

Nephrology Fellowship Programs FAQ	
General Subspecialty Program Requirements	
Question	Answer
Do the General Subspecialty Program Requirements apply to Nephrology? [see ACGME Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine] [see RRC-IM General Subspecialty FAQ]	<ul style="list-style-type: none"> Absolutely. Nephrology program directors should study carefully the General Subspecialty Program Requirements, and the FAQs related to these program requirements. The requirements cover required structural elements in the program such as required institutional support, facilities and resources, key faculty and program director qualifications and responsibilities, conferences, continuity clinic, scholarship and research, evaluation, etc. Subspecialty fellowship programs are expected to be in full compliance with <u>both</u> the General Subspecialty Program Requirements, and the Subspecialty Specific Program Requirements.
Educational Program	
Question	Answer
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 VIII.A. – VIII.C] [Program Requirement II.A.4.n).(3)]	<ul style="list-style-type: none"> 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 (one-half day weekly x 24 months) may not be used to reduce the minimum block time required for clinical training.
Specific Program Content	
Question	Answer
How can training programs meet the requirement for at least four months of exposure to dialysis and extracorporeal therapies? [Program Requirement XI.A.2.(a)]	This requirement can be fulfilled by four month rotations on dialysis and extracorporeal therapies, or by supplementing lesser number of months assigned to these therapies with other clinical rotations that include dialysis and extracorporeal experiences, with documentation of the time committed to dialysis and extracorporeal therapies to achieve the minimum of four months training in these areas. (January 2011 RRC Meeting)
What type of attending supervision is required of fellows during hemodialysis rotations? [Program Requirement XI.A.2.b)]	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.
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 XI.A.2.]	<ul style="list-style-type: none"> Program requirement XI.A.2. 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).
We send our fellows away for renal transplantation. Do these 2 months need to be contiguous? [Program Requirement XI.A.3.a)]	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. With RRC approval the fellow may miss continuity clinic for 2 months to meet this requirement.

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Does the requirement for active administration of immunosuppressants and anti-rejection therapy to 10 patients mean that this must be for patients immediately after transplant and does not include such therapy for patients with chronic rejection? [Program Requirement XI.A.3.b)(3)]	Fellows must participate in the administration of immunosuppressants and anti-rejection therapy to at least 10 new (starting immediately after transplantation) renal transplant patients during the 2-month transplant rotation.
Will the renal transplantation rotation suffice for follow-up care as well? [Program Requirement XI.A.3.b).(7)]	<ul style="list-style-type: none"> • In the facilities/ resource section (X) the program requirements 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.
Do fellows have to see the same 20 patients in follow up during this period or can they see different transplant patients? Also does this experience have to be a block rotation? [Program Requirement XI.A.3.b).(7)]	<ul style="list-style-type: none"> • The program must provide sufficient experience in the long-term management of renal transplant recipients, in both the duration of the experience and 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.
What procedures does the program need to track for	The Committee expects fellows to achieve competency in the biopsy of both autologous (native = in-situ) and transplant kidneys. Fellows

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Nephrology fellows? [Program Requirement XI.B.1.b] [Program Requirement XI.B.1.c]	<p>must also become competent in placement of temporary vascular access for hemodialysis.</p> <p>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:</p> <p><u>Nephrology procedures that must be documented in fellow's procedure logs:</u></p> <ul style="list-style-type: none"> • Placement of temporary vascular access for hemodialysis and related procedures. • Percutaneous biopsy of autologous and native transplants.
Peritoneal dialysis is not a common procedure in our area. Are we required to provide this training? [Program Requirement XI.B.1.d]	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 program director is more commonly used. Programs may schedule an away rotation to gain peritoneal dialysis experience.
Facilities and Resources	
Question	Answer
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 X.A – X.D.1.d)]	<p>X.A. states only that There must be biochemistry and serologic laboratories. The program requirement does not require <u>all</u> biologic and serologic tests to be performed at primary site, as some tests may be performed by a reference laboratory.</p> <p>Note facilities that <u>are</u> required at the primary site (or at an affiliated site as described):</p> <ul style="list-style-type: none"> • 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.) <ul style="list-style-type: none"> ○ 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.) <ul style="list-style-type: none"> ○ 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 <u>available to the trainee and supervising faculty</u> 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.) <ul style="list-style-type: none"> ○ 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.) <ul style="list-style-type: none"> ○ 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.) <ul style="list-style-type: none"> ○ 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.)

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<p>In order to open a new nephrology program, what facilities can be located at an affiliated institution? [Program Requirement X.C.3.] [Program Requirement X.C.4.] [Program Requirement X.D.1.c)]</p>	<ul style="list-style-type: none"> • As is noted in the requirements above, renal transplantation services must be available. The primary training site must be approved to perform renal transplantation, or the program must establish affiliations (via a program letter of agreement (PLA)) with a site where nephrology fellows will receive the requisite experience with renal transplantation. This option (establishing a PLA or away rotation) recognizes that there are geographic variations and institutional limitations on the establishment of transplantation centers. • 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. • 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.
<p>Please explain the rationale for a certain number of transplant patients <u>per fellow</u> at the training site. [Program Requirement X.E.2.]</p>	<ul style="list-style-type: none"> • 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 follow-up transplants per fellow). • The purpose of this program requirement (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.

Appendix I

RRC-IM Calculation of Minimum Key Clinical Faculty (KCF) and Key Clinical Faculty (KCF) Scholarship Participation/Productivity Nephrology				
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 of Minimum KCF (50%)	<u>PARTICIPATION</u> KCF with at Least 1 Pub Past 3 Years [259]	<u>PRODUCTIVITY</u> Pubs All KCF Past 3 Years (1/yr x 3 yrs) [259]
2	3	2	2	6
3	3	2	2	6
4	3	2	2	6
5	3	2	2	6
6	4	2	2	6
7	5	3	3	9
8	6	3	3	9
9	6	3	3	9
10	7	4	4	12
11	8	4	4	12
12	8	4	4	12
13	9	5	5	15
14	10	5	5	15
15	10	5	5	15
16	11	6	6	18
17	12	6	6	18
18	12	6	6	18
19	13	7	7	21
20	14	7	7	21
21	14	7	7	21
22	15	8	8	24
23	16	8	8	24
24	16	8	8	24
25	17	9	9	27
26	18	9	9	27
27	18	9	9	27
28	19	10	10	30
29	20	10	10	30
30	20	10	10	30

- Publication = Research publication, review article, or editorial in a peer review journal (PRJ), funded peer-review grant, 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:
 - Certified KCF
 - Additional sub-specialty KCF (above minimum required, certified or non-certified)
 - Non-physician faculty and faculty in other specialties IF:
 - Contribute to fellow education
 - Devote at least 10 hours/ week to the program