August 2018

Dear Colleague,

The Nephrology and Transplant Directorate is a Tertiary Referral Centre for Nephrology in South East Wales. Your placement should be a rewarding experience and provide you with an opportunity to develop a wide knowledge base in the management of patients with chronic kidney disease, acute kidney injury, and the various forms of renal replacement therapy.

This pack is intended to provide an introduction to specific organisational aspects of working in the Directorate, and supplements other UHB and Deanery induction information you may have received. Clearly, such a guide cannot be comprehensive, and some aspects of organisation and working practice are always in a process of change. You should seek advice from senior colleagues if any aspect of your role is unclear.

The document provides information in two sections. In Section A, there is information which will be essential reading for new Registrars and SHOs to the Directorate. Section B is specifically focused on the responsibilities of the Registrars.
This pack supplements other UHB and Deanery induction documents you should have received. Some aspects of the organisation are always in a process of change, you should seek advice from senior colleagues if any aspect of your role is unclear.
**Geography**

The Nephrology and Transplant directorate provides an outreach service to the surrounding District General Hospitals. Services provided in each of the surrounding hospitals are described below:

**Royal Glamorgan Hospital (RGLH, Llantrisant)**
- Inpatient review service (Dr V Ravindran)
- Outpatients clinic every Tuesday (Dr V Ravindran; Dr Naushad Junglee; Dr Chandra Sarkar)
- ITU with Haemofiltration
- Satellite dialysis unit (Llantrisant; Not on hospital site)

**Prince Charles Hospital (PCH, Merthyr Tydfil)**
- Inpatient Review Service (Dr. V Lodhi)
- Outpatients clinic every Wednesday (Dr P Nagaraja; Registrar)
- ITU with Haemofiltration
- Satellite dialysis unit (Merthyr Dialysis Unit; not on hospital site)

**Royal Gwent Hospital (RGWH, Newport)**
- Inpatient review service (Dr G Roberts)
- Outpatients clinics 3 times a week (Dr K Donovan, Dr S Riley, Prof AO Phillips, Dr Soma Meran, Prof D J Fraser)
- ITU with Haemofiltration
- Satellite dialysis units (Newport Dialysis Unit-Cleppa Park and Pontypool)

**Nevill Hall Hospital (NHH, Abergavenny)**
- Inpatient review service (Dr G Roberts)
- Outpatients clinic every Friday (Dr G Roberts, Dr C Carrington)
- ITU with Haemofiltration
- Additional Clinics are undertaken by Dr Roberts and Dr Carrington in Ysbyty Aneurin Bevan, Ebbw Vale every Thursday.

**Velindre Hospital**
Velindre Hospital is an oncology centre in Cardiff. Occasionally referrals are received from this hospital, and where appropriate, full support should be offered in the context of AKI refractory to conservative management as there is no level 2 or level 3 (HDU/ITU) care in this hospital. Currently there is no outreach nephrology service to Velindre.

**Llandough Hospital (Llan, Cardiff)**
- Inpatient nephrology review service (Dr N Junglee)
- ITU with haemofiltration

**Ysbyty Ystrad Fawr (YYF, Ystrad Mynach)**
- Currently no renal services

**Ysbyty Cwm Rhondda (YCR, Llwynypia, Rhondda Cynon Taff)**
- Currently no renal services

**Inpatient Management**

**Ward B5**
During your general Nephrology placement you will be attached to one of the two nephrology firms based on ward B5. The division of patient cover is described in Section A.

You are expected to review all your inpatients on a daily basis. Firms should have consultant led ward rounds at least 3 days/week (Mon/Wed/Fri 9.30 am); on other days the ward round will be Registrar led. You
will usually have at least one CMT or FP2 level doctor joining you on the ward round; however in light of the EWTD/rota gaps, this is not always possible.

The directorate places much emphasis on accurate documentation with clear and legible timed entries and provision of name/contact details (in line with GMC guidance). Blood results are written on flow charts in the patient notes and should be reviewed daily. You must ensure that your junior team keep results up to date and bring to your attention any significantly abnormal results. Every Friday, a weekend plan should be written in the patient notes. The weekend plan should include a brief summary of the admission to date as well as a short-term treatment strategy. This must be supervised by SpRs.

Dialysis treatments are prescribed on a specific form, which has been formalised to detail dialysis duration, fluid removal, anticoagulation, dialyser fluid, size of dialyser membrane and addition fluids/drugs to be given. You are expected to prescribe dialysis in a timely manner. Whenever possible, prescriptions should be filled in the day/night before treatment. This serves to avoid any unnecessary delay in commencing the morning dialysis sessions. Outlying patients also require dialysis prescriptions. There may be limitations to completing a prescription, e.g. because of fluid status. This should be highlighted, especially before a weekend to the relevant team in order that the prescription is completed early.

On Ward B5, blood forms are generated for basic haematology and biochemistry tests from the Welsh Clinical Portal. The phlebotomist will undertake tests you have signed for twice daily.

Outliers
Nephrology patients admitted to other wards and Nephrology/Dialysis inpatients under the care of other medical/surgical teams will be seen with variable frequency by the B5 south team. Nephrology patients on CTU (T5) will require daily nephrology input which is provided by the nephrology team based in T5. Weekend cover for these patients is provided by the on call renal team.

Transplant
All Registrars are required to have at least 3 months acute transplantation experience. During this attachment you will be based on the Cardiff Transplant Unit (CTU-T5). You will join the transplant team, led by a consultant surgeon and a transplant physician. Ward rounds will occur twice daily (9 am and 12:30 pm). The ward round at 9 am will be undertaken by the transplant-based nephrology physician and SpR, focusing on renal outlier patients and transplant patients needing predominantly a renal/medical input. The transplant surgical registrar is expected to review the rest of the transplant patients at 9 am. The 12.30 pm ward round is consultant-led (joint renal and surgical) to review all transplant patients. The second transplant renal SpR (Transplant B) is expected to be mainly involved in outpatient services as shown in the SpR timetable. This registrar will be expected to attend transplant assessment clinics (kidney and pancreas), live kidney donor assessment/follow-up clinics, review of patients on the waiting list for transplantation, attendance to tissue typing meetings once monthly (Welsh Blood Service, Llantrisant). This is also an opportunity to liaise with Dr Sian Griffin regarding the ABO and HLA incompatible transplant service.

There is a weekly Transplant MDT meeting at 12.30 pm on Thursdays to discuss complex transplant scenarios including work-up. This meeting usually starts with a histopathology MDT, and once a month, this is a joint meeting with colleagues from Morriston Hospital in Swansea.

Prior to commencing your attachment, you should arrange a meeting with the transplant physician who will be mentoring you on the ward. This meeting should provide you with an opportunity to discuss your educational aims and objectives for your transplant attachment. It should also give you a clear indication of your responsibilities and duties as a transplant Registrar.

Relevant protocols for the post-operative management of transplant patients is available on CTU, or via email from Mr Mike Stephens (Michael.Stephens@wales.nhs.uk). These are also available on S/drive – Nephrology. All Registrars should ensure they have read these documents.

Please note that in addition to normal leave procedures, Michael Stephens needs to be informed if the Transplant registrars are on leave.
Invasive Procedures

Procedures specific to our directorate require written consent. Where only verbal consent has been obtained it should be documented in the case notes.

Written informed consent is required for:

1. Insertion of central lines and temporary dialysis catheters
2. Insertion of tunnelled dialysis catheter under ultrasound guidance (ward based)
3. Insertion of tunnelled dialysis catheter under radiological guidance (radiology department based)
4. Renal Biopsy (Native or Transplant Kidney)

Further guidelines on informed consent will be provided in the UHB generic induction programme. Examples of consent forms for these procedures will be available on the Welsh Renal Trainee website.

Central lines and temporary dialysis lines (see separate protocol for details)

All dialysis lines are inserted in the procedure room on B5. Written consent is required using Form 1 for patients who can provide informed consent, and Form 4 for patients who cannot provide written consent, but the procedure is undertaken in their best interests. Strict aseptic technique and ultrasound guidance in real time are compulsory. Temporary lines can be inserted in left and right internal jugular or femoral veins. Subclavian lines are only inserted in very exceptional circumstances and will involve assistance from a Nephrology consultant competent in the technique or an anaesthetist.

Tunnelled dialysis catheters (see separate protocol for details)

Tunnelled long term dialysis catheters (permcdaths) are inserted on B5 by Nephrologists into the right internal jugular vein, or exceptionally into a femoral vein. The patient should be consented as above, and the supervision regimen described in the protocol must be followed.

Please ensure you follow the protocol for training for these procedures. This is outlined in the dialysis line insertion protocols mentioned above.

In summary to be deemed competent you need to:
- Observe two procedures (neck and femoral separately)
- Be supervised to do five procedures (neck and femoral separately)
- Be signed off by two different consultants or post PYA SpR’s (neck and femoral separately)
- To undertake tunnelled dialysis line training (permcdaths) you need to first be signed off for temporary dialysis line insertion in the neck.

Radiologically guided line insertions

Complex right-sided permcdaths and ALL left sided permcdaths should be inserted by the interventional radiologists. These patients will require an overnight stay and thus admission needs to be arranged. All requests need to be discussed with the vascular intervention radiology consultants.

Renal Biopsies

At present, all native and transplant renal biopsies are performed in the radiology department by nephrology staff with the assistance of an ultrasonographer under real time US guidance. Once an inpatient biopsy is deemed necessary, an x-ray form should be taken to the USS department so a time and date can be arranged for the biopsy. Mandatory pre-biopsy checks include ensuring a satisfactory FBC, coagulation screen and reasonable blood pressure control. Completion of the native biopsy pathway and checklist is mandatory for inpatients. Most biopsies are conducted between 11:00-13:00hrs. Biopsies are generally performed in this time period in order to access interventional radiology in the event of a bleed. Prior to performing an
unsupervised biopsy, all Registrars will need to demonstrate full competency by a consultant observation on at least two occasions.

Urgent biopsies can be processed and a preliminary result made available on the same day. The need for an urgent same day provisional report should be discussed with the consultant responsible for the patient. A strict monitoring protocol is implemented post-biopsy (this protocol is available on the ward and you should familiarise yourself with it).

**Removal of Tunnelled Dialysis Lines**
These procedures are currently undertaken by the Nephrology service and require the same pre-procedure checks and consent processes as described for their insertion.

**Day case procedures**

**Day case renal biopsies**
There is a day case biopsy list every Tuesday morning. All requests for day-case biopsies should be verified by the consultant in charge of the patient. Only patients deemed low risk for complications are suitable for day case biopsies (see biopsy request form for exact criteria). Biopsies are by the Day Unit SpR. This is also a teaching list for biopsies, where a consultant is almost always available to supervise and/or “sign off” trainees. Hence if a registrar requires training in the procedure, or requires to undertake DOPS then they can ask the Day Unit SpR if it is ok for them to take over the list for the appropriate period.

**Day case permcathe insertions and removals**
Dialysis patients may attend the ward for day case permcathe insertions or removals. Whenever possible these patients should attend the ward early in the morning for blood tests. Prior to admission, patient details, blood tests required and the name of the person performing the procedure should be clearly documented in the day unit. They should have the procedures performed in the morning.

**Fistulograms/Fistuloplasty**
These are performed by the interventional radiologists. A dialysis AV fistula is needled and examined angiographically, to define anatomy and often to look for venous stenoses. Subsequently stenoses could be treated by angioplasty and acutely thrombosed fistulae may be amenable to radiological thrombectomy. All acutely failing fistulas should be discussed with the transplant surgeons. To ensure timely management of thrombosis, urgent transport should be arranged for the patient to CTU, if presenting 9am to 4pm Mon to Fri, and an urgent Doppler arranged. There should be a synchronous warning delivered to the interventional vascular radiologist in case thrombectomy is required. Usually admission is required and the radiology department expect to return the patient to an in-patient bed. Liaison with the transplant surgeon on call is mandatory either directly, or via the transplant registrar covering CTU in the event that a radiological solution is not possible.

**On Call Nephrology Commitments**

**On call duties include:**
- Reviewing referrals from UHW (All referrals should be reviewed within 24 hrs)
- Taking phone referrals from peripheral hospitals/GPs
- Prioritising and managing admissions
- Procedures (When other Registrars are in clinic/on leave)
- Utilisation of the acute dialysis station for patients not based on B5

From Monday to Friday (9am-5pm) there is a Registrar on call for the week, who are responsible for admissions and facilitating discharge. The Registrar of the week should work with the Consultant covering the South side of B5 to manage the waiting list and discuss referrals. From 5pm – 9am (Mon-Fri), and the weekend (Friday 5pm – Monday 9am), there are different consultants and specialist registrars on call. These details are updated on a daily basis on the patient bed plan board on Ward B5 and there are on line rotas.
Registrar of the Week
In order to provide continuity of care for referrals and patients waiting in peripheral hospitals, the directorate operates a Registrar of the week rota. All clinic commitments are cancelled for the Registrar of the week.

The Registrar of the week will carry the on-call bleep (6471) and takes all renal referrals from UHW and surrounding hospitals. Referrals are prioritised and admissions arranged according to bed availability. It is expected that the Registrar of the week liaise closely with the nurse in charge and with the nominated consultant covering the South side of the ward. Difficult/potentially unstable patients should be discussed with the consultant. It is expected that the Registrar and consultant should communicate on a daily basis to discuss referrals and admissions. All referrals should be recorded on the VitalData system.

Registrar on-call
During weekdays there will be a Registrar on call 1700-0900. During the weekend there will be a Registrar on call from Sat 0900-Mon 0900. On Saturdays and Sundays there will be a consultant led ward round of ward B5 (and any outliers who require weekend review). On Saturday and Sunday, the consultant on call should discuss patients waiting to be admitted and, if possible, plan utilisation of the acute dialysis station for the following week.

Whilst on-call it is imperative that any difficult/contentious decisions are escalated to consultant level at an early stage.

Handover and Hospital at Night (H@N)
UHW operates a H@N system from 10pm to 9am. A formal handover takes place in the H@N room (Ground floor A block) between (9:30pm and 10pm). The oncall renal SHO and/or renal Registrar should attend this handover. The H@N team are expected to provide basic medical cover for the renal ward, however all problems/sick patients should be escalated to the renal Registrar on call.

At the end of an on-call, a formal handover takes place between the Registrar on-call and the ward teams/Registrar of the week. This hand over should include details of any new admissions as well as any problems with inpatients. Referrals from peripheral hospitals should be handed over to the Registrar of the week. It is also crucial to hand over any patients who are on regular dialysis who have had to be dialysed out of hours/during a weekend in the acute bed to the Registrar of the week to ensure continuing dialysis for this vulnerable cohort of patients. If the patient is in UHW, the B5South/Outlier team should be made aware of their admission too.

Consultants are available to discuss difficult issues or patients that are unwell and expect to be contacted if the Registrar is unsure of the diagnosis, therapeutic intervention or escalation of care required.

Unit Hand-Over
At 9am on Monday and 12pm on Friday, there are formal handover meetings on B5 for the whole ward and any outliers to the teams responsible for weekend care. This is also an opportunity to discuss complex ward patients, patients in peripheral hospitals and patients who require dialysis in the acute dialysis station on B5.

On-call cover for transplant patients (5pm to 9am Mon – Fri; Fri 5pm – Mon 9am)
You may be asked for medical/nephrology advice or be required to help with central venous access with transplant patients. Transplant patients should preferably be admitted to CTU, under the care of the transplant team covering CTU. Any new admissions/problems should be handed over to the nephrology Registrar covering transplant.
Criteria for Admission to B5 and for Use of the Acute Dialysis Station

CRITERIA FOR TRANSFER TO B5 FOR ADMISSION
These criteria are always subject to discussion. It is essential that you liaise with the consultant on call if you have any concerns about referrals:

- AKI refractory to medical management
- AKI requiring acute dialysis
- AKI/possible CKD requiring diagnostic procedures such as a renal biopsy
- Severe Nephrotic Syndrome requiring a biopsy
- Patients on established haemodialysis who cannot be safely dialysed in their unit because of risk of intradialytic complications, sepsis, access problems etc.
- Patients on Peritoneal Dialysis with sepsis, catheter-related complications etc.
- Failed Transplant patients who fulfil any of the above criteria.

There will be a cohort of patients established on dialysis, who have medical or surgical problems, not related to dialysis but require inpatient care and may be too unfit to attend their usual dialysis slots.

These include patients with acute coronary syndrome/MI, arrhythmias, fractures, vascular problems etc. who will need continuing care in the relevant hospital with the appropriate expertise, or transfer to an appropriate clinical area in UHW. These patients will not require admission to B5, but may need dialysis on the Acute Dialysis Station on B5.

CRITERIA FOR THE USE OF THE ACUTE DIALYSIS STATION ON B5
This station is a very limited resource, comprising three to six slots a day depending on the number of beds and should be utilised for the following:

- Patients with AKI in UHW on outlying ward
- Patients on established haemodialysis who cannot dialyse in their usual unit because of:
  1. Poor mobility e.g. post-operative patients from cardiopulmonary, vascular or orthopaedic surgery.
  2. Potential for cardiopulmonary instability, but meet criteria for transfer to B5 from other hospitals
  3. Acutely confused patients who require greater supervision than what is provided on satellite/subsidiary dialysis units.

It may be possible to accommodate some of the above patients on to a dialysis station in Suite 19. It is necessary to liaise with Suite 19 from Monday to Saturday to check for available dialysis slots. A safe hand over and dialysis prescription is required to facilitate such patients on Suite 19. There may be patients on B5 who usually dialyse on Suite 19, who can continue to receive their dialysis there, but it is the responsibility of the ward nephrology team to prescribe the dialysis.

Please ensure that the patients dialysing on the acute bed have not dialysed abroad in the last 3 months prior to their dialysis session. If they have then they may need to have special isolation measures and have appropriate BBV screening done.

CRITERIA FOR SAFE INTER-HOSPITAL TRANSFER
There are consensus guidelines for the safe transfer of patients from one hospital to another for the provision of dialysis provided by collaboration between South East Wales Critical Care Network, Welsh Renal Network and Renal Department, University Hospital of Wales. This document is included with this induction pack. It focuses on cardiopulmonary, metabolic and neurological stability prior to acceptance for transfer, either for admission to B5, or for utilisation of the B5 Acute Dialysis Station. You should go through this checklist prior to accepting a patient for transfer. If there is any concern, a review by an ITU consultant should be requested and the nephrology Consultant on call should be informed in case a consultant to consultant discussion is required.
The Day Unit
This area is currently in the Nephrology Outpatients Department and is used for the following
• IV iron infusion
• IV Cyclophosphamide Infusion (You may be expected to consent for therapy- information sheets are provided)
• Insertion/Removal of permcaths (elective)
• AV fistula complications
• Diagnostics e.g. EDTA GFR; Short Synacthen Test
• Rarely, Miscellaneous patient reviews in the event of busy outpatient clinics.

The day unit SpR is responsible for these patients, as well as any patients that “walk in” to the unit for medical review.

Outpatient Clinics
During your rotation you will undertake General Nephrology, Transplant, PD and HD clinics. Depending on your level of experience you may be asked to sit in with a consultant during the first few clinics. New patients or difficult treatment decisions should be discussed with the consultant. The schedule is as per the SpR timetable.

Suite 19
Suite 19 dialysis unit currently is an area which is going to undergo reconstruction. There will be fewer patients dialysing here in the future and priority will be given to patients which are more medically unstable rather than physically dependant. Dr. Ruth Benzmira will provide medical cover as previously. When the refurbishment starts, it is expected that a few S.19 HD patients will be dialysed on B5 south 9 bedder area, which will provide chronic and some acute dialysis services.

Education
A separate education and training timetable is attached. Registers will be taken at all Education and Training events and emailed to educational supervisors.

Supervision
You will be allocated an educational supervisor at the start of your rotation. You should arrange an initial meeting with the supervisor within a few weeks of starting so that clear learning goals and a personal development plan can be set in place. You should arrange to meet with your supervisor every 3-6 months to discuss your progress. Clinics and ward rounds provide ample experiential learning opportunities and Registrars are encouraged to discuss challenging patients or new referrals with their consultants.

Weekly/Monthly Meetings in UHW
Local educational meetings include
• Histology meeting – Wednesday mornings 8:30 am Pathology Seminar room
• Grand Round – Wednesday 12:45 lecture theatre
• Journal Club – Fridays 8:30 am B5 meeting room
• SHO teaching (renal) – Tuesdays 12.30 pm B5 meeting room
• Transplant clinic meeting – Tuesdays 9 am, outpatient rooms
• Monthly Simulation Training – A2/B2 link corridor.

Trainees are expected to present in the Journal club/teaching sessions.

Regional Training Days
South Wales and the South West England regions share a common generic Nephrology/Transplant training program which is consultant led predominantly. You may be expected to present at these meetings. A wide range of venues can be anticipated. The consultant body should cover all but two registrars to remain in UHW during a training day out of Cardiff. Visit swrenal.org.uk for further details and timetables. Similarly,
for trainees undertaking dual accreditation, there are GIM training days across hospitals in South Wales. A timetable will be circulated.

**Research and Audit**

It is expected that all trainees participate in audit and present their results in the directorate clinical governance meetings. Some of these audits are generic, pertaining to Infection Prevention and Control, and Thromboprophylaxis. You should ask Dr. Ravindran to be assigned to a generic audit. Other suitable audit projects can be identified by your educational supervisor and consultants in your clinical area. New audit projects are subject to a governance process and will require registration with the Audit Office for the Health Board.

Research opportunities in the Institute of Nephrology or with the Transplant team may be available. However, before commitment to projects, trainees have to demonstrate aptitude to complete projects such as audit, publications and presentation to learned societies. Research opportunities are also highlighted on the Wales Renal Trainee website (see below). To discuss research opportunities it is worthwhile to speak to any of the academic clinicians: Professor Aled Phillips, Professor Donald Fraser, Dr Soma Meran.

**Information Technology**

Besides the generic Health Board IT facilities, you will be expected to familiarise yourself with the Directorate’s systems.

**Vital Data**

This is an essential source of information providing Spreadsheets of blood results and information regarding renal diagnoses, dialysis and transplantation. In addition, it is an essential means of recording information about referrals that may be waiting to be transferred, and any clinical advice/patient advice/other events worthy of being part of the medical record. There is also a separate section where vascular access history can be updated. You will be offered instruction by a designated trainer from the renal IT department.

**Email and Social Media Safety**

It is important that patient details are not discussed on Whatsapp or other social media forums. These mediums also should not be used for patient handover. Handover should be verbal and either face to face or (if this is not possible) over the telephone.

On a similar note, only NHS email accounts can have patient details emailed to. This is unacceptable for any other email accounts including Cardiff University accounts. Please be mindful of this as a lot of staff do have both NHS and Cardiff University email accounts. It is essential that only the NHS email accounts are used for patient related information.

**Confidentiality**

The UHB places enormous importance on patient confidentiality in the context of the Data Protection Act. We must stress the importance of appropriate disposal of old patient lists etc., which should be shredded and not recycled or put into domestic waste. Our ward clerks are more than happy to assist with appropriate disposal. There are other guidelines available on the health board sites regarding transfer of patient-identifiable information electronically. In essence, no patient identifiable data should be sent to or from a non-UHB email address unless encrypted (Password protection is NOT sufficient). If you are engaged in audit or case presentations, this could be applicable to you. If you are in doubt, don’t send!

**Pharmacology**

**Drug Dosing**

If any doubt regarding the dosing of medication, please consult the renal pharmacist or the renal drug handbook (kept in the treatment room)
Unit Guidelines are in place for the dosing and monitoring of Vancomycin, treatment of PD related peritonitis, use of Urokinase, Thromboprophylaxis and Antimicrobial policy. These guidelines can be found on the ward/on line and you should familiarise yourself with them.

**Drug Charts and antibiotics**
Patients dialysing on B5 as out-patients or on Suite 19 will have separate drug charts in their dialysis area. If they are in-patients Suite 19 patients may be taken down to the unit for dialysis if deemed well enough. There is a risk that inpatient medications may not be given unless it is clarified with the Dialysis Unit which drug chart contains the prescription. Therefore good communication is required. Please be aware of local antibiotic prescription Guidelines and use the antibiotic stickers for prescription.

**Drug Charts and Inter-hospital transfer**
Patients transferred from other hospitals require a new drug chart. If new medication such as antibiotics were prescribed prior to transfer it is essential that these are transcribed with the start date corresponding to the original drug chart. Please note that on the Transplant Unit, there is a separate drug chart for immunosuppression.

**Erythrocye Stimulating Agent (ESA) Prescription**
Depending on the formulation of ESA or Erythropoietin (EPO) prescribed, it is important to specify the days on which the drug is prescribed. It is essential to avoid duplication of prescription in patients dialysing on Suite 19, as big shifts in haematocrit could have major impact on thrombosis risk and hypertension. All new or changed prescriptions should be coordinated through the renal anaemia office In UHW, who also arrange home delivery. However changes in patients on dialysis should be communicated with the appropriate dialysis unit, home haemodialysis or peritoneal dialysis team.

**Drug Prescription in Transplantation**
There should be an awareness of drug interaction with Tacrolimus, Sirolimus and Ciclosporine, in particular with clarithromycin and fluconazole. It is important to ascertain if a referred patient is receiving these drugs to provide appropriate advice about prescription policy. If there is no option but to give these drugs, then Pharmacy advice is required, and dose modification should be undertaken.

**Leave Arrangements and cross-cover**
All annual leave requires 6 weeks notice. Annual leave requests will need to be authorised via the Intrepid system. You should co-ordinate your leave with your colleagues to ensure that there is adequate ward cover/on-call cover during your leave. Any on-call duties will need to be swopped in advance with colleagues. No more than 2 SpRs (1 B5 and 1 CTU) should be on leave at any given time. **You must inform the relevant secretaries (including the transplant office or peripheral hospital clinic secretaries where appropriate) of your leave so that the clinics can be cancelled (minimum 6 weeks notice).**

- You have to cancel clinic as well as tell Leah. The SpR’s have to inform the relevant consultant secretaries six weeks in advance if they will not be attending clinic.
- SpR 3, 4, 5 and 6 cross-cover each other (so only ONE from this group can be on leave at the same time).
- SpR 1&2 (Transplant SpR’s) cross-cover each other (so can NOT take annual leave at same time).
- Therefore, at any one time only 2 registrars away on AL/SL (more than this has to be discussed with Dr Roberts or Dr Meran and ward consultants involved).
- Annual leave during Transplant rotation needs to be minimised or will impact on trainees Transplant experience.
- If either of the Transplant trainees take leave, in addition to above (ie informing Leah, and cutting necessary clinics), they will also need to provide six weeks notice to the transplant team (surgical as well as nephrology consultants). For the surgeons this can be done through an email to Michael Stevens (Lead for Transplantation).

Please see UHB generic induction programme for details on study leave entitlement.
If you are absent because of illness you must inform the directorate manager and your consultant as soon as possible. Further details on sickness leave will be provided in the UHB generic induction programme. Please also inform Leah in the secretaries’ office (029 2074851).

**Educational Governance:**

The GMC has mandated all Trusts/Health Boards and departments within these to have an educational governance team. The Educational Governance Team within Nephrology and Transplantation Directorate includes the following:

- Dr Soma Meran – Educational Governance Lead (& Undergraduate Lead)
- Dr Gareth Roberts – Postgraduate Lead
- Professor Aled Phillips – Clinical Director and Chair
- Claire Main – Lead Nurse
- Dr Pramod Nagaraja – Induction and CMT Lead
- Dr Alexa Wonnacott – Trainee representative

We have quarterly educational governance meetings. In order to pre-emptively address any arising education and training issues Dr Wonnacott will organise quarterly feedback forms from yourselves. These are anonymous. However, if at any point any trainees have any education or training concerns then they should approach either Dr Soma Meran or Dr Gareth Roberts separately.

**WEBSITE: Welsh Kidney Club**

A SpR-led webpage has been set up that contains information regarding teaching, local protocols and guidelines research opportunities and other useful links. This induction pack can be found on this page, as well as quick reference guides and example procedural consent forms. All resources may be accessible via mobile.

Additionally, we have a members-only Facebook page and twitter page where we encourage trainees to liaise regarding conferences/regional teaching arrangements, social events, and to share and promote your research achievements! Please look up "Welsh Kidney Club" on Facebook and request to join the group. **Please be aware that confidential patient information must not be discussed via any social media forums.**

Trainee Website: [www.welshkidneyclub.org](http://www.welshkidneyclub.org)

Facebook group: [https://www.facebook.com/groups/391369751365227/](https://www.facebook.com/groups/391369751365227/)

Twitter page: [https://twitter.com/welshkidneyclub](https://twitter.com/welshkidneyclub)

**SpR Leads:**

We would like volunteers for the following roles:

- **Quality and Safety Lead** – This SpR will liaise with Dr Vinod Ravindran (Q&S Lead) in Q&S matters. They will organise the possible audits for all trainees to undertake and organise a rota for presentation of these at the departmental Q&S meetings.

- **Teaching Lead** – We have numerous medical students that rotate through the department. This Trainee Lead will work closely with Dr Soma Meran to ensure that the undergraduate students have good renal experience. They will also have the opportunity to deliver AKI tutorials and become involved in the Welsh Kidney Club website development. All teaching experience will be formally acknowledged by letters from the Centre for Medical Education, which can be uploaded onto eportfolios.
**Rota Lead** – This SpR will be responsible for managing the SpR and CMT/FP2 rota. They will work closely with Dr Gareth Roberts and Dr Soma Meran in this, and will be responsible for managing the CMT/FP2 working patterns with close liaison with the Educational Governance Team.

We expect that each Lead will have a term of 6 months. The roles will then be offered to the other SpR’s so that they also have the opportunity to obtain this experience.

**Quality and Safety:**

The Nephrology and Transplant department have monthly Q&S meetings organised by Leah Bartlett. Emails for these dates and venues will be sent out each month. It is mandatory for all medical staff to attend these meetings. Registers will be taken and sent to appraisers and Educational Supervisors regularly.

Each trainee also has 2.5 hours of study time incorporated into their timetable weekly to undertake Quality and Safety Projects or Research Projects. Provision of this study time is contingent upon outputs and we would like to see all trainees engaging in either audit or research, and all trainees will be expected to present at the departmental Quality and Safety meetings at least once.

This document is by no means comprehensive. Contact either Dr. Pramod Nagaraja (Ext 46646) for any queries or issues regarding induction information.