**Abstract**

The aim of this study was to investigate if kidney allograft recipients have different post-transplant outcomes depending upon whether their follow up is at the transplant unit versus local renal centres. We analysed data for 1,375 patients stratified into three groups; 1) externally referred patients repatriated to their local renal centre for external follow-up [EE, n=463], 2) externally referred patients not repatriated and followed-up internally at transplant unit [EU, n=365], and 3) internally referred patients within the transplant unit with continued internal transplant unit follow-up [IU, n=547]. Selected baseline demographics and transplant characteristics were different between groups. Pairwise comparisons revealed significant difference in mortality between EE and EU (p=0.013), with no difference detected between EE and IU (p=0.631) or IU and EU (p=0.027). After adjustment in a Cox proportional hazards model, EU mortality was significantly worse compared to EE patients (Hazard Ratio 1.86 [95% CI 1.06-3.28], *p*=0.032). No difference was observed in graft survival outcomes. Our results provide reassurance for healthcare providers, transplant professionals and patients regarding repatriation of clinical care after kidney transplantation. EU patients are identified as a high-risk group for increased mortality but further investigation is warranted to probe this heterogeneous group.