

ACGME-I INTERNATIONAL ADVANCED SPECIALTY PROGRAM REQUIREMENTS SUMMARY OF REVISIONS AND RATIONALE

Advanced Specialty Requirements for: **Renal Medicine (Nephrology)** Proposed Effective Date of revised requirements: **1 July 2025**

Comments are currently being solicited on revisions to the International Advanced Specialty Program Requirements for the subspecialty listed above. To aid those providing comment, the following table summarizes and provides a rationale for the major revisions in the requirements.

The comments provided will be considered by the Review Committee-International as it determines the final revision of these Requirements, which will be posted on the ACGME-I website following approval.

REQUIREMENTS DELETED

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Requirement Number	Line	Rationale
	Number	
IV.C.8.b).(1) Each fellow should,	510-515	The specific number of patients seen by fellows
on average, be responsible for		during ambulatory care experiences was removed
four to eight patients during each		to allow programs flexibility. Programs should
half day session 1) Each fellow		continue to monitor fellows' ambulatory clinic load
should, on average, be		to maximize learning opportunities over service
responsible for no more than		needs.
eight to 12 patients during each		
half-day ambulatory session		

REQUIREMENTS ADDED

Requirement number	Line Number	Rationale
II.C.1. There must be a close working relationship with dietary and/or nutrition services, as well as specialists in diagnostic radiology, general surgery, interventional radiology and/or interventional nephrology, obstetrics and gynecology, pathology, psychiatry and urology.	47-51	Interventional radiology and nephrology were added as emerging areas that impact renal medicine. Vascular surgery was removed.
II.D.2.a) The primary clinical site must be approved to perform renal transplantation, or must have a formal written agreement	66-70	The requirement was added to provide flexibility to programs without a renal transplant service to allow for the required clinical experience in renal transplantation to be completed at a participating

with such an institution, ensuring		site.
that nephrology fellows receive		
the requisite experience with		
renal transplantation.		
IV.A.1.b).(1) Fellows must	114-126	The additions to competencies in patient care and
demonstrate competence in		procedural skills include the new and emerging
managing care of patients a) in a		area of telemedicine, the importance of training
variety of health care settings,		fellows to deliver care in the ambulatory setting,
including inpatient and		and the increasing importance of data-driven
ambulatory settings. b) using		clinical decision-making.
critical thinking and evidence-		omnour deoision-making.
based tools; c) using population-		
based data; and d) with whom		
they have limited or no physical		
contact, through the use of		
telemedicine.	400.405	
IV.A.1.b).(3).(b) Fellows must	183-185	These were added to provide greater clarity and a
treat their patient's conditions		more complete description of the patient care
with practices that are patient-		competencies required.
centered, safe, scientifically		
based, effective, timely and cost-		
effective; to include, (i) delivering	186-190	
effective and patient-centered		
education regarding options for		
management of ESRD, including		
transplant, home dialysis		
therapies, in-center		
hemodialysis, and support care;		
(ii) selecting patients for native	191-192	
or transplant kidney biopsy,		
including: (a)interpretation and	193-196	
clinical application of results,		
and recognizing and managing		
adverse events, and; (b)	197-200	
providing counsel to patients		
about the procedure,		
recognizing potential		
complications, and taking		
measures to reduce the risk of		
the procedure. (iii) selecting	201-206	
patients for temporary dialysis		
access, identify potential		
complications and take		
measures to reduce the risk of		
the procedure, provide counsel		
to patients about the procedure,		
and recognize and manage		
adverse events after placement.		
IV.B.1. The educational program	341-344	The addition of these requirements ensures that
must include didactic instruction		all fellows have access to didactic sessions and
based upon the core knowledge		that faculty members are actively involved in
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content in renal medicine (nephrology). a) Fellows must have a sufficient number of didactic sessions to ensure fellow-fellow and fellow-and- faculty interaction.		didactics.
IV.B.2. The program must ensure that fellows have an opportunity to review all knowledge content from conferences that they could not attend.	345-346	
IV.C.1. Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback	365-369	Education and patient safety are impacted by the length of clinical rotations. Programs must consider the length of a rotation when planning educational experiences.
IV.C.2. Rotations must be structured to allow fellows to function as a part of an effective interprofessional team that works together toward the shared goals of patient safety and quality improvement.	370-372	Clinical rotations must be planned to enhance opportunities for fellows to actively engage with an interprofessional team. These experiences should allow for interaction between team members to both teach fellows and provide patient care.
IV.C.5.c) Fellows must have formal instruction regarding indications for and interpretation of the results of: (1) balloon angioplasty of vascular access and other procedures utilized in the maintenance of chronic vascular access patency; (2) management of peritoneal catheters; (3) radiology of vascular access; (4) renal imaging; and, (5) therapeutic plasmapheresis.	472-473 475-477 479 481 483 485	The addition of these clinical experiences provides experiences in emerging areas of renal medicine.
IV.C.7. The education program must provide fellows with elective experiences relevant to their future practice or to further still/competence development.	489-491	Providing educational experiences that are individualized to each fellow's learning needs and individual interests is an important component of the fellowship. The additional training noted are only suggestions. The program director and fellow should collaboratively develop electives

		geared to the fellows' educational needs.
IV.D.1.a) While in the program all fellows must complete at least one of the following scholarly activities: participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees or serving as a journal reviewer, journal editorial board member or editor.	522-528	All fellows must engage in scholarly work during the fellowship. Scholarly work is broadly interpreted to include a variety of professional activities.

REQUIREMENTS WITH MAJOR REVISIONS

Requirement number	Line	Rationale
-	Number	
IV.C.4.a) Clinical Experiences	378-395	This section was removed to reduce
must include at least four		redundancies and allow for more specific
months of supervised		information on clinical requirements in
involvement in dialysis therapy,		IV.C.4.a).(1)-(11).
including both hemodialysis and		
peritoneal dialysis, including : 1)		
assessment of hemodialysis		
and peritoneal dialysis		
efficiency; 2) the complications		
of hemodialysis and peritoneal		
dialysis; 3) determining special		
nutritional requirements of		
patients undergoing		
hemodialysis and peritoneal		
dialysis; 4) end-of-life care and		
pain management for patients		
undergoing chronic		
hemodialysis and peritoneal		
dialysis; 5) evaluation of end-		
stage renal disease patients for		
peritoneal dialysis and		
hemodialysis, and their		
instruction regarding these		
treatment options; (1)	396-397	
assessment of efficiency of		
peritoneal dialysis, home		
dialysis, and hemodialysis; (2)	399-402	
determining special nutritional		

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requirements of patients	
undergoing peritoneal dialysis,	
home hemodialysis, and	
hemodialysis; longitudinal care	
of patients treated with home	
dialysis and in- center	
hemodialysis; (3) education and	403-407
evaluation of pre-dialysis	
chronic kidney disease patients	
and dialysis patients regarding	
management of stage 5 chronic	
kidney disease, including	
transplant, home dialysis	
modalities, in-center	
hemodialysis, and supportive	
care; (4) end-of-life care and	409-411
pain management for patients	
undergoing chronic peritoneal	
dialysis, home hemodialysis,	
and hemodialysis; (7)	421-422
examination of dialysis access	
for hemodialysis and peritoneal	
dialysis; (8) longitudinal care of	423-424
patients treated with home	
dialysis and in-center	
hemodialysis.	