KIDNEY CODE RED:
THE RESPONSE

A mandate for urgent action
to end the kidney crisis.

Kidney Health® Australia

End Dialysis by 2050

Kidney Health Australia is the leading voice on kidney disease in Australia, with the bold aspiration to **End Dialysis by 2050**. We drive awareness, advocate for change, encourage early detection, and deliver vital support programs and services for those impacted by the disease. We work collaboratively with the clinical and research community to improve treatment, innovation, and research. Together, we are rewriting the narrative of kidney disease.

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Breonny Robson, Roxanne Perry, Lydia Lauder, Nean Tatnall, Claire Sheeky, Pam Burnett, Carolyn Brown and Chris Forbes.

Acknowledgement of Country

Kidney Health Australia respectfully acknowledges the Traditional Owners and Custodians of Country throughout Australia. We pay our respects to Elders past and present and extend that respect to emerging leaders. We recognise the unbroken connection of Aboriginal and Torres Strait Islander peoples to their lands, waters, skies, and communities, and we honour their enduring knowledge, cultures, and leadership.

Contents

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United, we can end the kidney crisis. To succeed, we must act now.

The kidney crisis in Australia is an escalating public health emergency which cannot be ignored.

Chronic kidney disease (CKD) affects 1 in 7 Australian adults, yet is significantly under-diagnosed and under-treated.[1] 2.5 million Australians are currently unaware they are living with CKD. This puts them at high risk of heart attack and stroke and denies them the opportunity to receive life-saving treatment.[1,2]

We must shift our focus from kidney failure to kidney preservation. Kidney failure has a devastating impact on both individuals and families. More than 85% of dialysis patients experience financial hardship and 50% experience depression.[3,4] The number of Australians requiring treatment for kidney failure has doubled in the last 20 years and is projected to grow by an additional 42% by 2030.[5,6]

Australian health services are struggling to meet existing demand and dialysis services across the country are at capacity.[7,8] Healthcare teams are needing to rationalise life-sustaining treatment, potentially compromising patient outcomes.[7,8] If we do nothing, CKD will become the 5th leading cause of death globally by 2050.[9]

Early diagnosis and proactive treatment offer the best chance to beat CKD. The tests for CKD are simple, cheap, and readily available. Medications to stop CKD progression to kidney failure are now available and listed on the PBS.

For every $1 we invest in early intervention, we can save $45 in direct health care costs, avoid hospitalisations and improve the lives of people living with CKD.[5]

In response to the crisis in Kidney Health, we are calling on Australian Governments, Australian commercial organisations and industry partners, health bodies, healthcare professionals, and the Australian community to take urgent action on kidney disease through:

1. Increased **awareness** of kidney disease, its **risk factors**, the **burden** on individuals and health systems amongst the Australian public and healthcare communities.
2. **Investment in targeted early detection of CKD** in those at known risk. Enabling early diagnosis and treatment to stop kidney disease in its tracks.
3. **Early (and equitable) access to life changing treatments** and programs for every person diagnosed with CKD, to stop kidney disease in its tracks and help individuals avoid a life spent on dialysis.
4. A **cohesive chronic disease approach**, given that CKD, diabetes, and cardiovascular disease share common causes, risk factors, and have similar treatment strategies.
5. **Full national implementation of the World Health Assembly resolution on kidney health**, recognition of CKD as a major global health issue and integration of kidney care into national health strategies.

Progress will require strong leadership to fundamentally change the course of kidney disease for all Australians. Australia can no longer afford to ignore this crisis when a long-term solution is ready and waiting. Together, we must create change now.

There has never been greater imperative to address this national emergency.

Kidney disease has a devastating impact on individuals, families and communities across Australia. **It doesn't have to be this way...**

> **If you get an early CKD diagnosis, then you can manage it extremely well and live a normal life.**

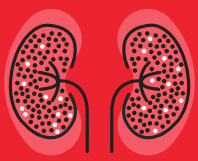
53-year-old Shailendra Tripathi stumbled across a kidney failure diagnosis during a general checkup for his executive team at work. He lived a healthy lifestyle as a non-drinker and a non-smoker. Even so, Shailendra was told in 2008 that he had high blood pressure; however, no doctor could tell him why. Fast-forward to 2015 when a mandatory workplace annual health check was conducted, and it all started to make sense. Shailendra's kidney function was at 52%, something he was completely oblivious to and something that had not been explored by doctors aware of his high blood pressure, despite being a major risk factor of kidney failure. Shailendra has a curiosity for research and how things work, so he has since taken it upon himself to adapt his lifestyle to prolong his quality of life, seeking out the most up-to-date medications, adjusting his diet and his physical activity to ensure he is at optimal health and able to delay having dialysis.

Shailendra Tripathi, patient advocate

THE COLD, HARD, REALITY OF KIDNEY DISEASE

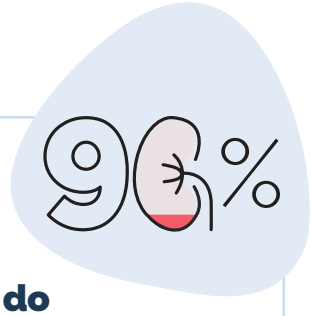
CKD is common.

1 in 7 Australians are affected by kidney disease.[1]



A hidden national problem.

2.5M Australians are unaware they have signs of kidney disease.[1]



People do not know they have kidney disease.

You can lose **90%** of kidney function without symptoms.[10]

Kidney disease is under-detected in Australia.

Only **23%** of people at known risk of CKD have had a **Kidney Health Check** in the last two years.[11]

A silent killer.

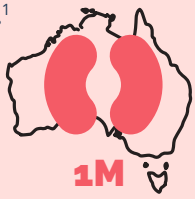
50% of people with kidney disease die prematurely of a heart attack or stroke.[12]

It is time for change.

Treatment for CKD can slow disease progression by **15 years** or more.[13,14]

A growing threat.

1 million more Australians are affected by CKD than a decade ago.[1]



If we do nothing...

CKD will be the **5th** leading cause of death globally by 2050.[9]

A kidney health emergency.

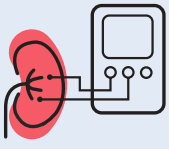
Incidence of kidney failure will grow by **42%** by 2030.[5]

Kidney services are overwhelmed.

Dialysis units across the country have more patients than they can treat.[7,8] Kidney doctors are having to ration treatment, **limiting access** to life-sustaining treatment.[7,8]

Major impact on Australian families.

Australians with kidney failure are on 'life-support' three days a week, five hours at a time. **Indefinitely**.



Detecting kidney disease early saves money.

Every **$1** invested in early intervention, **saves $45** in health care costs.[5]

JOURNEY TOWARDS ACTION ON KIDNEY HEALTH

The time is now. Momentum towards better outcomes in kidney health has intensified with groundbreaking progress achieved after decades of stagnation.

We have the tests. We have the treatments. We now need vital action to ensure people with CKD are diagnosed early and receive life-changing treatments to avoid a life on dialysis.

1990s

Ace inhibitors (ACEi) and **Angiotensin Receptor Blockers** (ARBs) established as the cornerstone of CKD care.

1998

Kidney Health Australia establishes the **Kidney Check Australia Taskforce** (KCAT) to support the detection and management of CKD in primary care.

2005

The **Australasian creatinine consensus statement** is published, standardising serum creatinine measurement and defining **eGFR** as the best measure of kidney function – this leads to **automatic reporting of eGFR with serum creatinine requests on all Australian adult pathology reports**.

2007

First edition of the **CKD Management in General Practice handbook** defining best practice CKD care is published by Kidney Health Australia.

Mar 2020

Commonwealth Government Department of Health releases the **National Strategic Action Plan for Kidney Disease**, developed by Kidney Health Australia on behalf of the kidney community. The plan provides thirty actions across three priority areas, to address the most pressing needs in kidney disease. It remains largely unfunded.

2019

Landmark Credence Study is published, a significant turning point in CKD care. The study shows that the SGLT2 inhibitors reduces the risk of kidney failure and cardiovascular events in people with type 2 diabetes and CKD.

2012

New guidelines for early CKD treatment are published; **urine tests are highlighted as a key component of a Kidney Heath Check for the first time**.

2021

Kidney Health Australia publishes the **Make the link: kidney, diabetes, and heart** report to highlight the interconnected nature of these three conditions and the need for multimorbidity approach to care.

2022

Kidney Health Australia pilots a clinical audit program for primary care to determine whether structured frameworks and education drive an increase in **CKD detection in Primary Care**. The program runs between 2022-2025 and shows statistically significant increases in the number of patients with recorded CKD diagnoses.

Sep 2022

SGLT2 inhibitors are listed for reimbursement by the PBS – the first new treatment for CKD in over 20 years, with research showing they can delay the progression of CKD by 15 years or more.

Nov 2023

First-ever **Parliamentary Friends of Kidney Health** is established in Federal Parliament.

Sep 2023

The **Global Patient Alliance for Kidney Health** is formally established, with Kidney Health Australia as a founding member and representative on the Alliance steering committee.

Mar 2023

World Kidney Day 2023 – The Deloitte Access Economics Report **Changing the chronic kidney disease landscape: The economic benefits of early detection and treatment report** is released by Kidney Health Australia in Federal Parliament, along with a day-long Kidney Health Check event. The report garners global attention.

Oct 2022

CARI Guidelines' **Recommendations for culturally safe kidney care in First Nations Australians** published – underpinned by extensive community consultation, they are the first kidney guidelines to have been developed in partnership with First Nations communities, and with First Nations Australians with lived experience of CKD.

Mar 2024

World Kidney Day 2024 – Fifth edition of the guideline handbook **'CKD Management in Primary Care'** was launched in Adelaide by The Hon Chris Picton, South Australian Minister for Health and Wellbeing. The handbook defines best practice detection and management of CKD.

Nov 2024

Kidney Health Australia launches the **End Dialysis by 2050 Aspiration** in Federal Parliament. Early detection and management of CKD is recognised a key pillar underpinning success.

May 2025

The **78th World Health Assembly** adopts the **first ever global resolution on kidney health**, the first time that kidney health has been formally prioritised within the WHO NCD agenda, laying the foundations for earlier detection, better prevention, improved access to treatment and stronger health systems.

Oct 2025

Kidney Health Australia convenes a **National Emergency Kidney Summit** with the theme **CKD: Detect Early. Act Now. Save Lives.** 142 stakeholders convene in Sydney to define urgent action to drive the early detection and management of CKD.

2026-2030

Kidney Health Australia leads efforts to fundamentally **change the status quo** in kidney health, address the kidney health emergency and drive earlier detection and treatment of kidney disease.

Mar 2026

World Kidney Day 2026 – The report **'Kidney Code Red: A mandate for urgent action to end the kidney crisis'** outlining **key recommendations** and **urgent actions** to drive early detection and treatment of CKD is released.

Dec 2025

World leaders adopted a long-awaited Political Declaration on non-communicable diseases and mental health at the **United Nations General Assembly** and for the first time, **recognises kidney disease as part of the global non-communicable diseases agenda**.

Oct 2025

A **Parliament House policy roundtable** event, hosted with the **Parliamentary Friends of Kidney Health**, zeroed in on urgent policy opportunities to improve early CKD detection and treatment.

CARI: Caring for Australians and New Zealanders with Kidney Impairment **CREDENCE**: Canagliflozin and Renal Endpoints in Diabetes with Established Nephropathy Clinical Evaluation **GFR:** estimated glomerular filtration rate **CKD:** chronic kidney disease **PBS:** Pharmaceutical Benefits Scheme **PEAK:** Primary Education Advisory Committee of Kidney Health Australia **SGLT2:** sodium-glucose linked transporter 2 **WHO:** World Health Organization

A MANDATE FOR URGENT ACTION TO END THE KIDNEY CRISIS SNAPSHOT

The problem: **2.5 million Australians** are living with signs of kidney disease but do not know they have it.

If not diagnosed and treated in time, people crash-land into kidney failure, requiring gruelling and expensive dialysis or kidney transplantation.

The goal: To confront the kidney crisis head-on through early detection and decisive treatment of CKD, the frontline strategy in our mission to **End Dialysis by 2050**.

Urgent action is needed across three pillars:

Recommendation 1. Increase awareness of kidney disease

1.1 Increase awareness of CKD in Australian community with a focus on three key messages:

- What kidneys do.
- What is CKD and why should you care?
- Who is at risk of CKD and what action to take?

1.2 Increase awareness of CKD detection and management in the health professional community highlighting:

- Burden of kidney disease and the opportunity to act.
- Proactively look for CKD, identify who is at risk, test for CKD using the Kidney Health Check.
- Do not miss the urine test (uACR).

Note: See Appendix A for a description on what constitutes early detection and management of CKD in Australia.

Recommendation 2. Detect kidney disease earlier

2.1 Make the existing tests and systems for CKD detection as easy as possible.

- Enhance and leverage pathology reporting through a bundled Kidney Health Check and tailored messaging for those at risk.
- Implement specific funding / incentives for healthcare professionals to undertake targeted Kidney Health Checks, ensuring the uACR is not missed. e.g. via Medical Benefits Scheme (MBS).
- Fund national primary care-based programs to target CKD testing to those at greatest risk – e.g. people with diabetes and hypertension.

2.2 Establish new and innovative ways to detect and diagnose CKD as early as possible.

- Use full scope of practice for nurses, and pharmacists to support early detection of CKD.
- Harness point of care testing for opportunistic detection of CKD.
- Use technology, Artificial Intelligence (AI), and software prompts to reduce provider burden through automated identification of patients at risk, and those requiring testing, follow up and management review.

Recommendation 3. Improve outcomes in kidney disease management

3.1 Address the gap between guideline recommended care and real-world practice to improve outcomes for patients with CKD.

- Increase knowledge and implementation of guideline directed CKD care amongst healthcare professionals, with a focus on uACR testing and uptake of medications to slow progression of CKD.
- Ensure that people eligible for CKD medicines receive them early enough to improve outcomes.
- Establish effective linkage between primary and tertiary CKD care to ensure continuity of care for people living with CKD.

3.2 Ensure equitable and culturally safe care and treatment for all people with CKD regardless of their background or where they live.

- Initiatives for First Nations people must be based on principles of self-determination and cultural safety; designed, guided and supported by communities, and implemented by an appropriate workforce.

3.3 Support people living with CKD to be active partners in their healthcare.

- Linkage with targeted education programs such as Kidney Health Australia's Kidney Health 4 Life program.
- Provide culturally safe and co-designed education programs for First Nations Peoples and culturally diverse communities impacted by CKD.

3.4 Foster stronger collaboration and care across the diabetes, kidney, cardiovascular sector to enhance person centred outcomes.

A MANDATE FOR URGENT ACTION TO END THE KIDNEY CRISIS

Take action to: **Increase awareness of kidney disease.**

Recommendation 1.1

Increase awareness of CKD in Australian community with a focus on three key messages:

- What kidneys do.
- What CKD is, and why should you care?
- Who is at risk of CKD and what action to take.

Desired outcomes

- The Australian community is aware of CKD as a common chronic disease, just as we are all aware of heart disease and diabetes.
- People understand that a Kidney Health Check could save years of healthy life and know where to get one.
- People at risk of CKD are motivated and confident to ask their primary care health provider for a Kidney Health Check.
- People know that an adequate Kidney Health Check includes a urine test as well as a blood test.

How can this be achieved?

Design and implement a multi-pronged public awareness campaign with clear key messages:

- What kidneys do.
- What CKD is, and why should you care?
- Who is at risk of CKD and what action to take.

Incorporate CKD risk assessment and initial testing into standard chronic disease checks to increase the recognition of CKD as a health condition that requires action.

Who should be involved?

Australian and New Zealand Society of Nephrology

Chronic disease organisations such as Diabetes Australia, National Heart Foundation, Stroke Foundation, and Hearts 4 Heart

Elders of First Nations communities

Government education departments

Health publications and health media

Kidney Health Australia

Local and national media outlets

Local community organisations

National Aboriginal Community Controlled Health Organisation

PKD Australia

Private health insurers

Public health bodies and organisations

State, Territory and Federal Government departments of health

Actions and timeframe

Immediately: Commence scoping and collaboration with stakeholders to design and deliver a public awareness campaign with a combination of broad national campaigns and targeted, community-level initiatives designed to reach diverse audiences.

Within 2 years: Launch a multilayered public awareness campaign. Integrate CKD into all chronic disease screening and assessments.

Recommendation 1.2

Increase awareness of CKD detection and management in the health professional community with a key focus on:

- Burden of kidney disease and the need to act.
- Proactively look for CKD, identify who is at risk, test for CKD using the Kidney Health Check.
- Don't miss the urine test (urine albumin/creatinine ratio).

Desired outcomes

- Primary care clinicians know and follow the recommendations in national guidelines for detecting and managing CKD.[10]
- At every primary care visit, regardless of the reason, the health provider knows the patient's CKD risk status, and whether a Kidney Health Check is due.
- Primary care health providers, working to full scope of practice, can easily arrange Kidney Health Checks, know the required test components, and know how to order the test correctly.
- CKD is recognised as an essential component of all chronic disease health checks and screenings.

How can this be achieved?

Targeted awareness campaigns and communications on kidney health to health professionals.

Incorporate training and units of competency on CKD detection and management into the curriculum for all new GP trainees, primary healthcare nurses, pharmacists, Aboriginal health practitioners and relevant allied health professionals.

Provide continuing professional development on CKD for general practitioners (GPs), primary care nurses, and community pharmacists, highlighting key messages:

- Kidney disease has a large burden on Australia and action is needed by healthcare professionals.
- Proactively look for CKD, identify who is at risk, and test for CKD using the Kidney Health Check.
- The importance of the urinary albumin/creatinine ratio (uACR) test for the diagnosis of CKD.
- The link between elevated uACR and adverse CKD progression and cardiovascular risk.

Work with software providers to ensure electronic health records and practice management software flag patients at risk of CKD and provides guideline-directed decision support for managing Kidney Health Check results and diagnosed CKD.

Leverage technology such as point-of-care testing (POCT) in people with CKD risk factors to enhance awareness and timely testing of CKD.

Enhance systems for raising awareness of kidney health in settings such as community pharmacies and other non-kidney health organisations and hospital departments.

Recommendation 1.2

Who should be involved?

Australian and New Zealand Society of Nephrology

Australian College of Rural and Remote Medicine

Australian Commission on Quality and Safety in Health Care

Australian Primary Health Care Nurses Association

Kidney Health Australia

Pathology Australia

Pharmaceutical companies

Pharmacy Guild of Australia

Pharmaceutical Society of Australia

Point of care testing organisations

Practice management software providers

Primary Healthcare Networks

Royal Australian College of General Practitioners

Royal Australian College of Pathologist

University medical faculties

Actions and timeframe

Immediately: Engage with primary care organisations and education providers to:

1. Increase primary care health professionals' engagement with existing targeted education programs on CKD detection, management and referral pathways; and
2. Scope and design new education initiatives.

Work with general practice software providers.

Work with funding and accreditation bodies to scope incentives or recognition for practices achieving CKD care standards.

Action opportunities to increase awareness of Kidney Health Checks through targeted campaigns and awareness raising activities.

Within 2 years:

- Launch new education initiatives.
- Implement incentive/recognition program(s).

I was lucky because my CKD was picked up in routine medical checks in the military. If I were a civilian, I would never have known I had a kidney failure until stage five.

Mark is a 50-year-old father of two with no family history of kidney disease. In 2007, he presented for a routine medical check-up as part of his military role, when his GP noticed elevated protein in his urine. This was actively monitored over time, until 2009 when his nephrologist recommended a biopsy, leading to a diagnosis of IgA Nephropathy. Since then, Mark and his team have been managing the kidney disease with check-ups and monitoring his eGFR.
But in 2021, his eGFR started to drop drastically and in October he was advised he needed to start dialysis. He has now had a successful transplant but realises if he was not having mandatory regular health checks as part of his role in the military, he may never had been picked up early enough to delay his progression to dialysis and transplant for 14 years.

Mark Oksanen, WA

Take action to: **Detect kidney disease earlier.**

Recommendation 2.1

Make Kidney Health Checks and the systems for CKD detection as easy as possible for both patients and healthcare providers:

- Enhance and leverage pathology requests and reporting through a bundled Kidney Health Check and tailored messaging for those at risk.
- Implement specific funding / incentives for healthcare professionals to undertake targeted Kidney Health Checks, ensuring the urine test (uACR) is not missed. e.g. via MBS.
- Fund national primary care-based programs to target CKD testing to those at greatest risk – e.g. people with diabetes and hypertension.

Desired outcomes

- When a patient with risk factors for CKD visits their healthcare provider, their CKD risk status is immediately identified and a Kidney Health Check is routinely arranged, as indicated according to national guidelines for primary care.[10]
- GPs (and other primary care health providers, according to scope of practice) are appropriately compensated for consultation time, through direct funding for Kidney Health Checks or through incentives for achieving target testing rates.
- Kidney Health Checks should also be included as part of any comprehensive chronic disease screening and we recommend that opportunities to undertake bundled kidney, cardiovascular and diabetes screenings be incentivised.
- Patients can afford the cost of guideline-directed testing (e.g. out-of-pocket consultation cost), regardless of their financial status.
- All abnormal findings that suggest CKD are promptly followed up by the GP according to current national guidelines.[10]
- An individual's test results are available to health professionals at primary, secondary and tertiary levels of the health system.
- Primary Care based CKD detection programs targeting people with diabetes and hypertension are funded and implemented.

How can this be achieved?

Standardise processes for requesting and reporting Kidney Health Checks:

- A single-item Kidney Health Check on pathology request forms, with bundled funding
- Structured pathology reporting, including interpretive comments, flagging of sequential changes, and clear information on CKD staging, with prompts to follow management guidelines on next steps and medical management.

Build 'no-miss' follow-up pathways to ensure that whenever Kidney Health Checks return abnormal results, or a patient meets criteria for referral, general practice software triggers automated recall tasks and decision support.

Embed the Kidney Health Check into routine primary care activities, according to guidelines, and include test for undiagnosed diabetes where appropriate.

Work with general practice software developers and tech providers to design electronic health records prompts that automatically flag a patient's CKD risk and enable a single-click request for a Kidney Health Check.

Align with National Safety and Quality Primary and Community Healthcare Standards accreditation, so practices show evidence of CKD decision support and risk prompts as part of clinical safety and governance.

Recommendation 2.1

Make Kidney Health Checks financially feasible through incentives and funding:

- Work with the Australian Government Department of Health, Disability and Ageing to incorporate CKM (or cardio-kidney-metabolic) targets into the Practice Incentive Program as Improvement Measures and National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care, for example:
  - proportion of at-risk patients with a completed urinary albumin/creatinine ratio (uACR) plus estimated glomerular filtration rate (eGFR) in the past 12 months;
  - proportion of abnormal results with documented follow-up within 30 days.
- Integrate these CKM targets into Practice Incentives Program Quality Improvement guidance and Primary Healthcare Network dashboards.
- Establish a dedicated 'Kidney Health Check' item or cardio-kidney-metabolic bundled check to standardise funding; include incentives for reaching target testing rates in high risk groups.

Make Kidney Health Check results visible across the system, promptly upload to My Health Record by default.

Work with pathology providers to address interoperability gaps between digital data management systems (electronic medical record, laboratory information management system, and My Health Record), reducing manual handling and ensuring consistent upload.

Who should be involved?

Australian and New Zealand Society of Nephrology

Australian Association of Practice Management

Australian Chronic Disease Prevention Alliance members

Australian College of Rural and Remote Medicine

Australian Primary Health Care Nurses Association

Australian Pathology

Flinders International Centre for Point-of-Care Testing

Guideline groups

Kidney Health Australia

Pathology Technology Australia

Primary Health Networks

Practice Incentives Program (Australian Government Department of Health, Disability and Ageing)

Practice Managers Australia

Primary care practice management software providers

Royal Australian College of General Practitioners

Royal College of Pathologists of Australasia

State and Territory health departments

Actions and timeframe

Immediately:

- Collaborate with stakeholders to review current systems and identify data management strategies that help healthcare professionals detect CKD risk and carry out recommended tests.
- Partner with federal agencies and stakeholders to design and test funding options that boost uptake of kidney health tests.
- Work with general practice software developers to implement prompts for Kidney Health Checks and single-command requests for all components of Kidney Health Check.

Recommendation 2.1

Within 2 years:

- Adoption of national report template for Kidney Health Checks by pathology laboratories.
- Introduction of bundled pathology test panel for Kidney Health Checks.
- Incorporation of CKD indicators into Practice Incentive Program quality incentives and guidance.
- Improvement in data sharing between data management systems (electronic medical record, laboratory information management system, and My Health Record).

Within 5 years:

- Establish funding for dedicated Kidney Health Checks or cardio-kidney-metabolic health checks.
- Scope and investigate options to provide incentives for patients to undergo kidney health checks or cardio-kidney-metabolic health assessments.
- Introduction of dedicated Kidney Health Check funding item or bundled cardio-kidney-metabolic check.
- Continuous alignment of practice with safety and quality standards.

My CKD could have been identified and treated 4 years earlier.

Carla's CKD diagnosis was an incidental finding, but it should have been identified several years earlier.

At age 30, I received the unexpected diagnosis of an autoimmune kidney disease (IgA nephropathy). Because I was young and felt healthy, the news came as a shock.

Six years later, despite treatment, my kidneys were failing and I needed dialysis. After 14 exhausting months managing full-time work and dialysis three nights a week, I received a kidney transplant and am now doing well.

However, looking back at results from earlier (unrelated) blood tests taken during my mid-twenties, ***I discovered that signs of early CKD had already been present, but not flagged; I had missed out on the chance of early treatment.***

My experience highlights how better awareness of CKD could ensure early detection and give people the chance of effective early treatment.

Carla McNaughton, consumer advocate

Recommendation 2.2

Implement new and innovative ways to detect and diagnose CKD as early as possible:

- Utilise the full scope of practice for all healthcare professionals, including nurses and pharmacists, to drive early detection of CKD.
- Harness point-of-care testing for opportunistic detection of CKD.
- Use technology, Artificial Intelligence (AI), and software prompts to reduce provider burden through automated identification of patients at risk, and those requiring testing, follow up and management review.

Desired outcomes

- Primary care healthcare professionals, including GPs, Aboriginal health workers, primary care nurses, and community pharmacists, routinely offer or arrange Kidney Health Checks to those who need them.
- Offer opportunistic kidney health tests to people who do not have a GP, and those who visit their GP infrequently, in a community setting.
- People living in remote communities with limited access to health care can obtain kidney health tests in their community, in a culturally appropriate setting.

How can this be achieved?

Develop and implement a nationally funded CKD detection initiative.

Ensure that all healthcare professionals working in primary care and in the community can identify patients at increased risk of CKD who need a Kidney Health Check and know how to arrange or advise it.

Leverage point-of-care testing in primary and tertiary care, allied health and community settings including pharmacies, health services, hospitals, and mobile testing to encourage timely diagnosis in those at risk.

Expand the criteria for who can order a Kidney Health Check by considering the following two scenarios:

- Allow primary healthcare nurses and pharmacists to order initial detection tests for CKD via existing pathology tests as part of the scope of practice policy implementation.
- Establish funding mechanisms to allow pharmacists and practice nurses to undertake point of care testing for eGFR and uACR on those at known elevated risk.

Develop clear guidelines and protocols for the process of expanded new models of testing that include appropriate follow up care.

Harness technology, including artificial intelligence, to automate identification of patients who need testing or follow-up and prompt patients at risk of ask for a Kidney Health Check.

Recommendation 2.2

Who should be involved?

Aboriginal Community Controlled Health Organisations

Australian and New Zealand Society of Nephrology

Australian College of Rural and Remote Medicine

Australian Government Department of Health, Disability and Ageing

Australian Primary Health Care Nurses Association

Flinders International Centre for Point-of-Care Testing

Kidney Health Australia

Medical technology industry

National Aboriginal Community Controlled Health Organisation

Pathology Technology Australia

Pharmaceutical Society of Australia

Primary Health Networks

Renal Society of Australasia

Royal Australian College of General Practitioners

State and Territory health departments

Technology Sector

The Pharmacy Guild of Australia

Actions and timeframe

Immediately: Commence scoping for a pilot program to test new models of CKD detection in individuals at elevated risk to underpin a nationally funded detection initiative.

Within 1 year:

- Bring together key partners, such as medical professional colleges, industry, and funders, to co-design and evaluate a new model for CKD detection.
- Collaborate with medical and industry groups to run pilot studies testing different delivery approaches for expanded kidney health initiative.

Within 5 years:

- Implement a nationally funded CKD early detection initiative.
- Collaborate with relevant agencies to ensure all health professionals are working to their full scope of practice; can identify the need for Kidney Health Checks; order or undertake the appropriate tests for CKD; and follow appropriate frameworks for referral, follow up and guideline directed management of CKD.

For 3 years, my body had been giving warning signs of chronic kidney disease – yet no-one ordered basic kidney function tests.

I was diagnosed with end-stage renal failure at just 29 years old, a life-altering moment that came after several years of unexplained symptoms. For 3 years prior, my body had been giving warning signs of chronic kidney disease, yet despite seeing five different GPs, no one ordered basic kidney function tests such as a creatinine blood test or urinalysis. I was considered 'too young,' with no family history of kidney disease, no diabetes, and no obvious risk factors – assumptions that ultimately delayed my diagnosis until my kidneys had almost completely failed.

In 2009, I was diagnosed with a rare and aggressive autoimmune disease. To save my life and preserve what kidney function remained, I underwent a year of intensive chemotherapy to achieve remission. While the treatment was successful, it left me with just 20% kidney function. In 2010, as my kidney health continued to decline, I commenced dialysis – a reality I never imagined facing in my twenties.

Then, unexpectedly and against all odds, I discovered I was pregnant. My baby survived but the pregnancy cost me the remainder of my kidney function. When my baby was only 3 months old, I began peritoneal dialysis, navigating new motherhood alongside life-sustaining treatment.

I have now been on dialysis for approximately 15 years. My journey highlights not only the unpredictable nature of kidney disease, but also the critical importance of early detection and testing – regardless of age or perceived risk.

Lesley, patient advocate

Take action to: **Improve outcomes in kidney disease management.**

Recommendation 3.1

Address gaps between guideline recommended care and real-world practice to improve outcomes for people living with CKD:

- Increase knowledge and implementation of guideline recommended CKD care amongst healthcare professionals, with a focus on uACR testing and uptake of medications to slow progression of CKD.
- Ensure that people eligible for CKD medicines receive them early enough to improve outcomes.
- Establish effective linkage between primary and tertiary CKD care to ensure continuity of care for people living with CKD.

Desired outcomes

GPs and other primary care clinicians manage CKD according to current national guidelines.[10]

Robust processes prevent loss of patient follow up between primary, secondary, and tertiary care providers.

Appropriate follow up occurs for every patient who fails to attend a scheduled CKD visit.

Each patient's health record is readily available to healthcare providers, avoiding the need for patients to repeat their medical history and explain their personal circumstances at every healthcare encounter.

How can this be achieved?

Provide continuing professional development opportunities for primary care prescribers on recommended medication for manage CKD.

Facilitate prescribers' access guidelines for managing CKD at each stage and for relevant patient subgroups.

Integrate guideline-directed medical treatment for CKD into electronic health record software.

Establish incentives to promote guideline adherence through the Practice Incentive Program (Australian Government Department of Health and Ageing).

Facilitate optimal use of MBS GP chronic condition management plan (GPCCMP) items.

Improve diabetes management for those living with CKD.

Build better systems to share health data between health services, healthcare teams and patients: link doctors and hospitals, improve referrals, and establish a framework that collates information from all sectors to support comprehensive, continuous care for people with CKD.

Recommendation 3.1

Who should be involved?

Australian and New Zealand Society of Nephrology

Australian College of Rural and Remote Medicine

Australian Government Department of Health, Disability and Ageing

Australian Primary Healthcare Nurses Association

Chronic disease professional societies

Clinical Excellence Commission

Individual healthcare providers

Information technology industry partners

Kidney Health Australia

Medical schools and universities

National Aboriginal Community Controlled Health Organisation

Pharmaceutical Society of Australia

Practice Incentive Program (Australian Government Department of Health and Ageing)

Primary care practice management software providers

Primary Health Networks

Private health insurers

Renal Society of Australasia

Royal Australian College of General Practitioners (RACGP)

State and Territory health departments

The Australia and New Zealand Dialysis and Transplant Registry

The Pharmacy Guild of Australia

Actions and timeframe

Immediately:

- Engage with stakeholders to raise awareness of guideline-directed medical management of CKD and establish mechanisms for monitoring adherence.
- Begin targeted promotional activities to ensure primary healthcare providers are aware of and can readily access national CKD management guidelines.
- Commence scoping for a national integrated data-sharing system.

Within 3–5 years:

- Implement a framework and associated data sharing platforms so that health information on CKD is visible to all healthcare providers and people living with CKD.
- Initiatives to promote awareness of CKD management guidelines and access to them.
- Implement incentives to maximise clinicians' adherence to CKD management guidelines.

Recommendation 3.2

Ensure equitable and culturally safe care and treatment for all people with CKD regardless of their background or where they live:

- Initiatives for First Nations people must be based on principles of self-determination and cultural safety; designed, guided and supported by communities, and implemented by an appropriate workforce.

Desired outcomes

Anyone in Australia can access a Kidney Health Check or guideline-directed CKD care, according to their preferences, and in their first language.

Everyone can access CKD prevention and treatment, regardless of where they live.

All patients feel comfortable interacting with their healthcare providers, regardless of their social, ethnocultural group.

Co-designed and culturally safe care for Aboriginal and Torres Strait Islander Peoples and Australians with diverse cultural backgrounds is normalised and implemented by an appropriate workforce.

How can this be achieved?

Ensure that all initiatives are consultative and consider the needs and circumstances of specific communities and demographics, including First Nations communities, culturally and linguistically diverse communities, children, and youth.

Ensure that all initiatives are designed by and for specific communities, delivered through culturally appropriate models.

Ensure adequate funding for rural and remote healthcare services attended by people with CKD. As the demand for kidney failure treatment is reduced over time, redirect health system budgets towards prevention for underserved and high-risk communities.

Ensure that healthcare settings for people with CKD are designed and curated to be inclusive and culturally sensitive to local demographics.

Who should be involved?

Aboriginal Community Controlled Health Organisations

Australian and New Zealand Society of Nephrology

Australian College of Rural and Remote Medicine

Australian Multicultural Health Collaborative

Coalition of Peaks

Federation of Ethnic Communities' Councils of Australia

Individual healthcare providers

Kidney Health Australia

National Aboriginal Community Controlled Health Organisation

Renal Society of Australasia

State and Territory health departments

The Australia and New Zealand Dialysis and Transplant Registry

Actions and timeframe

Immediately: Commence scoping towards identifying needs among specific groups, secure ongoing support for current effective initiatives, and plan new tailored initiatives within a broader nationwide CKD program.

Within 3–5 years:

Implement newly developed models and safeguard ongoing funding for current effective initiatives.

Implement standards for healthcare centres to facilitate culturally safe environments for patients with CKD.

Good enough is not good enough.

With first-hand experience of barriers to treatment, Jamen advocates for optimal CKD care for rural and remote communities.

I developed kidney failure several years after having been diagnosed with an autoimmune disease (systemic lupus erythematosus) at age 20. I spent 7 years of my twenties on dialysis before receiving a transplant, which lasted 9 years. I returned to dialysis for another difficult 7 years until I was given a new transplant, which has gone well.

Living with dialysis is not only difficult and constraining, but I sometimes had to speak up for myself to get the best care. During one checkup in a regional clinic, ***a doctor told me I seemed to be doing well enough on dialysis and suggested we could delay transplant.*** *I am now very glad I didn't have to accept indefinitely compromised quality of life as a young person.*

Since my teens, I've experienced multiple medical investigations, treatments, and hospital stays, and as an adult I've worked with regional and remote health services to improve health outcomes for First Nations communities. Having experienced excellent care, but also the gaps in our health system, I know we can do better for our people. There is an urgent need to support healthy lifestyles for people living in our remote Aboriginal communities, including by providing access to healthy food, clean drinking water, and good health care.

Jamen Wilcox, Mamu Yindinji man, occupational health and safety consultant, consultant on Indigenous health care, and patient advocate

Recommendation 3.3

Support people living with CKD to be active partners in their healthcare:

- Leverage targeted education programs such as Kidney Health Australia's Kidney Health 4 Life.
- Provide culturally safe and co-designed education programs for First Nations Peoples and culturally diverse communities impacted by kidney disease.

Desired outcomes

People living with CKD, their families and carers have access to evidence-based information about CKD, their medical treatment, self-management strategies and future health outcomes and related comorbidities, so that they can be an active partner in their healthcare.

People living with CKD can access care, information and support services that are co-designed with community and individuals with lived experience and both culturally and linguistically appropriate.

Healthcare teams include patients in informed decision-making at all stages.

Education and Programs for First Nations Peoples and culturally diverse communities impacted by CKD is culturally safe, co-designed and supports self-determination.

How can this be achieved?

Undertake regular consultation to understand the needs and preferences of people living with CKD.

Co-design solutions with community and people with lived experience.

Encourage people living with CKD to learn more about their health, simple actions they can take, where to access information.

Listen well to understand the needs and preferences of people living with kidney disease.

Leverage programs such as Kidney Health Australia's Kidney Health 4 Life program to support patient education, self management and agency. **kidneyhealth4life.org.au**.

Who should be involved?

Community organisations

Health insurance providers

Kidney Health Australia

Patient advocacy organisations

Primary Health Networks

Individual healthcare providers

Actions and timeframe

Immediately and ongoing: Scale national operations and expand program reach for Kidney Health 4 Life to support self-management and self-advocacy by individuals diagnosed with CKD.

Embed cultural safety and co-design principles into all education and programs developed for people living with CKD.

“Kidney Health 4 Life helps me navigate my health care.”

Knowledge and resources are essential to self-manage kidney disease.

Managing kidney health is an important part of my life. I know a kidney disease diagnosis can be a scary and lonely time, not just for the person affected but also their loved ones. It’s not always possible to find everything you need in one place. Kidney Health 4 Life ensures you have the knowledge and resources to navigate your health with confidence, while getting the most out of life.

Michala Banas, Kidney Health Australia Ambassador

Recommendation 3.4

Foster stronger collaboration and care across the diabetes, kidney, cardiovascular sector to enhance person centred outcomes.

Desired outcomes

Health professionals at all levels of the healthcare system take an integrated approach to metabolic, kidney and cardiovascular health care.

Organisations dedicated to promoting prevention of diabetes, CKD, or cardiovascular disease, and to improving outcomes for people with these conditions, unite to promote consistent messages and holistic care.

Patients take the lead in their care (if able and willing to do so), and their needs and preferences are central to all planning and treatment decisions.

How can this be achieved?

Foster stronger partnerships across the diabetes, kidney, cardiovascular sectors to enhance person-centred care.

Develop integrated cardio-kidney-metabolic clinical practice guidelines that harmonise current guidelines for diabetes, cardiovascular conditions, and CKD.

Integrate care approaches to move away from disease siloes.

Routinely encourage patients participate in their own care, according to their preferences.

Who should be involved?

Australian and New Zealand Society of Nephrology
Australian Chronic Disease Prevention Alliance
Australian College of Rural and Remote Medicine
Australian Diabetes Educators Association
Australian Diabetes Society
Australian Primary healthcare Nurses Association
Diabetes Australia
Heart Foundation
Hearts 4 Heart
Kidney Health Australia
Pharmaceutical Society of Australia
PKD Australia
Primary Health Networks
Renal Society of Australasia
Royal Australian College of General Practitioners
The Australian Chronic Disease Prevention Alliance
The Cardiac Society of Australia and New Zealand
The Pharmacy Guild of Australia

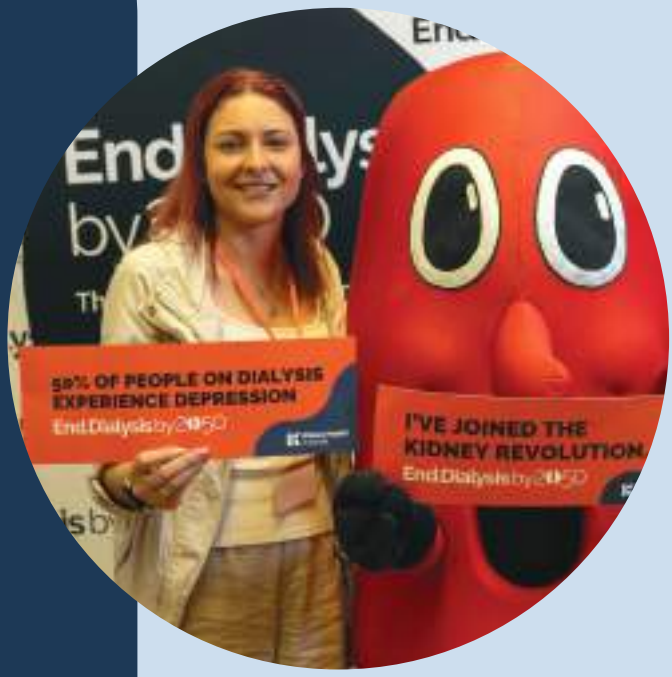
Actions and timeframe

Immediately and ongoing: Initiate formal partnerships between stakeholders to improve integrated cardio-kidney-metabolic care.

Within 1–4 years: Work with partners to ensure any new clinical practice guidelines on prevention and management of cardiovascular disease or diabetes to include key recommendations on early detection of CKD in at-risk patients.

Develop frameworks and guidelines to inform initiatives that focus on integrated care for people with CKD, diabetes, and cardiovascular disease.

Within 5 years: Launch integrated cardio-kidney-metabolic clinical practice guidelines and associated programs.



> **Multi-disciplinary person-centred care is vital for those suffering from multiple health conditions to ensure the right care and treatments are applied.**

I have been in situations before where I've had to play the role of passing on information and coordinating my own checks to make sure one treatment option would not impact another. It can add additional pressure to patients and increase the risk of inaccurate information sharing and things to be missed.

Simone Stumer, patient advocate

ACHIEVING BETTER OUTCOMES IN FIRST NATIONS KIDNEY HEALTH

First Nations stakeholders identified the National Kidney Summit as a significant first step, particularly as it marked the first national gathering of this group focused specifically on First Nations kidney health.

The request by First Nations participants to meet as a separate collective aligns with Closing the Gap priority Reform 1, which emphasises shared decision making and culturally appropriate engagement. It also reflects best practice in trauma informed and culturally safe care, recognising the importance of First Nations peoples having protected spaces to establish trust, collective voice, and leadership. This approach strengthens KHA's strategic commitment to genuine partnership, First Nations leadership, and sustainable system reform, ensuring engagement is led in ways that are culturally appropriate and responsive to community needs.

Whilst we met separately, we discussed all focus areas and gave our feedback throughout the day which have been detailed in the final report.

First Nations participants at the National Kidney Summit shared clear and consistent feedback about ongoing barriers experienced by Aboriginal and Torres Strait Islander peoples across the kidney health system. Whilst acknowledged, the dominant message, was that systemic racism remains the most significant and unresolved issue impacting access, quality of care, and health outcomes for First Nations people living with chronic kidney disease CKD.

Next steps:

In response Kidney Health Australia will support the establishment of a National First Nations Renal Community of Practice (COP). This COP will bring together First Nations people with lived experience, community representatives, clinicians, and Aboriginal and Torres Strait Islander organisations.

First Nations participants identified strong foundations to build upon, including committed leadership, emerging a collective voice, existing partnerships collaboration, increasing recognition of cultural safety – and the opportunity presented by the CARI guidelines. The Summit itself was recognised as a critical step toward coordinated, First Nations – led kidney health reform.

Nean Tatnall, Program Manager –
First Nations Kidney Health, Kidney Health Australia

Kidney disease is one of the easiest diseases to diagnose with little invasiveness. The earlier it is caught, the better the management and prognosis.

Dan has been living with kidney disease since 2021; his kidney disease was detected early and is being well managed with medication diet and lifestyle modifications. The doctors that are managing Dan's care have been able to give him successful treatment and maintain his kidney function so that as of today he has not had to start dialysis and his kidney function is stable.

"I was very, very lucky to catch it early and have been able to access new medications to help manage my kidney disease."

Daniel Brett, NSW

THE NATIONAL KIDNEY SUMMIT

In response to the escalating crisis in kidney health, Kidney Health Australia convened The National Kidney Summit in October 2025 in Sydney, Australia. The Summit brought together over 140 key stakeholders committed to addressing the kidney crisis and finding a united path forward.

This was the first time in over 20 years that the whole sector has come together to shift the paradigm from one of kidney failure to kidney preservation.

The focus of the Summit was on early detection and treatment of CKD. Participants challenged the status quo in kidney care and identified a better future for the 2.5 million Australians unaware they are living with signs of kidney disease. Vital levers and solutions to drive change were discussed and together, clear actions to end the kidney crisis were agreed.

Over 140 stakeholders including expert clinicians, researchers, patients, innovators, industry, peak organisations, and policymakers contributed to the development of key recommendations and actions.

The program incorporated a First Nations yarning group of Traditional Owners of lands, Elders, First Nations community members, First Nations health professionals, and invited allies to identify opportunities to improve First Nations kidney health.

Key stakeholders informed the Summit:

People living with CKD

Aboriginal health workers

Advocates

Carers

Clinical thought leaders

Diabetes nurse educators

Dietitians

First Nations community members

General practitioners

Industry (pharmaceutical, medical) staff

University staff

Nephrologists

Pathology laboratory staff

Pharmacists

Policy makers

Primary care nurses

Public servants

Renal nurse educators

Renal nurse practitioners

Researchers

Peak health and chronic disease body representatives

Tech experts

The Summit achieved broad consensus that:

- **Australia is facing a kidney disease crisis.**
- **There is an urgent need for a change in the current approach to kidney disease care and that early detection and treatment, slowing disease progression are key to changing the status quo in kidney disease.**
- **We must shift our focus from treating kidney failure to preserving kidney health.**
- **Urgent investment is needed in the early detection and treatment of kidney disease if we are to avoid projected growth in kidney failure over the next decade.**
- **A multimorbidity approach considering kidney, heart and diabetes is essential.**
- **Kidney Health Australia take a leadership role in driving change, working collaboratively with industry, community, governments, and chronic disease partners.**

INAUGURAL KIDNEY HEALTH POLICY ROUNDTABLE

Immediately following the Summit, an Inaugural National Kidney Health Policy Roundtable was held in Canberra, Australia in late October 2025. The Roundtable addressed the growing burden of CKD in Australia and outlined strategies for prevention, detection, and improved care for all Australians at risk of or affected by CKD.

37 stakeholders, including people with lived experience plus carers, clinicians, peak health organisations representing heart and diabetes, policymakers, professional bodies, industry representatives, senior public servants, and parliamentarians were in attendance.

The Roundtable explored policy levers needed to support a change in focus from kidney failure to kidney preservation. Essential elements discussed were opportunity to improve the lives of people living with CKD through early detection and proactive management; new medications available on the PBS (e.g., SGLT2 inhibitors) which offer real opportunities to slow disease progression, the opportunities for enhanced kidney care in the roll out of scope of practice and primary care reforms, and the need for culturally safe solutions in First Nations communities.

Through uniting the government, clinicians, industry and community organisations with a focus on awareness campaigns, primary care engagement and culturally tailored strategies, there was broad consensus that we can stop kidney disease in its tracks, stop people facing a life on dialysis and change the future for people living with kidney disease.

The Summit was broadly supported by many stakeholders across the kidney and chronic disease sector. This included our Summit Partners and Sponsors whose support allowed the Summit to come to life.

APPENDIX A

Detection and management of kidney disease in Australia

How is CKD currently detected and managed in Australia?

Early-stage CKD is usually detected in primary care. However, 90% of kidney function can be lost before people experience any symptoms, meaning that CKD can often go un-detected until it is well advanced. This impacts the ability of healthcare teams to provide proactive treatment to slow disease progression and worsens outcomes for those living with the disease.

In Australia, it is recommended that CKD is detected via a Kidney Health Check performed on people at known risk every 1-2 years.

EARLY DETECTION & MANAGEMENT OF CKD

Kidney Health Checks[10]

Early detection of CKD occurs via a Kidney Health Check. The tests involved already exist, are low-cost and easy to do in Primary Care. The are three components of a Kidney Health Check:

Blood test (eGFR)* **Urine Test (uACR)**** **Blood Pressure Check**

A Kidney Health Check should be offered to all people at known high risk of kidney disease every 1-2 years.

This includes: Diabetes, Hypertension, Cardiovascular Disease, Smoking / Vaping, Obesity, Family history of kidney failure, History of acute kidney injury, all Australians aged 60 years or over and First Nations Australians aged 18 years and over.

Source: kidney.org.au/CKDhandbook

*eGFR = estimated glomerular filtration rate. **uACR = urine albumin / creatinine ratio.

* In Australia eGFR results are routinely reported by all Australian pathology laboratories with requests for serum creatinine in people aged 18 years and over.

Guidance on best practice detection and management of CKD is defined in the ***CKD Management in Primary Care (5th edition) handbook* CKD Handbook** and in the ***CARI guidelines for culturally safe and clinical kidney care in First Nations Australians* CARI Guidelines**.

It is recommended that healthcare professionals follow the colour coded action plan relevant to the person's stage of CKD following diagnosis.

Key strategies for managing CKD proactively include:

- Slowing decline in eGFR.
- Reducing albuminuria.
- Maintaining blood pressure below 130/80mmHg.
- Lowering cardiovascular risk.
- Avoiding further damage to kidneys.
- Managing common issues presenting with CKD.

An essential component of early CKD management is prescribing medication to slow the progression of CKD. This includes ACE inhibitors and ARBs, SGLT2 inhibitors, non-steroidal MRAs and GLP1-RAs.

CKD and the Medical Benefits Scheme (MBS)

Currently there are no CKD-specific MBS item numbers for the detection, diagnosis, or management of CKD.

CKD care can be incorporated into a range of health assessments at the discretion of the treating clinician, however there is no requirement that the clinician assess CKD when claiming these items via MBS. Examples of MBS items that can be utilised for CKD care include:

- Health Assessment items 701, 703, 705, 707.
- Item 715 - Aboriginal and Torres Strait islander health assessment.
- Items 10997 and 10987 for care provided by a practice nurse or Aboriginal health practitioner on behalf of a medical practitioner.
- 699/177 – Heart health check.
- GP Chronic Condition Management Plan (GPCCMP) – for management of people with CKD +/- other chronic conditions.

APPENDIX B

National Kidney Summit participants

Expert working group

Dr Leanne Brown, nurse practitioner, QLD

Prof Bobby Chacko, nephrologist, NSW

Prof Steve Chadban, nephrologist, NSW

Dr Gary Chang, general practitioner, QLD

Ms Kylie Foley, primary healthcare nurse, NSW

Professor David Johnson, nephrologist, QLD

Ms Anne-Marie Martin, pharmacist and project manager, Eastern Melbourne PHN, VIC

Dr Natalie Pink, general practitioner, QLD

Dr Carla Scuderi, pharmacist, QLD

Prof Mark Shephard, Co-Director, International Centre for Point-of-Care Testing, Flinders University, SA

Mr Shailendra Tripathi, patient advocate, NSW

Dr Hannah Wallace, nephrologist, VIC

Dr Lucy Wynter, nephrologist, NSW

Kidney Health Australia Summit Team

Breonny Robson, General Manager, Clinical & Research

Roxanne Perry, Kidney Health Manager

Lydia Lauder, National Advocacy & Policy Manager

Nean Tatnall, Program Manager, First Nations Kidney Health

Claire Sheeky, Primary Care Programs Manager

Pam Burnett, Marketing & Communications Manager

Carolyn Brown, Clinical Events Coordinator

Facilitators

Adjunct Prof Mary Haines, MHC Group

Ryan Romero, MHC Group

Jessica Mitchell, First Nations facilitator, Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Speakers

Professor Carol Pollock AO, Chair, Kidney Health Australia Board

Susan Pearce AM, Secretary, NSW Health

Carla McNaughton, Patient Advocate

Jamen Wilcox, Patient Advocate

Professor Brendan Murphy AC, Kidney Health Australia Board

Breonny Robson, General Manager, Clinical & Research, Kidney Health Australia

Chris Forbes, Chief Executive Officer, Kidney Health Australia

Attendees

Vasif Akrum Abdul Latheef
Narelle Adem
Genevieve Anderson
Melissa Arnold-Ujvari*
Amy Atkinson*
Ralph Audehm
Tina Ayyad
Anthony Barnetson
Claire Baxter
Natalie Blacker
Dan Brett
Jodie Brett
Caz Brown
Leanne Brown
Greg Burt
Peter Carre
Alan Cass
Ronald Castelino
Melissa Cawley*
Prof Bobby Chacko
Steve Chadban
Gary Chang
Teresa Chang
In Young Cho
Ginger Chu
Christian Coleman
Helen Coolican
Stephen Cornish
William Crook
Amanda Dominello
Karen Dwyer
Lindsey Eaton
Sally Endacott*
Amanda Fairjones
Zoe Flanigan
Kylie Foley
Chris Forbes
Josephine Forbes
Michael Ghaly
Margaret Golding
Gillian Gorham*
Michelle Gregory
Victoria Gregory
Jeffrey Ha
Kate Hafekost
Mary Haines
Andrew Harman
Ava Hau
John Hetzel
Brooke Howard
Kathryn Hooper*
Alexsandra Hughes
Wendie Hume
Georgina Irish
Hannah Jackson
Lenny Jacoby
David Johnson
Graham Jones
Shilpa Jesudason
Robert Jukic
Ivor Katz
Kath Keenan*
Janet Kelly*
Ashton Kline
Kelly Lambert
Lydia Lauder
Johnson Lee
Carmen Lemmon
Rhanee Lester*
Monique Mackrill
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Anne-Marie Martin
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Amanda Mckie
Carla McNaughton
Karen Mexon*
Darren Michael
Sam Mills*
Jessica Mitchell*
Rowena Monteverde
Carmen Moroney (Kemp)
Rachael Morton
Brendan Murphy
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Bruce Neal
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Madeline O'Donoghue
Mark Oksanen
Maria O'Sullivan
Divina Patiag
Susan Pearce
Eugenia Pedagogos
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Timothy Perry
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Jacqueline Phillips
Natalie Pink*
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Chelsea Raymond
Natasha Rees
Madeleine Reicher
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Rhonda Renwick
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Anna Samecki
Jo Scard
David Schmidt
Carla Scuderi
Anita Sharma
Caroline Sharpe
Claire Sheeky
Mark Shephard
Stephen Shirley
Lili Simpson-Lyttle*
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Le Smith
Paul Snelling
Sadaf Soroush
Tahlee Stevenson*
Simone Stumer
Louisa Sukkar
Margaret Tan
Nean Tatnall*
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Robert Tijong
Chris Thomas
HeRenu Thomas
David Thomson
Genevieve Thorpe
Shailendra Tripathi
Hannah Wallace
Qiumian (Lisa) Wang
Martin Whittaker
Jamen Wilcox*
Abbey Wyard*
Lucy Wynter

* First Nations yarning group participants.

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