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Terminology Committee Chair Dr Alzal Chaudhry
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Elected Member Dr Paul Warwicker
Elected Member Prof Moin Saleem
Elected Member Dr Indranil Dasgupta
Elected Member Dr Michael Robson
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Elected Member Prof Sunil Bhandari
Elected Member Dr Claire Sharpe
Elected Member Dr Alastair Hutchison
WELCOME FROM THE PRESIDENT
- PROF DAVID WHEELER

Coming to the end of my presidential term, I am inevitably reflecting on the last two years. The Association seems to be running smoothly, thanks to the efforts of our secretariat MCI and the hard work of so many members who work tirelessly, usually in their spare time.

Indeed, we have achieved many of the objectives agreed at a joint meeting of the two organisations back in April 2012, initiated by my predecessor, Charlie Tomson, and the then BRS President, Richard Fluck. There is still considerable (and in my view needless) duplication of our activities and huge potential to develop a more integrated approach to serve the needs of the UK renal community.

Further joint meetings between the RA and BRS will facilitate this, and my hope is that UK Kidney Week becomes an annual event. We have also strengthened our relationship with Kidney Research UK, partly through our collaboration as joint stakeholders (with the BRS) in the UK Kidney Research Consortium, the organisation that now drives the agenda for clinical research in nephrology. We have invited Sandra Currie, Chief Executive of KRUK, to join our Trustees and have been offered cross-representation on the KRUK Board of Trustees, a new role for the RA past-president.

I realise that we must balance these ambitions to collaborate with the need to preserve the identity of the first ever “Society of Nephrology” founded in 1950, when renal replacement therapy was in its infancy. With this in mind, we have developed a strategic plan for the Association. Good progress has been made with many of our objectives, particularly the development of a new website. Achievement of other goals, such as multidisciplinary team input into guideline development and a broader contribution to multidisciplinary research, will be best achieved by our closer working relationship with both the BRS and KRUK.

I am indebted to my colleagues at the Royal Free Hospital for “cutting me the slack” to take on the presidency. I am sure that I owe a few “on calls”. Thank you to Alison Brown who keeps me in check and to Charlie Tomson, Bruce Hendry and the other Trustees who have guided me through the last couple of years. I should acknowledge Charlie’s huge contribution to the Association and wish him well as he demits from his role as Past-President. I will miss my weekly phone calls with Clare Ford, who has done so much for the Association and is sadly leaving MCI. Thank you also to my assistant, Winnie Han, for bringing to my attention any tricky topics. He will of course continue to contribute as immediate Past President for the next two years.

There have been several changes in RA post-holders since last year:
- Rebecca Suckling (based at Epsom and St Helier) joined the Executive as a consultant of less than five years standing last year
- Elections are currently taking place for two ordinary members of the Renal Association Executive Committee, one of whom shall be a consultant nephrologist less than five years since appointment as a consultant on 1 January 2014.
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- Martin Raftery completed his term as Clinical Vice President last year; although we were very sad to lose his experience and wisdom, Graham Lipkin, Consultant Nephrologist at Queen Elizabeth Hospital Birmingham, is his very able replacement.
- Alastair Hutchinson, Consultant Nephrologist at Manchester Royal Infirmary, took over the post vacated by Graham as Chair of the Clinical Services Committee.
- Current President-Elect Bruce Hendry will replace David Wheeler as President at the AGM.
- Fiona Karet took over from Bruce as Academic Vice President.
- Moin Saleem replaced Fiona as Chair of the Research Committee.
- Albert Ong stood down as Chair of the International Committee and was replaced by Professor David Goldsmith.
- Many thanks also to Mark Taylor who completed his very successful term as Chair of the Rare Diseases Committee and will be replaced by Detlef Böckenhauer, Reader at the Institute for Child Health, University College, and Honorary Consultant Nephrologist at Great Ormond Street.
- We are very sad to lose Jonathan Fox who will demit as Honorary Treasurer, but delighted to welcome his successor, Neil Sheerin, Professor of Nephrology in Newcastle. It is a great privilege to work with such talented and energetic people and I am very conscious that we are lucky that so many are prepared to take on these additional roles on top of their academic or clinical duties.

Finally, conferences! It is already a year since the very successful Joint BTS/ RA Congress at The BIC, Bournemouth. The combined programme encompassed for all 3 days for the first time, 643 abstracts were submitted, 1054 delegates attended, and a good time was had by all.

This year’s UK Kidney Week jointly hosted with the BRS in Glasgow has 108 oral and 332 poster presentations and a very packed programme which we hope offers something for every member of the renal MDT. We are immensely grateful to Patti Monkhouse of the BRS Secretariat and her team who have done such a fantastic job of organising this event. I have enjoyed working with the Joint Programme Committee Team of Sharnif Greenwood, Leo Bailey, Jonathan Fox and Jane Tizard, ably chaired by Martin Wilkie. Many thanks also to our super-efficient RA Science Committee of Amy Jayne McKnight, Mark Dockrell, Alan Salama and Jill Norman, who organised the scientific programme.

I would like to thank the very many people who have helped to create the programme, marked the abstracts and submitted their work for presentation; without all your efforts, there would be no meeting! Thanks also to the industry sponsors who have helped to make this event possible.

All that remains now is to hope you enjoy UK Kidney Week 2014!

Please do contact me with any suggestions for changes or improvements you would like to see in future.

Dr Alison Brown
Honorary Secretary
The Renal Association

2013 REVIEW OF THE YEAR
- DR ALISON BROWN

It is hard to believe that this is my second year as Honorary Secretary, though it may seem to you that you have been ploughing through my witty and amusing monthly enews missives for longer! The Renal Association continues to go from strength to strength, with a total of 1089 members, including 252 trainees. It is very encouraging to see that the new improved RA website had 236850 visits between 18.12.13 and 8.3.14.

We are very grateful to the team at MCI Communications Officer, who worked together to update the website, with the help and input of the Trustees and all Committee Chairs. I hope you all agree it is a great improvement and much easier to navigate.

I would like to thank our outgoing President, David Wheeler, who has worked so hard to progress the Renal Association, clarify our strategic aims for the future and build closer links with the BRS. David has been a pleasure to work with and has always been on hand to provide help and advice on any tricky topics. He will of course continue to contribute as immediate Past President for the next two years.

This year’s UK Kidney Week jointly hosted by Graham as Chair of the Clinical Services Committee.

- Martin Raftery completed his term as Clinical Vice President last year; although we were very sad to lose his experience and wisdom, Graham Lipkin, Consultant Nephrologist at Queen Elizabeth Hospital Birmingham, is his very able replacement.
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Dr Alison Brown
Honorary Secretary
The Renal Association
began my new role as Academic Vice-President in September 2013, taking over from Bruce Hendry. The past year has seen a number of additional changes of committee chairs, and the newest iteration of the Academic Affairs Board under my watch met by conference call at the end of January 2014.

David Goldsmith has taken over from Albert Ong as Chair of the International Committee. He reports: “We are trying to grow the practice of interchange of people and skills across national and regional boundaries, to improve service design and provision, education, teaching and training, and research. This has traditionally been focused on trainees (ISN-UKRA Fellowships) but also on established consultants, at both ends of their careers. Ideally we want to make these interchanges easier, more productive and with greater impact.”

Another change of leadership saw Moin Saleem take over from me as Chair of the Research Committee in September 2013. As a new development for this committee, it officially has a deputy Chair (Jill Norman) who will serve to strengthen representation of basic scientists within the committee. After updating current membership, the committee has further strengthened its breadth by adding representation from the BRS (its Research Chair Paula Ormandy). Some initial work has been done on updating the Research Committee webpage, which will in due course link to UKKRC. The next task will be to populate the page with details of current national studies.

The interests of non-clinically-trained researchers are the focus of the Association’s ‘Renal Scientist’s Working Party’ (RSWP), which is chaired by Amy-Jayne McKnight and included at both Research Committee and Executive levels. She writes: “we are pleased that a clinical-laboratory science balance is continuing at the annual meeting and welcomed the productive opportunity to reflect to the strategic planning of The Renal Association. Over the past year, RSWP have been raising awareness and surveying renal scientists working in the UK and further afield to identify how we can best work for them. We are keen to see more young renal scientists submitting their work to our annual meeting and applying for the Young Renal Scientist award. The RSWP is keen to recruit active new members to join the team. Particularly valuable would be someone with an interest in social media, to engage young renal scientists via an interactive network/forum. We have been working to have careers focused workshops and are very pleased that a dedicated careers session is planned for UK Kidney Week 2014. Science thrives on collaboration and we are keen to foster further engagement between basic and clinical scientists as well as industrial partners. RSWP have discussed inviting representatives from industry, such as Pharma, Technology, or Software based companies with an interest in renal projects to participate by advising the group what they are seeking for research, staff, and exploring links for collaboration.”

Importantly, the Association’s Renal Research Database is now live, thanks to the efforts of Claire Sharp, and users can register and use it. This site allows researchers to post information about their work and get in touch with one another (http://renalassociation.org/ database). Please do!

The UK Kidney Research Consortium (UKKRC) is now under the Chairmanship of Tim Goodship – and going forward it will be rotating biennially between the Chair of Kidney Research UK, the Academic Vice President of the Renal Association and the Research Chair of the British Renal Society (BRS). The remit of the UKKRC has been formalised, with Terms of Reference agreed by the three organisations. The web page for UKKRC will be curated by Kidney Research UK and mirrored on the websites of the three organisations. Kidney Research UK is now also providing a permanent secretariat for the UKKRC. A range of renal projects has already received NHRI funding, largely through the efforts of the CSG leads and teams.

The Renal Rare Disease initiative led by the Rare Diseases Committee (RDC) and its chair Mark Taylor has continued to make progress. In 2013 the number of Rare Disease Groups rose to 17. These groups are now actively designing their web-based registries (RaDaR) and working nationally to involve patients and carers as well as the multidisciplinary team in the process. The governance of RaDaR lies with the Association’s Renal Information Governance Board (RIGB). A very successful one-day Workshop on Rare Diseases was held at the RSM London on July 5th 2013, where practical issues and progress were reviewed.

The Education and Training Committee (ETC) continues under Jeremy Levy’s leadership. He reports that in 2013, his group • Produced CPD sessions for the annual conference • Worked on a review of provision of undergraduate renal medicine teaching across the UK with the aim of taking recommendations to the Medical Schools Council and other HEIs. This is especially important given the widening importance of AKI as marker of care in acute medicine, and CKD as an important chronic disease • Interacted with NICE over dissemination and learning from new guidelines - most recently on IV fluid management • Developed the Association’s first webinar (in association with the The Lauren Currie Twilight Foundation charity) on vasculitis and the interface with paediatric nephrology • Continued to develop and support the renal specialist certificate examination jointly with Royal College of Physicians and MROP UK, which continues to produce a well validated, high quality exam driving learning for UK renal trainees but increasingly recognised as an international standard for a renal specialist examination • Looking forward, the ETC plans to produce recommendations for, and signposting of, internet based education on kidney matters.

The annual PA Advanced Nephrology Course, delivered in Oxford, goes from strength to strength and warm thanks are extended to Sunil Bhandari and Paul Harden, its co-leaders. It continues to provide excellent, extremely well-received renal education.

The Academic Affairs Board also has BAPN representation, from Richard Coward. He writes: “Over the past year we have continued to support the development and implementation of paediatric nephrology studies both industry funded and portfolio driven. We have focused on the Prednos, Prednos 2 and hotkids studies that continue to recruit well. We are also highly supportive of the numerous RaDaR groups. Going forward we are forming expert subgroups within paediatric nephrology to identify the key research questions in our field and to develop research proposals. We will continue to maintain close links with parents and families in developing these studies. We also intend to involve more trainees in these sub-groups to develop their expertise in paediatric nephrology research and propagate new ideas.”

Looking forward, in response to Ambition 15 of the 2013 ‘Kidney Health Delivering Excellence’ document, the UKKRC has recently established a steering committee to determine the next steps necessary to develop a national research strategy for renal disease. As the RAs AVP, I will be chairing that group, which will be consulting widely, and will report to the UKKRC.

There is much to do in 2014. On behalf of the Association I extend sincere thanks to all the current and demitted Committee Chairs.

Prof Fiona Karet
Academic Vice President
The Renal Association
I took over the Chair of the Clinical Affairs Board (CAB) after Martin Raftery’s term ended last year. I wish to thanks to Martin for his guidance and many years of hard work for the Association; he will be a hard act to follow. The CAB has updated terms of reference which include quarterly meetings, formal inclusion of the National Clinical Director (NCD) for renal services, NHS England (Ex Officio) and the new Medical Director of the UK Renal Registry, (in light of changes in UKRR structure). The CAB is chaired by the Clinical Vice President and includes the Chairs of the Clinical Practice Guidelines, Clinical Services Committees (CSC), Renal Patient View (RPV), Terminology and Rare Disease Committees (Chair sits on both academic and clinical boards). It is also attended by two elected members of the Executive Committee and the President of the Renal Association (Ex Officio). CAB 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. It 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 a registered stakeholder with NICE and regularly nominees RA members to serve on relevant Committees.

The theme of the years to come is and will of continuing change, further increasing the focus on patient safety and quality care agenda and Renal Units delivering more for less resource. Major reorganisation of the NHD consultant role and other changes, including the development of the Renal Clinical Reference group and of Clinical Service Specifications for patients treated by dialysis and transplantation. Patient safety quite rightly remains a key focus of CAB following on from the publication of the Francis and Don Berwick’s report on patient safety in England. Nephrologists have always lead the way in service redesign, and a key focus of my tenure will be increasing role of RA in leading patient safety and Quality Improvement (QI) agenda including greater involvement and collaboration with the British Renal Society representing the multi-disciplinary team. There are major challenges ahead for Renal Units with planned reduction in specialised commissioning by £1 billion over next 2 years. Resolving Renal unit workforce issues remain key to effective service delivery.

The planned reduction in trained numbers despite increased patient numbers, a need to further support AKI education and care, true 7 day working and the future hospital changes will be challenges to overcome. This year, Nice has published clinical guidance on management of Acute Kidney injury, hyperphosphataemia and is updating guidance on CKD and post transplant immunosuppression. I’d like to formally thank all the individuals in the RA who have contributed to these consultations.

Clinical Practice Guidelines Committee: Chair

Alastair Lewington (2011-2014)

The RA Clinical Practice Guidelines Committee (CPGC) has received formal accreditation by the National Institute for Health and Care Excellence (NICE) for its guidelines methodology. This is a major & significant development meaning that RA guidelines are officially recognised by NHS Evidence. I’d like to personally thank Andy, whose well known drive and passion has achieved this. There are now 15 RA guidelines including audit measures covering almost all aspects of renal care. Where relevant, Guidelines have been jointly produced with a commentary from the British Association of Paediatric Nephrology (BAPN). The CPGC has also now also developed commentaries on international guidelines such as those from KDIGO, and are available on the RA website. CPGC has successfully developed 6 other joint guidelines with professional organisations. This includes the British Consensus Guideline on Intravenous Fluid Therapy for Adult Surgical Patients and for guidelines for the management of hyperkalaemia. The CPGC is currently updating and guiding substantial involvement in a number of RA members and the whole Renal Community is grateful for this work. I encourage others to support Andy and his group. A new Home haemodialysis guideline is being developed.

Rare Diseases Committee: Chair

Mark Taylor (2010-2014)

The Department of Health published a key strategic document supporting the development of care for patients with Rare Diseases in November 2013. The RA Rare Disease Committee (RDC) was formed to implement the integrated strategy for rare kidney diseases, launched by the Renal Association in 2010 and was funded by Kidney Research UK and the British Kidney Patients Association. All of the activity of the strategy is in the public arena on the website www.rarerenal.org. Mark Taylor has driven this agenda forward from the beginning with major achievements. There are 3 main strands to the work:

• Developing and accrediting expert groups (Rare Disease Groups, RDGs) at a national level. To date there are 13 active groups
• Empowering patients through the production of high quality information and building patient-professional partnerships. Patient partnerships are integral to the RDGs. This has already largely delivered by the groups.
• Developing a patient registry (renalAKI) in the first instance to help to assemble high definition information on rare diseases and a platform for identifying patient cohorts for translational research. Patients with adopted rare diseases can now be registered on in Radar under the RPV umbrella.

Mark is now handing over the chairmanship & I would like to sincerely thank him for the hard work, determination and his achievements, the results speak for themselves.

Equal Opportunities Committee (EON): Chair, Claire Sharp (2012-2015)

The important work of the EON committee continues. Claire writes to all newly appointed Renal Consultants in the UK and also receives updates on appointees from the Royal college of Physicians on a quarterly basis. At Kidney Week the EON have invited an employment advisor from the BMA to be talking about organising and planning part time contracts. Claire is compiling a list of renal doctors that work less than full time. Please contact Claire if you can help with names.

Terminology Committee: Chair

Alfaz Chaudhry (2011-2017)

This committee was created in 2011, formed specifically between the Renal Association and the Renal Information Exchange Group, to advise the patient bodies and through them the UK Terminology Centre on all aspects of SNOMED CT codes relevant to the practice of Nephrology in the NHS. This Committee will build upon the work led by Mark Taylor and Simon Howlett. Nephrology being the first medical specialty in the UK with a defined official SNOMED subset. Keith Simpson spoke at the recent fees forum describing the imminent creation of a data warehouse where all sources of data on patients with renal disease can be fed. This will allow linkage of different datasets with huge potential for significant output.

Renal Patient View Committee (RPV): Chair, Neil Turner (2008-2014)

Renal Patient View (RPV) allows patients to access the latest results and other info via a secure Internet login covered by a modest annual charge to participating units. Neil has driven this remarkable process forward. There are now 33,000 patients registered, 1/3 pre-diagnosis with encouraging usage figures, 2/3 registered patients logon each month. Input of patient reported outcomes (PROMS) are key to delivery of a responsive high quality healthcare service. RPV is being considered as a platform to deliver these sorts of information, linking with UK Renal Registry. This is now being used to explore possibilities in non-renal specialties.

Medical Director, UK Renal Registry (UKRR): Fergus Caskey

Fergus is first UKRR Medical Director (dedicated 5 sessions/week). He described a focus on delivering timely UKRR reports. UKRR has been keen to work with NHSE via Renal database collaboration to update the National Renal Data Set which at present has >800 data points with a view to reduce the number of mandatory data points focussing on those which are clinically relevant. From January 1st UKRR codes ontology of CKD under EDA-ERA primary Renal Diagnosis Code. Key is to increase completeness of co-morbidity data returns from Renal Units to enable comparative mortality reports. Return of non-renal data will be interpreted as non existing (at present co-morbidity is recorded in 60% patients only). Under leadership of Ron Cullen and Fergus a large amount of work including being a key player in the developing AKI project is underway.

The UKRR identifies significant variation in patient outcomes between units. How this can be used to reliably inform quality Assurance in outlying Renal Units is being explored. A key first step must be to ensure data is valid (Co-morbidity as a major example). Any process must be supportive. Discussions have taken place with RCP as there is a mechanism in existence. It is likely that Commissioners might wish to see these data.

Overall the contribution of the RA to improving care of patients with kidney disease is substantial.

Dr Graham Hipkinson

Clinical Vice President

The Renal Association
The Registry’s original Section 251 permissions allowed it to collect data on patients with end-stage renal disease, originally interpreted as meaning renal replacement therapy and later extended to all stage 5 chronic kidney disease. In 2013, however, these permissions were extended in two ways, first into CKD 2-4 and second into dialysis-dependent acute kidney injury (AKI). A CKD Study Group was established (chaired by Professor Nigel Brunkill) and systems established for the Registry to receive copies of primary care data extracted from GP practices using the tool developed as part of the IMPAKT study. To date no CKD 2-4 data have been extracted from renal IT systems, partly because we wait for a mandate from the renal community to do so and clarify the funding of such work and partly to avoid making too many demands on renal units and IT suppliers ahead of the Renal Data Collaboration.

A lot of work has been done on the new AKI dataset. James Medcalf and others began with a pilot study manually collecting data on cases of AKI requiring dialysis, establishing feasibility and informing initial work on a potential dataset for AKI. A full report on this work is in preparation. These patients represent only the tip of the iceberg, however, and the Registry is now working with NHS England and the National Clinical Director for renal services in England, Dr Richard Fluck, on a programme of work around all stages of AKI. This two year programme has workstreams focussed on risk, education, detection, intervention, implementation and measurement, with patient representatives, GPs and commissioners working alongside adult and paediatric nephrologists to prevent and reduce harm from AKI in the community and in hospitals. Although originally funded by the equivalent of NHS England, this programme of work has clear implications for services in Wales, Scotland and Northern Ireland and colleagues in these countries are being kept involved in this development work so that it will work for all.

From a personal perspective, the most welcome progress has been the very recent decision by NHS England to fund a programme of work around patient reported indicators – patient reported outcome measures (PROMs), i.e. quality of life and symptom burden, patient reported experience measures (PREMs), patient activation measures and measures of shared decision making. The first meeting to kick this off was arranged by Prof Donal O’Donoghue, then National Clinical Director, back in January 2009. This is a huge step forward for the Registry and probably appears to most people to be so obviously the right next step not to require much thought, but there are important lessons to be learned before we think of making this routine at a national level, such as how to best collect the data and then how to make it available and useful in the dialysis unit/clinic. Pilot work on collecting patient reported indicators should be able to begin later this year, but again it will then need to be decided if and how these items should become routinely collected and how this should be funded on an ongoing basis.

Perhaps it is serendipitous that it has taken this long for the Registry to begin collecting patient reported indicators, as innovations in information technology being brought to Registry as part of the Renal Data Collaboration are going to fundamentally change the way the Registry exchanges data. This collaboration, led by Dr Keith Simpson formerly of the Scottish Renal Registry, represents a partnership between the UK Renal Registry and the Scottish Renal Registry, PatientView, the Rare Diseases Registry (RADAR) and the British Association of Paediatric Nephrologists. Following a successful proof of concept exercise in December 2013, a contract has been signed with InterSystems to develop a new single data warehouse that will feed each of the partner organisation’s systems. This platform will conform to the evolving information standards requirements of the NHS and be capable of receiving data on a daily or more frequent basis from renal IT systems, as PatientView currently does. The Health and Social Care Information Centre has been extremely helpful in an advisory and practical capacity, allowing us to become early adopters of new data models they have been developing with, for example, colleagues representing national laboratories and the dictionary of medicines and devices. Renal IT suppliers tell us they are also keen to move to these new information standards and we hope soon to be able to provide more details about the project and in particular our proposal for transition to the new system, on a centre-by-centre basis.

While quality assurance remains the primary purpose of the Registry, the importance of realising the research potential of its infrastructure and dataset has been recognised by the Renal Association in its decision to make research a key objective of the new Medical Director role. Both functions require evidence of data quality and plans are afoot to establish routine source data verification, similar to that undertaken in clinical trials. A new study group, the Research Methods Study Group, has been established to consider challenging methodological issues arising in routine analyses and to identify and fine tune ideas for grant applications and publications in high impact medical journals. New ways of inspiring and training the applied renal researchers of the future will be identified, perhaps moving away from the traditional renal registrar fellow model. In the meantime I am delighted to report that the Registry has supported a fourth fellow (Dr Clare Castledine) to successful award of her PhD on variation in renal service provision in the UK. We are also about to appoint the British Kidney Patient Association Tony Wing fellow to undertake research looking at the impact of developing kidney failure in childhood or adolescence on socio-economic outcomes. The last 12 months have seen big changes in the organisation of both the NHS and the Registry. The reorganisation of much of the Department of Health into NHS England, loss of NHS Kidney Care and replacement of primary care trusts with clinical commissioning groups created a definite hiatus from which, it feels, we are now emerging. As these organisations (re-)constitute, we are receiving an increasing number of requests for new data items to be added to the Registry’s dataset and new levels for data to be reported at. The Registry has been very fortunate during this period to have had Ron Cullen, with his years of experience working at the Department of Health, and more recently Dr Richard Fluck, as National Clinical Director, working to keep it apace of the evolving political and technological developments so it can continue to provide a world leading quality assurance and research service to our patients.

Dr Fergus Caskey
Medical Director
The UK Renal Registry
BAPN REPORT
- DR JANET TIZARD

I am particularly grateful for the support I have received, over the last year, from the RA Trustees and the members of the BAPN Executive Committee.

In 2013 the BAPN executive met quarterly and we reported back to the BAPN at the Annual General meeting at the RA/BTS annual meeting in Bournemouth and also at our annual winter meeting in Birmingham. We had scientific contributions at each of these and at the nephrology day at the Royal College of Paediatrics and Child Health (RCPCH) annual meeting, the Surgical Challenges meeting and many other regionally organised meetings. We continue to support the plans for closer collaboration with the British Renal Society and we are aiming to promote multidisciplinary membership of the BAPN. In 2013 we contributed to the document Kidney Health: Delivering Excellence, in which we identified the development of paediatric nephrology networks and transition as two key areas to consider in order to improve the quality of care for children with renal disease.

In June 2013 Martin Christian took over from Sally Feather as Honorary Secretary of the BAPN. In addition to this role he has been very involved in the development of paediatric renal networks. He has linked with the National Peer Review programme and together with Dal Hothi, Chair of the Clinical Services Committee, members of the multidisciplinary teams, local paediatricians and myself, we are developing a programme of peer review of the paediatric nephrology networks which we hope will lead to improving standards of care. Dal Hothi has also been integral to further development of networks including the proposal for a network for Home Haemodialysis in children.

As part of our increasing integration with the RA our Communication Officer, Andy Lunn, has worked with Jim Moriaty and MCI to merge the BAPN website into the new RA website and we are delighted that this is now live and hope to develop the BAPN area of the website further over the next year. We are very grateful to Andy Lunn for his efforts with this and also for his continuing support with the monthly enews which is now increasingly useful for disseminating information to the BAPN.

Last year Jan Dudley took over from David Milford as Chair of Standards and Guidelines committee. Jan Dudley is continuing to facilitate the links with the RA adult guideline committee to develop guidance across all ages. She has also led the infoKID project - a partnership project of the Royal College of Paediatrics and Child Health (RCPCH), the British Kidney Patient Association (BKPA) and the BAPN, which has now produced 46 high quality, information standard accredited, web based, leaflets on a wide variety of renal topics and conditions. This was recently launched and has already received very positive feedback. (www.infoKID.org.uk).

Over the last year the BAPN CSAC chaired by Maggie Fitzpatrick has supported the introduction of a new RCPCH initiative - START (Specialty Trainee Assessment for Readiness of Tenure) developing specific areas of assessment for paediatric nephrology trainees. Together with colleagues Maggie Fitzpatrick continued to provide individual support to all paediatric nephrology trainees at the bi-annual training days. This support is much appreciated by all trainees. The trainees, led by Sheetal Bhojani and Jelena Stojanovic, actively participated in many areas of the BAPN. Our SPIN (Special Interest in Nephrology) link Munir Ahmed has been promoting the special study modules for training in Paediatric Nephrology for general paediatricians and we hope that this will increase the number of SPIN doctors able to support networks across the UK.

The paediatric registry committee has continued to thrive under the leadership of Manish Sinha. All returns to the renal registry will be paperless for 2013. There has been increasing benefit from the close links with the European Society for Paediatric Nephrology (ESPN) ERA-EDTA registry with collaborative publications in the last year including subjects such as renal replacement therapy in the neonatal period, growth, obesity and dyslipidaemia. The Tony Wing Fellow, established in memory of Dr Tony Wing by the BKPA and Kidney Research UK has now been appointed. This will be a great step forward in helping to integrate the paediatric and adult registries which will provide important data on the period of transition.

The role of research secretary is shared between Richard Coward and Sally Hulton, with Richard Coward chairing the Paediatric Nephrology Clinical Studies Group. The integration with the RA was further enhanced with the election of Moin Saleem to the Chair of the RA Research Committee and paediatric nephrology research will benefit as both he and Richard Coward are also members of the UK Kidney Research Consortium. The large national studies PREDNOS, PREDNOS 2 and HOTKIDS have been actively recruiting patients.

Arvind Nagra has taken over from Judith Van der Voort as treasurer of the BAPN. In addition to ably managing our finances she has led the BAPN in the field of transition having developed and promoted widely a comprehensive transition programme. She has also contributed to the development of a generic transition service specification which will be used by all paediatric and adult nephrology services.

I would like to thank all those who demitted office in 2013 especially Sally Feather, David Milford and Judith Van der Voort for all their contributions to the BAPN. I am also very grateful to the many others who have contributed to the work of the BAPN over the past year and particularly to Martin Christian whose support as Honorary Secretary has been exceptional.

Dr Jane Tizard
President
British Association for Paediatric Nephrology
The Renal Association had an overall deficit of £50,954 in 2013, largely as the result of expenditure on the upgrade of the Association’s web site and a deficit of £24,285 on the joint conference with the British Transplantation Society.

Individual membership was stable at 1090 and there was an increase in the number of corporate members from five to eight; subscriptions, individual and corporate, remained the major source of income. Surpluses from the Advanced Nephrology Course and the Specialty Certificate Examination also made a contribution.

The Renal Registry Fund had a surplus of £1,090,965 at the end of 2013 (2012: £1,1331,581 to £2,422,546. Total reserves equate to approximately 16 months of expenditure across the Renal Association and UK Renal Registry.

Overall, the finances of the Renal Association and of the UK Renal Registry remain secure. For the future, the priorities are to try to ensure that the Annual Conferences do not make a significant loss and to increase the number of corporate members.

I demit from the post of Honorary Treasurer in September 2014 so this is my last annual report. I have very much enjoyed my time as Treasurer and I am sure that the Renal Association will be in capable hands.

Prof Jonathan Fox
Honorary Treasurer

The Renal Association Fund had decreased from £365,060 to £314,104, and the Renal Registry Fund had increased from £1,1331,581 to £2,422,546. Total reserves equate to approximately 16 months of expenditure across the Renal Association and UK Renal Registry.

Compared with the end of 2012, the Renal Association Fund had decreased from £365,060 to £314,104, and the Renal Registry Fund had increased from £1,1331,581 to £2,422,546. Total reserves equate to approximately 16 months of expenditure across the Renal Association and UK Renal Registry.

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 2013, broken down into their component parts.

For further details, please see the full financial statement for 2013 which is available at www.renal.org.

The Renal Association holds 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 PatientView which is funded by capitation fees (Scotland excepted).

Prof Jonathan Fox
Honorary Treasurer
The Renal Association
THE RENAL ASSOCIATION - STRUCTURE

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 2013 the AEG Raine Award was awarded to Andrew Hall.

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 2013 the Lockwood Award was presented to Neeraj Dhaun.

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 present work at the Renal Association annual meeting. In 2013 the Walls Bursaries were awarded to Chee Kay Cheung and Paul Brenchley.

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 2013 Bursaries were awarded to Amy Orme, Haresh Selvaskandan, Matthew Steel, Oscar Swift, Sanveer Tiwana, Siyamini Vythilingam, Stephen Chapman, Wei Keith Tan.

AMGEN Bursaries
In 2013, 10 AMGEN Bursaries were awarded to the higher scoring Renal Association member abstract applicants. The recipients were:

- Alexander Hamilton
- Andrew Bentall
- David Long
- Eoin McKinney
- James Fotheringham
- James Tomlinson
- Jennifer Huang
- Jennifer Pinney
- John Atkinson
- Rishi Pruthi
2013 NEW MEMBERS

Dr Zahid Farooq Baig
Dr Sanjeevi Balakrishnan
Dr Mark Bradbury
Mrs Fiona Braddock
Dr Victoria Brodiebank
Dr David Broodbank
Dr Maria Anna Casula
Mrs Christine Catley
Dr Chris Chang
Dr Rauri Clark
Mr Ron Cullen
Dr Wen Yi Ding
Dr Philippa Dodd
Dr James Donnelly
Miss Hilary Dufford
Dr Barbara Flower
Dr Antje Furstenberg
Dr Srujana Ganti
Dr David Gardner
Dr Julie Gilg
Dr Harjeet Golar

Dr Sanjana Gupta
Dr Mohammed Hameed
Dr Ahmed Hamoud
Dr Seuda Hassan
Dr Andrew Henderson
Dr Rebecca Herbert
Miss Katherine Hull
Dr Richard Hull
Dr Rebeka Jenkins
Mr Paresh Jogia
Dr Parminder Judge
Dr Lindsey Keir
Dr Kunaal Kharbanda
Dr Jon Jin Kim
Dr Katie Lane
Dr Kevin Loudon
Dr Mabrouka Maamra
Dr Tamara Mallett
Dr Gareth McKay
Dr Moha Mohamed
Dr Martin Mraz

Mrs Sarah Ofori-Arisah
Dr Michaela Pettrie
Dr Gayathri Rajakaruna
Dr Neil Roberts
Miss Nichakarn Ruttanaporn
Dr Adam Sambo
Dr Tanjit Singh
Miss Laura Smyth
Dr Helen Stannard
Mrs Margaretha Steenkamp
Dr Edward Stern
Dr Sokratis Stoumpos
Miss Sheera Sutherland
Dr Anisha Tanna
Dr James Tomlinson
Dr Tabitha Turner-Stokes
Dr Diana Vassallo
Dr Dean Wallace
DR Emma Watson
Dr Saleh Zazdani

CORPORATE MEMBERS 2013
DATES FOR YOUR DIARIES

Advanced Nephrology Course
Monday 5 to Friday 9 January 2015

52nd ERA-EDTA Congress jointly with The Renal Association
Thursday 28 May to Sunday 31 May 2015