Looking forwards together : Closer relations between The Renal Association & The British Renal Society

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Introduction

The British Renal Symposium in 1989

- Promote formal dialogue between specialist groups supporting professionals involved in the care of patients with kidney disease.
- Strong multi-professional input in development of renal care

British Renal Society in 2001
Core aims

Promotion of effective patient-centred multi professional care to improve quality of life for people with kidney failure, their families and carers

Advancement of education in the area of renal disease and replacement therapy in the UK

Funding and support of multi-professional research into kidney disease and its management
The BRS does not have individual members but is made up of Affiliates and Special Interest Groups.
Affiliate groups

- Association of Nephrology Nurses - ANN UK
- Anaemia Nurse Specialist Association - ANSA
- Association of Renal Industries - ARI
- Association of Renal Technologists - ART
- British Association For Paediatric Nephrology - BAPN
- British Association of Social Workers
- British Psychological Society Renal Network
- British Transplantation Society - BTS
- DGH Nephrologists
- EDTNA/ERCA
- Kidney Care UK
- National Kidney Federation - NKF
- Renal Association - RA
- Renal Nutrition Group - RNG
- Renal Psychological Services Group - RPSG
- UK Renal Pharmacy Group
- VASBI
Special Interest Groups

- Transition for young people and Shared Decision Making
- BRS Vascular Access
- British Renal Society Rehabilitation Network
• The BRS does not have individual members but is made up of Affiliates and Special Interest Groups.
• The BRS Council is led by the BRS Officers (President, Immediate Past President, Vice Presidents for Research, Education, Clinical Practice and Clinical Development, Treasurer and Communications Secretary) and comprised of representatives from each Affiliate as well as the Special interest Groups.
• The BRS Council meets quarterly and the Officers have fortnightly telephone conferences to facilitate ongoing activities.
Partnership working

Kidney Quality Improvement Partnership

Patient Safety Committee
Benefits and risks of forming a new merged organisation

• **Potential benefits:**
  – A professional organisation that reflects the multiprofessional approach to care that operates in renal units
  – Improved multiprofessional integration of national professional activities including research, education, quality improvement and guideline development.
  – Improved communication and collaboration between professional groups.
  – Improved communication and collaboration with patient groups.
  – Greater efficiency and reduced costs – a single secretariat instead of two.
  – Improved capacity to influence government policy and public perceptions about kidney disease through a single voice.

• **Potential risks:**
  – Inadequate representation of allied health professionals and nurses.
  – Loss of independence and identity of the current BRS Affiliates.
  – Lack of support from the whole renal community.
  – Voice of BRS Affiliates ‘lost’ or not valued in a larger organisation
Membership:

- The two organisations have different membership structures. The Renal Association has individual members who pay a membership fee, whereas the BRS “members” are the Affiliates. Individuals may pay a membership fee to a BRS Affiliate but do not pay membership fees to the BRS.

Election of Officers:

- How would Officers be elected in a merged organisation? In the Renal Association, Officers are elected by individual members whereas in the BRS Officers are elected by Council members (the Affiliate representatives).

Structure:

- Some similarities, but also clear differences between the structure of the RA and BRS.
- Both organisations have a Board of Trustees and both have executive Officers.
- The RA has a Council composed of elected representatives, the Officers and Chairs of Committees. The BRS Council is composed of Affiliate and SIG Chairs and Officers.
- Secretariat services for the Renal Association provided by people employed within the UK Renal Registry. Secretariat services for the BRS are provided under contract by an independent company (EBS).
- The challenge: find a structure that ensures integration at all levels while ensuring that the current BRS Affiliates retain their independence and ability to represent their members.
- One proposal is that a new organisation should have a leadership structure with joint posts filled by a doctor and an AHP or nurse to ensure balanced representation across the multiprofessional team.

Is now the right time to form a new organisation or should we focus instead on closer collaboration between separate organisations or should these processes occur in parallel?
Motion to Council
25th March 2019

“THE BRS COUNCIL MANDATES THE BRS OFFICERS TO ENTER INTO SUBSTANTIVE DISCUSSIONS WITH THE RENAL ASSOCIATION REGARDING THE FUTURE RELATIONSHIP BETWEEN THE TWO ORGANISATIONS INCLUDING DIFFERENT MODELS OF PARTNERSHIP AND COLLABORATION AND THE OPTION OF FORMING A SINGLE NEW PROFESSIONAL ORGANISATION FOR ALL THE UK RENAL COMMUNITY”

UNANIMOUS AGREEMENT
Exciting Times Ahead