achievement and challenges us all to assess the audit standards in our areas of practice. In the UK Renal Registry we assessed how many of these audit standards we can help with. Presently for dialysis and transplant areas our dataset captures items relevant to less than 50% of the audit standards. Our dataset, defined in the early years of the UK Renal Registry has grown slowly to over 400 items yet we use less than half in producing the Annual Report. That said we still struggle to have completeness in many of these core items. The following items are the critical items we would like units to concentrate on in our collective understanding of RRT clinical practice:

- Date of first nephrology consultation
- Primary Renal Disease
- Ethnicity
- Place of RRT supervision
- Vascular Access
- Comorbidity
- Date and cause of death

We are in the process of repeating the Vascular Access Audit and in addition a HQIP funded PD catheter Audit. Alas many of the data fields for these are still not routinely held on renal unit IT systems so a spreadsheet is being employed. The introduction of the Best Practice Tariff in England will help the recording of access data.
UK RENAL
REGISTRY REPORT

RARE DISEASE INITIATIVE
We continue to provide input into the Rare Disease Initiative. As part of the Rare Disease Committee and now many colleagues in the 10 or so study groups we have worked with software and web developers to create the appropriate systems to help this initiative. There is concern that the creation of new datasets for each disease will consume more resource in both the recording of information and the central collation. Ideally we would encourage all units to use a single point of data entry (and thus prevent duplication of entry which impacts uptake of such initiatives).

PAEDIATRIC NEPHROLOGY
The collection of data on RRT patients has generally been more problematic for the 13 UK Paediatric Units and this remains an ongoing challenge. Our aim is that the data that pertains to them would be incorporated into the main database in the Registry but this is dependent on those units having fully functional IT systems. Carol Inward and paediatric nephrology colleagues are close to resolving this. That we have to work so hard to do this often because of IT issues for a relatively small number of paediatric RRT patients should concern us all not least given the top-down approach of Connecting for Health. The irony is not lost on me that the majority of paediatric RRT patients become adult patients (thankfully) so it is incumbent on us all to support the importance of capturing RRT data easily on children.

HES LINKAGE PROJECT
Over the last three years the UK Renal Registry and colleagues in Sheffield embarked on a project to merge five years of incident RRT patients (~22,000 patients) with Hospital Episode Statistics (HES). This project was vital to our development as the workload of admissions, the role of comorbidity and the outcomes in terms of hospital mortality and length of stay were unknown to us before now. James Fotheringham will present on these results at the RA Annual Meeting in 2012. We are hoping we can have a regular linkage and data sharing agreement with the HES team moving forward.

ENGAGEMENT WITH THE RENAL COMMUNITY:
Having recurrent and complete summary information on RRT in the UK is one of the Association’s major achievements. However the use of this information to implement quality improvements is the real challenge in this information age. Associating improvements in healthcare with those measured factors in observational registries and audit is always a challenge.

The impact and real meaning of the UK Renal Registry data comes from you, the RA community, assessing its worth and its real meaning. Likewise the analyses we produce can only be as good as the data we receive.

We realise that unit resources are under real pressure and in this the role of information exchange can seem to be less important. However an economic crisis is just the type of time when accurate complete information on all that we do is important in the decisions that need to be made in terms of efficiency and quality.

We thus depend on each and every renal unit large and small across the UK to help us help our patients in the collective sense. Please continue to engage with us in any way that suits your busy schedules.

Damian Fogarty
UK Renal Registry Chair
I have enjoyed another busy year as President of the British Association for Paediatric Nephrology.

Through my role as Trustee of the Renal Association and member of the RA Executive Committee and Renal Registry Management Board I ensure that the needs of children are considered in all activities of the Renal Association. This work has also been a real education for me, being exposed to the pressures that adult renal services are under, and thus giving me an insight into what the future might hold for paediatric renal services as we too become forced to be driven by targets, tariffs and delivery of outcome measures. The Renal Association is often consulted on issues that are of importance to the renal care of both adults and children and, through response to these consultations, I am able to act as both an advocate and an expert on issues surrounding the care of children with renal disease.

One of the most important pieces of work that the BAPN has completed in the past year has been that of ‘Improving the standard of care of children with kidney disease through paediatric nephrology networks’. Over the past 18 months I chaired a multi-professional working party that has produced a document which sets standards for the delivery of the care of children through paediatric nephrology networks. Although this document, which is on the BAPN website, refers to the care of children many of the principles of delivery of care are equally relevant to adult practice and I would recommend that adult nephrologists read it. This work has been an excellent example of collaboration between the BAPN and the Royal College of Paediatric and Child Health (RCPCH). The criteria of success for this work will now be that this document is used to enhance their local services.

We are also pleased to be embarking on another important piece of joint work with the RCPCH on the production of patient and family information leaflets on a whole range of paediatric conditions. This work is kindly being supported by the British Kidney Patient Association.

I am very well supported by other members of the BAPN Executive who have ensured that our the Association moves forward in raising the quality of kidney care to children through research, audit and the production of guidelines. We are undertaking three major national audits; one on anaemia and another on infant dialysis both funded by the British Kidney Patient Association, together with a re-audit of renal biopsy. We continue to conduct a range of national research studies under the guidance of the CSG including the PREDNOS study, and studies into the use of Rituximab in nephrotic syndrome and hypertension in transplantation. We are really pleased that despite the challenges the data collection for the paediatric renal registry continues to improve so that the Registry can produce data we can be really proud of. I would like to take this opportunity to thank all the members of the Executive Committee, and all other members of the Association who have represented the BAPN over the last year, for all their hard work.

Time passes very quickly and I will soon complete my term of office as President. It has been an enormous privilege to work with, and for, such a dedicated and enthusiastic membership and I am sure the Association will continue to grow from strength to strength. I am delighted that Jane Tizard has been appointed as the next President and I feel confident that the BAPN will go from strength to strength under her leadership.

Dr Mary Mcgraw
BAPN President
This was a challenging year financially for the Renal Association. Although individual membership was stable at 1067 (after accounting for lapsed members), the number of corporate members fell from 13 to seven and, at the end of 2011, the deficit for the Renal Association Fund had increased to £83,436 (from a deficit of £26,141 in 2010). This was largely the result of a combination of loss of corporate income and the fact that the joint Renal Association/British Renal Society Annual Conference in 2011 made a loss of £30,707 for the Renal Association. Subscriptions, individual and corporate, remained the major source of income for the Renal Association.

The Renal Registry Fund had a surplus of £27,377 at the end of 2011; capitation fees provide most of its income.

The pie charts on the following pages give an overview of income and expenditure for the Renal Association and for the UK Renal Registry in 2011, broken down into their component parts. For further details, please see the full financial statement for 2011 which is available at [www.renal.org](http://www.renal.org).

The Renal Association Fund continues to hold within it separate funds for the British Association of Paediatric Nephrology and for the Nephrology SpR Club. The UK Renal Registry manages the finances of Renal Patient View which is funded by capitation fees (Scotland excepted).

Despite the pressures mentioned above, and the continuing adverse economic climate, the reserves of the Renal Association and of the UK Renal Registry remain adequate. Compared with the end of 2010, the Renal Association Fund had fallen from £457,454 to £374,018, and the Renal Registry Fund had increased slightly from £1,263,257 to £1,290,634. Total reserves still equate to approximately 15 months of expenditure across the Renal Association and UK Renal Registry.

Major progress has been made in reducing the number of debtors (both corporate and individual), and limiting costs associated with running the Advanced Nephrology Course, the Annual Conference, and (by use of teleconferencing) meetings of the Renal Association Executive, Trustees and Renal Registry Management Board.

Overall, the finances of the Renal Association and of the UK Renal Registry remain secure at present, but the focus on cost-saving must continue given the loss of corporate membership income, and the desire to avoid increases in membership fees and annual conference registration fees for members.

Dr Jonathan Fox
Honorary Treasurer, The Renal Association
ANNUAL REPORT 2011

TREASURER REPORT

RENAL ASSOCIATION INCOME 2011 - £158,576

- Meeting Income Registration fees 25.18%
- Corporate Subscriptions 22.07%
- Membership Subscriptions 40.90%
- Other Income 2.62%
- Advertising Income 0.82%
- Bursary Income 3.15%
- Bank Interest Received 4.31%
- Sponsorship Income 0.95%

RENAL ASSOCIATION EXPENDITURE 2011 - £242,012

- Meetings 25.21%
- Trustee and Committee Expenses 3.63%
- Awards and Bursaries 4.66%
- Secretariat Fees 27.20%
- Joint Conference Deficit 12.69%
- Coalition Membership Fees 1.91%
- Donations Made 3.41%
- Electronic Communications 8.56%
- Other Expenses 11.49%
- Bank Charges & Interest 1.24%

UK RENAL REGISTRY INCOME 2011 - £1,132,287

- Donations Received 97.34%
- Consultancy Income 1.07%
- Other Income 1.07%
- Grants 1.07%
- Capitation Fee 97.34%
- Project Fees 1.59%

UK RENAL REGISTRY EXPENDITURE 2011 - £1,109,362

- Staff Salary Costs 67.36%
- Legal and professional Fees 15.20%
- Staff Expenses 3.07%
- IT Costs 6.53%
- Staff Training and Development 1.37%
- Postage/Sundries 1.27%
- Office Overheads 4.16%
- Meeting Room Costs 0.78%
- Depreciation 0.14%
- Bad Debts Written Off 0.11%
NEW COMMITTEES

The new Terminology Committee is chaired by Afzal Chaudhry. The TC reports directly to the RA Executive and sits astride the Clinical-Academic divide of the RA.

The Terminology Committee has been established by the RA in collaboration with the Renal Information Exchange Group (RIXG) and its remit is to advise their parent bodies and through them, the UK Terminology Centre (UKTC) on all aspects of SNOMED CT codes relevant to all aspects of the practice of nephrology in the UK within the NHS.
AWARDS AND BURSARY WINNERS

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 2011 the AEG Raine Award was awarded to Daniel Gale.

WALLS BURSARIES
These bursaries were established in memory of the late Professor John Walls, President of the Renal Association from 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 2011 due to the lack of interest the Walls Bursary was not awarded.

LOCKWOOD AWARD
These were established in memory of the late Dr Martin Lockwood, a distinguished investigator and active member of the Renal Association, who died in 1999. They are 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 2011 the Lockwood Award was presented to Sourabh Chand.

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 2011 Bursaries were awarded to Mithun Biswas, Oliver Browne, Martin Murphy, Cha-ney Kim, Alex Brooman-Gannon and Matthew Neal.

AMGEN BURSARIES
In 2011, 10 Amgen Bursaries were awarded to the higher scoring Renal Association member abstract applicants.

The recipients were:
- Enric Vilar
- Milind Nikam
- Ruth Pepper
- Ragada El-Damanawi
- Yu Zhou
- Alessandra Scarpellini
- Andrew Hall
- Claire Parke
- Rebecca Foster
- Sadie Slater
2011 NEW MEMBERS

Dr Khaled Abdulnabi
Dr Munir Ahmed
Dr Bahjat Al-Ani
Dr Foteini Alevizopoulou
Dr Adhm Alshami
Dr Joseph Arthur
Dr Deepa Athavale
Dr Houssam Atwa
Dr Adarsh Babu
Mr Irbaz Badshah
Dr Santhanakrishnan Balasubramanian
Dr Ramnath Balasubramanian
Dr Sagrario Balda Manzanos
Dr Michael Bedford
Dr Nicolette Bishop
Dr Victoria Briggs
Dr Chrysothemis Brown
Dr Dimitrios Chanouzas
Dr Shanmugakumar Chinnappa
Dr Diana Chiu
Dr Demetris Chrsitou
Dr Claire Corps
Dr Lisa Crowley
Dr Cecile Dessapt-Baradez
Dr Sai Krishna Durasingham
DR Naomi Edney
Dr Ragada El-Damanawi
Dr Rim El-Rifai
Dr Ingi Elsayed
Dr Suhier Elshowaya
Dr Daniela Farruga
Dr Shuang Feng
Dr Rick Fielding
Dr Shaun Flint
Miss Maria Fragiaiadaki
Dr Seerapani Gopaluni
Dr Alexander Hamilton
Dr Michele Hamilton-Ayres
Mrs Sarah Hardy
Dr Laura Harrison
Dr Felicia Heidebrecht
Dr Sarah Hildebran
Dr Neil Hoye
Dr Jennifer Huang
Dr Linghong Huang
Dr Ann Humphrey
Dr Aisha Hussein
Dr Rajiva Ibakkanaver
Dr Ayesha Irita-Ali
Dr Osasuyi Iyasere
Dr Claudine Jennings
Dr. Daniel Jones
Dr. Clare Jones
Dr. Lindsey Keir
Dr. Jayakrishnan Kizhakke-Pisharam
Dr. Mohammed Shabeer Kolakkat
Dr. Mohamed Thahir Kolpurka Abdulsamad
Dr. Jasmine Lee
Dr. Jeremy Lewis
Dr. Aled Lewis
2011 NEW MEMBERS

Dr. Chong Seng Edwin Lim
Dr. Johanna Louw
Dr. Catherine Marshall
Dr. John Martin
Dr. Agnes Masengu
Dr. Phillip Masson
Dr. Yim-Yee Matthews
Dr. Jennifer McCaughan
Dr. Andrew McClean
Dr. Sarah McCormick
Dr. Mignon McCulloch
Dr. Eoin McKinney
Dr. Guy Millman
Dr. Henry Morgan
Mrs. Anne Morris
Dr. Nashaba Naz
Dr. Andrew Needham
Miss. Lucy Newbury
Dr. Khai Ping Ng
Dr. Aikaterini Nikolopoulou
Dr. Michelle O’Shoughnessy
Dr. Ben Obi
Dr. Scott Oliver
Dr. Marlies Ostermann
Dr. Mared Owen-Casey
Dr. Tanya Pankhurst
Dr. Claire Parke
Mr. Ashish Patidar
Dr. Saeed Rahman
Dr. Maharajan Raman
Dr. Vijaya Ramasamy
Dr. Alexandra Rankin
Dr. Jonathan Reaney
Dr. Zoe Riches
Dr. Alex Riding
Dr. Neil Robinson
Dr. Eleanor Sandhu
Dr. Ramadan Sarrab
Dr. Alessandra Scarpellini
Dr. Liliana Shalamandva
Dr. Graham Smith
Dr. Andrew Smyth
Dr. Beng So
Dr. Ian Stott
Mrs. Rosemarie Streeton
Dr. Pius Tansinda
Dr. Ruth Tarzi
Dr. Andrew Taylor
Dr. Vijay Thanaraj
Prof. Paul Thornalley
Dr. Matt Todd
Mr. Dwaine Vance
Dr. Krishna Kumar Velam Appunu
Dr. Stephen Wadams
Dr. Yasuhisa Wakabayashi
Dr. Louise Watson
Prof. Patricia Wilson
Dr. Vivian Yiu
Dr. Anselm Zdebik
CORPORATE MEMBERS 2011

[Logos of Amgen, Novartis, Astellas, Shire, Baxter, Syner-Med, and Janssen]
DATES FOR YOUR DIARIES

Advanced Nephrology Course
Corpus Christi College, Oxford
Wednesday 2 to Sunday 6 January 2013

Joint British Transplantation Society and Renal Association Congress 2013
Bournemouth International Centre
Wednesday 13 to Friday 15 March 2013
Joint British Transplantation Society & Renal Association Congress
Bournemouth International Centre
13th – 15th March 2013