

My participation in the UK Renal Pharmacy Group Annual Conference was based on the successful collaboration of the hospital pharmacy at Starnberg Hospital (with Katrin Bayerlein and Dr. Angela Ihbe-Heffinger) in a two-year project (2020–2022) to establish a Renal Pharmacist in a non-university hospital, funded by the foundation Patient & Clinical Pharmacy (<https://doi.org/10.3390/jcm14134530>). Since then, in order to improve medication safety, a renal pharmacist has been conducting weekly medication rounds at Starnberg Hospital for patients with kidney disease who have significantly reduced eGFR (estimated glomerular filtration rate). As a practicing Renal Pharmacist in Starnberg, I had the opportunity to attend the conference.

After a warm welcome from Paul Clarke, Chair of the UKRPG (UK Renal Pharmacy Group), the conference began with an exciting presentation by Emma Boxall and Chris Booth on renal replacement therapies in the ICU. Interestingly, clinical pharmacists in the UK not only work in hospital pharmacies or wards but also in transplant centers, dialysis units, and general practitioner offices. In areas specifically focused on kidney diseases, such as a nephrology ward, one can call themselves a Renal Pharmacist. This is not an official job title, as no formal post-graduate education is offered. In the UK, about 150 so-called Renal Pharmacists have come together to form the UKRPG. The scope of clinical pharmacy practice also differs significantly from that in Germany. Recently, pharmacists in the UK have even been authorized to prescribe medications directly after completing their pharmacy degree, whereas this previously required a certain training. Although this is done within a narrow scope depending on the work area, in theory any pharmacist could prescribe any medication. In clinical practice, this mainly concerns renal dose adjustments, which Renal Pharmacists can do independently.

Another major difference compared to Germany is the direct contact to patient that clinical pharmacists have, which was highlighted in several conference presentations on psychological needs of children and young adults in dialysis centers, and weight-loss services for kidney patients. Another conference focus was on new pharmacological approaches to IgA nephropathy, with sponsor-funded lectures.

Additionally, there was an opportunity to participate in a workshop. I chose to attend the session on special dietary needs in nephrology patients. This focused on patients who refuse the administration of blood products, heparins, or medications of animal origin, because they are Muslim, Jehovah's Witnesses, or follow a vegan diet.

Afterwards, there was a poster session with very interesting contributions on CKD (Chronic Kidney Disease) prevention, specialized medication for transplant patients, and the role of a Renal Pharmacist in hemodialysis. To conclude, the founders Caroline Ashley and Aileen Dunleavy gave an insight into the history of the Renal Drug Handbook.

The origins of the UKRPG date back to 1982. In Germany, since the beginning of the Renal Pharmacist project in 2020, a small Renal Pharmacist group has been developing. Comprising around 20 clinical pharmacists, led by Katrin Bayerlein, we meet digitally on a quarterly basis to present case studies and discuss various topics related to kidney function and pharmacotherapy.

Overall, the integration of clinical pharmacists into patient-centered care and the associated responsibilities of pharmacists in the British healthcare system have made a lasting impression.