Working life (renal medicine)

This page provides useful information about the roles and responsibilities of nephrologists, where they work, who they work with and what they feel about their role.

"I became a nephrologist because I was excited by the challenge of a specialty which combined the management of acutely ill patients with the treatment of patients with chronic disorders who I could get to know and care for over a long period of time. As an academic, I was also keen to work in a specialty with a strong tradition of research. The sense of excitement I felt when I first entered nephrology 20 years ago is still with me today." - Consultant nephrologist

How your time is spent

Nephrologists can have highly variable working lives. Most will undertake several outpatient clinics each week, but these may include a mixture of general nephrology clinics and more specialist clinics such as transplant or dialysis clinics. Those nephrologists who manage haemodialysis patients will also regularly visit a dialysis unit either within the main renal unit or at a satellite unit. This can take up to half a day each week.

Nephrologists spend the rest of their time involved in management and administration, audit, teaching, undertaking research and participating in continuing professional development.

Patients are seen in both inpatient and outpatient settings. Renal units typically have dedicated inpatient beds. Some of the larger UK units have over fifty beds. Many patients require inpatient admission from time to time, so renal wards host patients with a wide range of conditions from newly transplanted patients to patients with acute kidney injury.

Outpatient renal clinics include general nephrology, transplant and dialysis clinics. Many renal units also run more specialist clinics such as vasculitis clinics or low clearance (pre-dialysis) clinics. All renal units have onsite dialysis capabilities and consultants will undertake rounds on these units. Many renal units also have satellite dialysis, either based in other hospitals or in community settings. Nephrologists regularly visit these units to see patients while they dialyse.

On-call and working hours

Whilst working in outpatient clinics nephrologists will often work a traditional working day, from
around 8.30 am to 5.30 pm or 6 pm, from Monday to Friday.

The vast majority of renal trainees participate in on-call rotas during their clinical training in nephrology. In most renal units on call is undertaken from home, although a few trainees are resident within the hospital. Some renal units operate shift systems.

Consultant nephrologists typically participate in on-call rotas to look after renal inpatients. The frequency of on call depends on the size of the renal unit. Nearly 80% of consultants are routinely on-call at weekends.

In larger renal units, consultant nephrologists often spend dedicated periods of time looking after all renal inpatients on behalf of the other nephrologists in the unit. These phases of on call are typically around two weeks, but can be shorter or longer depending upon the unit. During these times, nephrologists will usually undertake daily ward rounds and are also on call out of hours. In the very largest renal units, two or three nephrologists may be on call at the same time, looking after specific groups of inpatients – on specific wards or with specific types of patients such as transplant patients. While on inpatient duty, nephrologists will also see patients referred for a renal opinion from other medical teams.

- Who you will work with?

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Doctors in renal medicine work alongside:

- specialist nurses
- pharmacists
- dieticians
- psychologists
- social workers
- medical secretaries and administrative staff

They also work closely with:

- vascular access and renal transplant surgeons
- urologists, eg managing patients with renal stone disease
- diabetologists, eg managing patients with diabetes
- obstetricians, eg managing pregnancy complicated by kidney disease
- dermatologists, eg dealing with skin problems following renal transplantation

- Attractions and challenges of the role

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Renal medicine is attractive to those who want to remain skilled in acute medicine and enjoy a wide variety of work. Nephrologists, for example, manage patients with a wide range of medical conditions from diabetes to liver failure. Renal medicine is also attractive to those who enjoy getting to know their patients - many renal patients have chronic disorders which require long-term management. Renal medicine has a strong academic tradition for those interested in research.

Acutely ill patients are a regular part of the work which can be distressing and the
shortage of kidneys for transplant can also be difficult.