

Questions? Please contact info@aabronchology.org

Table 1: Procedural Requirements for Interventional Pulmonology Board Exam Eligibility	
	Initial Certification¹
<p>Complex Airway Diseases Rigid or Flexible ² Airway interventions-benign and malignant</p> <ul style="list-style-type: none"> Any combination of Mechanical debulking, Laser, APC, Electrocautery, Cryotherapy, stents (hybrid/silicone) or other endoscopic modality, Brachytherapy, PDT or emerging technologies <p>Other flexible or rigid interventions not easily classified elsewhere, e.g., valves, blockers, thermoplasty, etc.</p>	100
<p>Advanced Diagnostic Bronchoscopy Peripheral Lung Lesions and mediastinal assessment Any combination of navigation, radial probe EBUS or virtual bronchoscopy guided transbronchial sampling, Convex Probe EBUS and other emerging technologies</p>	100
<p>Pleural disease management With or without thoracoscopy³ Any combination of minimally invasive diagnostic and therapeutic procedures including thoracic ultrasound, thoracentesis, tube thoracostomy, indwelling pleural catheter, closed pleural biopsies and thoracoscopy.</p>	75
<p>Miscellaneous procedures ⁴ Percutaneous tracheostomy and others not listed</p>	See note 5
<p>Consultation Experience⁵ Any combination of inpatient and outpatient encounters</p>	200
<p>Multidisciplinary patient management conferences or other didactic conferences Any combination of tumor board, multidisciplinary clinics, transplant selection committee meetings, etc.</p>	25

Notes:

1. The numbers of procedures listed are considered a threshold number for competency. The AABIP recognizes that some trainees will be proficient after relatively few procedures, but that the average trainee just out of pulmonary or thoracic fellowship will likely become proficient only after a threshold is met. Additionally, the trainee should not consider their training complete simply by accruing a certain number of procedures. Fellowship directors have the primary responsibility of ensuring competency sufficient to sit for the boards.
2. If the trainee is seeking rigid bronchoscopy training, 50 procedures of the 100 must be done with a rigid bronchoscope.
3. Thoracoscopy is optional, however if training is desired it is recommended that at least 20 procedures be performed.
4. Miscellaneous procedures such as percutaneous tracheostomy, PEG, and others are optional for fellowship training. If taught, each program director has the responsibility of ensuring that the trainee is competent.
5. Evaluation and management of patients is as important as procedures. Therefore, the AABIP requires a minimum number of outpatient or inpatient encounters dedicated to some aspect of interventional pulmonology.