UCLA EXTENSION HOSTS 10th COMPREHENSIVE NEPHROLOGY REVIEW COURSE

Key areas in nephrology, hypertension, acid-base and electrolyte disorders, dialysis, and transportation are topics covered in UCLA Extension's 5 1/2-day "Tenth Comprehensive Nephrology Review Course." Saturday through Thursday, August 29 to September 3, 1992, at the Beverly Hilton Hotel, Beverly Hills, CA. To enroll or for more information, contact: Department of Continuing Education in Health Sciences, UCLA Extension, 10995 Le Conte Ave., Room 614, Los Angeles, CA 90024 or call (310) 825-7257.

IPNA CONGRESS

The 9th Congress of the International Pediatric Nephrology Association (IPNA) will be held in Jerusalem, Israel, from August 30 until September 4, 1992. The Congress president is Alfred Drukker, Division of Pediatric Nephrology, Shaare Zedek Medical Center, P. O. Box 3235, Jerusalem 91031: 972-2-555111: Fax: 972-2-385276. For further information, please contact the secretarial office of IPNA c/o Ortra Ltd: 972-2-664825: FAX: 972-3-669082.

INTERNATIONAL SOCIETY FOR PERITONEAL DIALYSIS

The VIth Congress of the International Society for Peritoneal Dialysis will be October 1–4, 1992, in Thessaloniki, Greece. For additional information please write to: Secretariat: 1st Department of Internal Medicine, AHEPA University Hospital 546 36 Thessaloniki, Greece; TLF/FAX: (30 31) 214 606.

BONE MORPHOMETRY 1992

The 6th International Congress will meet in Lexington, KY on October 4–9, 1992. For further information contact: Hartmut H. Mallinche, M.D., Bone Morphometry 1992, MN 572 University of Kentucky Medical Center, Lexington, KY 40536-0084. Telephone: (606) 233-5049; FAX: (606) 257-1052.
INTERNATIONAL SOCIETY OF BLOOD PURIFICATION ANNUAL MEETING
The International Society of Blood Purification will hold its 10th Annual Meeting from October 7–9, 1992, in Louisville, Kentucky. Further information on the meeting can be obtained by contacting: Scientific Secretariat: Dr. Richard Ward, Division of Nephrology, University of Louisville, Louisville, KY 40292; (502) 588-5757; FAX: (502) 588-7643.

PSYCHONEPHROLOGY 1992
Psychonephrology 1992, the 8th International Conference on Psychonephrology, will be held October 16–18, 1992 in New York City. For further information, contact: Dr. Norman B. Levy, Psychiatric Institute, New York Medical College, Valhalla, NY 10595; (914) 285-8424; Telefax (914) 285-1965.

NATIONAL KIDNEY FOUNDATION ANNUAL SCIENTIFIC MEETING
National Kidney Foundation’s (NKF) Annual Scientific Meeting, November 13 to 15, 1992. Convention Center, Baltimore, MD, includes lectures, symposia and special programs on Pathogenesis of Diabetes, Benign Prostatic Hyperplasia, Adult Polycystic Kidney Disease, Hypertension, Renal Stone Disease, Glomerulonephritis, Renal Diagnostic Imaging, Reflux Nephropathy, Nutrition, and Dialysis Care. For additional information, please contact the National Kidney Foundation, 30 East 33rd Street, New York, NY 10016; (212) 889-2210; (800) 622-9010.

RECERTIFICATION IN NEPHROLOGY
NEPHROLOGY BOARD OF THE AMERICAN BOARD OF INTERNAL MEDICINE
Since 1990, the duration of validity of certification by the American Board of Internal Medicine (ABIM: Drs. Robert G. Narins (Chairman), William M. Bennett, William G. Couser, Marvin R. Garovoy, Stanley Goldfarb, William L. Henrich, and Nicolaos E. Madias) has been limited to 10 years. This policy was adopted because medical information changes rapidly and the public needs assurance that certified internists have maintained their skills and kept their knowledge up to date. Time-limited certification and recertification are obligations of an accountable profession.
The ABIM recently has completed and adopted plans for a comprehensive recertification program. The goals of the recertification in internal medicine, its subspecialties, and added qualifications are to improve the quality of patient care; to set standards of clinical competence for the practice of internal medicine, its subspecialties, and added qualifications; and to foster the continuing scholarship required for professional excellence over a lifetime of practice. This announcement is intended to summarize the components of recertification in nephrology.

Entry into Recertification: Diplomates may attempt recertification only in disciplines in which they were previously certified. Certified nephrologists may seek recertification at any time after initial certification in nephrology only, in internal medicine only, or in both. Diplomates can allow a time-limited certificate in internal medicine to expire without jeopardizing eligibility for recertification in nephrology. However, expiration of a certificate in internal medicine or nephrology means the ABIM no longer recognizes an individual as certified in that discipline. Certificates in internal medicine or nephrology issued before 1990 are not time limited and are valid for life; individuals holding such certificates are eligible to seek recertification without placing existing certificates at risk.

The Recertification Process: the recertification process consists of three steps: documentation of clinical competence, completion of the Self-Evaluation process, and success on a proctored, written Final Examination. As documentation of clinical competence, diplomates will be required to possess an unchallenged, unrestricted license to practice medicine in the United States or Canada. Diplomates also will be asked to provide evidence that they are in good standing and performing competently in their community or institution. Local privileging and credentialing processes are expected to be used to support this evolving aspect of the Board’s requirement.

The Self-Evaluation Process is an at-home, open-book, self-assessment examination. Candidates may select from a list of modules containing 60 questions each: modules focus on different content areas of internal medicine and its subspecialties and added qualifications. Five modules must be successfully completed. In nephrology, five modules will be available: three on general nephrology, one on renal dialysis, and one on renal transplantation. For recertification in nephrology, three of five required modules must be in nephrology; one must be in general internal medicine; and one can be in nephrology or any other content area. The Self-Evaluation Process is intended as a stimulant to focus continuing medical education. It provides an opportunity for each diplomate to assess strengths and weaknesses before the Final Examination.

The final step in the recertification process is a one-day, proctored, multiple-choice Final Examination. Like the Self-Evaluation Process, the Final Examination will comprise 60-question modules. Three modules must be selected by the candidate. In nephrology, six modules will be available: three on general nephrology, one on renal dialysis, one on renal transplantation, and one on hypertension. For recertification in nephrology, two of the three required modules must be in nephrology and one can be in nephrology or any other content area. A single score will be developed using performances on all three modules. To attain a passing score on the Final Examination, candidates must exceed a specific level of performance. Thus, it is possible for all to pass. Questions will be clinically relevant, as judged by an appropriate independent panel of practicing nephrologists.

Dual Recertification: The board anticipates that most nephrologists will seek recertification in internal medicine as well as nephrology and has, therefore, developed an efficient process for dual recertification that does not change the standards required for recertification in each discipline. For both the Self-Evaluation Processes and the Final Examinations, substitution of required modules for self-selected modules can reduce the total number of modules required for recertification in internal medicine and nephrology to six Self-Evaluation Process modules (three in general internal medicine, three in nephrology) and four Final Examination modules (two in general internal medicine, two in nephrology). The score for each recertification Final Examination will be determined independently. Thus, an individual can be successful in becoming recertified in nephrology but not in internal medicine, even when the processes are undertaken concurrently.

Schedule of Availability: This comprehensive recertification program will become available in 1995. The Self-Evaluation Process will be available continuously beginning in 1995. Final Examinations will be available annually beginning in 1996. Diplomates who would like to become recertified before this time can take a regularly scheduled certification examination for recertification credit (Interim voluntary recertification).

With this new recertification process, the ABIM provides an opportunity for internists to meet their commitment to professional accountability. Recertification will set standards for high-quality medical care. Success in recertification will recognize the commitment of diplomates to the lifelong scholarship required for excellence in the care of patients. In developing a modular design that can be tailored to individual practice and that stresses self-assessment to promote scholarship, the Board expects all well-prepared diplomates to be successful in recertification.
TIME TO BREAK THE CHAIN

A multitude of nephrologists have recently shared a chain letter requesting that business cards be sent to an individual with a terminal illness. The young patient had curative surgery 2 years ago, and before this, had requested get-well cards, not business cards. Sponsors request that no more cards be sent.

HEALTH SERVICES RESEARCH FELLOWSHIP PROGRAM

Announced by the RPA Research and Education Foundation and AMGEN, Inc. Program Goal: To train Nephrologists in the field of Health Services Research to improve the practice of Nephrology, and to stimulate the development of health service research expertise in the nephrology community. Research Proposals: Applicants are required to submit a detailed proposal for the research to be undertaken during the two-year period of the Health Services Fellowship. Focus of research initiatives may include, but are not limited to:

- Epidemiology
- Patient Outcomes
- Organization, Financing and Management of Health Care Services
- Quality Measures
- Patient Demographics
- Biostatistics
- Provider Characteristics and Their Education and Training
- Review Systems

Research should include an examination of: the impact on access to health care OR the costs and outcomes of health care services OR methods of enhancing the appropriateness and effectiveness of health care services. Eligibility: Candidates must have completed at least three years of general internal medicine training, and be currently registered in an ACGME-accredited Nephrology training program and have completed at least one year of clinical study in Nephrology. Candidates will be expected to participate full-time for two years in a formal training program in health services research while concurrently continuing in his/her structured clinical Nephrology training. Candidates must have demonstrated joint sponsorship for the fellowship from BOTH an accredited nephrology training program associated with an academic medical center AND an organization specializing in health services research (e.g., a university school of public health or a recognized research institute). Identification of responsible preceptors from both sponsors is mandatory. There will be reasonable reporting requirements during the term of the fellowship. Financial Support: The RPA Research and Education Foundation will provide a stipend for the Fellow in the range of $35,000–$45,000 per year, as well as significant funding to support the research project. This fellowship is supported through a generous grant from AMGEN.
Announcements

Inc. For more information and applications, write to: RPA Research and Education Foundation, 2011 Pennsylvania Avenue, N.W., Suite 800, Washington, DC 20006-1808.

REPORT OF THE END-STAGE RENAL DISEASE DATA ADVISORY COMMITTEE 1991
END-STAGE RENAL DISEASE DATA
ADVISORY COMMITTEE

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Introduction
The charter of the End-Stage Renal Disease Data Advisory Committee as approved by Secretary of Health and Human Services, Louis W. Sullivan, M.D., defines the function of this Committee as follows: "The End-Stage Renal Disease Data Advisory Committee shall provide advice to the Secretary in the Department's formulation of policies and procedures relevant to the management of the Department's data collection and analysis efforts on End-Stage Renal Disease (ESRD). To this end, the Committee will consider and discuss ongoing and planned studies in this area and provide advice to the Secretary regarding their overall integration and coordination. In so doing, the Committee will provide advice to the Secretary regarding relevant biomedical research studies funded by the NIDDK, including the outcomes of experimental therapies for ESRD, and relevant studies funded by the HCFA on economic/cost-effectiveness/reimbursement issues related to ESRD." On this basis, the Committee received testimony from the following 12 organizations: Institute of Medicine (IOM), Renal Physicians Association (RPA), American Society of Nephrology (ASN), Urban Institute, Scientific Advisory Committee of the U.S. Renal Data Systems (USRDS), United Network for Organ Sharing (UNOS), Agency for Health Care Policy and Research (AHCPR), Health Resources and Services Administration (HRSA), National Kidney and Urological Data Advisory Board (NKUDAB), National Kidney Foundation (NKF) Interagency Coordinating Committee on Data Related Activities, and the Centers for Disease Control (CDC) and came up with the following recommendations:

- Congress appropriate sufficient funds to ensure the implementation of the committee's recommendations.
Research Studies:
- A National Institutes of Health dialysis contract research program be initiated. In addition, the National Institute of Diabetes and Digestive and Kidney Disease (NIDDK), in concert with the Health Care Financing Administration (HCFA), should continue to support definitive research studies to assess the adequacy of dialysis care received by ESRD patients.
- The Department of Health and Human Services (DHHS) support a broad range of studies to examine the relationship between reimbursement levels and quality of dialysis care as well as the adequacy of dialysis training for nephrologists.
- The DHHS encourage the study of ethical issues related to ESRD (e.g., living wills and transplantation rates in minority populations).
- The DHHS encourage the study of the means to prevent ESRD by focusing on the cause and effect relationships between hypertension, diabetes, polycystic kidney disease, diet, and ESRD. The HCFA should provide data and data analysis in support of this effort.
- The DHHS coordinate the efforts of the United Network for Organ Sharing (UNOS), United States Renal Data System (USRDS), National Kidney Foundation, and HCFA to develop a national strategy (e.g., studies and national education programs) aimed at increasing the number of donor kidneys available for transplantation.
- The Agency for Health Care Policy and Research (AHCPR), the NIH, the Centers for Disease Control, private industry, and nonprofit organizations fund additional special USRDS research studies.

Data Collection and Dissemination:
- The HCFA modify its ESRD data collection instruments to identify data related to the Hispanic population within the HCFA/USRDS database.
- The DHHS direct the HCFA and the AHCPR to use the HCFA/USRDS data in the development of quality of care standards and quality assessment systems.
- The DHHS ensure the widest possible dissemination of its data to potential researchers.
- The DHHS ensure that the methods of transplant data collection by the HCFA, UNOS, and USRDS are complimentary, not duplicative.

In addition, based on the recommendation made by the ESRD Data Advisory Committee, the NIDDK and the HCFA will continue to cosponsor the USRDS contract.
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JASN VOLUME 2

Peer review of another’s work is a responsibility of those who wish to publish material of their own. It is with pleasure and deep gratitude that I publicly acknowledge those who have advised the editorial staff during the past year.

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