SPECIALTY BOARD APPROVED

Final Recommendations

The ABIM Pulmonary and Critical Care Medicine Boards have gathered data and information from diplomates, educators and professional societies to create new recommendations on what procedural competencies should be required for Board Eligibility in their respective disciplines. The table below is a summary of those recommendations. Each discipline has offered an independent recommendation of what level of competency should be required for each of the procedures. Where a change in standard is recommended, a rationale has been provided.

The definition for each level of competency is as follows:

- **Do Not Require:** Training should not be required.
- **Knowledge Standard:** All fellows must demonstrate knowledge of the indications, contraindications, limitations, complications, alternatives and techniques of this procedure. They are not required to train in performing the procedure.
- **Opportunity to Train (OTT):** All fellows must demonstrate knowledge of the indications, contraindications, limitations, complications, alternatives and techniques of this procedure. Fellows must have the Opportunity to Train in this procedure to the level of competent and independent performance if they request the training for their future practice.* Not all fellows would be required to perform this procedure to be eligible for certification, but all fellows would be required to meet the knowledge standard as defined above.

  **If procedural expertise does not exist within the program to support an OTT, the program should facilitate external training opportunities as resources allow.*
- **Perform competently:** Required to perform independently at the end of fellowship training.

Statement on Procedures Going Beyond Technical Skill: Assessment of competency in many procedures goes beyond the technical skill required to perform the procedure and may include a comprehensive assessment of aspects of periprocedural patient management, where relevant.

Note: The Pulmonary Disease and Critical Care Medicine Boards anticipate finalizing the list of procedural competencies for Board Eligibility in Pulmonary Disease and Critical Care Medicine by spring 2026. The new requirements would go into effect for fellows beginning their fellowship training July 1, 2027 and after.

PROCEDURE NAME	PULMONARY DISEASE BOARD ELIGIBILITY RECOMMENDATION	CRITICAL CARE MEDICINE BOARD ELIGIBILITY RECOMMENDATION	RATIONALE
Diagnostic bronchoscopy with bronchoalveolar lavage (BAL)	Perform competently (no change)	Perform competently (no change)	
Bronchoscopy with endobronchial ultrasound (EBUS)	Knowledge Standard + Opportunity to Train	Do Not Require	EBUS is an important procedural capability in pulmonary medicine. Over the 25 years since its development and initial clinical application, EBUS has become much more widely available, particularly in medical centers with a large oncology presence. Interventional pulmonologists who have done an additional year of procedural training beyond the standard pulmonary fellowship, and many general pulmonologists who have independently pursued procedural training outside of an IP fellowship have the ability to perform EBUS competently. There may be constraints on training capabilities in pulmonary fellowships that would most likely be present in programs based at smaller medical centers where faculty expertise or equipment access may be limited. Given that EBUS has entered mainstream pulmonary procedural practice in most, though not all, of the country, the opportunity to train should be made available to fellows who request the training.
Bronchoscopy with transbronchial biopsies	Perform competently (no change)	Do Not Require	
Advanced airway procedures (e.g., stent placement, endobronchial therapeutic procedures)	Knowledge Standard	Do Not Require	
Supervision of technical aspects of pulmonary function testing	Perform competently (no change)	Do Not Require (no change)	
Interpretation of pulmonary function testing results	Perform competently (no change)	Knowledge Standard	

PROCEDURE NAME	PULMONARY DISEASE BOARD ELIGIBILITY RECOMMENDATION	CRITICAL CARE MEDICINE BOARD ELIGIBILITY RECOMMENDATION	RATIONALE
Supervision of technical aspects of cardiopulmonary exercise testing	Perform competently (no change)	Do Not Require (no change)	
Interpretation of cardiopulmonary exercise testing results	Perform competently (no change)	Do Not Require (no change)	
Pericardiocentesis	Knowledge Standard	Knowledge Standard	
Temporary transvenous pacemaker insertion	Knowledge Standard	Knowledge Standard	
Thoracentesis	Perform competently (no change)	Perform competently (no change)	
Chest tube placement	Perform competently (no change)	Perform competently (no change)	
Chest tube management	Perform competently (no change)	Perform competently (no change)	
Advanced pleural procedures (e.g., tunneled pleural catheter, pleurodesis, pleuroscopy)	Tunneled pleural catheter – Knowledge Standard + Opportunity to Train; Pleurodesis – Knowledge Standard + Opportunity to Train; Pleuroscopy – Knowledge Standard	Knowledge Standard for all	
Arterial blood gas	Perform competently (no change)	Perform competently (no change)	
Arterial catheter placement	Perform competently (no change)	Perform competently (no change)	
Central venous catheter placement	Perform competently (no change)	Perform competently (no change)	

PROCEDURE NAME	PULMONARY DISEASE BOARD ELIGIBILITY RECOMMENDATION	CRITICAL CARE MEDICINE BOARD ELIGIBILITY RECOMMENDATION	RATIONALE
Bedside pulmonary artery catheter placement	Knowledge Standard + Opportunity to Train	Knowledge Standard + Opportunity to Train	The Pulmonary Disease Board acknowledges that pulmonary artery catheter placement by pulmonologists is largely a diagnostic procedure for pulmonary hypertension and may be done in catheterization labs as opposed to at the bedside. The Opportunity to Train standard would require programs to train pulmonary disease fellows to competency if requested by the trainee. The CCM Board acknowledges that fewer pulmonary artery catheters are placed in the critical care setting outside of cardiac-specific critical care units, and that the preponderance of evidence demonstrates a lack of mortality benefit for pulmonary artery catheters placed in the ICU setting, which may result in fewer opportunities for fellows to train to competency in this procedure and also may indicate declining relevance to their future practice. However, the Opportunity to Train standard would require programs to train CCM fellows to competence if requested by the trainee.
Non-tunneled vascular access placement for temporary dialysis	Knowledge Standard	Perform competently (no change)	

PROCEDURE NAME	PULMONARY DISEASE BOARD ELIGIBILITY RECOMMENDATION	CRITICAL CARE MEDICINE BOARD ELIGIBILITY RECOMMENDATION	RATIONALE
POCUS for diagnosis	...for diagnosis of pleural disease and parenchymal lung disease Perform competently	...for diagnosis of shock and respiratory failure, identification of pneumothorax and effusions, assessment of consolidation and pulmonary edema, focused assessment for free abdominal fluid, evaluation for deep vein thrombosis, and focused assessment of shock and cardiac compromise Perform competently	POCUS is widely utilized to guide the real-time recognition and management of a variety of common diagnoses and syndromes. The Pulmonary Disease Board acknowledges this trend and recommends the addition of the requirement to train using POCUS, specifically limited to diagnosis of pleural disease and parenchymal lung disease. The Critical Care Medicine Board acknowledges this trend and recommends the addition of the requirement to train using POCUS specifically for the following: • Pleural – identification of pneumothorax and effusions • Lung – assessment of consolidation, pulmonary edema • Abdominal – focused assessment for free fluid • Vascular – evaluation for deep venous thrombosis • Cardiac – focused assessment of shock, and cardiac compromise

PROCEDURE NAME	PULMONARY DISEASE BOARD ELIGIBILITY RECOMMENDATION	CRITICAL CARE MEDICINE BOARD ELIGIBILITY RECOMMENDATION	RATIONALE
POCUS for procedural guidance	...for pleural procedures (e.g., thoracentesis, chest tube placement) Perform competently	...for vascular access, paracentesis and thoracentesis (e.g., central venous catheter placement, arterial line placement, chest tube placement) Perform competently	POCUS is widely utilized to guide the real-time accuracy and outcomes for performance of a variety of bedside procedures. The Pulmonary Disease Board acknowledges this trend and recommends the addition of the requirement to train using POCUS, specifically for the following procedures: • Pleural ultrasound – thoracentesis, chest tube placement The Critical Care Medicine Board acknowledges this trend and recommends the addition of the requirement to train using POCUS specifically for the following procedures: • Vascular access - central venous catheter placement, arterial line placement • Pleural drainage - thoracentesis, chest tube placement • Paracentesis
Non-invasive ventilator management	Perform competently (no change)	Perform competently (no change)	
Invasive ventilator management	Perform competently (no change)	Perform competently (no change)	
Moderate sedation; i.e., management of invasive mechanical intubation	Perform competently (no change)	Perform competently (no change)	
Endotracheal intubation	Perform competently (no change)	Perform competently (no change)	

PROCEDURE NAME	PULMONARY DISEASE BOARD ELIGIBILITY RECOMMENDATION	CRITICAL CARE MEDICINE BOARD ELIGIBILITY RECOMMENDATION	RATIONALE
Percutaneous tracheostomy	Knowledge Standard	Knowledge Standard + Opportunity to Train	In recognition that some practice settings may require competency in performing and managing complications of percutaneous tracheostomy, the Opportunity to Train standard would require programs to train CCM fellows to competence if requested by the trainee.
Continuous renal replacement therapy (CRRT)	Do Not Require (no change)	Knowledge Standard + Opportunity to Train	In recognition that some practice settings may require competency in initiating and managing continuous renal replacement therapy, the Opportunity to Train standard would require programs to train CCM fellows to competence if requested by the trainee.
Management of extracorporeal membrane oxygenation (ECMO)	Knowledge Standard	Knowledge Standard	
Advanced cardiac life support (ACLS)	Perform competently (no change)	Perform competently (no change)	
Hemodialysis	Do Not Require (no change)	Knowledge Standard (no change)	
Calibration and operation of hemodynamic recording systems	Knowledge Standard	Knowledge Standard of common errors	Recognizing the wide variability of hemodynamic recording systems that may be encountered in the clinical environment, the Pulmonary Disease and Critical Care Medicine Boards recommend having a knowledge standard, rather than require that all fellows be required to manage these systems competently.