

ing Kidney Diseases. Released in September 2021, the final report provides a new race-free approach to diagnose kidney diseases. NKF and ASN recommended the following: 1) “the adoption of the new eGFR [estimated glomerular filtration rate] 2021 CKD EPI [epidemiology collaboration] creatinine equation that estimates kidney function without a race variable”; 2) “increased use of cystatin C combined with serum (blood) creatinine, as a confirmatory assessment of GFR or kidney function”; and 3) more funding for “research on GFR estimation with new endogenous filtration markers and on interventions to eliminate race and ethnic disparities” (13).

As NKF and ASN work to implement these three recommendations in the United States, ERA and ISN leaders indicated that country-specific formulas may perform better in other parts of the world. The task force’s first two recommendations, which work well for the US population, may not work as well for some other countries. Recognizing the limitations of currently available equations, unacceptable variance will continue to exist until an affordable, non-creatinine-based, universally applicable and available GFR measure exists.

Diversity, equity, and inclusion, along with health care justice, were important topics discussed by the leaders of the three societies. With attention brought to how these efforts are gaining traction in some countries, the discussion focused on how to implement them more broadly. The meeting illustrates the importance of working together to achieve shared goals worldwide.

If I have not convinced you yet that we need to think globally while acting locally, let us examine the US workforce. Nephrologists working in the United States come from all over the world. International Medical Graduates (IMGs) currently comprise 50.5% of the 11,407 practicing nephrologists in this country (14). That percentage is likely to rise as IMGs make up 66% of the current fellows training in US nephrology fellowship programs (15). While some of these professionals will return to their countries of origin or pursue other opportunities abroad, many will stay in the United States.

This migration causes a “brain drain” for the countries from which these nephrologists depart. At the same time, the lives of these nephrologists and their families often benefit, as does the specialty in the United States. Unfortunately, despite our benefiting from IMGs who work here, their ability to stay is challenging because of the onerous visa requirements. Currently, the Conrad 30 waiver program is the only federal mechanism for IMGs to apply for a waiver of the 2-year foreign residence requirement after completion of graduate medical education on a J-1 visa. The Conrad 30 has extremely limited capacity, however, with only 30 spots a year for each state across all physician specialties and subspecialties. We need to make the system less difficult for IMGs who wish to stay and work in the United States, but we must also consider how best to address problems caused by the brain drain throughout the world.

Former ASN President Anupam Agarwal, MD—who

was recently named Dean of The University of Alabama at Birmingham Marnix E. Heersink School of Medicine—notes, “IMGs are critical members of the nephrology workforce in both academic and community practice settings in the United States. A significant number of nephrology fellowship trainees are also IMGs who provide important service to our patients in our hospitals and clinics. They often practice in underserved rural areas for years due to requirements to fulfil immigration obligations. As an IMG myself, I have greatly benefited from the training, mentorship, and amazing opportunities offered to me throughout my more than 30 years of being in this country. Given the significant shortages of physicians and the projected numbers in the coming years to be even worse, making pathways for IMGs to continue to work in the United States easier and less cumbersome is critically important.”

As we enjoy March, celebrate National Kidney Month, play NephMadness, and mark World Kidney Day, I want to take a moment to applaud, highlight, and support all efforts to raise awareness and emphasize the importance of kidney diseases throughout the world. We may live in a world divided into 195 countries, but kidney diseases have no citizenship, know no borders, and are clearly a growing public health challenge across the globe. ■

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**We are part of the global kidney community whose effectiveness is synergized, amplified, and heard when we all work collaboratively.**

## Correction

The article “ASN President’s Update: Priorities for 2023 Include Transplantation, Nephrology Training, and Environmental Sustainability” in the January *Kidney News* omitted a name in the sentence:

“I was able to recruit wonderful colleagues who have worked with me at different points, including James Chon, Amishi Desai, Pradeep Kadambi, Sambhavi Krishnamoorthy, Yousuf Kyeso, Basit Javaid, and Pratik Shah.”

#### The sentence should read:

“I was able to recruit wonderful colleagues who have worked with me at different points, including James Chon, Patrick Cunningham, Amishi Desai, Pradeep Kadambi, Sambhavi Krishnamoorthy, Yousuf Kyeso, Basit Javaid, and Pratik Shah.”