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President's report

Dr Graham Lipkin

Improving lives by supporting professionals in the delivery of kidney care and research.

The Renal Association (RA) one entity with two indivisible arms: the UK Renal Registry (UKRR) and the professional association.

It has been a busy and rewarding first year as president of the RA.

The RA now includes the British Association for Paediatric Nephrology (BAPN), led by Dr Sally-Anne Hulton and the Specialist Registrar Club, led by Dr Matt Graham-Brown. I thank my dedicated and effective fellow volunteer trustees, committee chairs and council members for their hard work, energy and support in making major strides forward. These include many exciting developments by the RA, not least in areas of quality improvement (QI) support, UKRR progress and patient involvement, including curation of patient information and the expansion of the Patient Council.

I am delighted that RA membership over the last 12 months has risen to an all-time high with an 18% increase overall, I particularly welcome a 45% increase in trainee members, the future of our profession.

The RA approaches its 70th birthday, only two years younger than the NHS. I thank Prof Donal O’Donoghue, immediate past president, for his great achievements and ongoing support.

Last year my RA fellow trustees and secretariat reviewed, updated and delivered a new governance structure and articles and revised the Rules of the RA. This included creation of the Governance and Nominations and the Finance and Risk committees. We have delivered a new organisational governance structure.

These essential outputs have acted as the bedrock support for building an ambitious delivery strategy developed by wide consultation with members, which will be launched in Brighton at UK Kidney Week 2019.
President's report

The RA continued to align its activities to achieve our charitable objectives - supporting learning, promoting research and improving service delivery through a greater understanding of the kidney, kidney diseases and their treatments.

This has been further enabled by appointment of our CEO, Ron Cullen, across the whole RA and embedding an effective in-house secretariat. We will appoint two non-member trustees this year with expertise in the areas of finance, human resources or legal experience to support the RA to achieve its governance and delivery aims.

We are a small speciality with big ambitions. The RA has over many years created innovative solutions in patient engagement, audit and quality improvement, setting guidelines/standards, engagement with national policy in service and research delivery. Our new strategy aims to further expand the reach of the RA. The NHS Long Term Plan, with Prof Stephen Powis, a nephrologist, as NHS Medical Director, sets the NHS scene. Whilst there is limited mention of kidney disease in the NHS Long Term Plan, there are undoubtedly major ‘permissive’ opportunities for us as a community which the RA will help achieve.

RA finances are healthy but we continue to explore opportunities to further enable our reach and to support volunteer members deliver despite ever increasing NHS demands on clinicians’ time. The reserves policy and RA investments have been reviewed to optimise association income. I thank Stephanie Lock, RA Head of Finance and Prof Neil Sheerin, Trustee and Honorary Treasurer, for his dedication and financial stewardship over the past three years.

The RA is making significant changes in organisational delivery:

A new corporate engagement strategy focuses on a mature partnership with industry for mutual benefit. This has been highly effective, with early roll out bringing additional resources.

The RA is committed to the diversity of its officers and committee members reflecting the broader membership. This has board level leadership from Dr Sally-Anne Hulton.

The communications strategy and website renewal is led by Dr Indranil Dasgupta. The RA intends to provide effective modern two-way communication with its members.
President's report

UK Renal Registry (UKRR)

The UKRR, which celebrates its 25th anniversary in 2020, is a jewel in the RA crown, effectively supporting the renal community with expert outcome audit, enabling QI through expertise and project management and by data-driven research.

In the last year acute kidney injury (AKI) submissions have come from 92% of UK laboratories to the Registry Master Patient Index. The UKRR has developed a quarterly lab AKI rate report at individual clinical commissioning group levels. The registry has also achieved digital linkage with hospital episode statistics (HES) and has developed NHS England's (NHSE) 'Getting it Right First Time (GIRFT)' renal centre level reports.

I wish to thank Dr Fergus Caskey for his superb, calm medical director leadership over the last five years and Ron Cullen who has delivered abundantly and has now taken over as CEO of the whole RA entity. We welcome Dr James Medcalf as incoming UKRR Medical Director of Audit and Informatics.

Major opportunities lie ahead including leveraging ‘big data’ audit/research enabled by the UKRR following approval of data linkage between the registry and NHSE HES. Appointment to a new director of informatics research post will oversee and facilitate opportunities which will be open to the whole community. QI requires clinicians having timely access to their centres outcomes. This year has seen annual reporting and development of a data portal to allow renal units to monitor their recent outcomes.

The Rare Disease Committee, led by Dr Danny Gale continues to build on RaDaR Rare Disease Registries and 27 Rare Disease Working Groups (RDGs), which now include almost 22,000 patients. There are exciting opportunities ahead to optimise research and audit outcomes. The UK Renal Data Collaboration is now accepting data flows from an increasing number of renal centres allowing more timely registry reporting.

Quality Improvement (QI)

The UKRR and RA-supported GIRFT reports show significant variation in kidney patient outcomes across the UK. The Kidney Quality Improvement Partnership (KQuIP), funded by the RA and Kidney Care UK is co-led by Prof Paul Cockwell (RA Clinical VP) and the British Renal Society VP. KQuIP is project managed through the UKRR. It has been highly effective in delivering a UK wide, professional society-led enabling QI structure.
President's report

Substantial delivery includes three established national QI projects - supporting improved access to renal transplantation, home dialysis therapies and haemodialysis vascular access. KQuIP has also effectively developed and supported regional QI networks, training in leadership and QI methodology, and has created a repository of QI resources.

Professional development

This year's UK Kidney Week (UKKW) in Brighton is shaping up to be the best annual joint conference so far. A meeting involving physicians and the whole multi-professional team increases scope and reflects the way we work. I am pleased to announce that a joint RA/British Renal Society (BRS) UKKW has been agreed for a three year rolling period. UKKW’s highly effective and enlarged joint RA/BRS programme committee has attracted a record number of abstract submissions, 60+ sessions selected by the community, and eminent plenary speakers, including our colleague and Medical Director of the NHS, Prof Stephen Powis, all set in a great venue.

I would like to thank Prof Phil Kalra, Prof Paul Cockwell, the RA Programme Committee leads and other RA members who have worked tirelessly to deliver this. Looking forward, UKKW 2020 will be in Birmingham and UKKW 2021 will be in Edinburgh.

The RA Advanced Nephrology Course (ANC) has been run for many years by Prof Sunil Bhandari and Dr Paul Harden. It continues to be highly attractive with excellent evaluation. An online educational platform is being developed by the RA. Training to upload content and project management is in place, with plans to curate content through the Education and Training Committee. This opens huge opportunities for inclusion of ANC and UKKW content and QI resources into educational support for membership. We also hope to bring the excellent online 'RenalMed' resource in house.

The Clinical Practice Guidelines (CPG) Committee continues to develop and update NICE-accredited CPG, the most visited pages on the RA website and another highlight of the RA. The group has chosen pragmatically to write commentaries on internationally produced guidelines where these exist, while continuing to commission and develop CPG in areas not covered. Joint society guidelines continue to be developed.
Support for trainees

Renal registrars are the future of our profession, and as such are a central focus of the RA going forward. The Specialist Registrar Club has been formally adopted within the RA structure. This allows the RA to support registrars in their twice yearly SpR club meetings. The RA, led by the Academic VP, Prof Phil Kalra, is developing an approach with partners to support trainees which will mirror the highly successful 'StarSurg' approach in general surgery, which will be known as ‘Nephwork’. Registrars will be supported nationally with audit projects managed by the UKRR.

Over the last 10 years, applications to renal medicine training posts have fallen. This is a major risk to our profession. Work on increasing the attractiveness of renal medicine to prospective applicants, trainee inclusion on all RA committees and professional development, QI and research support has been a focus of Prof Aine Burns in the Education and Training Committee. We aim to offer opportunities for research fellowships in ‘big data’ and QI in due course.

Research enablement

Supporting research has always been a focus of the RA. Led by Prof Phil Kalra and the Research Committee this has seen major advances. The RA is one of three members of the UK Kidney Research Consortium with Kidney Research UK and the BRS. This oversees active Clinical Study Groups (CSGs) aiming to deliver the UK Kidney Research Strategy. Adequate support for renal scientists is a key focus of the RA going forward in addition to enabling big data epidemiologic research. The UKRR has longstanding expertise, data, information governance and statistical expertise in this area. We are committed to inclusive and transparent access to these opportunities for the whole community.

Acute kidney injury

The RA aims to make coordination of effort, service improvement and research in this area a priority for the next three years, capitalising on data flows through the UKRR Master Patient Index and linked to HES data.
President's report

Renal Association - an outward looking transparent association

The RA has worked to develop closer collaborative working relationships with other national kidney groups, including Kidney Care UK, the National Kidney Federation, Kidney Research UK, Royal College of Physicians and the BRS and its affiliates. We aim to build on these in the year ahead.

Joint national working with the allied health professionals

Looking ahead, the RA trustees have a strong mandate from the membership and unanimous support from the RA Council to explore closer working with the multi professional team (MPT) organisations at national level, reflecting our day to day working. Ongoing joint RA and BRS trustee meetings are exploring the options for achieving these goals, including the possibility of developing a single representative body for all kidney clinicians. There are substantial benefits for the community, amply demonstrated by the effectiveness of co-led structures such as UKKW and KQuIP. Additional benefits include reduced costs of a single secretariat, improved integration of research opportunities, greater potential for national lobbying and impact, more effective joint committees and greater attractiveness to industry and partner funding.

The Renal Association three year strategy

Following extensive consultation with members we have developed an ambitious, outward looking three year RA delivery strategy to be launched at UKKW 2019. None of this would have been possible without the dedicated hard work of my fellow trustees, committee chairs, secretariat, CEO and the groundwork of my predecessor.

The strategy will support delivery of the ambitions of the kidney community identified in the Kidney Health Delivering Excellence report.

An implementation plan for delivery of the strategy is in advanced development and will be built around an annual business planning process.
President's report

The key elements of the three year RA strategy are:

- Professional development support — curation of an online educational platform supporting all members.
- Enabling regional clinical QI networks and QI for improved service delivery through KQuIP.
- Focused support for trainees in professional development, QI and research.
- Patient involvement – expansion of the UKRR Patient Council to advise on RA business.
- Developing closer (MPT) engagement in response to a strong mandate from members - ongoing discussions with the BRS and MPT affiliates.
- Enhanced UKRR delivery including timely data support for audit, QI and ‘big data’ research to improve patient care.
- Ongoing CPGs – continue to provide evidence based support for the delivery of UK clinical practice.
- Increasing support for renal research by the community, including specific support for renal scientists to help deliver the UK Kidney Research Strategy.
President's report

I sincerely thank Prof Phil Kalra and Prof Neil Sheerin who will be demitting as academic vice president and honorary treasurer, respectively after three years of immense work and real delivery on behalf of the RA. Thanks to Dr Mark Brady (elected council member) and Dr Bhavna Pandya (Chair of Equal Opportunities in Nephrology Committee) who demit this year from the RA Council after great work. Prof Phil Kalra led the Programme Committee delivering exceptional UKKW for 2017 and 2018 and has chaired the UK Kidney Research Consortium in addition to being the National Institute of Health Research Renal Lead. The RA will sincerely miss his energy, humour and effectiveness. Prof Iain McPhee stands down from the position of International Committee Chair.

Diversity is a key focus of the RA with introduction of diversity policies, led by Dr Sally-Anne Hulton at trustee level. Dr Bhavna Pandya’s role was felt so important that the RA has enabled its human resources manager, Jen Barwell to replace her as chair of the group.

We are looking forward to an exciting and productive year ahead from the RA, delivered by and on behalf of its members for the UK kidney community.

Dr Graham Lipkin
President, The Renal Association
Governance and structure

The board of trustees is the RA’s governing body as a charity. It is responsible for the management of the RA’s business, for which purpose they may exercise all the powers of the RA. The board meets face to face at least three times a year to:

- Manage risk
- Oversee strategy, define policy, agree the business plan and monitor progress
- Ensure the proper management of the assets of the RA for the benefit of the objects.

It has the authority to carry out the RA’s charitable responsibilities and delegates the operational aspects of its affairs to its CEO and committees. It works closely and liaises with the Renal Association Council but ultimately, all decisions (apart from changes to the articles of association) are either taken by, or on behalf of, the board of trustees and reported to the membership at the AGM held at the annual conference of the association, UK Kidney Week (UKKW).

President
Dr Graham Lipkin
Queen Elizabeth Hospital, Birmingham

Vice President and BAPN President
Dr Sally-Anne Hulton
Birmingham Children's Hospital

Past President
Professor Donal O’Donaghue
Salford Royal Hospital

Clinical Vice President
Professor Paul Cockwell
Queen Elizabeth Hospital, Birmingham

Academic Vice President
Professor Phil Kalra
Salford Royal Hospital

Honorary Secretary
Dr Indranil Dasgupta
Heartlands Hospital, Birmingham

Treasurer
Professor Neil Sheerin
Institute of Cellular Medicine, Newcastle University
Governance and structure

Renal Association: Governance and Structure

Senior management team

CEO
Ron Cullen

RA Director of Audit and Informatics and UKRR Medical Director
Dr James Medcalf

Head of Operations
Dr Retha Steenkamp

Revised February 2019
Council and committees

The RA Council meets at least three times a year and develops policy. It considers and acts on current issues affecting the renal community and reports to the RA board of trustees. The RA Council includes elected members who represent the views and opinions of the membership of the RA. Day to day affairs are conducted with advice from committees.

Council members

Elected

Dr Debasish Banerjee
Dr Tim Bowen - Renal Scientist
Dr Mark Brady
Prof Aine Burns
Dr Marie Condon - Consultant Less than five years
Dr Peter Hewins
Dr Richard Hull - Consultant Less than five years
Prof Alan Salama

Committee chairs (appointed)

Prof Aine Burns (Education and Training Committee)
Dr Afzal Chaudhry (Renal PatientView)
Dr Danny Gale (Rare Diseases Committee)
Dr Katrin Jones (Patient Safety Committee)
Dr Iain MacPhee (International Committee)
Dr Jill Norman (Research Committee)
Dr Bhavna Pandya (Equal Opportunities in Nephrology Committee)
Dr Mike Robson (Clinical Practice Guidelines)
Dr Rebecca Suckling (Patient Information Committee)
Dr Katie Vinen (Clinical Services Committee)

Ex-officio

Dr Mark Andrews  Chairman, SAC Renal Medicine
Dr Andrew Connor  Green Nephrology
Mr Ron Cullen  RA CEO
Dr Mark Dockrell  Co-Chair, Renal Scientists Working Party
Dr Matt Graham-Brown  SpR Club Rep
Prof Phil Kaira  Chairman of the National Institute for Health Research
Dr Mick Kwmwenda  Society of DGH Nephrologists
Fiona Loud  Kidney Care UK
Dr Paddy Mark  Representative for Scotland
David Marshall  National Kidney Federation
Prof Peter Maxwell  Representative for Northern Ireland
Dr James Medcalf  RA Director of Audit and Clinical Informatics and UKRR Medical Director
Dr Jim Moriarty  RA Communications Officer
Dr Aled Philips  Representative for Wales
Prof Maarten Taal  President BRS
Dr Vincent Tse  Honorary Secretary, BAPN
Dr Gavin Welsh  Co-Chair, Renal Scientists Working Party
Dr Yook Mun Woo  Rep for non-consultant grades
Our members

The members of the RA comprise over 1,200 doctors, scientists and MPT members.

Clinical trainee 229
Clinical trainee in related speciality 31
Consultant 577
Consultant in related speciality 32
GP with renal interest 4
Honorary member 27
MPT member 55
Non consultant grade doctor 109
Overseas member 23
Overseas member (low income) 11
Post doctoral scientist 45
Pre doctoral scientist 14
Retired 45

Raine Award

The Raine Award is made annually to a relatively junior member who has made a significant contribution to research. In 2018 this was awarded to Dr Alexander Hamilton for his work, 'The psychosocial health of young adults on renal replacement therapy'.

Lockwood Award

The Lockwood Award is awarded to help RA members present work and combine this with a visit to a collaborating laboratory or clinical nephrology unit overseas. In 2018 this was awarded to Dr Mark Devonald.

Walls bursaries

The Walls bursaries enable a clinician and non clinician to spend short periods at other centres, generally outside the UK. In 2018 this was awarded to Dr Helen MacLaughlin Consultant Dietitian at King's College Hospital.

Medical student elective bursaries

In 2018 eight medical student elective bursaries were awarded to Eleanor Gore, Joey Junarta, Katherine Garnett, Lesley Arunds, Matt Gowshall, Oliver Davis, Shane D’Souza and Tom Handley.
Consultations

The RA has been involved in a number of NICE, NHSE and HEE consultations in the last year. Thank you all members who contributed.

- NICE Guideline on hypertension in adults: diagnosis and management - Dr Indranil Dasgupta on behalf of Dr Laura Ratcliffe, Dr Richard Fish, Dr Tim Doulton, Dr Adam Macdiarmaid-Gordon, Prof Paddy Mark and Dr Charlie Tomson

- NICE Scoping Workshop - The NephroCheck Test System (and alternative technologies identified during scoping) to help assess the risk of acute kidney injury in people who are critically ill - Dr Marlies Ostermann

- NHSE - A new policy statement is being developed for: Rituximab for the treatment of Focal Segmental Glomerulosclerosis in Adults - Dr Ruth Pepper

- NHSE - Draft Service Specification for Adult Critical Care (NHS England) – Dr John Prowle

- NICE Guidelines for the Provision of Intensive Care Services (GPICS V2, The Faculty of Intensive Care Medicine) - Dr John Prowle

- NICE Draft guideline consultation – hypertension in pregnancy: diagnosis and management (update) - Dr Matt Hall

- NICE Avacopan for inducing remission in anti-neutrophil cytoplasmic antibody-associated vasculitis - Prof Alan Salama

- NICE Stakeholder testing: Medical abortions when the pregnant women has co-morbidities - Dr Matt Hall

- NICE Stakeholder testing for Cystinosis Service Specification - Dr Graham Lipkin
Our members

- NICE scoping workshop – NICE guideline on: AKI and CKD - Prof Laurie Tomlinson (CKD), Dr Suren Kanagasundaram (AKI), Dr Rajib Pal (GP)

- NICE Sodium zirconium cyclosilicate for treating hyperkalaemia [ID1293] Technology Appraisal - Prof Sunil Bhandari, Prof Phil Kalra

- NICE Patiromer for treating hyperkalaemia [ID877] Technology Appraisal - Prof Sunil Bhandari, Prof Phil Kalra

- NICE guideline - Renal Replacement Therapy pre-publication check – Prof Martin Wilkie

- NICE Scoping Workshop: Diagnostics Assessment Programme – Point-of-care creatinine tests to assess kidney function before contrast-enhanced imaging - Dr Marie Condon

- HEE - A call for evidence to inform the Topol Review on different technology areas (Genomics, Digital Medicine, Artificial Intelligence, especially machine learning and robotics) - Dr Tom Oates

- NICE Draft guideline consultation – Renal and ureteric stones: assessment and management - Prof John Sayer

- NICE guideline on Intrapartum care for high risk women – Dr Kate Brammam

- NICE Update to Developing NICE guidelines: the manual - Dr Andrew Mooney

- NICE Technology Appraisal Tocilizumab for treating systemic sclerosis - Prof Alan Salama
Financial report

Prof Neil Sheerin, Honorary Treasurer

The RA had an overall surplus for 2018 of £457,944 (2017: loss of £325,724).

2018 was the year to regain stability following the transition to an internal management team and a financial loss on UKKK 2017. I am pleased to report that this has been achieved. In addition, in 2018 we have continued to invest in the IT infrastructure of the UKRR and PatientView. UKKW 2018, which was run by an external secretariat in conjunction with the BRS, was a great success and contributed to the RA’s improved financial position.

Overall the RA is financially secure. The minimum agreed reserve for 2018 was £1.7 million to be held either as immediately available funds or in short to medium term investments. The reserves at the end of 2018 were £2,195,295 (2017: £1,737,352). This exceeds the benchmark, but this excess is required because of a planned increase in expenditure for 2019, primarily due to relocation of the RA office. The reserves held are sufficient to cover 10 months operating costs and should be maintained at this level.

As reserves have increased, we have been able to invest part of these funds whilst maintaining financial stability. A new investment policy resulted in a portfolio of investments in short and medium term bonds and a collective fund, all with minimum credit ratings of A- which is managed by a professional investment manager. This will fully maximise the return on investments and ensures we are making the most of our funding.

In 2019 we are exploring opportunities to increase income from corporate partners. This will allow us to engage further with our membership and increase the clinical, educational and academic activity of the RA.

The major risk is the relocation of the head office in 2019.

This is my last report as Honorary Treasurer of the RA. I would like to take this opportunity to thank the trustees and staff of the RA for their support during my tenure. I would also like to congratulate Dr Claire Sharpe, who I am sure many of you will know, on her appointment as treasurer. I know I am leaving this role in good hands.
Financial report

The pie charts* below give an overview of streams of income received by the RA and how it is spent. For further details please see the annual accounts which are available at renal.org from October 2019.

Income £2,969,333

- Capitation 67.7%
- Other UKRR 8.3%
- Memberships 4.2%
- Other RA 0.9%
- Interest & donations 0.1%
- Grants 9.5%
- Scientific meetings RA 6.4%
- Charging/expenses recovery 2.4%
- Events 0.5%

Expenditure £2,511,389

- Staff 59.5%
- Professional services 10.5%
- Secretariat 4.2%
- Office costs 3.5%
- Awards 0.2%
- IT 11.9%
- Meeting costs 5.4%
- Expenses 3.9%
- Depreciation 0.7%
- Other 0.2%

* The figures in the report are still being reviewed by the auditor and are subject to any changes they deem necessary. The data reported here have been supplied by the RA. However, the interpretation and reporting of the data are the responsibility of the author.
Equality & diversity

The RA is committed to creating and sustaining a positive, fair and mutually supportive environment. We accept, respect and value people with diverse identities and backgrounds and believe our differences make us stronger and more effective in achieving our goals. We ensure appointments are made on the recommendation of a transparent, balanced and appropriate panel, are made on the basis of merit, and encourage applications from all suitably qualified and eligible candidates.

Legal status

The RA is registered in England and Wales as Company 2229663, limited by guarantee and registered as charity number 800733.

Articles and rules

You can read the articles and rules here.