## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</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>Review of the Year</td>
<td>5</td>
</tr>
<tr>
<td>Academic Affairs Board Report</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Affairs Board Report</td>
<td>8</td>
</tr>
<tr>
<td>UK Renal Registry</td>
<td>10</td>
</tr>
<tr>
<td>BAPN Report</td>
<td>12</td>
</tr>
<tr>
<td>Treasurer Report</td>
<td>14</td>
</tr>
<tr>
<td>The Renal Association - Structure</td>
<td>16</td>
</tr>
<tr>
<td>Awards and Bursary Winners</td>
<td>17</td>
</tr>
<tr>
<td>New Members</td>
<td>18</td>
</tr>
<tr>
<td>Corporate Members</td>
<td>19</td>
</tr>
<tr>
<td>Dates for your Diaries</td>
<td>20</td>
</tr>
<tr>
<td>Notes</td>
<td>21</td>
</tr>
</tbody>
</table>
Executive Committee Officers and Trustees

Trustees

Past President (to May 2014)                      Dr Charlie Tomson
Past President (from May 2014)                  Prof David Wheeler
President-Elect (to May 2014)                   Prof Bruce Hendry
President (from May 2014)                      Prof Bruce Hendry
Honorary Secretary                             Dr Alison Brown
Honorary Treasurer (to May 2014)               Prof Jonathan Fox
Honorary Treasurer (from May 2014)             Prof Neil Sheerin
Academic Vice-President                        Prof Fiona Karet
Clinical Vice-President                        Dr Graham Lipkin
British Association of Paediatric Nephrology (BAPN) President Dr Jane Tizard

Ex Officio

National Clinical Director for Renal Services England Dr Richard Fluck
Specialty Advisory Committee (SAC Renal Medicine Chair) Prof Simon Davies
British Association of Paediatric Nephrology (BAPN) Honorary Secretary Martin Christian
Honorary Secretary                             Dr Yook Mun Woo
Associate Specialist Rep                        Dr Partha Das
Specialist Registrar SpR Club Rep              Dr Mick Kunwenda
Society for District General Hospitals (DGH) Rep Dr Simon Ball
British Renal Society President                Prof Neil Turner
Renal Patient View Chair                       Dr Amy Jayne Mcknight
Renal Scientists Working Party Chair           Richard Moore
Representative for Wales (to September 2014)    Dr Aled Phillips
Representative for Wales (from September 2014)  Prof Peter Maxwell
Representative for Northern Ireland            Dr Mark MacGregor
Representative for Scotland                     Dr Andrew Connor
Green Nephrology                               Prof Phil Kalra
Chairman of the National Institute for Health Research (NIHR) Speciality Group

Executive Committee (Appointed)

Education & Training Committee Chair          Dr Jeremy Levy
International Committee Chair                 Prof David Goldsmith
Research Committee Chair                      Prof Moin Saleem
Clinical Services Committee Chair             Dr Alastair Hutchison
Clinical Practice Guidelines Committee Chair  Dr Andrew Lewington
Equal Opportunities in Nephrology Committee Chair Dr Claire Sharpe
Rare Disease Committee Chair (to May 2014)     Dr Mark Taylor
Rare Disease Committee Chair (from May 2014)   Dr Detlef Böckenhauer
Terminology Committee Chair                   Dr Azal Chaudhry
Communications Officer                        Dr Jim Moriarty
Renal Patient View                            Prof Neil Turner
Medical Director, UK Renal Registry           Dr Fergus Caskey
Director, UK Renal Registry                   Mr Ron Cullen

Executive Committee (Elected)

Elected Renal Scientist                        Dr Mark Dockrell
Elected Member                                 Dr Paul Warwick
Elected Member                                 Prof Moin Saleem
Elected Member                                 Dr Indranil Dasgupta
Elected Member (to May 2014)                   Dr Alastair Hutchison
Elected Member (from May 2014)                 Dr Andy Stein
Elected Member                                 Dr Rebecca Suckling
Elected Member (to May 2014)                   Dr Claire Sharpe
Elected Member (from May 2014)                 Dr Richard Haynes
Elected Member                                 Prof Sunil Bhandari
Elected Member                                 Dr Michael Robson
First and foremost we are delighted to announce that Donal O’Donoghue will be the next President of the Renal Association, taking office at the June 2016 AGM. Many members will remember that Donal has been elected to this role before, but had to step down when appointed as National Clinical Director for Kidney Care in January 2007. We are delighted that he now has the chance to serve The Association as President. Donal brings a wealth of experience and expertise as well as new perspectives that will benefit our organisation.

We have been working hard with the ERA-EDTA Congress Scientific Committee to ensure that the Renal Association is well represented during the 2015 joint Annual Meeting running from 28 – 31 May at the ExCel Centre in London. You will recognise many of the usual highlights of our Annual Meeting in the programme, including our named lectures and Raine session featuring the 2015 Raine Award winner James Fotheringham. We look forward to welcoming colleagues from Europe and further afield and sharing a great educational and scientific programme.

We continue our close collaboration with the British Renal Society and are well advanced in planning a joint meeting (UK Kidney Week) in 2016, which will be held at the International Convention Centre in Birmingham between 7 – 10 June. We have also built stronger links with Kidney Research UK and have benefitted from Sandra Currie’s input as an invited member of the Trustees.

Special thanks go to the Registry team, led by Ron Cullen and Fergus Caskey, who are working both on the core business of national audit as well as on a number of exciting additional projects. We have developed a robust process for management of “outlier” units and should soon have a centralised Acute Kidney Injury alerting system in operation. The Rare Diseases initiative continues to evolve under the capable leadership of Detlef Bockenhauer and will become a valuable platform for research over the next few years.

I would like to finish by acknowledging the dedication of the Trustees, Committee Chairs and Executive Committee. These individuals work tirelessly, usually in their spare time, to keep our organisation running smoothly. I had a period of enforced medical leave in March and April of this year and I want to express my thanks to all who took over RA duties in my absence and in particular David Wheeler for his huge contribution as Acting President.

Bruce Hendry
President
The Renal Association
April 2015
2014 has been a busy year, with impressive activity from all the Renal Association Executive and Committees, and a great deal of hard work by our President Bruce Hendry to help shape the future activities of the Renal Association and the UK Renal Registry (UKRR).

- The final draft of the strategic plan agreed by the Trustees last year has now been posted on the website, and this lists our key aims for the next few years. Foremost amongst this is to continue to work more closely with the BRS.

- We have invited the National Kidney Federation (NKF) and the British Kidney Patient Association (BKPA) to nominate a representative from each organisation to join the RA Executive, which we hope will result in even closer working between our organisations in future.

- RA President Bruce Hendry has worked with the ERA-EDTA Scientific Programme Committee and David Goldsmith, President of this year’s Congress, to ensure that the UK and the RA are well-represented in this year’s joint conference in partnership with ERA-EDTA.

- Almost 2,600 abstracts were submitted to the Conference, with the largest number being from the UK (289).

- We are delighted that the following eminent UK nephrologists have agreed to give the RA named lectures at the 2015 conference:
  - The de Wardener lecture will be given by Prof David Jayne
  - The Osman lecture will be given by Prof Robert Kleta
  - The Chandos lecture will be given by Prof Ken Farrington

- The 2014 Raine Award winner is Thomas Hiemstra.
- The winner of the 2014 Lockwood Award is Jonathan Wong.
- The 8 Renal Association Medical Student Elective Bursaries of £250 each were awarded to M Dey (Cambridge), R Batley (St Georges), R Penfold (Oxford), A Ritson (Cardiff), O Adesalu (Newcastle), R Sethi (KCL), A Kirupanandan (Glasgow) and D Mac Lochlainn (UCL). We were pleased to see a good geographical scatter of applicants and awards.

- Almost 2,600 abstracts were submitted to the Conference, with the largest number being from the UK (289).

- The membership at the end of 2014 was 1025.

- We have had several queries about reduced membership fees for LTFT workers. We are currently exploring the possibility of offering reduced fees.

- We have set up a “Consultations” webpage where details of all consultations and all those invited to respond on behalf of the RA, are listed. This will help members to submit any comments during consultation periods, and acknowledges the time and enormous effort contributed by authors.

Finally, I am very grateful for the input from so many of you who have responded to my pleas for help with all aspects of the work of the Renal Association. I look forward to a great European conference here in the UK!
Academic Affairs Board Report
- PROF FIONA KARET

This report includes information provided by the Chairs of the committees operating under the Academic Affairs Board (AAB) heading: Research (Moin Saleem), Education and Training (Jeremy Levy), International (David Goldsmith) and Rare Diseases (Detlef Böckenhauer), with additional reporting from the BAPN (Richard Coward) and from the Chair of the UKKRC (Paula Ormandy). Elected Exec members Sunil Bhandari and Mark Dockrell also sit on the AAB. Thank you to all.

Research Committee
The committee has had ongoing discussions about completion/redevelopment of the planned Research Database. This was necessary because disappointingly, the original developer became no longer able to assist, before the database was fully functional. The Research Committee (backed up by the Exec at its recent meeting) agreed this would be really useful and could include skills, reagent and training sharing, as well as fostering links with industry. However, it is unlikely it can simply be bolted on to the KRUK alumni database (one recent idea) and KRUK are considering the feasibility of funding its development.

There is a big overlap between the Renal Scientists’ Working Party (chaired by Amy-Jayne McKnight) and the main research committee, and it is felt that better coalescence without losing the status of either would be preferred. Thematic divisions rather than any based on letters after people’s names might be a route to delivering this, and further discussions are ongoing.

Clinical trials methodology training has been on hold while Dorothea Nitsch has been on maternity leave. It is hoped to offer a course at RA/BRS next year.

Education and Training
The Advanced Nephrology Course in January was as successful as ever, and its continued high-quality delivery remains a major achievement. Continuing thanks go to the course organizers, Sunil Bhandari and Paul Harden. In future, offering a discount to RA members is hoped to bolster RA membership take-up.

The renal specialty exam continues (and is a source of income for the RA) and there is forward movement on the European equivalent (possibly to be offered from 2017) though MOUs etc. remain to be completed and signed.

‘Think Kidneys’ is a programme for care improvement in people at risk of or having AKI https://www.thinkkidneys.nhs.uk/ Its education and training materials would benefit from RA endorsement, as would educational material on patient safety more widely; NICE ratification is also being sought.

Other educational materials: there is good PD material generated by the PD Academy, and the possibility of making this available online is being investigated. It would also be beneficial if the Renal Association is able to use material presented at the ERA-EDTA.

The Renal Association has been represented by Jeremy Levy at various RCP careers workshops during the year. Finally, the SpR club is an active educational group, and met recently in Cambridge.

International
David Goldsmith has been right at the heart of things lately, as local organizer for the current ERA-EDTA/Renal Association joint meeting at which this report will be presented! It’s a big job, so congratulations David.

Rare Diseases
At more than 100/month, the current registration of patients onto RaDaR (the Rare Renal Diseases Registry held within the Renal Registry) has more than doubled the portfolio estimates and these have
been revised upwards. Importantly, there is continuing patient demand for RaDaR progress. Ethical approval has been renewed this year.

Two new groups have been approved in principle: progressive IgA nephropathy and calciphylaxis. However, there have been some finance issues that have slowed overall progress. Fortunately, discussions with Kidney Research UK and the British Kidney Patient Association have led to a successful resolution.

The NIHR’s Translational Research Collaboration includes a renal theme, on which I lead. To qualify for funding, researchers must be based in, or allied to, a Biomedical Research Centre or Unit or a Clinical Research Facility. To date, three projects (concerning progressive IgA, MPGN and UMOD nephropathy) and a Fellowship (on pregnancy and renal disease) have been funded through this scheme.

**UKKRC**

The UKKRC met in December at which point Paula Ormandy (research chair of BRS) took over the Chair’s role, which rotates biennially between the RA, the BRS and KRUK. Sincere thanks go to Tim Goodship for steering the Consortium for the past 2 years. Information about the UKKRC is now available on both RA and KRUK websites [http://www.renal.org/about-us/what-we-do/joint-activities/uk-kidney-research-consortium#sthash.QLZHvEgq.dpbs](http://www.renal.org/about-us/what-we-do/joint-activities/uk-kidney-research-consortium#sthash.QLZHvEgq.dpbs) and [https://www.kidneyresearchuk.org/research/ukkrc](https://www.kidneyresearchuk.org/research/ukkrc)

A new Exercise group has been formed, led by Dr Sharlene Greenwood (King’s London) and Prof. Tom Mercer (Queen Margaret University, Edinburgh). This brings the total number of CSGs to 12.

The National Research Strategy Steering Group, which I am chairing, reports to the UKKRC. Having obtained an excellent response to the first round of consultation, the first draft has proved complicated to complete but for good reason: all the major stakeholder organizations (and therefore varying approaches) are in the group! The 2nd round of consultation (on the completed draft) is imminent.

**BAPN**

Welcome to David Hughes, the BAPN’s chair, (replacing Jane Tizard), who will become a trustee of the RA. The BAPN is currently setting up a number of research study sub-groups to develop research ideas. This is in collaboration with KRUK. It is hoped they will be able to feed into the adult Clinical Study Groups to give added value to the UKKRC.

**Prof Fiona Karet**

*Academic Vice President*

*The Renal Association*
Clinical Affairs Board Report

- DR GRAHAM LIPKIN

The CAB is chaired by the Clinical Vice President and includes the Chairs of the Clinical Practice Guidelines (CPG), Clinical Services Committee (CSC), Renal Patient View (RPV), Terminology Committee and Rare Disease Committee (Chair sits on both academic and clinical boards), the Medical Director of UKRR and National Clinical Director (Ex Officio).

Key Service Issues:

NHS Reorganisation: The NHS 5 Year Forward Review.

NHS England, Scotland, Wales and Northern Ireland continue to recover from the challenges of recent reorganisations whilst facing severe financial constraint which poses major challenges to maintain and build on high quality service delivery. The NHS five year forward view, published in October 2014 by CEO Simon Stevens, sets out the further case & plans for change. A vision for the future based around seven new models of care will undoubtedly offer opportunities but also many challenges to Renal Units. The Renal Association Clinical Affairs Board has constructively engaged with Commissioners, NHS England, other professional bodies and patients to enable best care for our patients in a financially responsible manner. The UK Renal Community faces major challenges over the next 5 years. The Renal Association receives and responds to a large number of Consultations on relevant professional matters, including those from NICE, NHS England and others on behalf of members. This reflects considerable work. I would personally wish to thank those who have been involved. Individual recognition is now ‘in lights’ on the Renal Association Website www.renal.org.

Commissioning of Services & Tariff

1. Tariff: Last summer, Monitor published draft Tariffs for Renal services, which proposed a draconian 15% cut in reimbursement for dialysis. The Renal Association responded robustly to the consultation. Close & effective engagement with the British Kidney Patient Society (BKPA), National Kidney Foundation (NKF) and the British Renal Society (BRS) led to meeting with Monitor resulting in reversal of this decision & ‘role over’ of current Tariffs whilst maintaining a new Tariff for acute dialysis for AKI. It will be more important than ever that Clinical Directors engage in the annual reference cost development by Trusts. The RA will continue to offer support to Monitor.

2. Commissioning Model for Renal services: NHS England proposed moving from Central Commissioning (Tier 1) to Commissioning by CCGs (Tier 3). This change, which was pursued without consultation & represented a real risk to renal service delivery; lack of National Oversight, geographical variation in services, loss of the close educated relationship between highly Specialised Commissioners and Renal Units. The Renal Association again responded strongly and then engaged again with patients and partner organisations leading to a meeting with Earl Howe who agreed to postpone these plans for 2015.

The Renal Association stressed willingness to engage and inform further in future discussions of tariff and commissioning model. The collaboration working of patient and professional bodies has been highly effective and I intend this to be a model for the future.

Clinical Services Committee (CSC). Chair: Alastair Hutchison (2013-2016)

Alastair continues to effectively lead this group & delivered another highly evaluated Clinical Directors Forum:

• Renal Association/British Renal Society Patient Safety Group.

Improving patient safety, par excellence is a multi-professional task. Building on Paul Rylance’s excellent work in this area, the CSC has enabled development of a Joint Committee with the BRS. This new group will be proactive as well as reactive to patient safety issues & engage with the Registry.

• CSC members commit to act as reviewers with others of newly drafted draft Renal Association clinical practice guidelines.


Andy continues to drive this forward with great energy and success, maintaining NICE Accreditation. This requires enormous work on the part of guideline writers and reviewers. There are currently 15 CPG and a number of joint guidelines. All these require 3 yearly reviews. We recognise the enormous time and devoted effort required by Renal Association members (as well as increasing MPT input) and are keen to give further support for this ‘Jewel in the Crown’ of the Renal Association. We are pursuing plans with BMC publishing to publish online up to 3 guidelines each year.

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

Fergus is the first Medical director of the UKRR & is at the forefront of innovation. There have been further innovative developments in Registry reporting, new website, expansion of support into critical new areas including the AKI
and CKD improvement projects. The Renal Data warehouse development, Radar oversight are but few of its many developments reported at the recent UK Registry Annual Audit. Fergus will present key developments.


Neil’s leadership continues to result in enormous progress in this ground breaking area. There are around 40,000 users with a remarkably high ongoing usage by patients. The group should be congratulated on the migration to Patient View 2 platform on 20 January which has substantial enhanced functionality to tablet and mobiles. The model is being adopted by other specialities.

**Equal Opportunities in Nephrology Committee (EON). Chair: Claire Sharpe (2012-18)**

Claire’s committee is assessing work over past 2 years in offering mentorship of recently appointed Consultant Nephrologists and is turning its attention to non-career grade Nephrologists who may well become an even more important element of the workforce.

**Terminology Committee. Chair: Afzal Chaudhry (2012-17)**

Afzal-chairs the joint RA / RIXG committee to advise the parent bodies and through them the Terminology Centre (UKTC) on all aspects of SNOMED CT codes relevant to the practice of Nephrology in the NHS-expert ongoing work in this key role.

**Ongoing Initiatives?**

1. **Patient Safety Initiative**: Development of Renal Association/BRS Joint Committee with links to Registry/ NRLS involving the multi-professional team.
2. **Renal Association/UK Renal Registry**: Proposal for Development of a Joint National Quality Improvement partnership. (see overleaf)
3. **Collaborative working of RA with patient groups for improvement in Service delivery, R&D; BKPA and NKF.**

**4. Kidney-Quality Improvement Partnership (K-QuIP)**

**Steering Group (strategic)(TOR)**
- Identify national priorities
- Develop 2 key National Projects
- Education champions (QI, good practice, methodology)
- Communication (Website development, Conferences)
- Reporting to partner organisations, Support local /Regional Champions
- Identify funding
- Develop annual meeting (Conference?)
- Metrics Resource for Regional & Local Projects
- Support implementation

**Regional**
- Identify Regional Priorities (key National)
- Education (QI, good practice, methodology)
- Support Trust/Regional champions
- Communication
- Identify funding (AHSN, NHSIQ? )
- Incorporate QI into Regional Network Meetings
- Share good practice
- Support implementation

**Local Trusts**
- Identify QI lead s (Nephrologist/Senior Nurse) Identify local Priorities (Regional National)
- Education (local Governance Meeting)
- Feed ideas for QI to Region and National groups
- Communication
- Identify funding (AHSN, NHSIQ? )
- Incorporate QI into Regional Network Meetings
- Share good practice to Network
- Support implementation

**Dates of next CAB meetings**

- 30 June 2015
- 22 September 2015

Dr Graham Lipkin
Clinical Vice President
The Renal Association

www.renal.org
The Registry continues to make solid progress against its four year plan. The key area being the UK Renal Data Collaboration project, this will provide the infrastructure and a firm foundation for expanding the scope of the work undertaken by the Registry and collaborating partners. Other initiatives outlined below contribute to quality improvement within the Registry and ensure that all with a vested interest have an opportunity to influence the direction and work of the Registry.

The UK Renal Data Collaboration

The UK Renal Data Collaboration brings together nine major organisations with an interest in collecting routine renal health data (Figure 1). It has been in development for several years now, but took a major step forward in December 2013 when it successfully completed a feasibility and pilot project with Intersystems®. Following this, and with approval from the Renal Information Governance Board (RIGB) of the Renal Association, the Registry proceeded to purchase the necessary hardware to house Intersystems® HealthShare® database and obtain the necessary information governance permissions. As of January 2015, data is flowing into the new UKRDC data warehouse.

For renal units, commissioners and patients, this is likely to lead to a number of noticeable benefits:
- Data will be collected from renal units daily (rather than at the end of a quarter) and so the Registry will have a dataset that (1) contains all laboratory results from the quarter not just the latest one and (2) is a real-time copy of the local renal IT system
- It will be possible to improve and standardise data extractions and transfers with the ultimate aim of being able to transfer a patient’s electronic health record between renal units, with the patient’s permission, as required for continuity of clinical care
- Only one data extraction routine will be required (rather than one for each of the partner organisations) making it easier to maintain mapping and therefore data completeness
- 2-way data communication will become possible between renal units, the Registry and patients.

An update of the Registry’s Dataset

Recognising the changes that lie ahead with the implementation of the UK Renal Data Collaboration, the Registry released the latest version of its dataset in September 2014. The main purpose of this release was to update the list of data items for the core Registry work and to enable the automation of dashboard, dialysis access audit and some CQUIN returns.

One of the main changes coming with this new dataset was the change in the extraction rules for reporting patients to the Registry. In recognition of the currently uncaptured conservative kidney management work and the huge variation in adoption of the 2009 rule to record patients at the time of their first dialysis (and meaningless 0-90 day data as a result), the Registry will move to extract data on:
- all patients with an eGFR of less than 30 on a renal unit IT system
- all patients receiving acute dialysis or plasma exchange in the renal unit.
- We are working with suppliers to achieve this through a change in the logic that identifies patients for reporting to the Registry.

The adoption of this new dataset will be mandated from the 1st January 2016, but sites may wish to work with us to adopt some features before then, such as:
- the fields to capture dashboard indicator data automatically
- the fields to capture the shared-care HD CQUIN automatically
- the fields to capture the dialysis access data automatically
- the first ever UKRR PD dataset – agreed through expert consensus.

It is also worth pointing out that the Commissioning Reference Group sent out a letter on the 2nd September 2014 that mandates the reporting of dialysis-dependent AKI from 1st January 2015.

The Acute Kidney Injury Programme

With much kidney disease being managed in primary care, it is important that the Registry develops an ability to look beyond the renal unit. The Acute Kidney Injury National Programme, which is being jointly run with NHS England and the National Clinical Director Dr Richard Fluck, has provided an opportunity to begin exploring ways in which we might do this.

Following a lot of consideration and discussion, a level 3 National Patient Safety Alert was issued by NHS England in June 2014 requiring laboratories in all Trusts in England to do two things essential for measuring AKI rates by 9th March 2015:

1. Incorporate a standard, nationally-agreed algorithm into local laboratory information management systems to identify patients with KDIGO stage 1, 2

Figure 1. UK Renal Data Collaboration
or 3 acute kidney injury and create the appropriate AKI Warning Stage Test Result for secondary and later primary care.

2. Send a file of all cases of AKI, with identifiers and serum creatinine results from the preceding and following 15 months to the UK Renal Registry.

An AKI Measurement Work Stream has been established with representation from adult and paediatric nephrology, primary care, public health, pharmacy and patients. The main purpose of this work stream is to plan the work required to validate the data, once available, and to plan the analyses for the data – from describing the epidemiology of AKI and differences between areas to using the data to study population level interventions. Health Research Authority temporary exemption from section 251 of the NHS Act 2006 has already been granted allowing the Registry to hold identifiable data and link to other health datasets.

Patient participation
It is also great to be able to report progress towards piloting the routine collection of patient quality of life, experience and activation measures in renal patients. With funding from NHS England and in collaboration with their Patient Participation Team and the National Clinical Director, the Registry has appointed a Board, co-chaired by a patient, to oversee the work. Patient reported outcomes will be reported to the Registry from pilot sites over the coming months.

More generally relating to patient participation is the news that the Registry has established, in the last 12 months, a Patient Council to oversee its work. Chaired by a patient and with 10-12 appointed patient representatives this group will advise and monitor present and future initiatives of the Registry and increase the usefulness of the Registry to patients.

Other changes
In addition to the establishment of the Patient Council, there have been a number of alterations to the organisation of study groups. In order to provide concentrated methodological expertise in one place, a Research Methods study group has been established with the aim of (1) advising on analytical issues that have arisen during core Registry work or been identified in clinical study groups and (2) evaluating and refining ideas for new high impact analyses involving Registry data.

It has also been decided to incorporate the Registry’s Chronic Kidney Disease study group into the UKKRC CKD study group.

The Measurement Workstream of the AKI National Programme will act as the Registry’s AKI study group for the duration of that programme.

Research
Two Registry related PhDs have been successfully defended in the last 12 months:
- Dr Retha Steenkamp’s PhD entitled “Multiple Imputation of Missing Data and Prognostic Survival Modelling for Incident Patients Starting Dialysis in England, Wales and Northern Ireland”
- Dr James Fotheringham’s PhD entitled “Can we measure quality and performance in renal services using routine data?”

The Registry is also increasingly becoming involved in research grant applications and in the last 18 months it has been a co-applicant on a number of successful grant applications led by groups around England:

- NIHR HTA
  - SIMPLIFIED – a registry trial of vitamin D in haemodialysis (Cambridge)
  - Bisphosphonates for osteoporosis in CKD, a linkage study (Oxford)

- NIHR SBRI D4D
  - Medicines reconciliation (UKRR and PatientView)
  - Care.Know.Do improving adherence in CKD (Atlantis HC, London)

- NIHR RPB
  - UK PDOPPS-catheter (Sheffield)

- NIHR HS&DR
  - Prognostic models for intensive care outcomes (Intensive Care National Audit and Research Centre)

Health Foundation
- ASSIST-CKD – a stepped wedge CRCT to reduce late referral (St Heliers with Kidney Research UK)
- AKI Care Bundle – a stepped wedge CRCT to reduce harm from acute kidney injury (Derby)

A number of requests for data sharing have been approved in the past 12 months and a number of projects previously approved remain open. For details see Table 1 of the Introduction to the UK Renal Registry Seventeenth Annual Report (December 2014) www.renalreg.org/wp-content/uploads/2014/12/00b-Introduction.pdf

Dr Fergus Caskey
Medical Director
The UK Renal Registry
It’s nearly 3 years since I took up the position of President of the British Association for Paediatric Nephrology (BAPN). Time has flown by and it has been a great privilege and an extremely enjoyable experience.

As BAPN President I have been a RA Trustee and also a member of the Executive Committee and Renal Information Governance Board and I have valued the support of the other Trustees and members of the RA in making sure that children are always included in adult initiatives which may benefit them.

I will be demitting office in May and I am delighted that David Hughes, Consultant Paediatric Nephrologist in Glasgow will be taking over and I know that the BAPN will be in very safe hands. It is particularly opportune timing as the Glasgow team led by Heather Maxwell has been successful in their bid to host the 2017 50th anniversary meeting of the European Society for Paediatric Nephrology (ESPN) bringing the Society back to where the inaugural meeting took place in 1967.

Over the last year the BAPN has thrived in many areas. There are now 129 BAPN members of whom almost half are consultant paediatric nephrologists. Other members include consultant SPIN paediatricians, trainees and honorary members. Our main UK meetings have included an excellent day at the RCPCH meeting in April linking with paediatric rheumatology, the RA/BRS meeting in Glasgow, where we held our AGM, the annual Surgical Challenges Meeting, hosted by the Manchester team this year and our winter meeting in Birmingham combining both a business meeting and research. The Executive Committee met three times in 2014 and the full Association met twice, at the AGM and the winter meeting.

The Research Committee is co-led by Sally Hulton and Richard Coward, who is also the Chair of the Clinical Studies Group. We are currently developing key study groups to identify areas for future research and are grateful for the support from KRUK in this initiative. The PREDNOS study, on duration of steroid treatment in Nephrotic syndrome, led by Nick Webb has now completed recruitment –this is due to excellent commitment and contributions across the UK. Other national studies including PREDNOS 2 and HOTKIDS are ongoing. The NIDUS study, assessing a new infant dialysis machine, led by Heather Lambert is another example of great collaboration within Paediatric Nephrology in the UK and is just starting to recruit patients.

As chair of the Clinical Standards and Guidelines group Jan Dudley has been collaborating with Andy Lewington from the RA on the development of national guidelines. She has also led the development of InfoKID which was supported by the RCPCH and the BKPA. InfoKID is an excellent information resource for families on many aspects kidney disease and its investigation and management. It was launched in March 2014 and has been a great success - now being accessed worldwide. There is a plan for evaluation to include the development of clinical decision aids.

The paediatric registry has continued to develop under the leadership of Manish Sinha. All centres in the UK are now reporting to the registry electronically. This has been a major achievement as it has been very difficult for some of the paediatric centres, particularly those not on sites with adult nephrology, to run compatible renal systems. With the appointment of Alex Hamilton as the Tony Wing Fellow we hope to be able to merge the adult and paediatric databases allowing
detailed analysis of the 16-18 year old group—a particularly challenging group of patients.

David Milford has led the paediatric AKI project. An audit is now in progress using the nationally agreed algorithm for identifying AKI in children. This pilot is being undertaken in both tertiary centres and general paediatric units and will aim to validate the process prior to introducing this nationally.

Maggie Fitzpatrick completed her tenure as Chair of the paediatric nephrology CSAC in August 2014. We are very grateful for her contribution over this period during which we saw the successful introduction of the START (Specialty Trainee Assessment of Readiness for Tenure) assessment which included specialty specific areas. Kay Tyerman has taken over the role as CSAC chair and will be overseeing a review of the paediatric nephrology curriculum. At the end of 2014 there were 14 paediatric nephrology trainees working in the 13 centres in the UK. Balancing the number of grid training posts with the availability of consultant posts continues to be a challenge in this small specialty.

The trainees, led by Jelena Stojanovic, have had 2 successful training days in 2014 in Liverpool and Leeds. During these meetings Maggie Fitzpatrick and colleagues provided support and mentoring for the trainees. Jelena stepped down in December and I would like to thank her for her contribution. I am delighted that Hitesh Prajapati has taken over as trainee representative.

I would like to thank members of the BAPN for giving me the opportunity to serve as BAPN President which I have thoroughly enjoyed and I wish David Hughes and the BAPN every success for the future.

Martin Christian’s support as Honorary Secretary has again been invaluable in the smooth running of the Association. He has improved our enews and communication within the BAPN enormously over the past year. He has also had an important role the development of the Peer review programme which we hope will be ready to implement in 2015.

I am very grateful to the many others who have made significant contributions to the BAPN. In particular I would also like to thank Arvind Nagra for her role as BAPN Treasurer, Andy Lunn who as communications officer has continued to support our part of the website, Munir Ahmed who has represented the SPIN (Special Interest in Nephrology) paediatricians and Mohan Shenoy who has contributed to the EC and led on World Kidney Day celebrations.

Finally, I would like to thank members of the BAPN for giving me the opportunity to serve as BAPN President which I have thoroughly enjoyed and I wish David Hughes and the BAPN every success for the future.

Dr Jane Tizard
President
British Association for Paediatric Nephrology
The Renal Association had an overall profit of £9,138. Income during this period was £236,841 and expenditure of £227,703. The profit was due to higher than expected income from the joint conference in Glasgow with the British Renal Society.

Income from individual membership fell in 2014 by £4,632, nevertheless individual subscriptions remains a major source of income. Income from corporate sponsors also fell in 2014 by £10,000. This is due to a fall in the number of corporate sponsors from eight in 2013 to five in 2014. There are ongoing initiatives to increase the number of corporate sponsors in 2015. Surpluses from Conference, the Advanced Nephrology Course and the Speciality Certificate Examination made a significant contribution to the income of the Association.

The UK Renal Registry had a surplus of £144,260 in 2014. The income to the UK Renal Registry was £2,153,190 with capitation fees providing the major source of income with a significant income from grants.

At the end of 2013 the amount of funds held by the Renal Association was £314,104. In 2014 this fell to £219,243. The fall in the reserve held was due to a planned spend on development of PatientView, with £104,001 transferred to the UK Renal Registry to finance this development. The reserves equate to approximately 16 months expenditure for the Renal Association. The UK Renal Registry have reserves of £2,566,800 at the end of 2014, equating to 14 months of expenditure.

Overall the Renal Association finances are secure. The reserves held are sufficient to cover 12 months operating costs and this should be maintained. There are opportunities in 2015 to increase income from corporate membership and income from the ERA-EDTA meeting which is being held in London in 2015. This additional income is vital for the Renal Association to undertake new initiatives in the future. The finances of the UK Renal Registry remain secure.

The pie charts on the following pages give an overview of the income and expenditure for the Renal Association and UK Renal Registry in 2014.

The Renal Association held funds for the development of Renal PatientView which have now been spent. The UK Renal Registry continues to manage the finances of PatientView which is funded by a capitation fee (Scotland excepted).

The pie charts on the following pages give an overview of the income and expenditure for the Renal Association and UK Renal Registry in 2014.

The Renal Association holds funds separately for the British Association of Paediatric Nephrology (£23,924) and for the Nephrology SpR club (£1,400).

Prof Neil Sheerin
Honorary Treasurer
The Renal Association
Treasurer’s Report

Renal Association Income 2014

- Bank Interest Received: 0.04%
- Bursary Income: 6.12%
- Meet Income - Registration: 9.35%
- Consultancy and Other Income: 37.08%
- Subscriptions - Corporate: 10.56%
- Subscriptions - Members Current Year: 36.43%
- Donations and Grants Received: 2.32%

Total: £236,841.24

Renal Registry Income 2014

- Other Income: 4.86%
- Bank Interests: 0.02%
- Project Fees: 1.02%
- Capitation Fee: 58.39%
- Grants: 35.27%

Total: £2,153,190

Renal Association Expenditure 2014

- Bank Charges & Interest: 0.42%
- Other Expenses: 7.35%
- Electronic Communications: 0.79%
- Donations Made: 0.35%
- Secretarial Fees: 42.60%
- Awards and Bursaries: 11.30%
- Trustees and Committee Expenses: 3.24%
- Meetings: 38.75%

Total: £227,702.97

Renal Registry Expenditure 2014

- Grant Allocations: 0.50%
- Depreciation: 0.35%
- Meeting Room Costs: 2.34%
- Office Overheads: 2.35%
- Postage/Sundries: 0.64%
- Staff Training and Development: 1.42%
- IT Costs: 22.96%
- Staff Expenses: 4.93%
- Legal and professional Fees: 12.53%
- Staff Salary Costs: 51.94%

Total: £2,008,930
The Renal Association - Structure

RA Trustees
- RIGB
- RA Exec

Academic affairs board
- Research
- International
- Education and training

Clinical affairs board
- Rare diseases
- Clinical services
- Terminology
- EON
- Guidelines

Other:
- RaDaR
- UKRR
- RPV

BAPN representation on all committees
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 2014 the AEG Raine Award was awarded to Thomas Hiemstra.

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 2014 the Lockwood Award was presented to Jonathan Wong.

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.

No Walls Bursaries were awarded in 2014.

AMGEN Bursaries

In 2014, 20 Amgen Bursaries were awarded to the higher scoring Renal Association member abstract applicants.

The recipients were:
Agineszka Bierzynska
John Booth
Stephanie Brown
Diana Chiu
Amy Clarke
Wen Yi Ding
Maurice Dungey
Mark Elliot
James Fotheringham
Suzanne Forbes
Adil Hazara
Nicola Hill
Neil Hoye
Stephen McAdoo
Lucy Newbury
James Ritchie
Sivakumar Sridharan
Oscar Swift
Emma Watson
Hannah Wilson

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 2014 bursaries were awarded to: Oluseyi Adesalu, Robert Batley, Mrinalini Dey, Aharani Kirupanandan, Dylan Mac Lochlainn, Rose Penfold, Annie Ritson, Rajiv Sethi.

Please visit www.renal.org for more information.
New Members

Miss Nida Ahmed
Mrs Dalia Alammari
Ms Marwh Aldriwesh
Dr Jennifer Allen
Dr Nelomi Anandagoda
Dr James Andrews
Dr Michelle Auckland
Dr Hannah Beckwith
Mrs Agnieszka Bierzynska
Miss Stephanie Brown
Dr Karen Emma Brown
Dr Hannah Burton
Miss Rachel Chalis
Dr Ann Chu
Mr Darren Churchwood
Dr Helen Clarke
Miss Amy Clarke
Dr Partha Das
Dr Jonathan Dick
Ms Melanie Dillon
Dr Johanna Donovan
Dr Musab Elgaali
Dr Mark Elliott
Dr James Ewer
Dr Mark Findlay
Dr David Foxwell
Dr Peter Gordon
Mr Douglas Gould
Dr Matthew Graham-Brown
Dr George Greenhall
Dr Asheeta Gupta
Dr Patrick Hamilton
Mrs Katie Harris
Dr Adil Hazara
Dr Robert Henny
Miss Nicola Hill
Dr Thomas Hughes
Dr Jennifer Joslin
Dr Isma Kazmi
Mr David Keane
Dr Zainab Khan
Dr Corinne Langstaff
Dr Vivienne Li
Dr Xinling Liang
Ms Joy Liao
Miss Laetitia lloyd-Davies
Dr Sarah McCloskey
Miss Amy McGowan
Dr Daniel McGuinness
Dr Vasantha Mutha Muthuppalaniappan
Dr Andrew Nixon
Mr David Norton
Dr Wen Chi Oh
Dr Emma O’hagan
Mr Euan Paterson
Mr David Pitcher
Dr Lucy Plumb
Dr Satyamaanasa Polubothu
Dr Maria Prendek
Dr Jonh Prowle
Dr Anastasia Ptinopoulou
Dr David Reid
Dr Amy Riddell
Dr Joanne Sloan
Dr Pratik Solanki
Dr Helen Stuart
Dr Oscar Swift
Dr Ahsan Syed
Dr Benjamin Talbot
Mrs Karen Thomas
Dr Nadezhda Wall
Dr David Warland
Dr Eleanor Weber
Dr William White
Dr Nicole Williams
Dr Allied Williams
Dr Jennifer Williams
Dr Hannah Wilson
Dr Limy Wong
Dr Alex Wonnacott
Miss Sarah Yates
Corporate Members

Amgen strives to unlock the potential of biology for patients suffering from serious illnesses by discovering, developing and delivering innovative treatments. This begins with tools like advanced human genetics to unravel the complexities of disease and understand the fundamentals of human biology.

Amgen focuses on areas of high unmet medical need, using expertise in biologic medicines to seek solutions that improve health outcomes and patient lives. A biotechnology pioneer since 1980, Amgen has grown to be one of the world’s leading independent biotechnology companies, reaching millions of patients worldwide and developing a pipeline of valuable, innovative medicines.

Gilead Sciences, Inc. is a research-based biopharmaceutical company that discovers, develops and commercializes innovative medicines in areas of unmet medical need. We strive to transform and simplify care for people with life-threatening illnesses around the world. Gilead’s portfolio of products includes treatments for HIV/AIDS, liver diseases, cancer, inflammatory and respiratory diseases, and cardiovascular conditions.

Janssen is part of the Johnson & Johnson family of companies, which comprises of around 250 operating companies throughout the world and employs approximately 120,000 people in 57 countries, 6,000 of them in the UK.

Janssen is one of the world’s leading research-based pharmaceutical companies, with operations throughout the world and in recent years has increasingly moved to the forefront of the biotechnology revolution.

The company is committed to delivering great medicines and has introduced a range of innovative treatments that can make an important difference to lives of patients with serious health conditions, such as kidney failure, anaemia, HIV, cancer and Type 2 diabetes. Medicines developed by Janssen are used to treat 1,500 million patients every year.

Otsuka Pharmaceutical is a global healthcare company with the corporate philosophy: ‘Otsuka-people creating new products for better health worldwide.’ The Otsuka Group is comprised of 166 companies and employs approximately 44,000 people globally with products available in more than 80 countries worldwide. Otsuka is committed to focusing its research and development on innovative products and medical devices that address unmet medical needs, particularly in our specialist areas of renal, endocrine, gastro-intestinal and central nervous system disorders.
Dates for your Diaries

Advanced Nephrology Course
Monday 4 to Friday 8 January 2016

UK Kidney Week jointly with the Renal Association and the British Renal Society
Tuesday 7 to Friday 10 June 2016