Note: The Nephrology Board anticipates finalizing the list of procedural competencies for initial certification in Nephrology in summer 2023. The new requirements would go into effect for fellows beginning their nephrology training July 1, 2024 and after.

Current Nephrology Procedure Requirements			
Procedure	Proposed Competency Standard	Rationale	
Acute hemodialysis and chronic hemodialysis	Required to perform competently	No change	
Continuous renal replacement therapy (CRRT)	Required to perform competently	No change	
Peritoneal dialysis (excluding placement of temporary peritoneal catheters)	Strengthen Current Requirement: Required to perform competently – Fellows must complete a minimum of 8 outpatient PD clinics, plus 2 training sessions during training	Although Peritoneal Dialysis is a current ABIM Training and Procedure Requirement, multiple fellow surveys over the last two decades have documented home dialysis training as an area of weakness in nephrology education. In addition, peritoneal dialysis prevalence as a modality has remained low in the U.S. over the last twenty years (7.1% in 2000 vs 8.1% in 2020 of Prevalent ESRD per USRDS). The 2019 Executive Order on Advancing American Kidney Health established increased access to home dialysis as a national priority in response to patient and kidney community requests. Subsequent Congressional legislative proposals, including the Improving Access to Home Dialysis Act of 2021, seek to make home dialysis more accessible and affordable to kidney patients. In recognition that peritoneal dialysis training	

		should be strengthened, this requirement will include a minimum of 8 clinic sessions in the peritoneal dialysis clinic environment and 2 additional sessions during peritoneal dialysis patient initial modality training. In recognition of the interdisciplinary nature of peritoneal dialysis, it is important that trainees are exposed to the outpatient setting. In addition, initial modality training exposure will allow trainees to understand and better counsel patients on peritoneal dialysis.
Placement of temporary vascular access for hemodialysis and related procedures	Change Current Requirement: Opportunity to train	Practice patterns have changed in nephrology with decreased reliance on temporary vascular access placed by nephrologists to vascular access placed by other hospital services or tunneled catheters placed by interventional radiologists. These changing patterns were reflected in the surveys conducted by the ABIM of practicing nephrologists and other surveys and publications. In recognition that some practice settings may require competency in placement of temporary vascular access by nephrologists, the Opportunity to Train standard would require programs to train nephrology fellows to competency if requested by the trainee. All nephrology fellows would have a requirement to demonstrate knowledge of the indications, contra-indications, limitations, complications, alternatives, and

Percutaneous biopsy of both autologous and transplanted kidneys	Change Current Requirement: Opportunity to train	ractice patterns have changed in nephrology with decreased reliance on performance of percutaneous biopsy of both autologous and transplanted kidneys by nephrologists and instead performed by interventional radiologists. These changing patterns were reflected in the surveys conducted by the ABIM of practicing nephrologists and other surveys and publications. In recognition that some practice settings may require competency in percutaneous biopsy of both autologous and transplanted kidneys by
		transplanted kidneys by nephrologists, the Opportunity to Train standard would require
	Now Procedure Paguiroments	programs to train nephrology fellows to competency if requested by the trainee. All nephrology fellows would have a requirement to demonstrate knowledge of the indications, contra-indications, limitations, complications, alternatives and techniques of biopsy of both autologous and transplanted kidneys.
Procedure	New Procedure Requirements Proposed Competency Standard	Rationale
Home hemodialysis	Opportunity to train	Home hemodialysis is not a current ABIM Training and Procedure Requirement, and multiple fellow surveys over the
		last two decades have documented home dialysis training as an area of weakness

in nephrology education. In addition, Home Hemodialysis prevalence as a modality has remained low in the US over the last twenty years (0.5% in 2000 vs 1.3% in 2020 of Prevalent ESRD per USRDS). The 2019 Executive Order on Advancing American Kidney Health established increased access to home dialysis as a national priority in response to kidney patient and community requests. Subsequent Congressional legislative proposals, including the Improving Access to Home Dialysis Act of 2021, seek to make home dialysis more accessible and affordable to kidney patients. Due to the low number of patients on Home Hemodialysis in the U.S., it may not be feasible for all fellows to become competent in Home Hemodialysis. The Opportunity to Train standard would require programs to train nephrology fellows to competency if requested by the trainee. All nephrology fellows would have a requirement to demonstrate knowledge of the indications, contra-indications, limitations, complications, alternatives and techniques of home hemodialysis.

Opportunity to Train Definition

An *opportunity to train standard* would consist of both a knowledge requirement of training all fellows in the indications, contraindications, risks and benefits of the procedure <u>and</u> a requirement to provide the opportunity to train in the procedure to the level of competent and independent performance for those fellows who request the training. This opportunity to train must be arranged and sponsored by the fellowship program, but the training can be provided outside of the program. All fellows are not required to perform the procedure to competence to be eligible for ABIM certification, but program directors will need to attest that all fellows fulfilled the knowledge requirement and fellows requesting the training to procedural competency were provided the opportunity to train

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