

## ASN Commits to Reconsidering Future of Nephrology

Continued from cover

On January 18, ACGME sent a message to program directors relaying that it was beginning “a major revision of the current program requirements” for many internal medicine subspecialties, including nephrology. It invited written “comments on specific topics” with a March 3 deadline.

Quaggin responded in March to both organizations with the same letter calling these invitations “exciting opportunities” but requesting an 8-month pause in the deadlines to provide time for ASN to facilitate a discussion in the kidney community on the future of nephrology. Quaggin committed to issue final recommendations by October and share them with “the entire kidney community during ASN Kidney Week” at the start of November.

ASN sees these requests as an opening to resolve several outstanding questions that have been nagging nephrologists for years, according to ASN Executive Vice President Tod Ibrahim. “Many of these conversations have been taking place for quite some time. There hasn’t been any pressure to come to consensus, and, as a result, we haven’t come to consensus as a community. Perhaps setting a deadline and saying, in the next 8 months we will reach agreement, is the only way we will,” he said.

But Ibrahim added that it was not possible to untangle the specific issues from the web without considering the whole. “Our feeling was, you can’t reach consensus on procedures until you know what the overall specialty is going to look like. We are going to work from the big picture to the details,” Ibrahim said. “We have gone back and forth with ABIM and ACGME on these issues, and

it is never clear what the first step is. It is a little bit of a circular process. So, part of what we are trying to do is to break that cycle. The experts in the specialty should determine what the future looks like and then work with the educational regulators to help ensure high-quality training and high-quality certification,” he said.

Quaggin’s letter commits ASN to “convene the kidney community, representatives from ABIM and ACGME, and other stakeholders during the next 8 months” to carry out the following objectives:

- 1) Decide the core skills, knowledge, and experiences in kidney medicine that every nephrology fellow must learn during fellowship training
- 2) Evaluate whether all nephrology fellows should have the same training and initial certification examination (regardless of their clinical interests) or should have a way to differentiate themselves professionally through a standalone subspecialist certification by ABIM
- 3) Assess which subspecialties of nephrology have evolved to the point of requiring formal training and certification
- 4) Identify potential gaps in training of nephrology fellows who trained during the COVID-19 pandemic

- 5) Determine how to ensure that nephrology training, certification, and practice promote diversity, equity, and inclusion while pursuing health care justice
- 6) Begin to articulate how future nephrology training, certification, and practice can align with other members of the kidney health care team

- 7) Articulate the future expectations for nephrology fellowship training programs based on the above goals

ABIM and ACGME appear likely to embrace this process. Jerry Vasiliadis, PhD, executive director of the ACGME Review Committee for Internal Medicine, responded in early March that his committee’s leadership has “no issue or concern with pausing the major revision of the program requirements for nephrology for approximately 8 months.”

The next ABIM nephrology board meeting was scheduled to be held after this edition of *Kidney News* went to press, but ABIM nephrology board member Matthew Sparks, MD, agreed that “the time is now” to reconsider the issues mentioned in Quaggin’s letter: “I can’t speak on behalf of the board, but I would support this process. We want to listen to the community and key stakeholders.” ■

### Correction and Clarification

The February *Kidney News* article “A Call to Action for Physicians: Become Informed and Empowered, and Begin to Heal Thyself” includes the statement, “The RUC [American Medical Association (AMA) Relative Value Update Committee] is a group of 32 physicians and other health care professionals who advise CMS [Centers for Medicare & Medicaid Services] on how to value various medical services. The advice of the RUC is nearly always accepted by CMS, yet nephrology is not currently represented on the committee.”

In reality, nephrology has access to the RUC, because the Renal Physicians Association (RPA) is a member of the AMA House of Delegates, and Adam J. Weinstein, MD, was elected to one of the two 2-year internal medicine rotating seats of the RUC at its January 12–15, 2022, meeting (1). *Kidney News* congratulates Dr. Weinstein, who serves as Chief Medical Information Officer for DaVita, on his recent appointment and apologizes for the oversight.

Additionally, RPA’s Health Care Payment Committee maintains a liaison with the AMA Current Procedural Terminology (CPT) advisory panel (2), which is another way the nephrology community can influence the RUC. ■

### References

1. RVS Update Committee (RUC). Composition of the RVS Update Committee (RUC). American Medical Association. <https://www.ama-assn.org/about/rvs-update-committee-ruc/composition-rvs-update-committee-ruc>
2. Health Care Payment Committee, Renal Physicians Association (RPA). <https://www.renalmd.org/page/healthcarepayment>

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