



May 30, 2023

Rudolph Rodriguez, MD
Chair, Nephrology Board
American Board of Internal Medicine
510 Walnut Street, Suite 1700
Philadelphia, PA 19106

Dear Dr. Rodriguez,

The National Kidney Foundation (NKF) thanks the American Board of Internal Medicine (ABIM) Nephrology Board for the opportunity to comment on current and emerging competency standards for nephrology fellow procedure requirements. NKF is the largest, most comprehensive and longstanding, patient centric organization dedicated to the awareness, prevention, and treatment of kidney disease in the U.S. NKF applauds the recommendations issued by the American Society of Nephrology Taskforce on the Future of Nephrology earlier this year. Specifically, we share their foundational concern that competency-based nephrology education must be enhanced, emphasizing personalized care, reconsidering expectations for procedural training and competency, and closing gaps in current nephrology training.¹

Acute hemodialysis, chronic hemodialysis, and continuous kidney replacement therapy (CKRT)

NKF supports the maintenance of existing performance competency requirements for conventional hemodialysis and continuous kidney replacement therapy. It is critical, however, to recognize that while these are considered fundamental procedures in clinical nephrology, they differ substantially from procedural skills in many other subspecialties. Unlike procedures such as endoscopy and colonoscopy performed by gastroenterologists or bronchoscopy performed by pulmonologists, these dialysis procedures are actually carried out by dialysis nurses, technicians, and critical care staff. The nephrologist provides the orders, oversees their performance by the care team, and troubleshoots the treatment if complications arise. As such, competency in performance of these treatments represents a “hybrid” of procedural and cognitive skills. In defining the scope of these competencies, it is important that trainees understand the full range of acute and chronic extracorporeal kidney replacement therapies. In particular, this includes familiarity with prolonged intermittent kidney replacement therapies (PIKRT) in addition to CKRT in the management of critically ill patients.

Peritoneal dialysis (excluding placement of temporary peritoneal catheters)

NKF supports the decision to strengthen the current requirements for peritoneal dialysis training and management, with the recognition that the majority of the actual peritoneal dialysis procedures are actually carried out by the patient/care giver or by other members of the dialysis care team, specifically nurses and technicians. We are concerned, however, that merely establishing a requirement of attending a minimum number of outpatient PD clinics and home training sessions does not establish competency. Rather, as with other skills, competency needs to be based on the

¹ Rosenberg M, Anderson S, Farouk S, et al. Reimagining Nephrology Fellowship Education to Meet the Future Needs of Nephrology: A Report of the American Society of Nephrology Task Force on the Future of Nephrology. Clin J Am Soc Nephrol. 2023; 1-10. <https://doi.org/10.2215/CJN.000000000000133>

ability to manage both routine care as well as troubleshoot and treat common and uncommon complications of therapy. One concern that has been expressed is that some training programs may not have sufficient numbers of patients in their home peritoneal dialysis programs to provide sufficiently robust training. The use of robust simulation, as is used in the training of other occupations such as airline pilots, particularly to address rare complications, should be considered.

Placement of temporary vascular access for hemodialysis and percutaneous biopsy of both autologous and transplanted kidneys

Regretfully, NKF supports the change to “Opportunity to Train” for both temporary hemodialysis catheter placement and kidney biopsy. This reflects practice changes that have occurred over the past two to three decades which have resulted in a profound decline in the performance of these procedures by practicing nephrologists. While these procedures were integral to nephrology practice in the past, their performance has been taken over by other practitioners. The use of tunneled catheters has markedly reduced the frequency with which temporary dialysis are used, and many temporary catheters are now placed by intensivists and surgeons. Similarly, even at some academic centers, performance of kidney biopsies has become an interventional radiology rather than a nephrology procedure. While recognizing that most practicing nephrologists no longer routinely perform these procedures, making a requirement for procedural competency anachronistic, we agree that trainees who wish to achieve procedural competency for either catheter insertion or kidney biopsy must be provided with the opportunity to do so, and all nephrology trainees must be exposed to the performance of these procedures to have knowledge of procedural details and inherent risks to patients. We anticipate that the more competitive fellowship programs will retain training of these procedures.

Home hemodialysis

NKF is disappointed with the decision to designate home hemodialysis training as an “Opportunity to Train.” We strongly recommend parity between home hemodialysis and peritoneal dialysis training requirements. Achieving an increase in utilization of home dialysis therapies, including home hemodialysis, as called for in the 2019 Executive Order on Advancing American Kidney Health, requires that the next generation of nephrologists have expertise in all modalities of home dialysis, including home hemodialysis. Most importantly, every nephrologist should be able to provide all modalities of dialysis for every patient to help address existing disparities in the use of home therapies.

NKF believes optimal training should include longitudinal follow-up of patients on home therapy, with the incorporation of regulatory aspects of home therapies, contributing factors to attrition rates, and shared decision-making tools. While we agree that there are currently an inadequate number of patients on home hemodialysis to support the training of all fellows, using this as a justification to not mandate this competency will result in perpetuation of the underuse of home hemodialysis. The use of robust simulation technology can supplement and enhance training in home hemodialysis to permit adequate training of all fellows. Further, the use of simulation across all modalities of kidney replacement therapy – including conventional hemodialysis, home hemodialysis, peritoneal dialysis, PIKRT and CKRT could enhance training related to both common and rare complications of treatment and improve patient safety. Lastly, well-documented disparities in access to both forms of home dialysis make nephrology training an important health equity priority.

Longitudinal management of transplant recipients

While outside the scope of the requested commentary on procedural competencies for nephrology fellows, NKF recommends additional training requirements in the longitudinal management of transplant recipients and donors for all nephrology trainees. Transplant centers are concurrently impacted by increasing pre- and post-transplant patient volumes and staffing shortages. It is vital that all nephrology fellows receive training to accommodate these challenges and fill in gaps in transplant education and familiarity.² Nuances in managing immunosuppression medications, organ rejection and failure, recurring kidney diseases, and common as well as opportunistic infections are just a few challenges that general nephrologists will encounter.³ Without sufficient training, including in-patient and transplant clinic exposure and experience, graduating fellows will be ill-equipped to manage these patients.

Thank you for your time in considering the issues and points raised in this letter. If the ABIM Nephrology Board has any questions or would like additional information, please contact Ivory Harding, Director of Quality and Regulatory Affairs, at Ivory.Harding@kidney.org.

Sincerely,



Kevin Longino
CEO and Transplant Recipient



Sylvia Rosas, MD
President

² Heher, E, Hricik, D, Brennan, D. Securing the Future of Kidney Transplantation by Addressing the Challenges of Transplant Nephrology. Am J Transplant. 2021; 21:37–43. <https://doi.org/10.1111/ajt.16264>

³ Voora S, Adey S. Management of Kidney Transplant Recipients by General Nephrologists: Core Curriculum 2019. Am J Kidney Dis. 2019; 73(6):866–879. <https://doi.org/10.1053/j.ajkd.2019.01.031>