

## **NEPHROLOGY FELLOWSHIP PROGRAMS FREQUENTLY ASKED QUESTIONS**

The Residency Review Committee for Internal Medicine has answered the following questions from Nephrology fellowship programs. The answers provided represent a summary of the actions previously taken by the Committee. You should not interpret the answers as a second set of standards. The RRC-IM provides these answers to give training programs insight on how the peer review process works. Each program reviewed is unique. The RRC-IM interprets substantial compliance with the Program Requirements that reflect the unique composite of a given program. The Requirements are as stated.

### **Abbreviations Used**

PR = Program Requirement  
PD = Program Director  
APD = Associate Program Director  
Sub = Internal Medicine subspecialty program  
Sub-sub = Subspecialty requiring completion of training in a parent subspecialty (i.e., clinical cardiac electrophysiology, interventional cardiology, transplant hepatology)  
RRC-IM = Residency Review Committee for Internal Medicine  
ACGME = Accreditation council of Graduate Medical Education  
DIO = Designated Institutional Official (usually serves as chair of GMCEC)  
GMCEC = Graduate Medical Education Committee, as required by the IRC  
IRC = Institutional Review Committee  
PIF = Program Information Form  
KCF = Key Clinical Faculty  
Pub = Peer-reviewed publication or other acceptable product of scholarship as defined by the RRC-IM  
Neph = Nephrology

### **Section I-VII General Subspecialty Program Requirements**

#### **Question:**

*“Do the General Subspecialty Program Requirements apply to Nephrology?”*

#### **Program Requirements:**

For Sections I. through VIII., see:

- **ACGME Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine**
- **RRC-IM Web Subspecialty FAQ**

#### **Answer:**

Absolutely

Nephrology PDs should study carefully the General Subspecialty Program Requirements, and the FAQs related to these PRs. The requirements cover required structural elements in the program such as required institutional support, facilities and resources, key faculty and PD qualifications and responsibilities, conferences, continuity clinic, scholarship and research, evaluation, etc.

Subspecialty fellowship programs are expected to be in full compliance with both the General Subspecialty Program Requirements, and the Subspecialty Specific Program Requirements.

## **Section VIII - XI Nephrology Program Requirements**

### **Section VIII. Educational Program**

#### **Length of Training**

##### Question:

*“Our nephrology fellowship is 3 years in length. Can we spread out the clinical training over 36 months?”*  
*“Can we use the time fellows spend in continuity clinic to reduce the block time of 12 months clinical?”*

##### Program Requirement:

A subspecialty educational program in nephrology must be organized to provide training and supervised experience at a level sufficient for the fellow to acquire the competency of a specialist in the field. (Educational Program, Definition and Scope of Nephrology, Section VIII.A.)

The training program must be 2 years in duration. (Educational Program, Duration of Program, Section VIII.B.)

A minimum of 12 months must be devoted to clinical experiences. (Educational Program, Duration of Clinical Experience, Section VIII.C.)

[The program director must obtain review and approval of the sponsoring institution’s GMEC/DIO before submitting to the ACGME information or requests for the following:] major changes in program structure or length of training. (Program Personnel and Resources, Program Director, Section II.A.4.n.3.)

##### Answer:

All required training must be completed within the accredited 24-months of training.

An additional year of training (i.e., for research) may be required or offered by the program, but the required training [at least 12 months clinical, continuity clinic, conferences, and research] must be completed during the accredited two years [24 months] of training.

Time spent in continuity clinic continuity clinic (one-half day weekly x 24 months) may not be used to reduce the minimum block time required for clinical training.

### **Section IX. Faculty**

#### **Minimum Key Clinical Faculty**

##### Question:

*“What is the minimum number of ABIM-certified KCF for our program?”*  
*“How many publications are required by KCF?”*

##### Program Requirement:

See General Subspecialty FAQ for additional details and program requirement.

##### Answer:

See below for calculation of minimum required key clinical faculty, and the scholarly productivity expected of the KCF.

## Nephrology KCF and Research Productivity

**Minimum 3 KCF or 1:1.5 faculty-fellow ratio for programs with 6 or more fellows**

Approved Fellow Complement	Minimum Certified KCF (incl PD)	Majority Minimum KCF (51%)	<u>PARTICIPATION</u> KCF with at Least 1 Pub Past 3 Years	<u>PRODUCTIVITY</u> Pubs All KCF Past 3 Years (1/yr x 3 yrs)
2	3	2	2	6
3	3	2	2	6
4	3	2	2	6
5	3	2	2	6
6	4	3	3	9
7	5	3	3	9
8	6	4	4	12
9	6	4	4	12
10	7	4	4	12
11	8	5	5	15
12	8	5	5	15
13	9	5	5	15
14	10	6	6	18
15	10	6	6	18
16	11	6	6	18
17	12	7	7	21
18	12	7	7	21
19	13	7	7	21
20	14	8	8	24
21	14	8	8	24
22	15	8	8	24
23	16	9	9	27
24	16	9	9	27
25	17	9	9	27

- Publication = Research publication, review article, or editorial in a peer review journal (PRJ), funded peer-review grant, peer-reviewed case report with literature review, or book chapter.
- Scholarly case reports acceptable (Sept 2007) if indexed in Pub Med, and copy submitted with PIF
- Peer review publication = indexed in Pub Med (or Medline). If not in Pub Med, PD must supply evidence of peer review
- In press or accepted for publication counts. Submitted or in preparation does not count.
- Abstract, illustration, letter to the editor, presentation, or publication in non-PRJ does not count.
- Peer-reviewed funding (NIH, NCI, or other government-funded or national-foundation funded) counts
- Industry, pharmaceutical, or other non-peer-review grant does not count.
  - Exception: Pharmaceutical studies in which the KCF is the overall PI (lead investigator) for all sites will be accepted as counting as one product of scholarship
- 1 paper = 1 paper; Do not count multi-author papers more than once.
- Count the last three calendar years prior to PIF submission. If site visit is in Sep. 2008, count publications from 2005, 2006, and 2007 as well as 2008.
- Contribute to participation: Only ABIM certified KCF
- Contribute to productivity:
  - ABIM Certified KCF
  - Additional sub-specialty KCF (above minimum required, certified or non-certified)
  - Non-physician faculty and faculty in other specialties IF:

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| <ul style="list-style-type: none"><li>▪ Contribute to fellow education</li><li>▪ Devote at least 10 hours/ week to the program</li></ul> |
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## **Section X. Facilities and Resources**

### **Required Facilities**

#### Question:

*“What facilities are required at the primary training site in order to open a new nephrology program?”*

*“What facilities can be located at an affiliated institution?”*

#### Program Requirement:

[In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:]

Diagnostic Laboratory Services. There must be biochemistry and serologic laboratories. (Facilities and Resources, Diagnostic Laboratory Services, Section X.A)

Committee Standard:

Available imaging services must include ultrasound, computerized tomography, magnetic resonance imaging, and a diagnostic radionuclide laboratory. (Facilities and Resources, Imaging, Section X.B.)

There must be surgical and pathological support available for the modern practice of nephrology. (Facilities and Resources, Surgery and Pathology, Section X.C.1.)

Surgery for vascular and peritoneal dialysis access must be available. (Facilities and Resources, Surgery and Pathology, Section X.C.2.)

Renal transplantation services must be available. The Primary Training Site must be approved to perform renal transplantation, or must have a formal written agreement with such an institution ensuring that nephrology fellows receive the requisite experience with renal transplantation. (Facilities and Resources, Surgery and Pathology, Section X.C.3.)

Electron and immunofluorescence microscopy, and other special studies for the preparation and evaluation of renal biopsy material must be available. (N.B.: These may be located at institutions other than the primary training site.) (Facilities and Resources, Surgery and Pathology, Section X.C.4.)

[There must be facilities for:] acute and chronic hemodialysis. (Facilities and Resources, Surgery and Pathology, Section X.D.1.a)

[There must be facilities for:] continuous renal replacement therapy. (Facilities and Resources, Surgery and Pathology, Section X.D.1.b)

[There must be facilities for:] acute and chronic peritoneal dialysis. (Facilities and Resources, Surgery and Pathology, Section X.D.1.c, CAAR-1308, CIT:1.E;)

[There must be facilities for:] renal biopsy. (Facilities and Resources, Surgery and Pathology, Section X.D.1.d, CAAR-1309, CIT:1.E;)

Answer:

X.A. states only that "There must be biochemistry and serologic laboratories." The PR does not require all biologic and serologic tests to be performed at primary site, as some tests may be performed by a reference laboratory.

Note facilities that are required at the primary site (or at an affiliated site as described):

- Biochemistry and serologic laboratories (X.A.)
- Radiology facilities: ultrasound, CT, MRI, and nuclear medicine (X.B.)
- Surgical and pathological support sufficient to support the modern practice of nephrology (X.C.1.)
- Surgery for vascular and peritoneal dialysis access (X.C.2.)
- Renal transplantation services (X.C.3.)
  - The RRC will accept a PLA and an away rotation "...ensuring that nephrology fellows receive the requisite experience with renal transplantation...." in recognition of the geographic variations and institutional limitations on the establishment of transplantation centers.
- Electron and immunofluorescence microscopy (X.C.4.)
  - In the setting where electron microscopy and immunofluorescent microscopy is provided at a site other than the primary training site, the electron micrographs and immunofluorescent slides must be available to the trainee and supervising faculty within an appropriate time interval to provide education and excellent patient care. Mere provision of "reports" is inadequate to satisfy this requirement.
- Intensive Care Unit
- Acute and chronic hemodialysis (X.D.1.a.)
  - Program applications will be withheld for lack of facilities for acute and chronic dialysis at the primary site.
- Continuous renal replacement therapy (X.D.1.b.)
  - Program applications will be withheld for lack of facilities for continuous renal replacement therapy at the primary site.
- Acute and chronic peritoneal dialysis (X.D.1.c.)
  - The RRC will accept an away rotation (described in a PLA) for peritoneal dialysis, in recognition of the geographic variation in the use of peritoneal dialysis.
- Renal biopsy (X.D.1.d.)

## **Transplant Population**

Question:

*"Please explain the rationale for a certain number of transplant patients per fellow at the training site."*

Program Requirement:

[In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:] The training program must have access to at least 10 new renal transplants per year per first-year fellow, and must demonstrate a sufficient population of transplant recipients to permit the longitudinal follow-up (at least 3 months) of at least 20 patients with transplants per fellow. (Facilities and Resources, Patient Population, Section X.E.2.)

Answer:

The RRC considers the care of patients with renal transplantation to be an essential component in the training of nephrologists. Therefore, it requires programs to have a minimum population of renal transplantation patients for fellowship training. The program must demonstrate an adequate patient population (10 new and 20 F/U transplants per fellow).

The purpose of this PR (X.E.2.) is to measure the transplant volume as a major metric in the establishment of the complement of fellows, not only for new patient transplants, but also for follow-up patients.

As the RRC-IM will allow fellows to gain their transplant experience at an away rotation, programs may include these patients in their transplant volume calculations. However, programs may not “double-count” transplant patients toward the resources of two programs, when one institution provides transplant training for fellows from more than one nephrology fellowship.

See also Section XI for additional requirements regarding organization of the required experience of fellows with transplant patients.

## **Section XI. Specific Program Content**

### **Procedures**

#### Question:

*“What procedures does the program need to track for Nephrology fellows?”*

#### Program Requirement:

Fellows must have formal instruction, clinical experience, and must demonstrate competence in the performance of percutaneous biopsy of both autologous and transplanted kidneys. (Specific Program Content, Technical and Other Skills, Section XI.B.1.b))

Fellows must have formal instruction, clinical experience, and must demonstrate competence in the performance of placement of temporary vascular access for hemodialysis and related procedures. (Specific Program Content, Technical and Other Skills, Section XI.B.1.c))

#### Answer:

The Committee expects fellows to achieve competency in the biopsy of both autologous (native = in-situ) and transplant kidneys. Fellows must also become competent in placement of temporary vascular access for hemodialysis.

There are a number of other competencies required (urinalysis, dialysis, etc.) which the program may choose to track in a procedural competency log. The Committee requires tracking of only the following:

<b>Neph Procedures that Must be Documented In Fellows’ Procedure Logs</b>
<b>1. Placement of temporary vascular access for hemodialysis and related procedures.</b>
<b>2. Percutaneous biopsy of autologous and native transplants.</b>

### **Dialysis Training**

#### Question:

*“Must dialysis training occur in 1-month blocks, or can we organize it differently as long as the total training equals 4 months?”*

#### Program Requirement:

Each fellow should have exposure to dialysis and extracorporeal therapies during the equivalent of at least 4 months of the training program. (Specific Program Content, Clinical Experience, Section XI.A.2.)

#### Answer:

PR XI.A.2. 1414 is a rotation training requirement for the structure of the program. The 16 clarifying statements that follow stipulate the components of that 4 month experience, i.e., XI.A.2.b through XI.C.2.b)(14).

Programs may organize the dialysis and extracorporeal training in any way that fits the resources available to the training needs, as long as the total time spent in this training equals or exceeds 4 months (80 half-days).

### **Hemodialysis Rotation**

Question:

*“What type of attending supervision is required of fellows during hemodialysis rotations?”*

Program Requirements:

Clinical experience must entail supervised involvement in decision making for patients undergoing dialysis and extracorporeal therapies. (Specific Program Content, Clinical Experience, Section XI.A.2.b))

[Dialysis and extracorporeal therapy:] Clinical experience must entail supervised involvement in decision making for patients undergoing these therapies. This experience must include long-term follow-up of patients undergoing chronic dialysis including their dialysis prescription and modification and assessment of adequacy of dialysis.. (Specific Program Content, Clinical Experience, Section XI.A.2.b)(5))

Answer:

An attending must always be available by phone when the fellow is seeing dialysis patients. An attending nephrologist shall make rounds with the fellow on all assigned dialysis patients at least once a month. These rounds must include supervision of care of the dialysis patients, follow-up of issues discussed on the phone, and discussion of active issues of assigned patients who are not present on the dialysis care pertaining to the patients physically seen on rounds and follow-up of issues discussed outside of rounds.

### **Renal Transplantation Rotation**

Question:

*“We send our fellows away for renal transplantation. Do these 2 months need to be contiguous?”*

Program Requirement:

Each fellow must have instruction in, and have a minimum of 2 months of clinical experience, preferably consecutively, on an active renal transplant service. (Specific Program Content, Clinical Experience, Section XI.A.3.a))

Answer:

Each fellow must spend at least 2 months on an active renal transplant service. These may be two separate months or contiguous months. Note that if a fellow spends 2 continuous months at an away rotation to meet this requirement, RRC approval is needed because continuity clinic will be interrupted for > 1 month.

### **Renal Transplantation Follow-Up**

Question:

*“Will the renal transplantation rotation suffice for F/U care as well?”*

Program Requirement:

[Renal transplantation:] Clinical experience must entail supervised involvement in the decision-making for patients during the pre- and post-transplant care. This experience must include management in the ambulatory setting for at least 3 months of a minimum of 20 renal transplant recipients per fellow. (Specific Program Content, Clinical Experience, Section XI.A.3.b)(7), CAAR-1439, CIT:4.E;)

Answer:

In the facilities/ resource section (X) the PRs require that the program provide sufficient transplant follow-up patients for each fellow. These requirements stipulate that the program must provide sufficient experience in the long-term management of renal transplant recipients, in both the duration of the

experience and in the total number of patients.

Fellows must participate in the longitudinal management of renal transplant recipients during at least 3 months of the training program, and each fellow must participate in the follow-up care of at least 20 renal transplant patients. Recognizing that many long-term renal transplant recipients do not require frequent repeat visits over a period of several months, the same patients do not necessarily need to be seen repeatedly by the same fellow as long as a total of 20 renal transplant patients are seen in follow-up by each fellow. Also, fellows may see recipients with whom they were not involved in pre-transplant care for post-transplant follow-up.

Patients may be cared for during a block rotation, or during longitudinal rotations. Patients may be seen in different settings (i.e., transplant clinic, continuity clinic, etc.).

Fellows should have experience with patients at various stages post transplant (i.e., in the recent post-transplant period, during the first year post-transplant, and many years out) to learn the ongoing monitoring of transplant patients, the tracking of their immunosuppressive meds as well as their complications.

### **Peritoneal Dialysis**

#### Question:

*“Peritoneal dialysis is not a common procedure in our area. Are we required to provide this training?”*

#### Program Requirement:

Fellows must have formal instruction, clinical experience, and must demonstrate competence in the performance of peritoneal dialysis. (Specific Program Content, Technical and Other Skills, Section XI.B.1.d))

#### Answer:

Fellows must achieve competence in peritoneal dialysis. The RRC-IM and the profession feel that each nephrology fellow must receive adequate training to achieve this competence, as they may practice in areas where PD is more commonly used. Programs may schedule an away rotation to gain peritoneal dialysis experience.