The theme of this year’s EDTNA/ERCA’s 2017 conference in Krakow, Poland is “True Partnership and Global Approach in Management of Renal Care”. The Editorial in the September (conference) issue of the Journal of Renal Care often complements the theme of the conference, so this year my thoughts have turned to what true partnership really means. It can of course mean partnership between members of the multi-professional team (nurses, doctors, dietitians, pharmacists and therapists for example), but for me a meaningful partnership is one that is shared between patients, their family and the health care team.

I have recently presented my inaugural (first) public lecture as a Professor. My particular interest in recent years has been about this special partnership: *how* and *why* we should involve people in their care, but also how and why we should involve patients and their family in the teaching of students and also involve them in research. What is interesting is that there are numerous examples of *how* to do involve people, but little evidence for the *why*.

To illustrate this, I have chosen three examples from my current work. First to explain the setting up of an education programme for people with mild-to-moderate kidney disease in East London. We are following the example of diabetes care by using a Conversation Map™ to empower people to manage their condition. This intervention engages participants by stimulating conversation and teaching problem-solving techniques. However, the evidence for the effectiveness of Conversation Maps™ is lacking as although they have the potential to improve health outcomes, there is a need to develop well-designed large sample studies that could draw more conclusive results” *(Srulovici 2015).*

In the second example, my university is involving people who have lived experience of long-term conditions (see <http://www.lsbu.ac.uk/business/expertise/health-wellbeing-institute/the-peoples-academy>) in all aspects of learning and teaching, for example in selection of students and curriculum design, as well as in teaching. Despite people’s experience being valued with students reporting greater insight into the patient/carer perspective, there is limited evidence that involvement of patients in teaching can change students’ behaviour in practice or significantly benefit the recipients of care (Scamell, Heaslip and Crowley 2016).

In my third example, the full involvement of patients in research has been undertaken in a recent study into shared decision-making (Thomas et al 2017). Although the evidence for the impact of patient involvement in research is developing, the best methods to achieve good engagement is lacking (Brett 2014).

So if you are attending this year’s conference, take time to consider what partnership means to you, your patients and their families but also reflect on how we can measure the impact of a successful partnership, as to date the evidence for this is poor.

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