Thank you to the RSA for the opportunity to attend the RSA conference in Auckland. The RSA conference has always been one of my favourite conference events to attend. As a renal dietitian the RSA conference content is practical, useful and often thought provoking. This year was no different. In addition to attending, I took the opportunity to present some of my own research work.

For me there were many useful learnings, but four stand out in my mind as the most important. The first was a presentation by Dr Cat Pause on providing ethical care to fat patients. Before Cat had even stepped onto the stage I overheard others comment on her weight. This underlying sense of judgement about a person based on their weight was exactly the point she would convey in her presentation. I felt ashamed that my fellow colleagues had judged her before they even heard her speak. Cat then provided a really thought provoking presentation and gave many real life examples of people in fat bodies who had received suboptimal care. Cat challenged us to evaluate the extent of our own fat bias by completing the Harvard Implicit Attitudes Test (Goolge it). I would strongly encourage us all to do this. I thank the organisers for being bold and inviting such a fantastic speaker. Given that more than half of the adult population are overweight or obese, including in our dialysis population, this topic is highly relevant to all of us.

The second presentation I found highly interesting was given by Alexandra McCarthy, an oncology nurse. In her presentation she gave an overview of some of the important considerations regarding chemotherapy including the fact that appropriate doses for many type of chemo for those who have ESKD are not known. It is highly likely that many patients with ESKD may be underdosed. More importantly, all of the safety precautions used in the chemo unit need to be followed in the dialysis unit. This last point shocked myself and our colleagues as we were not aware and have had chemotoxic patients sitting close to pregnant patients (which is not good !). To me this last point highlights the importance of communication between the chemo unit and dialysis unit, and in our case at least, this has clearly been suboptimal.

I was moved by the presentation given by Christina Poloai, the NUM of the only dialysis unit in Samoa. Christina was a novice presenter but did a fantastic job. She was humble, funny, touching and really informative. Her presentation highlighted how fortunate we are in Australia and NZ, and how challenging it is to receive and provide health care in resource poor environments. Her closing remarks were please help us - we need more friends. I believe RSA should reserve a number of spaces every year for colleagues from these countries to present to us about the issues they have. We may be able to build important collaborations or networks that may help drive the development of nephrology in these countries. Following Christina's presentation I approached her to enquire about access to renal dietetic services. Sadly she told me they have none, and the only volunteer dietitian has recently returned home. This will be my legacy. I intend to work on gathering a group of renal dietitians to help support and build the renal dietetic workforce in this country.
The final presentation I wish to report back on was given by Rachel Walker. This presentation outlined the reasons for establishing community dialysis houses. For many in NZ, poor housing is common and community houses provide a safe, clean space to do dialysis. The value of these cannot be underestimated. This was really eye opening for me, and I totally enjoyed hearing how the community values this resource. It also complimented a tour I was given by a colleague prior to the conference. During the two days prior to the conference I met with a Maori elder and toured several dialysis units. The main issue that I kept hearing from patients and staff about was poverty. The patients I spoke with could not afford to keep a car running due to high petrol prices, and often skipped meals due to inadequate funds to buy food. They also attended a community dialysis centre and told me of the social connections they made at these centres. This will be an area of research for me in the next 12 months.

I would thoroughly recommend anyone who works in nephrology to attend. Be brave and present your own work - you do not have to be studying a PhD to provide your colleagues with valuable information. Even a simple presentation about how you approach a particular case or scenario is meaningful learning for others who may be less experienced. I will continue to support RSA and attend these events. Thanks sincerely RSA.