Board Certification in Vascular and Endovascular Medicine

The emergence of the American Board of Vascular Medicine.

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The American Board of Vascular Medicine (ABVM) will provide two separate certification examinations starting in September 2005. There will be an examination for general vascular medicine practitioners (ABVM-GE) and one for endovascular interventionalists (ABVM-EE). These tests are designed for US- or Canada-based physicians who have dedicated their practices to the care of patients with peripheral vascular disease.

THE ORIGIN OF THE ABVM

The Society for Vascular Medicine & Biology (SVMB), under the leadership of Jonathon Halperin, MD, recognized the need for certification in their field after a 2002 survey. In this survey, 95% of their membership was supportive of certification. The purpose of certification was to encourage more physicians to seek training, increasing the demand for training opportunities and thus expanding the vascular physician workforce.

The vascular physician workforce will be greatly challenged to meet the upcoming demand. The aging US population and vast majority of symptomatic and asymptomatic patients remain undiagnosed and undertreated. Our medical capabilities are further expanded with the advancement of noninvasive diagnostic tests, prophylactic medicines, and simpler revascularization options.

This expansion clearly demonstrates an opportunity to provide a separate examination in endovascular medicine. Currently, there is not a unified process for the recognition of peripheral interventional expertise. The SVMB membership, which is composed of cardiologists, radiologists, vascular medicine specialists, and vascular surgical specialists, is optimally positioned to promote a multidisciplinary endovascular certification process.

The leadership of the SVMB, then led by President Michael R. Jaff, DO, unanimously voted to provide a certification process in general vascular medicine and endovascular medicine. An aggressive timetable was set with the target to test in 2005.

SUPPORT OF THIS CREDENTIAL

The SVMB needed to make a choice regarding the pathway to providing certification. They could provide an inde-

TABLE 1. ELIGIBILITY CRITERIA FOR THE GENERAL EXAMINATION (ABVM-GE)

CERTIFICATION REQUIREMENTS

The requirements to become ABVM-GE certified are:

Eligibility Requirements

- Hold a current physician license in the US or Canada
- Be certified by a relevant specialty board
- Meet the training requirements for vascular medicine
- Pay the required examination fee (ABVM-GE)

Certification Process

- Meet all of the eligibility requirements
- Pass the computer-based general vascular medicine examination

Training Requirements

- Training Pathway
  - Complete a formal vascular medicine fellowship
  - Complete a formal cardiology fellowship to COCATS Level II
- Practice Pathway (with demonstration of 50% vascular medicine practice)
  - Practicing vascular surgeons
  - Practicing interventional radiologists
  - Practicing internists or other specialists in internal medicine (ie, nephrology, hematology)

TABLE 2. ELIGIBILITY CRITERIA FOR THE ENDOVASCULAR EXAMINATION (ABVM-EE)

Eligibility Requirements

- Be a current licensed physician in the US or Canada
- Be certified by a relevant primary specialty board (ABIM, AOBIM, ABS, ABR)
- Be certified by a relevant specialty board in interventional cardiology, interventional radiology, vascular surgery, or vascular medicine (ABVM-GE).
- Meet the training requirements for peripheral intervention either through the formal training pathway or the clinical practice pathway
- Meet the clinical competence requirement (letter of attestation to endovascular practice)
- Pay the required examination (ABVM-EE) fee

Certification Process

- Meet all of the eligibility requirements
- Pass the computer-based endovascular examination
- Pass the computer-simulation case management practicum

Case Management Practicum to Include

- Peripheral vascular procedures (to include angiography, venography, and interventions) will involve four to six noncardiac arterial and venous territories:
  - Thoracic aorta, brachiocephalic branches, carotid and vertebral arteries
  - Abdominal aorta, mesenteric, and renal arteries
  - Iliac and lower-extremity arteries
  - Peripheral and central veins; to include the pulmonary artery and veins, inferior and superior vena cava, renal veins, and upper/lower extremities

pendent board or try to entice the American Board of Medical Specialities (ABMS) to recognize their process and credential. To seek ABMS approval, a member board of the ABMS, such as Internal Medicine, would have to be supportive. Time (7-10 years), politics, and finances did not allow such an alignment, so the independent process was selected.

The SVMB provided a loan to allow the creation of an independent organization, the ABVM. Subsequently, the ABVM filed and obtained a 501-(C6) status, established a set of bylaws, and attracted a multidisciplinary board of directors.

The Society for Cardiovascular Angiography and Intervention (SCAI) has endorsed the endovascular examination. The leadership of the SCAI understands the need for credentialing in endovascular procedures, how it differs from coronary intervention credentialing, and why the timing is right to pursue this project in a nonexclusionary, collaborative manner. Other organizations are still considering their interest in this endeavor.

THE PURPOSE OF THE ABVM EXAMINATIONS

Board certification is important to patients, physicians, hospital credentialing, and third-party payers. Eight-five percent of physicians have primary board certification, and most patients prefer certified physicians. Certification is necessary to set a standard or level of expertise and to unify the fields of both vascular and endovascular medicine.

EXAMINATION ELIGIBILITY

Tables 1 and 2 list the eligibility criteria for each examination. The general test is designed for practitioners who have dedicated at least 50% of their practice to the care of peripheral vascular disease patients. The endovascular test is open to interventionalists who have demonstrated a commitment to peripheral endovascu-

lar procedures regardless of training background.

TESTING FOCUS

Table 3 lists the content categories to be tested. The general test (ABVM-GE) content will be very comprehensive. The endovascular examination (ABVM-EE) will focus on patient selection, technical issues, complications, and expected outcomes. The endovascular test will also incorporate computer simulation testing. Standard metrics of simulation testing for peripheral procedures need to be developed, and once this is established, validity for computer simulation can be established.

EXAMINATION PREPARATION

An intensive 3-day review course will be given in Chicago on June 16-18, 2005. This course will provide the background knowledge for the certification examinations. Expert presentations focusing on evidence-based vascular and endovascular medicine will set the standard for education. A syllabus will be provided to those attending and can be available afterward for those not taking the course. Further study materials will be referenced and available.

SUMMARY

Until now, there has not been a certification process available for physicians who have dedicated their practice to the care of patients with peripheral vascular disease. These tests are not intended for everyone who sees an occasional vascular patient, but should be reserved for those physicians who feel competent, qualified, and committed to these fields. We are not trying to develop a revenue stream, but we are passionately pursuing the next step in vascular program development. For more information or an application, please visit either www.vascularboard.org or www.svmb.org. ■

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TABLE 3. CONTENT FOR THE GENERAL AND ENDOVASCULAR EXAMINATION

Content for the General Vascular Medicine Examination (Relative Weights)

- Arterial atherosclerotic occlusive disease (7%)
- Acute limb ischemia (2%)
- Carotid disease (4%)
- Renal artery disease (4%)
- Mesenteric vascular disease (2%)
- Aneurysmal disease (6%)
- Dissections, intramural hematoma, penetrating aortic ulcer (4%)
- Atheroembolism (2%)
- Vasospastic disease (3%)
- Venous thromboembolism (8%)
- Thrombophilias (2%)
- Chronic venous disease (4%)
- Lymphatic disease (2%)
- Thermal disease (1%)
- Vasculitis (5%)
- Connective tissue disease (2%)
- Leg ulcers (4%)
- Risk factors (7%)
- Congenital vascular anomalies (1%)
- Unusual vascular diseases: noninflammatory (2%)
- Thoracic outlet syndrome (2%)
- Stroke (3%)
- Upper-extremity vascular disease (4%)
- Trauma (2%)
- Tumor (1%)
- Perioperative management of vascular surgery (4%)
- Vascular laboratory (8%)
- Vascular biology (4%)

Endovascular Examination Content (Relative Weights)

- Vascular anatomy and pathophysiologic processes (9%)
- Arterial atherosclerotic occlusive disease (15%)
- Aneurysmal disease (8%)
- Noninflammatory/inflammatory vascular diseases (4%)
- Upper-extremity arterial disease (8%)
- Venous thromboembolism (5%)
- Thrombophilias (3%)
- Chronic venous disease (4%)
- Prevention management of risk factors (4%)
- Leg ulcers (3%)
- Technical issues (11%)
- General complications (5%)
- Carotid and vertebral disease and stroke (14%)
- Acute lower-extremity limb ischemia (7%)