

American Board of Vascular Medicine

An update on inaugural testing in the ABVM.

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The inaugural board certification examinations in general vascular medicine and endovascular medicine were given nationally during the week of September 12-17, 2005. ACT, Inc. (Iowa City, Iowa) testing sites, located throughout the country, tested more than 250 candidates. The computer-based examinations tested vascular medicine candidates on subjects ranging from risk factor modification and vascular biology to therapeutic applications of angioplasty and bypass surgery. Endovascular medicine candidates were tested on a variety of subjects, such as basic anatomy, therapeutic decision making, and complications of intervention.

The training background of the candidates included vascular medicine, cardiology, radiology, and vascular surgery. Specific breakdown of their specialties and geographic locations are forthcoming. The passing scores were established using standard psychometric testing (Angoff and Hofstee methods).

The examinations will be given annually. Testing in 2006 will take place during the week of September 11-16. The annual board review course will be given in Philadelphia during the annual meeting of the Society of Vascular Medicine and Biology on June 3-5, 2006.

WHY BOARD CERTIFICATION?

The importance of board certification is clearly understood by patients, hospital administrators, insurance companies, and physicians. A board-certified physician is preferred over a non-certified physician. However, does "board certification" have a universal meaning?

Asking a slightly different question, is primary board certification as valued as specialty board certification? The qualifications to sit for a specialty board are more restrictive than a primary board. Fewer practitioners possess qualifications for specialty boards, and the attainment of this certificate establishes a higher benchmark. The trend in recertification reflects many physi-

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cians' bias in this regard. For instance, only 22% of cardiologists are recertifying in internal medicine, but prefer to recertify only in cardiovascular disease.

Secondly, specialty certificates are more closely aligned with practice patterns. Personal satisfaction, interest, and knowledge base are reflected in specialty certification rather than primary certification. Patients are interested in our qualifications to perform specific procedures and to deliver vascular care.

VASCULAR DISEASE CERTIFICATION—WHAT IS AVAILABLE?

Cardiology certification is given through the American Board of Internal Medicine (ABIM) as a subspecialty examination (Cardiovascular Disease-CVD) and added qualifications certification is available in interventional cardiology (Interventional Cardiology-INT). The total numbers of valid certifications as of February 18, 2005, were 21,874 in ABIM-CVD and 4,796 in ABIM-INT. This compares to 182,253 certificates in general internal medicine. The ABIM does not offer an added qualifications certificate in general vascular medicine or endovascular medicine. The American College of Cardiology Foundation (ACCF) and The Society for Cardiovascular Angiography and Intervention (SCAI) have both endorsed the ABVM and have supported the development of certification in vascular and endovascular medicine. Training in adult cardiovascular medicine, that includes vascular and/or endovascular medicine, will provide qualifications to sit for ABVM certification.

The American Board of Surgery (ABS) offers a qualify-

ing (written) and certifying (oral) examination in vascular surgery. Recently, they received approval from the American Board of Medical Specialties to offer a primary certification in vascular surgery, which allows vascular surgeons in the US to become directly board certified in vascular surgery without first becoming certified in general surgery. As of May 2005, there were 2,453 certified physicians in vascular surgery, of which 1,371 have recertified. The tests are limited to candidates with training in general surgery, followed by fellowship in training in vascular surgery. The ABS does not offer specific certification in endovascular medicine.

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The American Board of Radiology offers a vascular and interventional radiology subspecialty primary certification examination. The test is limited to candidates who have successfully completed a fellowship in interventional radiology via the traditional or DIRECT pathway and who have been in practice for at least 1 year. Passing rates for first-time takers have ranged from 91% to 96% during the past 5 years.

The ABVM general vascular medicine examination is offered to practitioners with extensive experience in vascular medicine or physicians who have completed a formal training program in vascular medicine. The endovascular medicine test is available to any practitioner, regardless of primary certificate, who is dedicated to performing peripheral endovascular intervention.

WHY SHOULD I CONSIDER BECOMING A DIPLOMATE OF THE ABVM?

Generally, certification examinations are biased. Test items are generated by experienced practitioners in their specific disciplines. Surgeons write items for surgical-based examinations, cardiologists write items for cardiology examinations, etc. The ABVM examination items were written by cardiologists, surgeons, radiologists, and vascular medicine practitioners, offering the first multidisciplinary examination.

Physicians are also labeled (whether or not it is fair) based on their specialty training. For example, cardiologists have catheter skills but lack the understanding of peripheral vascular disease, including anatomy, natural history of disease, and the surgical alternatives. Vascular

surgeons understand the disease and surgical treatments, but lack medical management and catheter-based skills. Radiologists have catheter skills and understand peripheral vascular disease but lack clinical management skills. One unifying examination may help to overcome the stereotypical bias and turf wars that create discord and unfair labeling through generalizations. The ABVM can become the benchmark for the field of vascular and endovascular medicine for this reason alone.

The addition of simulation testing to the endovascular examination established a new benchmark for certification of a skill set that includes tactile and technical expertise. It sets a new standard for practitioners to demonstrate competency in a procedural field.

SUMMARY

The ABVM is off to a solid start with the successful delivery of its inaugural examinations. Practitioners in vascular and endovascular medicine would benefit from the experience of preparing for, taking, and passing the examination(s) to proudly display the certificate of diplomate of the ABVM. ■

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