

# Past, present and future: education and collaboration

In this month's article, Karen Jenkins and Louise Wells give kidney care professionals an overview of the work of the British Renal Society from its conception in the late 1980s to today. The article outlines some of the society's major achievements over the years, and highlights its passion for person-centred multiprofessional working across all disciplines in kidney care.

■ multiprofessional ■ patient-centred ■ research ■ education ■ best practice ■ collaboration

**T**he British Renal Society (BRS) began in 1989 as The British Renal Symposium, the purpose being to promote a formal dialogue between the many specialist groups supporting professionals involved in the care of people with kidney disease.

In 2001, the BRS evolved and has grown substantially. Its key aim is to bring together all those with a role in the development and delivery of effective, patient-centred kidney care. The strong multiprofessional group has contributed to and considerably influenced the development of kidney care through:

- Developing and influencing policy
- Promoting patient-centred multiprofessional care, to improve quality of life for people with kidney disease, their families and carers
- Advancing and facilitating education in the area of kidney disease and renal replacement therapy in the UK
- Funding and support of patient-centred, multiprofessional research into kidney disease and its management.

The BRS council includes a single representative from each affiliated professional and patient group. It meets quarterly and is the decision-making body of the BRS. There are now seven officers responsible for implementing BRS workstreams: President, President Elect, Treasurer, and Vice Presidents for Education, Research, Clinical Development and Clinical Practice. A full list of officers and affiliates can be found online ([www.britishrenal.org](http://www.britishrenal.org)).

## Funding

As a federation of membership organisations, the BRS does not have a membership structure of its own. However, for the purposes of involvement, virtual membership is conferred on health professionals attending the annual conference. The BRS is a charity that raises funds in various ways, working closely with other charitable organisations to further its core aim of improving kidney patient care.

## Education and training

Since 1989, BRS has held an annual conference for renal professionals, with oral and poster presentations, debates and guest lectures, from national and international experts. The event is the largest of its kind in the UK and attracts delegates from all disciplines involved in kidney care. More recently, the BRS has successfully collaborated with the UK Renal Association to host joint conferences. These joint meetings are referred to as UK Kidney Week (UKKW). The next UKKW is to be held at the International Convention Centre in Birmingham, 7–10 June 2016. The conference programme committee is already working hard to produce a high-quality

varied programme entitled: 'Innovation for better care—improving kidney care through quality research and team working'.

The conference is a fantastic platform for sharing best practice and new ideas, and welcomes the submission of abstracts from all levels of health professionals and patient groups. It also provides a significant opportunity for continuing professional development, and is of particular value for those who require revalidation with the Nursing and Midwifery Council or continuing medical education points.

On the BRS' website, there is an educational resource for primary care created by the Chronic Kidney Disease Strategy Group ([www.britishrenal.org](http://www.britishrenal.org) via CKDSG tab), and the BRS education committee is testing the development of e-learning modules, starting with fluid assessment. The education committee will review and endorse educational materials.

The BRS alone, or often collaborating with other organisations, also contributes to the development of guidelines in various areas relevant to the care of kidney patients.

## Research

BRS has supported an annual research grant round for multiprofessional research for over 15 years. To expand and develop this research workstream, the BRS joined forces with the British Kidney Patient Association to form the Kidney Patient Research Partnership. There is a collaborative research committee established to independently award grants on the basis of scientific merit, clinical and patient relevance, with priority given to multiprofessional and/or multicentre clinical research. Research grants have been awarded to a wide range

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of health professionals, including dietitians, nurses, psychologists, counsellors, and social workers, as well as clinical scientists and nephrologists. Each year, around five projects are selected, following a rigorous peer-review process, from a large number of applications, and a typical award ranges from £10 000–£50 000. These grants have made a significant impact on patient care (Ormandy and Tabor, 2015), and the research grants programme is recognised by the National Institute for Health Research.

## Collaboration

BRS contributed to the *Kidney Health: Delivering Excellence* report, which was launched in the House of Lords in late 2013 (The Kidney Health Advisory Group, 2013). The report, co-authored by health professionals and kidney patients, and supported by the key kidney professional and patient organisations, represents the most comprehensive review of renal services since the National Service Framework (Department of Health, 2004; 2005).

The BRS is also a key partner in the UK Kidney Research Consortia (UKKRC), with the Renal Association and Kidney Research UK (KRUK), bringing together, influencing and promoting study groups, to facilitate clinical trials to enhance the evidence base for patient care. Colleagues from all professions are encouraged to sign up and join these groups to become more involved in developing and influencing research. A group within the UKKRC has been consulting on and developing a UK renal research strategy to be released next year.

## Voice for holistic care

The BRS is unique in representing such a wide range of interests in kidney care. It reaches a multiprofessional audience, all with a patient-centred agenda. This cuts across policy, service research and education. The BRS continues to grow as the united voice, speaking for holistic care of kidney patients, amplifying and harmonising the work of its member organisations.

## Workforce planning

Perhaps one of the BRS' most significant pieces of work has been to lead the National Renal Workforce Planning Group (2002), resulting in the publication of *The Renal Team: A Multi-Professional Renal*

*Workforce Plan for Adults and Children with Renal Disease*. This powerful document has been a key resource in providing recommendations for optimal workforce levels since its publication, reinforcing that a multiprofessional workforce is fundamental to the delivery of renal services and of clear benefit to patients. Adequate staffing, with appropriate competencies and skill mix, supports high-quality patient care.

However, in the 13 years since it was published, the renal workforce, and the way in which that workforce delivers renal care, has evolved in response to a number of factors. Some professions, such as physiotherapy, have now developed new roles within the renal multidisciplinary team, while others, such as dietetics and renal nursing have demonstrated the potential for staff to develop wider responsibilities and extend their roles.

The BRS recognises the need to re-examine renal workforce planning. Leading up to UK Kidney Week in June 2016, it is aiming to produce a new renal workforce planning document, using a small representative group of renal professionals and patients, and involving individuals with an interest and expertise in workforce development. Alongside the development of the document, the BRS hopes to undertake a renal workforce survey and would encourage all renal units to engage with this, in order to inform current and future workforce requirements, and support the production of a robust workforce planning document.

## KQuIP

The Kidney Quality Improvement Partnership (KQuIP) was previously highlighted by Ormandy et al (2015). Co-led by Louise Wells, BRS Vice President for Clinical Development, and Graham Lipkin, Clinical Vice President of the UK Renal Association, it is paving the way for a national partnership of professional and patient groups whose purpose is to facilitate measurable quality improvement (QI) in services delivered to patients with kidney disease in the UK. With its key roles in multiprofessional education, research, clinical development and clinical practice, the BRS is well placed to support the implementation of KQuIP at a local level.

## Special interest groups

Special interest groups (SIGs) bring together members of the multiprofessional team and patients to further particular aspects of kidney care. This might be through sharing experience and developing ideas for QI, education, research or policy development. Potential areas for SIGs to be developed include: vascular access, older people, home therapies and kidney disease patient education. As such, these are not membership organisations; they are constituted over a limited, albeit extendable, lifespan of 3 years and do not sit on council. They do, however, benefit from the support of BRS in developing their workstream, disseminating information and ensuring good governance.

## Get connected

Initiatives, such as workforce planning and quality improvement, require the BRS to engage even beyond its constituent organisations and virtual membership, to derive information and contribute value to renal units at a local level. It is probably fair to say that in every renal unit there will be someone who has used the 2002 workforce planning document, and the BRS needs your help in developing the next edition. This initiative, 'Get Connected to the BRS', is to be developed by the President Elect, Maarten Taal, and the Vice President for Clinical Practice, Karen Jenkins. **JRN**

## References

- Department of Health (2004) *The National Service Framework for Renal Services. Part One: Dialysis and Transplantation*. <http://tinyurl.com/lqz622v> (accessed 9 November 2015)
- Department of Health (2005) *The National Service Framework for Renal Services. Part Two: Chronic Kidney Disease, Acute Renal Failure and End of Life Care*. <http://tinyurl.com/qfn39u6> (accessed 9 November 2015)
- National Renal Workforce Planning Group (2002) *The Renal Team: A Multi-Professional Renal Workforce Plan for Adults and Children with Renal Disease*. <http://tinyurl.com/pvbtckh> (accessed 9 November 2015)
- Ormandy P, Tabor P (2015) Multi-professional funded research makes 'real' impact on patient care. *Journal of Renal Nursing* **7**(3): 134–5. doi: 10.12968/jorn.2015.7.3.134
- Ormandy P, Wells L, Cullen R, Fluck R, Thomas K, Bristow P, Lipkin G (2015) Kidney Quality Improvement Partnership: a sustainable initiative. *Journal of Renal Nursing* **7**(5): 234–6. doi: 10.12968/jorn.2015.7.5.234
- The Kidney Health Advisory Group (2013) *Kidney Health: Delivering Excellence*. <http://tinyurl.com/p7r5odk> (accessed 9 November 2015)