



Vice President's News

Richard Baker

Dear Colleagues

I hope you have all enjoyed a good break over Christmas and New Year with some well-earned rest. As I am sure many of you will know we were extremely sad to lose our friend and colleague, Dr. James Douglas just before Christmas. We did briefly mention him in the last newsletter, but I am very grateful to Aisling Courtney for providing a more fitting tribute which is now available on the BTS website. I am pleased to announce that the role of archivist will now be taken up by our former President, Lisa Burnapp.

[Dr. James F Douglas obituary](#)

On another sad note we were devastated to hear of the sudden unexpected death of our colleague, mentor and friend, Dr. Ian Ramage, Consultant Paediatric Nephrologist in Glasgow. Ian was the cornerstone of the children's renal unit in Glasgow and could always be relied upon for sensible pragmatic clinical advice, invariably accompanied by a morsel of education and a larger portion of good-willed sarcasm or humour. His loss has been felt profoundly by all his colleagues, friends and patients. His legacy will endure in the memories of all who had the privilege of knowing him. We send our sincerest condolences to his colleagues and family.

Our attentions now turns to the 2025 annual congress in Brighton, which will take place between Wednesday 12th March and Friday 14th March 2025 at the Brighton Centre in Brighton. The planning is almost complete and there is a detailed programme available on the website (<https://bts.org.uk/events-meetings/bts-annual-congress-2025/>). This includes regular sessions such as the Medawar Medal, Calne-Williams Prize, Best practice and NHSBT Statistics.



We also have a number of novel sessions:

- Histopathology
- Plenary session of Donation after assisted dying
- Viral treatments (jointly with SOPTA)
- Paediatrics
- “Pitch on the Pier”
- Patient based sessions
- Donation focused sessions
- Plenary by the first transplant surgeon to sit as an MP

The working theme of the Congress is “Nurturing Interdependency” and this will be a joint meeting with NHSBT. This means that the audience will have significant representation from the donation community, and we look forward to welcoming our colleagues to congress. I hope that you will join us in Brighton and that you will take the chance to let your hair down at the Hilton Hoedown. This will offer an opportunity to funnel your inner cowboy/cowgirl into some line dancing (Fancy dress optional)!

Early bird registration closes on 3rd February

We will also be hosting a sponsored cycle ride from London to Brighton on Monday 10th March. The ride will be departing from main Car Park (on Dolphin Terrace) at Crystal Palace at 10 am. We will be following a leisurely pace through the Croydon and Coulsdon before crossing the M25 and heading down through quiet Sussex lanes down to Haywards Heath and on to Brighton after scaling the downs (on a quiet traffic free lane). The total distance will be 50 miles, and we will be stopping for coffee and lunch. We hope to arrive at about 4pm. If you are interested the please email me directly (richard-j.baker@nhs.net). I should emphasise that it will not be a race and will be inclusive. There are a limited number of BTS cycling vests for the first cyclists to register. All cyclists will be asked to make a donation to BHT Sussex, a charity for social causes including homelessness based in Brighton (see <https://www.bht.org.uk>)

Richard Baker



JOINT CONGRESS 2025
Nurturing Interdependency
The Brighton Centre, Brighton | Wednesday 12 - Friday 14 March
11 March - Pre-Congress: Nursing and AHP Masterclass | Post-Graduate Masterclass





The Secretary's Corner

Hi everyone – I hope you're making it through this stormy and cold winter OK – almost there!

The BTS Executive and Council had a Council meeting in November and there was support for an update to our conflict-of-interest policies. [This policy](#) applies to BTS Executive, Council, and Committee members. We also welcomed Michael Ramage, transplant surgeon in Glasgow, who is the new Chair of the Ethics Committee, with many thanks to Stephen Bond, Cambridge Transplant Unit, who held that position previously.

You should've received an email from CIVICA Election Services to allow you to vote for colleagues who are standing for BTS Council and Committee positions. The results of the election will be announced at the AGM during the Annual Congress in Brighton.

Thank you to the many colleagues who submitted an application for the [Roy Calne Award](#). The field was exceptionally strong, and a group of judges are looking at submissions. The winner will be announced at the Gala Dinner in Brighton. The BTS Council have also made nominations for a Lifetime Achievement Award, and nominations are voted on by Council. Again, the winner will be announced at the dinner in Brighton.

Finally, many of you will be interested in the work of the ISOU group which has responsibility for oversight and co-ordination of the implementation of the recommendations made in the Organ Utilisation Group report. In the past, ISOU members have updated the BTS at the Annual Congress, but this year there will be an opportunity for members to be updated in a webinar on Thursday, 6th March. Further details can be found [here](#).

generalsecretary@bts.org.uk

Chris Callaghan





Transplant nephrology

Sapna Shah

Last year, following a Coroner's inquest into a death of a kidney transplant patient, the Coroner issued a Regulation 28 Prevent Future Deaths report and requested a response from BTS and the UK Kidney Association (UKKA). The patient died after severe CMV infection. The UKKA patient safety committee and BTS responded by making joint recommendations on how best to care for kidney transplant patients when they are admitted to non-specialist hospitals i.e. those hospitals without renal units. We think it is important to share the learning with our BTS members, and some of these considerations would apply to recipients of other solid organ transplants.

We recommended that:

1. All hospital switchboards, Emergency Departments and relevant personnel have access to contact details for escalation routes for specialist contacts, which would include their local renal centres so that any query at any time can be appropriately directed.
2. The renal team are informed about all patients admitted for care in another hospital or elsewhere in our own hospital who have chronic kidney disease stage 5 (CKD G5) or who are receiving dialysis treatment or who have a kidney transplant.
3. The responsible renal team is from the local renal centre rather than the renal centre usually caring for the patient. If necessary, local renal specialists can liaise directly with the relevant renal centre. This ensures clarity on which renal team is responsible for the kidney patient.
4. The renal team managing the care of the kidney patient is responsible for recommending the best location for care delivery and whether transfer of the patient to the renal unit is needed.
5. Trusts review their processes to ensure that CMV results are available in a timely fashion. This involves considering the transport and turnaround of samples with prompt reporting in specialist virology laboratories as well as how to ensure that blood is taken in the correct blood tubes.

Please consider disseminating this information within your own units and your regional hospitals without renal units. In conjunction with UKKA, these recommendations are being discussed with the Royal College of Physicians Patient Safety Committee and the UKKA Patient Council.

BTS-NHSBT Joint Consensus Document on HHV-8 infection

The updated joint consensus document has recently been released. Please use the link below:

<https://nhsbtdeb.blob.core.windows.net/umbraco-assets-corp/35335/inf1764.pdf>



People In Transplantation

Jen Lumsdaine – Lead Nurse for Living Donation
NHS Scotland and Deputy AMD Living Donation NHSBT

After spending my childhood in St Andrews, I headed to the bright lights of Edinburgh to start my nurse training. Whilst working in ICU, I remember being intrigued by the role of the 'Donor' Coordinator.

A few years on and the opportunity arose to become a transplant coordinator. In those days this was a combined role of multi-organ donor, renal recipient and living kidney donor coordination. All good experience, however it soon became clear that living donation was the path I wanted to follow. There were only a few of us specialising in living donation and BTS was pivotal in getting us together in these early days and developing the role.

It was also at a BTS meeting that my donor and recipient quality of life research project as a collaboration between Edinburgh and Cambridge evolved and became the basis of my PhD completed in 2006.

In 2016 I had the opportunity to widen my remit to work on improving equity of access to living kidney donor transplantation with the Scottish Government. In April 2024 I also took on the role of lead nurse for living donation in NHSBT giving me a fresh perspective on living donation across the UK which I am very much enjoying.

Transplantation has provided me with a varied career and unique opportunities – an ever changing speciality working with consistently amazing people.

My lighter note – I am fortunate to live in Scotland with my lovely family and far too many animals – including our wee herd of Highland cows (picture of Baby Rose!)

Jen Lumsdaine

