



**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

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

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, <u>interventional radiology and/or interventional nephrology</u> , 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 that nephrology fellows receive the requisite experience with renal transplantation.		site.
IV.A.1.b).(1) Fellows must demonstrate competence in managing care of patients a) in a variety of health care settings, including inpatient and ambulatory settings. b) using critical thinking and evidence-based tools; c) using population-based data; and d) with whom they have limited or no physical contact, through the use of telemedicine.	114-126	The additions to competencies in patient care and procedural skills include the new and emerging area of telemedicine, the importance of training fellows to deliver care in the ambulatory setting, and the increasing importance of data-driven clinical decision-making.
IV.A.1.b).(3).(b) Fellows must treat their patient's conditions with practices that are patient-centered, safe, scientifically based, effective, timely and cost-effective; to include, (i) delivering 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 or transplant kidney biopsy, including: (a) interpretation and clinical application of results, and recognizing and managing adverse events, and; (b) providing counsel to patients about the procedure, recognizing potential complications, and taking measures to reduce the risk of the procedure. (iii) selecting 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.	183-185 186-190 191-192 193-196 197-200 201-206	These were added to provide greater clarity and a more complete description of the patient care competencies required.
IV.B.1. The educational program must include didactic instruction based upon the core knowledge	341-344	The addition of these requirements ensures that all fellows have access to didactic sessions and that faculty members are actively involved in

<p>content in renal medicine (nephrology). a) Fellows must have a sufficient number of didactic sessions to ensure fellow-fellow and fellow-and-faculty interaction.</p> <p>IV.B.2. The program must ensure that fellows have an opportunity to review all knowledge content from conferences that they could not attend.</p>	345-346	didactics.
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 skill/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

