

HISTORY OF THE UK RENAL PHARMACY GROUP

Part One:

In 1982 I was appointed to the newly established post of staff pharmacist (renal services) at Cardiff Royal Infirmary. I wanted to network (hadn't encountered the term in 1982!!) with people in similar posts and so over the course of the next year I wrote to the chief pharmacists in those hospitals that had large renal units trying to establish if there was "anyone out there." I had very few replies but two that I did have came from Birmingham and Taunton, which put me in touch with Dr Dave Scott and Dave Tutchter respectively. Dave Scott and I subsequently did some research together which resulted in us writing a paper for the PJ with editing sessions being done in motorway service stations between Birmingham & Cardiff - no e-mail in those days!!

Around the same time Dr Glenys Drew was appointed principal pharmacist (medicines information) for the SW region. The SW region was the specialist file holder for drugs in renal disease and Glenys became aware that there were a number of pharmacists from around GB who regularly contacted her asking for information on drugs in renal disease. Glenys and I had been in the same year in the Welsh School of Pharmacy and had stayed in contact. At some point we twigged that the very poor response to my letter to chief pharmacists might have been unrepresentative of the real world. As a result, in 1984, the four of us wrote a letter to the PJ stating that we would be holding a meeting for pharmacists with an interest in renal disease in Bristol and we issued a general invitation to people to turn up. We were gob-smacked when over 50 people turned up!!

In the course of the meeting it became apparent that there were quite a lot of people "out there" and they were interested in some way of staying in touch; the Renal Pharmacy Group was born, I was elected chairman and Glenys was elected secretary. There were 3 other committee members - Dave Scott, Dave Tutchter and Janet DeCamp from Alder Hey. All those present stated that they wished to join the new group, so we had a group, a committee, a membership and no money!!

We were concerned that we might be too small to stand alone, so we held discussions with UKCPA (who didn't want to go down the road of clinical specialities) and the Hospital Pharmacists Group to see whether it would be possible for the RPG to exist under the umbrella of a larger group. When it became clear that was a non-starter we decided we'd go it alone. We recognised that we'd need a funding stream and so we invited around a dozen companies that had large renal portfolios to become corporate members for ~ £250 p.a. for 3 years. Most of them stumped up the money and so the RPG had a 3 year funding stream.

In the first year we held 3 meetings and it became apparent that, by virtue of the location of members, we were best off meeting in Birmingham and London. We therefore met in hospitals in those two cities with the corporate members being invited to display their wares. We subsequently settled into a pattern of 2 meetings per annum. In those early years, topics covered at the meetings included Haemodialysis, Peritoneal dialysis, Transplantation, Pharmacokinetics and the new EPO therapy.

The constitution of the group stipulated that one committee member would stand down in 1985, two would stand down in 1986 and the final two original members would stand down in 1987; committee members would be eligible for re-election. The committee agreed that the chairman and secretary would stand down in 1987 thereby allowing 3 years continuity to establish the group.

Then, in 1986 whilst on holiday in Spain, Glenys Drew and several friends were killed when their car fell into a ravine. The SW region had lost its principal pharmacist for MI and the RPG had lost its secretary. I agreed to stay on as chairman of the RPG but found it increasingly difficult to commit my own time to the RPG as it wasn't relevant to my new job.

The story continues.....*Part Two*

Meanwhile, Ray Bunn, the renal pharmacist at St. Helier Hospital in Carshalton, had joined the group, and in the late 1980s, took over from Dave Roberts as Chairman. Ray was extremely enthusiastic about developing information resources for renal pharmacists, as there was a real dearth of information regarding drug dosing in renal impairment. He began by collating information on doses and patient counselling tips from the St. Helier Unit. This was edited by the RPG committee and then printed with the aid of an educational grant from Abbott. *An A-Z of Drug Use and Guide to Patient Counselling in Renally Impaired Adults* was published spring 1994, and nearly 1000 copies were sold, with the RPG donating £1 from every copy sold to the National Kidney Patients Association.

1993 saw the first residential RPG conference take place in Oxford. Such was its success in providing networking opportunities and shared learning, this format has continued to date.

In 1995, Ray was approached by Radcliffe Medical Press, who said that they were very interested in taking over the A-Z and developing it. Contracts were signed, and Ray began updating the A-Z and adding more drugs to the list of those previously covered. However, by this time, he was managing pharmacy and support services across several trusts, and was unable to devote all the time he wanted to the project. In 1998, Caroline Ashley took over working on the book with the help of the other committee members, and in 1999, the first edition of *The Renal Drug Handbook* was published. The book was sold worldwide, and the 2nd edition, written and edited by Caroline and Aileen Dunleavy was published in 2004. The 3rd edition followed in 2009, the 4th edition in 2014, and the 5th edition in 2018. The book has become an international standard text, and is now also available on-line as the Renal Drug Database (<https://renaldrugdatabase.com/>). It is hoped that an App for smartphones will also be available soon.

In 1994, Jane Hough, renal pharmacist at the Royal London Hospital, and later director of clinical pharmacy at the John Radcliffe Hospital in Oxford, took over from Ray as Chairman, and the RPG continued to work on various new projects. One such development started as an initial two-page list of pro-active renal pharmacists and their areas of interest, and grew to become the 1995 UK Renal Pharmacist's Directory, which listed contact details for each pharmacist, brief details of the unit and drugs (but not doses) used in various treatment regimens. This enabled pharmacists to contact other pharmacists for further information. For the next decade, this was updated every 2 years, and distributed to each member. It has now become an electronic resource, updated annually and available to members via the RPG website.

Support for those new to the field is a recurring theme. A workshop held at the 1995 conference identified the sort of information that would be useful to a new renal pharmacist. As a result, a year later, the first edition of *The Beginner's Guide to Renal Pharmacy* was published with the support of an educational grant from Janssen-Cilag. This was in the form of a loose-leaf file, covering an assortment of topics such as acute renal failure, chronic renal impairment, various forms of dialysis, transplantation, renal bone disease, renal anaemia, hypertension and diet. The guide was updated several times, and a copy given to each new member of the RPG. In time, the Pharmaceutical Press approached the RPG saying they had identified a niche in the market for such a book. As a result, the *Beginner's Guide* was comprehensively updated and expanded by some 20 members of the RPG, and was published January 2008 as *An Introduction to Renal Therapeutics*, edited by Clare Morlidge and Caroline Ashley. This has proved to be a best-seller over the last 10 years. The RPG is currently in the process of updating it, with a view to using it as an on-line educational resource as well as a textbook.

Another innovation was the twice-yearly publication of the newsletter *Renal News*. This carried reports from both the RPG conference, the British Renal Symposium and from other notable renal meetings that members had attended. In addition, there was news of RPG activities, a question and answer forum, and some members submitted articles they thought might be of interest for publication. Initially the RPG published a hard copy of the newsletter with funding provided by several pharma companies, then for several years it was published as a supplement to the *British Journal of Clinical Pharmacy*. It is now produced by the RPG again, but is only available in electronic format, e-mailed to members and available via the RPG website.

In 2002, the RPG established its own website (www.renalpharmacy.org.uk), and registered members had access to a discussion forum, the e-mail cascade (which is archived and searchable), renal reference texts, links to associated sites, eg. BTS, BRS, Dept of Health, NICE, etc, as well as slides of all the lectures given at each annual conference and membership forms. In 2016 the website underwent a major overhaul, and includes several new features including individual pages for the various sub-groups. In addition, members are now able to renew their membership on-line via Sage Pay. In addition, Twitter feed is available via the RPG website (the RPG twitter feed is “@renal_pharmacy”) and the RPG currently has 547 followers.

In 1997, Caroline Ashley, lead renal pharmacist at the Royal Free Hospital in London succeeded Jane Hough as Chairman, and the RPG continued to become involved in numerous renal initiatives being developed nationally. Andrea Devaney from the Oxford Transplant Centre was appointed as a member of the External Reference Group for the Renal National Service Framework, and several other RPG members were involved in the development of individual modules within the NSF. In addition, over the years the RPG has been invited to be a stakeholder in several NICE appraisals, including Immunosuppression in Renal Transplantation, the Treatment of Renal Anaemia, Cinacalcet for the Treatment of Renal Bone Disease, Acute Kidney Injury, Peritoneal Dialysis, Phosphate Management and Renal Stones.

For many years now, the RPG has also been an affiliated group to the British Renal Society and this association has enabled it to forge links with other projects within the renal world. For example, members of the RPG are now involved with the RA/BRS Patient Safety Forum, Sue Shaw and Hayley Wells are members of the BRS/Kidney Care UK Research Committee, and Andrea Devaney is working with the BRS on the latest Workforce Planning initiative.

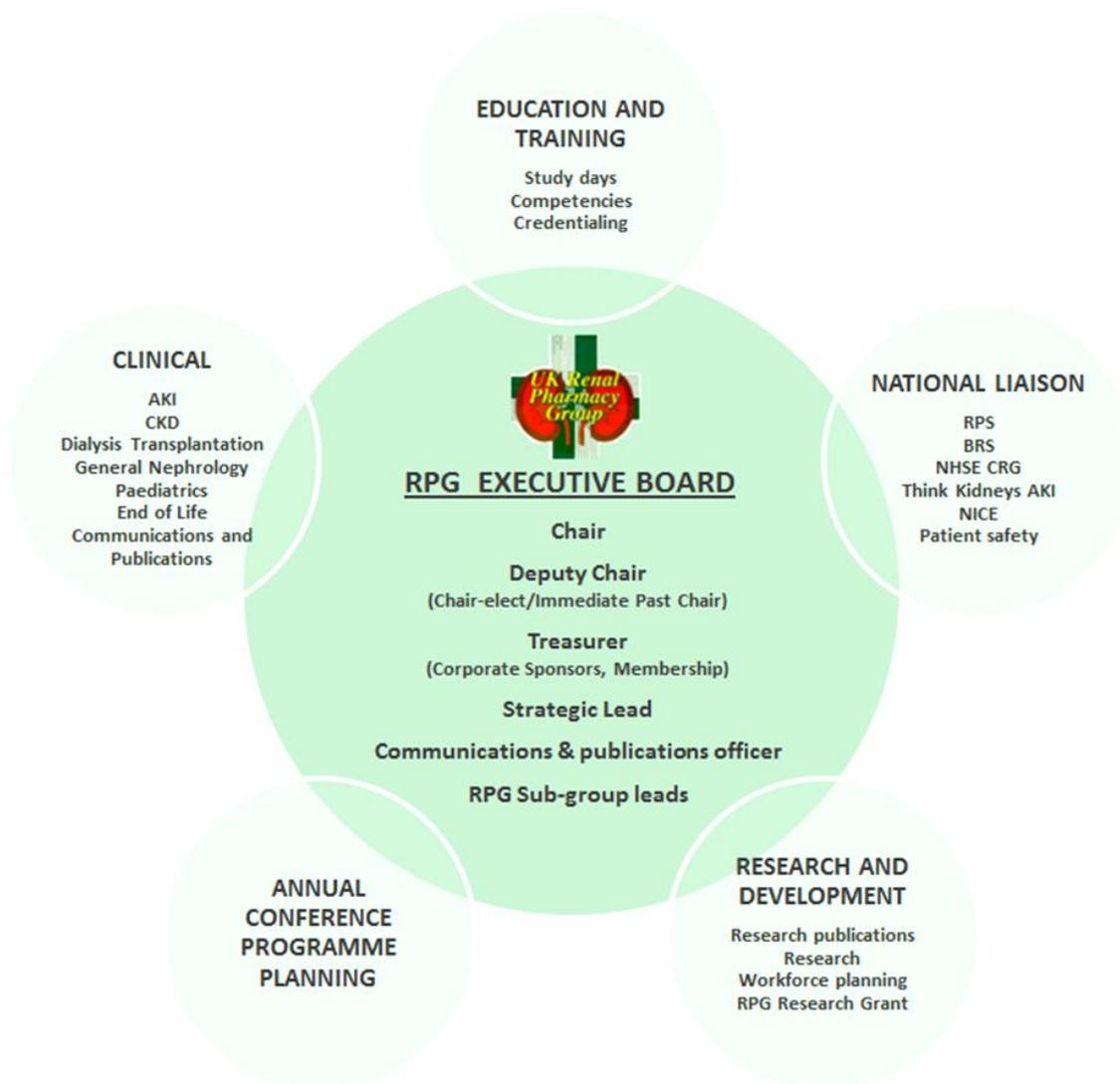
One of the questions that came out of the Renal NSF was “what defines a renal pharmacist?” As a result, a working group led by Rob Bradley, was convened, and this led to the development of a framework of knowledge and skills required for different levels of specialisation as a renal pharmacist. The framework also defined the competencies expected of a specialist pharmacist as they progress from general level, through specialist pharmacist up to consultant pharmacist. This work paralleled that being done by other specialist groups including ITU, Oncology and Cardiology. The new Royal Pharmaceutical Society subsequently worked with many of the national specialist interest groups to form a collection of specialist curricula, including that of the RPG. These are all now housed on the RPS website, and have also been amalgamated into the new National Curriculum. More recently, the RPS established the Faculty of the RPS, of which the RPG is a full affiliated member. There are a number of on-going workstreams within the Faculty including the national curriculum and the associated educational resources, and credentialing of members, following submission of their portfolio of practice.

One sign of the RPG’s continued success has been that it has grown to a degree whereby the day-to-day running of the group has become too complex for committee members to carry out in addition to their NHS day jobs. Hence, in 2006, the committee made the decision to hand over this workload to M&M Consultants, who until 2015 also managed the British Renal Society. This collaboration has proved highly successful, in particular, galvanising the annual conference into a very professionally run enterprise. It has also enabled the group to run much more efficiently, and individual members to devote more time to RPG projects.

2009 saw the 25th anniversary of the UK Renal Pharmacy Group. In the decade since then, its membership continues to grow steadily each year, the annual 2-day conference is always a great success, and the group was always looking for ways to improve for the benefit of its members.

In 2012, the RPG committee considered both the structure of, and the future direction of the RPG. Both nationally and locally, working in the NHS has changed over the past few years. The introduction of the Quality, Innovation, Productivity and Prevention (QIPP) Challenge means everyone working in the NHS must strive to improve quality whilst making efficiency savings, keeping quality as the organising principle. To secure a future for the RPG, it was apparent that the structure of the group had to be changed, to adapt to

the new climate, becoming much more pro-active in issuing opinions, alerts and position statements, and having an authoritative committee that issues a quick response to any relevant issues. The challenge for the RPG is to ensure that its activities are relevant to the new NHS and to its members, and to ensure that more members are given opportunities to become actively involved in RPG initiatives. Hence more RPG members will gain experience of committee work and will be encouraged to take on a role in the executive committee in the future. This led to the formation of an RPG Executive Board to oversee RPG activities with a number of subgroups. The lead of each subgroup represents their sub-group on the Executive Board. The revised and approved Governance arrangements for the Executive Board are available on the RPG website.



Since 2012, the RPG has been an active participant at the annual Clinical Pharmacy Congress. As well as having a stand at the medical exhibition which always attracts a lot of interest, the RPG has given two badged lectures at each congress, which are always well-attended. Topics covered include:- Diabetes and kidney disease, Managing renal patients across the primary and secondary care interface, Acute kidney injury, Management of renal patient on a non-renal ward, Pain Management in Patients with Chronic Kidney Disease, Vasculitis and Glomerulonephritis, Renal Transplantation and Treatment of Renal Anaemia.

In 2012, following on from the 2009 NCEPOD report on Acute Kidney Injury, Sue Shaw became involved with the development of the NICE Guidelines on AKI. She also led a working group of the RPG which led to the development of the Pharmacists' AKI Toolkit. This was a guide for all pharmacists on the medicines management of patients with AKI, including which drugs to withhold, dose reductions, what to monitor, etc. She also worked with the Centre for Pharmacy Postgraduate Education to develop Learning at Lunch modules on AKI. As a result, in 2013, Sue Shaw was awarded the RPS Clinical Pharmacist of the Year award in recognition of this work.

In 2014, the National AKI Programme, known as Think Kidneys was established. Its remit was to:-

- Develop a variety of tools and interventions and implement to support the prevention, early detection, treatment and enhanced recovery of patients with AKI
- Develop a healthcare management plan to reduce further deterioration, long term disability and death for AKI patients
- Develop education and training programmes for all health professionals
- Raise national awareness of AKI issues and appropriate strategies to reduce the burden of AKI
- Develop a national registry and audit for AKI
- Develop a national and local improvement strategy to reduce variation in care
- Develop a public awareness campaign to ensure patients and the public understand the risks of AKI
- Develop tools and a commissioning structure that supports the service in caring for those at risk of AKI
- Identify and undertake priority research

Six workstreams were set up to deliver these (Risk, Detection, Intervention, Implementation, Education and Measurement). Caroline Ashley was the Co-Chair of the Intervention workstream and Sue Shaw was a member of the Education workstream. The RPG AKI Toolkit was adopted by the Intervention workstream, and eventually became the Medicines Optimisation Guidance now found on the Think Kidneys website.

The RPG's involvement with national projects continues. Recently both the NKF and the BKPA decided to update their patient information leaflets. Clare Morlidge was heavily involved in the writing of any leaflets that mentioned medications in renal disease. In addition, Maria Martinez is involved in the Kidney Quality Improvement Partnership, which includes the BRS, the Renal Association, the Renal Registry, patient groups, primary and secondary care. It is looking to develop a platform to enable improvements in the quality of care given to kidney patients. Finally, the Renal Association is in the process of reviewing and updating all its clinical guidelines and requested that a renal pharmacist be included on the working group, so Hayley Wells is representing the RPG on this project.

The RPG actively aims to encourage research. £5000 research bursaries were advertised nationally in 2016/17 but not awarded. It was agreed that this research money would be ring-fenced and the RPG Research sub-group would consider other avenues to support the aims of the RPG – to promote excellence in the provision of pharmaceutical services to renal patients.

At the 2017 AGM Caroline Ashley stood down as the long serving Chair of the RPG, and under rules of the new Constitution, became Immediate Past Chair. Andrea Devaney assumed the role of Chair, having been Chair-Elect. As of September 2018, Clare Morlidge will become the new Chair-Elect with a view to becoming the next Chair in September 2019.

Despite very challenging times within the NHS, the RPG continues to thrive and support specialist renal pharmacists in delivering high quality pharmaceutical care to renal patients, and we hope its work will carry on for many years to come.

Contributors:-

Part One: written by Dave Roberts (2009) then Chief Pharmacist, University Hospital of Wales

Part Two: written by Caroline Ashley (2018), Lead Pharmacist Renal Services, Royal Free London NHS Foundation Trust. (28 September, 2018)