



DIVISION OF

NEPHROLOGY AND HYPERTENSION

Huge demand forces Division of Nephrology to innovate



Professor Brian Rayner Head of Nephrology and Hypertension

More than half of the patients who come to Groote Schuur with kidney failure are turned away due to a lack of resources. This is something that Professor Brian Rayner, Head of the Division of Nephrology and Hypertension, is desperate to change.

The Division of Nephrology and Hypertension is a major division at Groote Schuur with a busy and diverse clinical load. "There has been an exponential demand for our services, due to the burgeoning epidemic of chronic kidney disease (CKD)," says Professor Rayner.

Since taking over, he has concentrated on improving medical staff ratios in the division and through negotiation, sessional appointments and fellowships, has been able to increase numbers in the division, which has had massive implications and has enabled an improved and expanded service delivery.



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Immaculate Phungula, medical technologist, processing dialysers for re-use.

“As a secondary consequence, we have been able to free staff for research, training and administration,” says Professor Rayner. He mentions another area of improvement, namely the development of treatment protocols and standard operating procedures for common conditions. This has resulted in better care and improved outcomes. Frequent morbidity and mortality meetings have been instituted to monitor quality of care.

Many procedures are undertaken in the minor procedures, theatre and this has relieved pressure on theatre time and resulted in a significant reduction in waiting time for these lifesaving procedures as well as a major reduction in patient morbidity. All senior registrars are supported to attend the Boston Nephrology Course to assist with their preparation for the Certificate in Nephrology.

“Another major area is to concentrate our research activities on unique focus areas relevant to Cape Town and South Africa, namely hypertension, HIV-associated nephropathy, systemic lupus erythematosus (SLE) and a glomerulonephritis database,” says Professor Rayner.

The division’s publication record has grown tremendously and senior registrars are encouraged to present their abstracts at major international congresses.

“The most exciting thing for me is to see the fruits of my endeavours realised in improved patient outcomes, growth of our senior registrars into fully fledged nephrologists with improved training skills, and increased publications and degrees,” says Professor Rayner. But he admits that the most challenging thing undoubtedly is the rationing of care for patients suffering from end-stage kidney disease. “We have to turn away over 50% of patients with kidney failure from lifesaving treatment because of a lack of resources. I have to oversee this process and it is emotionally draining,” he acknowledges.

He also finds it difficult to increase the number of transplants per year. If he could increase this number, it would lead to greater opportunities to provide care for more patients with kidney failure.

“I would like to leave behind a world-class unit proficient in research, training and patient care, in the hands of proficient clinician scientists.”