

Transforming Nephrology Certification: Toward a Unified Consensus

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Description

The American Board of Internal Medicine (ABIM) defined essential procedural skills in nephrology and candidates for ABIM certification were required to present evidence of possessing the skills necessary for placement of temporary dialysis vascular access, hemodialysis, peritoneal dialysis and percutaneous renal biopsy [1]. The continuous renal replacement therapy was added to the list of nephrology requirements. These procedure requirements have not been modified while the practice of nephrology has changed dramatically. The ABIM Nephrology Board started on a policy journey to revise the procedure requirements for nephrology certification [2]. With the guidance of nephrology diplomates, training program directors, professional and patient organizations, and other stakeholders, the ABIM Nephrology Board revised the procedure requirements to reflect current practice and national priorities. The approved changes include the opportunity to train standard for placement of temporary dialysis catheters, percutaneous kidney biopsies and home hemodialysis, which better reflects the current state of training in most training programs and the new requirements for home dialysis therapies training will align with the national priority to address the under use of home dialysis therapies. This perspective details the ABIM process for considering changes to the certification procedure requirements and how ABIM collaborated with the larger nephrology community in considering revisions and additions to these requirements [3].

Nephrology certification evolution

The American Board of Internal Medicine (ABIM) began certifying nephrologists and developed general guidelines for nephrology fellowships. ABIM certifies individual physicians and the Accreditation Council for Graduate Medical Education (ACGME), accredits residencies and fellowships in the United States [4]. Since ACGME's inception, one goal of accredited training has been certification of graduates, so ABIM initial certification eligibility requirements have generally been incorporated into ACGME program requirements. Thus, ABIM has a long-standing and continued connection with training requirements in the disciplines

for which it certifies [5]. ABIM defined essential procedural skills in nephrology and candidates for ABIM certification were required to present evidence of possessing the skills necessary for placement of temporary dialysis vascular access, hemodialysis, peritoneal dialysis and percutaneous renal biopsy continuous arterial venous hemofiltration was added to the list of nephrology requirements and the requirement changed to continuous renal replacement therapy [6]. These procedure requirements have not been modified while the practice of nephrology has changed dramatically. These changes in practice have reduced procedural training opportunities for nephrology fellows and consequently in nephrology practice after training [7]. Developed cuffed, tunneled hemodialysis catheters significantly improved care with lower infection rates and improved blood flows for hemodialysis as compared with temporary dialysis vascular access placed by nephrologists. Interventional radiologists now perform a greater percentage of kidney biopsies and tunneled and nontunneled dialysis catheters. Home hemodialysis is currently not a requirement for ABIM certification consequently, home hemodialysis is not listed as an ACGME procedure requirement [8].

Governance and training discrepancies

ABIM created a new governance model adding specialty boards with a policy focus beyond examination creation. The ABIM Nephrology Board assesses the full scope of competencies in nephrology across the spectrum of initial certification and Maintenance of Certification (MOC). The inaugural chair of the ABIM Nephrology Board, previously published surveys that revealed the disconnect between ABIM procedure requirements and the actual training of nephrology fellows [9]. To be eligible for the ABIM initial certification examination, a candidate's program director must attest to the candidate's competence to perform the required procedures. The ABIM Nephrology Board and others were concerned by evidence that some program directors were attesting to the competence of their graduating fellows despite survey data to the contrary, including many fellows who indicated they had never performed any of these procedures [10].

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