Background

Nephrology is a subspecialty of internal medicine concerned with the diagnosis and treatment of kidney and urinary system diseases, such as chronic kidney disease, kidney inflammation, and kidney cancer. Causes of kidney failure include diabetes mellitus and polycystic kidney disease. In addition, kidney disease can lead to other serious conditions, such as hypertension.

Nephrologists serve as the primary physicians for patients with chronic kidney disease and may work with other physicians on some procedures involving the kidneys, such as kidney biopsies. Nephrologists also assist in treating kidney stones or renal insufficiency and often are consulted in cases of severely high blood pressure. Patients also are referred to nephrologists after blood or protein is found in their urine.

Some kidney diseases can be treated by modifying diets, determining whether other medications are interfering with kidney functions, or controlling high blood pressure. More severe cases may require medication, dialysis therapy (a procedure whereby waste is filtered and proper chemical balances maintained in a patient’s blood), or a kidney transplant.

Following medical school, nephrologists must successfully complete a residency in internal medicine and then complete a fellowship training program in nephrology accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). Fellowship training in nephrology must be two years in duration, with a minimum of 12 months devoted to clinical experience.

For certification in nephrology, internists sit for the examination offered by the American Board of Internal Medicine (ABIM) or the American Osteopathic Board of Internal Medicine (AOBIM). Additionally, the American Society of Diagnostic and Interventional Nephrology (ASDIN) offers certification in interventional nephrology, certifying physicians in specific procedures (e.g., diagnostic sonography, insertion of peritoneal dialysis catheters, and endovascular procedures).

Involved specialties

Nephrologists
Positions of specialty boards

**ABIM**

To become certified in the subspecialty of nephrology through the ABIM, physicians must:
➤ At the time of application, be previously certified in internal medicine by ABIM
➤ Satisfactorily complete the requisite graduate medical education and fellowship training accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec
➤ Demonstrate clinical competence, procedural skills, and moral and ethical behavior in the clinical setting
➤ Hold a valid, unrestricted and unchallenged license to practice medicine
➤ Pass the Nephrology Certification Exam

Candidates for subspecialty certification must meet ABIM’s requirements for duration of training as well as minimum duration of full-time clinical training. Fellowship training in nephrology must be a minimum of 24 months in duration, with 12 months devoted to clinical experience. Requisite procedures include:
➤ Placement of temporary vascular access for hemodialysis and related procedures
➤ Acute and chronic hemodialysis
➤ Peritoneal dialysis (excluding placement of temporary peritoneal catheters)
➤ Continuous renal replacement therapy
➤ Percutaneous biopsy of both autologous and transplanted kidneys

**AOBIM**

To become certified in the subspecialty of nephrology through the ABIM, physicians must:
➤ Be certified by the AOA, through the AOBIM, in internal medicine
➤ Satisfactorily complete 24 months of an AOA-approved fellowship program in nephrology
➤ Successfully pass a comprehensive one-day written/clinical exam

Positions of societies, academies, colleges, and associations

**ASN**

The American Society of Nephrology (ASN) was founded in 1967 to enhance and assist the study and practice of nephrology and provide a forum for the research and continuing education needs of its members. The society’s mission is to educate health professionals, share new knowledge, advance research, and advocate the highest quality of care for patients. The ASN does not publish guidelines or a position regarding the delineation of privileging, competency, or training requirements for nephrologists.
**ASDIN**

ASDIN was founded in 2000 to promote the proper application of new and existing procedures in the practice of nephrology, with the goal of improving the care of patients with kidney disease. Activities of the society include the establishment of practice standards, certification of physicians in specific procedures, accreditation of training programs in specific procedures, development of training tools and techniques, sponsoring symposia and training courses, and the dissemination of information through periodic meetings and through print and other media.

ASDIN certification documents that an individual physician has met specified requirements for the performance of a particular procedure and is offered in the following areas:
- Sonography of kidneys and urinary bladder
- Insertion of peritoneal dialysis catheters
- Endovascular procedures on arteriovenous (AV) fistulas and grafts, and chronic central venous catheters for dialysis

Certification in renal ultrasonography requires the following:
- A working knowledge of ultrasound physics as it pertains to the performance and interpretation of sonograms
- A thorough understanding of the sonographic appearance of renal pathology and normal variants
- A thorough understanding of renal pathology, including the performance and interpretation of urinalysis
- Extensive experience with the clinical presentation and natural history of renal disorders

Training should include six weeks devoted to ultrasonography. Nephrologists who have already completed their nephrology training but who seek certification in renal ultrasonography should undertake a minimum of 50 hours of training in ultrasound physics and instrumentation, basic ultrasound interpretation, and performing and interpreting kidney, bladder, and renal transplant sonograms.

Certification of a nephrologist as an interventional nephrologist performing procedures related to permanent peritoneal dialysis catheters will be based on training, experience, and demonstrated clinical expertise in one or more of the following techniques:
- Blind technique using a needle, guidewire, dilator, and split-sheath (Seldinger technique)
- Surgical by dissection
- Peritoneoscopic using a small peritoneoscope to inspect the abdomen and a surrounding spiral guide to advance the catheter into the abdomen and the cuff into the musculature (Y-Tec procedure)
- Laparoscopic technique
Training requirements for certification in the insertion of peritoneal dialysis catheters include the following:

➤ Two hours of practice in the procedure
➤ Observation of procedures
➤ Placement of six peritoneal catheters under supervision within a one-year period
➤ Documentation and measurement of the outcomes of the placements
➤ Confirmation of the candidate’s skill by the training physician(s)

Certification is available in either the broad category of interventional nephrology, which includes both the basic vascular access categories of dialysis catheters and endovascular procedures on peripheral access, or in either one of these two basic categories. In addition, there are three advanced procedures with special requirements for which certification is also available as an addendum to the basic category to which they relate; these include subcutaneous port placement, endovascular stent placement, and obliteration of accessory veins.

In order to fulfill the requirements for certification in hemodialysis vascular access procedures, candidates must provide documentation that they:

➤ Are currently certified by the ABIM in nephrology, American Board of Radiology, or American Board of Surgery
➤ Continue to practice as an interventional nephrologist, interventional radiologist, or surgeon
➤ Have completed the formal training requirements or have practiced as an interventional nephrologist for a period of not less than one year during which time no less than 125 procedures have been successfully completed

Certification in insertion of peritoneal dialysis catheters requires knowledge of and experience in the following:

➤ Basic anatomy related to hemodialysis vascular access
➤ Physical examination of the vascular access
➤ Radiation safety, imaging equipment, and imaging techniques
➤ Basic tools and procedures of interventional nephrology
➤ Surveillance techniques and monitoring for venous stenosis
➤ Sedation/analgesia
➤ Angioplasty of dialysis vascular access
➤ Thrombolysis/thrombectomy of dialysis vascular access
➤ Diagnosis and management of complications of endovascular techniques
➤ Endovascular stents—indications, procedures, complications
➤ Basic surgical techniques and management of complications
➤ Hemodialysis catheters—types, indications, procedures

Training in interventional nephrology must include, at a minimum, a period of active hands-on training sufficient to provide clinical competence in the basic
procedures being performed. This must include a minimum 125 procedures in the following categories:

➤ Angiography
➤ Angioplasty
➤ Thrombolysis/thrombectomy
➤ Tunneled long-term hemodialysis catheters
➤ Endovascular stents
➤ Obliteration of accessory veins
➤ Subcutaneous ports

**ACGME**

In its *Program Requirements for Graduate Medical Education Training in Nephrology (Internal Medicine)*, the ACGME states that a subspecialty program in nephrology must provide advanced education sufficient for the physician to acquire the competency of a specialist in the field. The two years of fellowship training in nephrology must include 12 months of clinical experience and at least one half-day of ambulatory care per week, averaged over the 24-month fellowship.

Clinical experience must include at least four months of supervised involvement in dialysis therapy, including:

➤ Assessment of hemodialysis and peritoneal dialysis efficiency
➤ Complications of hemodialysis and peritoneal dialysis
➤ Determining special nutritional requirements of patients undergoing hemodialysis and peritoneal dialysis
➤ End-of-life care and pain management for patients undergoing chronic hemodialysis and peritoneal dialysis
➤ Evaluation of end-stage renal disease patients for peritoneal dialysis and hemodialysis, and their instruction regarding these treatment options
➤ Evaluation and management of medical complications in patients during and between hemodialysis and peritoneal dialyses
➤ Evaluation and selection of patients for acute hemodialysis or continuous renal replacement therapies
➤ Long-term follow-up of patients undergoing chronic hemodialysis and peritoneal dialysis
➤ Modification of drug dosage during hemodialysis and peritoneal dialysis
➤ Writing a hemodialysis and peritoneal dialysis prescription and how to assess dialysis adequacy

Clinical experience must also include at least two months of supervised involvement in pre- and post-transplant care, including:

➤ Clinical and laboratory diagnosis of all forms of rejection
➤ Evaluation and selection of transplant candidates
➤ Immediate postoperative management of transplant recipients, including administration of immunosuppressants to a minimum of 10 new renal transplant recipients
➤ Management in the ambulatory setting for at least three months of at least 20 patients per fellow
➤ Management in the ICU setting for patients with renal disorders
➤ Medical management of rejection, including use of immunosuppressive drugs and other agents
➤ Preoperative evaluation and preparation of transplant recipients and donors
➤ Psychosocial and ethical issues of renal transplantation
➤ Recognition and medical management of the surgical and nonsurgical complications of transplantations

Fellows must have formal instruction regarding indications for and in interpretation of the results of the following procedures and technical skills:
➤ Balloon angioplasty of vascular access and other procedures utilized in the maintenance of chronic vascular access patency
➤ Management of peritoneal catheters
➤ Radiology of vascular access
➤ Renal imaging
➤ Therapeutic plasmapheresis

With regard to patient care, the program must assess the fellow in data gathering, clinical reasoning, patient management, and procedures in both the inpatient and outpatient setting. This assessment must involve direct observation of fellow-patient encounters. Each program must define criteria for competence for all required and elective procedures, and the record of evaluation must include the fellow’s logbook or an equivalent method to demonstrate that each fellow has achieved competence in the performance of required procedures.

With regard to medical knowledge, the program must use an objective formative assessment method, and the same formative assessment method must be administered at least twice during the program. The program must use performance data to assess the fellow in:
➤ Application of evidence to patient care
➤ Practice improvement
➤ Teaching skills involving peers and patients
➤ Scholarship

AOA
In conjunction with the American College of Osteopathic Internists, the AOA publishes its Specific Basic Standards for Osteopathic Fellowship Training in Nephrology. The training program is a minimum of 24 months in duration, during which a minimum of 12 months must include supervised management of patients.

With regard to medical knowledge, there must be a monthly basic science conference, renal biopsy conference, and research conference, and the fellow must
Nephrology

present a minimum of four clinical lecture conferences under the guidance of a faculty member each year. The fellow must also have learning activities in:

➤ Renal physiology, anatomy, and pathology
➤ The disorders of fluids, electrolytes, and acid-base balance
➤ The pathogenesis and management of acute renal failure
➤ The tests of glomerular filtration rate, renal blood flow, urinary dilution and concentration, urinary acidification, and various Kt/V calculations
➤ Imaging diagnostic studies of the kidney and urinary tract that include intravenous urography, angiography, retrograde studies, voiding cystourethrogram, radionuclide scans, ultrasonography, CT, MRI, renal venography, and renal vein sampling
➤ The pathogenesis, natural history, and management of congenital and acquired diseases of the kidney and urinary tract and renal diseases associated with systemic disorders such as diabetes, collagen-vascular diseases, and pregnancy
➤ Normal mineral metabolism and its alteration in renal diseases, metabolic bone disease and nephrolithiasis, and principles of lithotripsy
➤ Normal and abnormal blood pressure regulation
➤ Clinical pharmacology, including drug metabolism and pharmacokinetics and the effects of drugs on renal structure and function
➤ The nutritional aspects of renal disorders
➤ Immunology, including basic principles, immunologic mechanisms of renal disease, and basic aspects of diagnostic laboratory immunology relevant to renal diseases
➤ Renal transplantation, which must include biology of transplant rejection, indications for and contraindications to transplantation, principles of recipient evaluation and selection, principles of donor evaluation, histocompatibility testing, principles of organ harvesting, preservation and sharing, and psychosocial aspects of organ donation and transplantation
➤ Dialysis and extracorporeal therapy, including kinetic principles of hemodialysis and peritoneal dialysis, dialysis indications, complications and management of each mode of dialysis, principles of dialysis access, urea kinetics and protein catabolic rate, nutritional management of dialysis patients, reuse of artificial kidneys, artificial membranes used in hemodialysis and biocompatibility, and psychosocial and ethical issues of dialysis
➤ Geriatric renal medicine, including physiology and pathology of aging kidney and drug dosing and renal toxicity in elderly patients
➤ The principles of staging of chronic kidney disease and National Kidney Foundation Kidney Disease Outcomes Quality Initiative guidelines
➤ The regulations and guidelines set forth by agencies regarding end-stage renal disease and the utilization of dialysis and transplant services

With regard to patient care, the fellow must spend a minimum of eight weeks on renal transplant service and attend the monthly patient care meetings in a chronic dialysis facility. Fellows must also attend the quality care review of
patients in a chronic dialysis facility. The fellow must have availability and evidence of patient care exposure to:

➤ Acute renal failure
➤ All stages of chronic kidney disease and its complications
➤ Hypertensive disorders
➤ Disorders of fluid and electrolyte regulation
➤ Disorders of mineral metabolism, including metabolic bone disease
➤ Disorders of acid-base regulation
➤ Glomerular and vascular diseases
➤ Tubulointerstitial and cystic renal diseases
➤ Genetic and inherited disease of the kidney and urinary tract and inherited disorders of transport
➤ Urolithiasis
➤ Urinary tract infections
➤ Renal disorders of pregnancy
➤ Geriatric aspects of nephrology
➤ Disorders of drug metabolism, renal drug toxicity, and management of drug overdose
➤ Renal transplantation including evaluation and selection of transplant candidates, preoperative evaluation and preparation of transplant requirements and donors, immediate postoperative management, clinical diagnosis of rejection, medical management of rejection, recognition and medical management of surgical and nonsurgical complications of transplantation, and long-term follow-up of recipients

Additionally, the fellow must have training and experience in:

➤ Urinalysis, percutaneous biopsy of autologous and transplanted kidneys, placement of temporary vascular access for hemodialysis, peritoneal dialysis, acute and long-term hemodialysis, and continuous renal replacement therapy to include, at minimum: indications, contraindications, complications, limitations, interpretation, and evidence of competent performance
➤ Radiology of vascular access, balloon angioplasty of vascular access, plasmapheresis, bone biopsy, placement of peritoneal catheters, renal ultrasound, and lithotripsy to include, at minimum: indications, contraindications, complications, limitations, and interpretation

With regard to ambulatory clinic experiences, the fellow must:

➤ Attend a continuity clinic for a minimum of four hours per week, 46 weeks per year
➤ See a minimum of two new patients and three follow-up patients per week in the ambulatory clinic
➤ Maintain a log of all outpatient cases
➤ Have exposure to the long-term continuity care of patients with chronic kidney disease, hypertensive disorders, and other medical renal-related disorders
➤ Have longitudinal follow-up of patients with renal transplants in an ambulatory setting
Positions of accreditation bodies

**CMS**

CMS has no formal position concerning the delineation of privileges for nephrology. However, the CMS *Conditions of Participation (CoP)* define a requirement for a criteria-based privileging process in §482.22(c)(6) stating, “The bylaws must include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges.”

§482.12(a)(6) states, “The governing body must assure that the medical staff bylaws describe the privileging process. The process articulated in the bylaws, rules or regulations must include criteria for determining the privileges that may be granted to individual practitioners and a procedure for applying the criteria to individual practitioners that considers:

➤ Individual character
➤ Individual competence
➤ Individual training
➤ Individual experience
➤ Individual judgment

The governing body must ensure that the hospital’s bylaws governing medical staff membership or the granting of privileges apply equally to all practitioners in each professional category of practitioners.”

Specific privileges must reflect activities that the majority of practitioners in that category can perform competently and that the hospital can support. Privileges are not granted for tasks, procedures, or activities that are not conducted within the hospital, regardless of the practitioner’s ability to perform them.

Each practitioner must be individually evaluated for requested privileges. It cannot be assumed that every practitioner can perform every task, activity, or privilege specific to a specialty, nor can it be assumed that the practitioner should be automatically granted the full range of privileges. The individual practitioner’s ability to perform each task, activity, or privilege must be individually assessed.

CMS also requires that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

CMS’ *CoPs* include the need for a periodic appraisal of practitioners appointed to the medical staff/granted medical staff privileges (§482.22[a][1]). In the absence of a state law that establishes a time frame for the periodic appraisal, CMS recommends that an appraisal be conducted at least every 24 months. The purpose of the periodic appraisal is to determine whether clinical privileges or membership should be continued, discontinued, revised, or otherwise changed.
The Joint Commission

The Joint Commission has no formal position concerning the delineation of privileges for nephrology. However, in its Comprehensive Accreditation Manual for Hospitals, The Joint Commission states, “The hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege” (MS.06.01.03).

In the introduction for MS.06.01.03, The Joint Commission states that there must be a reliable and consistent system in place to process applications and verify credentials. The organized medical staff must then review and evaluate the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission introduces MS.06.01.05 by stating, “The organized medical staff is responsible for planning and implementing a privileging process.” It goes on to state that this process typically includes:

- Developing and approving a procedures list
- Processing the application
- Evaluating applicant-specific information
- Submitting recommendations to the governing body for applicant-specific delineated privileges
- Notifying the applicant, relevant personnel, and, as required by law, external entities of the privileging decision
- Monitoring the use of privileges and quality-of-care issues

MS.06.01.05 further states, “The decision to grant or deny a privilege(s) and/or to renew an existing privilege(s) is an objective, evidence-based process.”

The EPs for standard MS.06.01.05 include several requirements as follows:

- The need for all licensed independent practitioners who provide care, treatment, and services to have a current license, certification, or registration, as required by law and regulation
- Established criteria as recommended by the organized medical staff and approved by the governing body with specific evaluation of current licensure and/or certification, specific relevant training, evidence of physical ability, professional practice review data from the applicant’s current organization, peer and/or faculty recommendation, and a review of the practitioner’s performance within the hospital (for renewal of privileges)
- Consistent application of criteria
- A clearly defined (documented) procedure for processing clinical privilege requests that is approved by the organized medical staff
- Documentation and confirmation of the applicant’s statement that no health problems exist that would affect his or her ability to perform privileges requested
> A query of the NPDB for initial privileges, renewal of privileges, and when a new privilege is requested
> Written peer recommendations that address the practitioner’s current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism
> A list of specific challenges or concerns that the organized medical staff must evaluate prior to recommending privileges (MS.06.01.05, EP 9)
> A process to determine whether there is sufficient clinical performance information to make a decision related to privileges
> A decision (action) on the completed application for privileges that occurs within the time period specified in the organization’s medical staff bylaws
> Information regarding any changes to practitioners’ clinical privileges, updated as they occur

The Joint Commission further states, “The organized medical staff reviews and analyzes information regarding each requesting practitioner’s current licensure status, training, experience, current competence, and ability to perform the requested privilege” (MS.06.01.07).

In the EPs for standard MS.06.01.07, The Joint Commission states that the information review and analysis process is clearly defined and that the decision process must be timely. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request for privileges. The criteria must be consistently applied and directly relate to the quality of care, treatment, and services. Ultimately, the governing body or delegated governing body has the final authority for granting, renewing, or denying clinical privileges. Privileges may not be granted for a period beyond two years.

Criteria that determine a practitioner’s ability to provide patient care, treatment, and services within the scope of the privilege(s) requested are consistently evaluated.

The Joint Commission further states, “Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal” (MS.08.01.03).

In the EPs for MS.08.01.03, The Joint Commission says there is a clearly defined process facilitating the evaluation of each practitioner’s professional practice, in which the type of information collected is determined by individual departments and approved by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.
**HFAP**

The Healthcare Facilities Accreditation Program (HFAP) has no formal position concerning the delineation of privileges for nephrology. The bylaws must include the criteria for determining the privileges to be granted to the individual practitioners and the procedure for applying the criteria to individuals requesting privileges (03.01.09). Privileges are granted based on the medical staff’s review of an individual practitioner’s qualifications and its recommendation regarding that individual practitioner to the governing body.

It is also required that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

Privileges must be granted within the capabilities of the facility. For example, if an organization is not capable of performing open-heart surgery, no physician should be granted that privilege.

In the explanation for standard 03.01.13 related to membership selection criteria, HFAP states, “Basic criteria listed in the bylaws, or the credentials manual, include the items listed in this standard. (Emphasis is placed on training and competence in the requested privileges.)”

The bylaws also define the mechanisms by which the clinical departments, if applicable, or the medical staff as a whole establish criteria for specific privilege delineation.

Periodic appraisals of the suitability for membership and clinical privileges is required to determine whether the individual practitioner’s clinical privileges should be approved, continued, discontinued, revised, or otherwise changed (03.00.04). The appraisals are to be conducted at least every 24 months.

The medical staff is accountable to the governing body for the quality of medical care provided, and quality assessment and performance improvement (03.02.01) information must be used in the process of evaluating and acting on re-privileg ing and reappointment requests from members and other credentialed staff.

**DNV**

DNV has no formal position concerning the delineation of privileges for nephrology. MS.12 Standard Requirement (SR) #1 states, “The medical staff bylaws shall include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to those individuals that request privileges.”

The governing body shall ensure that under no circumstances is medical staff membership or professional privileges in the organization dependent solely upon certification, fellowship, or membership in a specialty body or society.
Regarding the Medical Staff Standards related to Clinical Privileges (MS.12), DNV requires specific provisions within the medical staff bylaws for:

➤ The consideration of automatic suspension of clinical privileges in the following circumstances: revocation/restriction of licensure; revocation, suspension, or probation of a DEA license; failure to maintain professional liability insurance as specified; and noncompliance with written medical record delinquency/deficiency requirements

➤ Immediate and automatic suspension of clinical privileges due to the termination or revocation of the practitioner’s Medicare/Medicaid status

➤ Fair hearing and appeal

The Interpretive Guidelines also state that core privileges for general surgery and surgical subspecialties are acceptable as long as the core is properly defined.

DNV also requires a mechanism (outlined in the bylaws) to ensure that all individuals provide services only within the scope of privileges granted (MS.12, SR.4).

Clinical privileges (and appointments or reappointments) are for a period as defined by state law or, if permitted by state law, not to exceed three years (MS.12, SR.2).

Individual practitioner performance data must be measured, utilized, and evaluated as a part of the decision-making for appointment and reappointment. Although not specifically stated, this would apply to the individual practitioner’s respective delineation of privilege requests.

**CRC draft criteria**

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy regarding this practice area. The core privileges and accompanying procedure list are not meant to be all-encompassing. They define the types of activities, procedures, and privileges that the majority of practitioners in this specialty perform. Additionally, it cannot be expected or required that practitioners perform every procedure listed. Instruct practitioners that they may strikethrough or delete any procedures they do not wish to request.

**Minimum threshold criteria for requesting privileges in nephrology**

**Basic education:** MD or DO

**Minimal formal training:** Successful completion of an ACGME- or AOA-accredited residency in internal medicine and successful completion of an accredited fellowship in nephrology and/or current subspecialty certification or active participation in the examination process (with achievement of certification within \([n] \) years) leading to subspecialty certification in nephrology by the ABIM or the AOBIM.
Required current experience: Inpatient or consultative services for at least 24 patients, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

References
If the applicant is recently trained, a letter of reference should come from the director of the applicant’s training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

Core privileges in nephrology
Core privileges in nephrology include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with illnesses and disorders of the kidney, high blood pressure, fluid and mineral balance, and dialysis of body wastes when the kidneys do not function. Physicians may provide care to patients in the intensive care setting in conformance with unit policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the following procedures list and such other procedures that are extensions of the same techniques and skills:
➤ Performance of history and physical exam
➤ Acute and chronic hemodialysis
➤ Continuous renal replacement therapy
➤ Percutaneous biopsy of both autologous and transplanted kidneys
➤ Peritoneal dialysis
➤ Placement of temporary vascular access for hemodialysis and related procedures
➤ Image-guided techniques as an adjunct to privileged procedures

Special noncore privileges in nephrology
If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges include:
➤ Medical management of the kidney transplant patient
➤ Renal sonography (diagnostic)
➤ Placement of endovascular stents
➤ Obliteration of accessory veins (fistula side branches)
Nephrology

Reappointment

Reappointment should be based on unbiased, objective results of care according to a hospital’s quality assurance mechanism. To be eligible to renew privileges in nephrology, the applicant must have current demonstrated competence and an adequate volume of experience (inpatient or consultative services to 48 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges. In addition, continuing education related to nephrology should be required.

Minimum threshold criteria for requesting privileges in interventional nephrology

Initial privileges: To be eligible to apply for privileges in interventional nephrology, the initial applicant must be granted privileges in nephrology and have completed postgraduate training in interventional nephrology or the equivalent in hands-on training and practice experience. Training should include, at a minimum:

- Angiography of peripheral hemodialysis vascular access, including fistula cases as well as AV grafts: 25 cases
- Angioplasty of peripheral hemodialysis vascular access, including fistula cases as well as AV grafts: 25 cases
- Thrombolysis/thrombectomy of peripheral hemodialysis vascular access, including fistula cases as well as AV grafts: 25 cases
- Placement of nontunneled, short-term hemodialysis catheters: 25 cases
- Insertion of tunneled, cuffed, long-term catheters: 10 cases

AND/OR

Current certification or active participation in the examination process (with achievement of certification within [n] years) leading to certification in interventional nephrology by the ASDIN.

AND

Required current experience: At least [n] interventional nephrology procedures, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
Core privileges in interventional nephrology

Core privileges in interventional nephrology include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with illnesses and disorders of the kidney, high blood pressure, fluid and mineral balance, and dialysis of body wastes when the kidneys do not function. These physicians diagnose problems, individualize treatment, perform procedures, and recognize and manage complications related to dialysis access. They may provide care to patients in the intensive care setting in conformance with unit policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the following procedures list and such other procedures that are extensions of the same techniques and skills:

- Performance of history and physical exam
- Central venous dialysis catheters: nontunneled, short-term catheter placement and tunneled, cuffed, long-term catheter placement
- Image-guided techniques as an adjunct to privileged procedures
- Peripheral dialysis vascular access: angiography, angioplasty, and thrombolysis (endovascular thrombectomy)

Reappointment

To be eligible to renew privileges in interventional nephrology, the applicant must demonstrate current competence and an adequate volume of experience ([n] interventional nephrology procedures) with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

In addition, continuing education related to interventional nephrology should be required.

For more information

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