



ACC Fellows in Training

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Subspecialty Certifications: Is It Good to Be “Board(ed)”?

New certification exams in cardiovascular subspecialties are popping up all over, as evidenced by opportunities to get certified in vascular medicine and cardiac computed tomography (see related stories). But studying for and actually sitting for these exams are time-consuming and costly endeavors. Is doing so worth the time, effort and money, or is it merely icing on the cake for today's recently graduated fellows?

“It's a great time to be a cardiology trainee, but it's also a challenging time,” says Jeffrey T. Kuvin, M.D., F.A.C.C., director of cardiovascular education and fellowship training and associate professor of medicine at Tufts Medical Center. “There are a tremendous number of opportunities for learning during fellowship, and the job market is excellent. However, given the vast amount of information to learn, it's challenging for fellows to get exactly the right amount and type of education they need in the fairly short time period during fellowship.”



Dr. Kuvin

Part of the challenge is deciding which, if any, subspecialty certifications to earn. “Cardiovascular fellows now and in the future are going to be faced with a variety of certification examinations within subspecialties,” says Dr.

Kuvin. In addition to the American Board of Internal Medicine's (ABIM) certification in general cardiovascular diseases, ABIM offers added-qualification exams in electrophysiology and interventional cardiology. The other subspecialty (society) certifications for cardiologists to consider include vascular medicine, cardiac computed tomography (CCT), adult echocardiography and nuclear cardiology.

“Cardiovascular fellows now and in the future are going to be faced with a variety of certification examinations within subspecialties”

If Fellows in Training are interested in pursuing certification in any of the subspecialties, Dr. Kuvin stresses they “need to understand their interests early on in fellowship and then try to focus their skill toward the subspecialty.”

Why Subspecialize?



Dr. Cooke

“Cardiovascular medicine is a very broad discipline, and it provides many opportunities for developing special expertise,” says John P. Cooke, M.D., Ph.D., F.A.C.C.,

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Vascular Medicine — Board Review and Certification

Figure 1. Overview of the ABVM exams*

The General Examination content, with the proportion of questions to be given in each area:

1. Peripheral arterial disease 14%
2. Aortic disease 12%
3. Venous disease 12%
4. Vasculitis and connective tissue diseases 10%
5. Vascular laboratory 9%
6. Cerebrovascular disease 7%
7. Risk factors and prevention 7%
8. Visceral artery disease 6%
9. Vasospastic & thermal disease 4%
10. Leg ulcers 4%
11. Management of vascular surgery 4%
12. Vascular biology 4%
13. Thrombosis 2%
14. Lymphatic diseases 2%
15. Congenital vascular anomalies 2%
16. Neurovascular compression syndromes 2%

The Endovascular Examination content, with the proportion of questions to be given in each area.

1. Treatment and Intervention 30%
2. Case studies 30%
3. Diagnostic Studies 12%
4. Patient Care 8%
5. Protocols 7%
6. Anatomy and Physiology 7%
7. Pathology 4%
8. Other 2%

*Reproduced from the ABVM Web site (©2008).

Figure 2. Candidates for the Vascular Medicine Board Review Course and Certification:

- Practicing cardiologists who want to improve patient care
- Fellows preparing for general cardiology boards
- Professionals with an interest in vascular medicine
- Physicians and others who practice vascular medicine or have a special interest in vascular disease or research
- Professionals seeking certification of their experience and training in vascular medicine or endovascular medicine

Vascular medicine is an emerging specialty, generating “a need and an opportunity for trainees who have some expertise in the medical management of vascular disorders,” says John P. Cooke, M.D., Ph.D., F.A.C.C., professor of medicine and associate director of the Cardiovascular Institute at Stanford University and director of the American Board of Vascular Medicine. It’s a field the Society for Vascular Medicine (SVM) describes as “diverse and complex,” in part because it comprises “a broad spectrum of arterial, venous and lymphatic disorders, as well as their associated medical disorders.”

SVM stresses that “the field requires knowledgeable practitioners to provide cost-effective care.” That includes cardiologists, who, with the right experience, interest and training, can vastly improve care and save lives by treating vascular disease with medical and endovascular interventions.



“The focus in cardiology has been the heart and the coronary arteries, but there is increasing recognition in the cardiology community that our special skills in managing patients with coronary artery disease are relevant for patients with other vascular diseases,” says Dr. Cooke. “There are vascular surgeons, there are vascular radiologists—there are not so many vascular medicine specialists.”

Training and Certification Standards

Accordingly, there is a great need for cardiologists with expertise in vascular medicine. However, training opportunities in this relatively new field are limited. “Vascular disease is an area that is not well-addressed in many training programs,” says Dr. Cooke. “We have very few clinicians in vascular medicine around the country. That number is growing, but many trainees don’t have exposure to vascular specialists.”

That’s why SVM strives “to improve the integration of vascular medicine advances into medical practice and to maintain high standards of clinical vascular medicine” through education and certification. SVM, together with the American College of Cardiology and the Society for Cardiovascular Angiography and Interventions (SCAI), sponsors the American Board of Vascular Medicine (ABVM). Since 2005, ABVM has provided “evidence of expertise in vascular medicine knowledge and skills to the medical community.”

ABVM offers certification in two areas: vascular medicine and endovascular medicine (Figure 1). "Any cardiology fellow who has been trained could take the vascular medicine boards," says Dr. Cooke, "but they actually have to have additional training in vascular angiography and vascular devices to take the boards in endovascular medicine." (See Figure 2.)

The tests are offered in the fall, but you must apply for ABVM eligibility before you can schedule a date and time to take them. ABVM will accept applications for the 2009 exam beginning in April 2009. It can take up to six weeks to process the application. Visit www.vascularboard.org for updates on eligibility requirements, sample test items and more information on the certification process, training requirements and review courses as these materials become available.

Board Review Course

Plans are well underway for the Fifth Annual Board Review Course in Vascular Medicine, to be held in Denver on May 14 – 17, 2009. This course, sponsored by SVM, "brings together the major leaders in vascular medicine and endovascular medicine to provide the fundamentals of those fields in a concentrated course that lasts 2½ days," explains Dr. Cooke. "The focus of the course is arterial, venous and lymphatic diseases, as well as the associated medical disorders that cause those diseases. There are reviews on vascular imaging and vascular intervention and management of vascular disorders.

"Our faculty are the best people in the country," continues Dr Cooke. "These are

master clinicians and superb educators who have been practicing vascular medicine for decades and have a wealth of personal knowledge and perspective regarding the treatment of vascular disease, imaging, intervention and medical management."

The course is also a valuable opportunity to prepare for the general board exam.

"Vascular medicine is not yet recognized by the ABMS as a separate discipline, although formal recognition is forthcoming," says Dr. Cooke, "In the meantime, vascular medicine is part of the training of a cardiovascular medicine fellow." The SVM Vascular Medicine and Endovascular Board Review Course is now available on CD. Go to www.vascularmed.org to order.

Moving in the Right Direction

"The time is long overdue to recognize the fact that vascular medicine is more than just interventional therapy, imaging or medical care of the vascular surgical patient," asserts SVM on its Web site. "Prevention of cardiovascular disease, in both the primary and secondary prevention setting, must no longer be peripheral to the practice of the cardiovascular specialist."

SVM's Board Review Course in Vascular Medicine is designed to make that happen. "It's a way for cardiology trainees to supplement their training program and to be prepared when they step out into the real world," says Dr. Cooke. "They're going to be seeing a lot of vascular disease, and they'll know how to take care of it."

Need More Info?

For questions about vascular medicine board certification, contact ABVM at wattm1@sbcglobal.net or (440) 247-4015. For questions about the vascular medicine board review course, contact dmueller@vascularmed.org or (847) 480-2961, ext. 295. ■



Subspecialty Certifications: Is It Good to Be “Board(ed)”?

Continued from front cover

professor of medicine and associate director of the Cardiovascular Institute at Stanford University and director of the American Board of Vascular Medicine. “For example, the area of vascular medicine has emerged as a new discipline. It’s not yet recognized by the American Board of Medical Specialties (ABIM) as a separate discipline, but it has become an essential subject in the training of a cardiovascular medicine fellow.”

“There’s great interest in vascular interventions,” continues Dr. Cooke, “and a need for training in vascular medicine and endovascular medicine so that cardiologists can be prepared to contribute their expertise to this field. For the cardiovascular fellow who is interested in vascular disease, the vascular medicine certifying examination provides evidence that they have special training and knowledge in vascular medicine.”

Another newly recognized subspecialty is CCT, the focus of the new board exam offered by the Certification Board of

Cardiovascular Computed Tomography, which held its first board exam in September.

“The world of cardiovascular imaging is expanding,” says Dr. Kuvin. “These days, to call yourself a cardiovascular imaging specialist, it takes more than having expertise in echocardiography and nuclear imaging. It now encompasses CT and magnetic resonance imaging (MRI) scanning of the heart.”

Worthwhile But Not Required

Certification in these and other subspecialties may or may not be required by programs and future employers. “Early mentorship, as well as advice from colleagues and staff, is very important,” says Dr. Kuvin, “because the landscape is changing, certainly in terms of education, but also in terms of certification and what employers, hospitals and insurance companies will ultimately demand.”

Right now, no one we talked to is making predictions about exactly where the Centers for Medicare & Medicaid Services and third-party payers will land on the issue of subspecialty boards or whether reimbursement will some day be tied to earning certification. Instead, the ACC is keeping the focus on quality.



Dr. Wright

The College advocates “board certification and achieving the highest possible level of expertise in one’s field of interest,” says Janet S. Wright, M.D., F.A.C.C., senior vice

president of science and quality at the ACC. Dr. Wright and others at the ACC are developing a recognition program to establish meaningful criteria for physician performance.

“In the ACC’s program,” says Dr. Wright, “we give extra credit for subspecialty certification. That way, you identify and reward the cardiologists who have made the additional effort. In a highly

competitive environment, the more accolades, the more expertise and the more degrees you earn, obviously the more competitive you will be.”

Dr. Kuvin agrees. “It adds a stamp of approval that you have achieved a certain level of knowledge in the field to apply your skills in that domain,” he says. “Any well-developed examination helps level the playing field in terms of establishing a baseline level of education. While no test is perfect, it indicates that one has achieved a certain level of education. Along with numbers of procedures and an assessment of competence by mentors and training directors, I think it adds to the assessment of competence.”

For now, the most important consideration remains your level of interest and enthusiasm. “If you don’t have a particularly strong interest in a subspecialty,” says Dr. Kuvin, “it may not be in your best interest to pursue multiple subspecialty certifications. The majority of patients requiring cardiology services are in need of general cardiology services. So, while we have growing fields within interventional cardiology, electrophysiology, imaging, and heart failure, general cardiology still requires the greatest workforce.”

Future of Subspecializing

One day, subspecialty certifications currently offered by societies may be required by ABIM. “There are discussions about ABIM certification examinations in cardiovascular imaging (echo, nuclear,

CT, MRI) and congestive heart failure,” says Dr. Kuvin. “Advanced technology has allowed us to visualize the heart better, and these techniques are becoming more commonplace; therefore, cardiovascular training programs are incorporating CT and MR into their curricula. The societies and ABIM want to make sure that practitioners are certified by some sort of evaluation process, and that’s typically an examination.

“I think as we move forward there’s going to be a certain level that will have to be met,” adds Dr. Kuvin. “In other words, if someone wants to be a specialist in cardiovascular imaging, then they’re going to have to pass a certain level of examinations, whether it’s certification from ABIM or from a society.”

“While it may be beneficial to earn certifications from the various societies, most employers are not mandating them at this time”, says Dr. Kuvin. “If and when the ABIM steps in and requires certification, then I think it’s going to be mandated, similar to electrophysiology and interventional cardiology.”

What About Today?

The cardiologists we talked to agreed. Your success as a cardiologist won’t be determined by how many certifications you’ve collected.

“Right now, there aren’t enough cardiologists to go around,” says Dr. Wright, “so although these additional levels of expertise enhance a CV, most

cardiologists will be highly valued in their medical communities even at the beginning of their careers.”

More important, says Dr. Kuvin, is to figure out what you want to do, talk to mentors, and, even though your time is limited as a fellow, “it’s paramount to get involved in research because it helps fellows understand topics in more detail and may open doors to further academic pursuits.”

Beyond that, there is no set rule, says Dr. Kuvin. “It is critical for fellows to get excellent training in the modalities and the subspecialties that they wish to ultimately utilize in their job.” ■

More Than 1,000 Physicians Take First Cardiovascular CT Board Exam

Physicians who perform cardiovascular computed tomography (CCT) had their first chance to demonstrate their knowledge and prowess in a board certification exam specifically devoted to this rapidly evolving imaging technique.



Dr. Taylor

"Imaging is under a lot of pressure to show its value," says Allen J. Taylor, M.D., F.A.C.C., a board member and chair of the Education Committee of the Society of Cardiovascular Computed Tomography (SCCT). "The new CCT exam is an important step forward toward quality imaging, showing that people know the right indications, the right way to perform a test, the right way to interpret results and so on."

The five-hour exam, offered in September, featured both questions and interpretation of images. The goal, says Dr. Taylor, is to enhance patient care by defining what knowledge and skills CCT practitioners need and by encouraging continual learning. More than 1,000 physicians took the exam, which was held at workstations across the United States provided by testing vendor Prometric.

The CCT board exam was sponsored by the Certification Board of Cardiovascular Computed Tomography. The Board was established by SCCT and the SCAI and the American Society of Nuclear Cardiology, but it operates independently. A team of CCT and testing experts created the test itself. (A complete description of the exam development process appeared in the July 2008 issue of the *Journal of Cardiovascular Computed Tomography*.)



Although physicians don't need board certification to perform CCT or receive reimbursement for it, Dr. Taylor predicts that this will change in coming years. "People are preparing for that eventuality by adding the credential," he explains. "Others simply want to test their knowledge and demonstrate their proficiency," he adds.

The new board certification lasts for 10 years.

Preparing for the Exam

To be eligible for the exam, participants need to have a medical license; board certification in cardiology, radiology or nuclear medicine; and training and experience in CCT.

To help physicians prepare for the exam, SCCT developed a special review course. The First Cardiac CT Board Review Course took place July 16–17, 2008, in conjunction with the Society's Third Annual Scientific Meeting in Orlando.

Designed to be a comprehensive overview, the review course covered CCT principles, methodologies and clinical practice — everything a practitioner needs to know to provide high-quality service. Taught by expert cardiology and radiology faculty, the course featured lectures, literature reviews, case examples and a practice test.

"The response was overwhelming," says Dr. Taylor, who is also a professor of medicine at the Uniformed Services University of the Health Sciences in Bethesda, Md. "The course sold out with more than 550 registrants."

And the demand for knowledge hasn't slowed, even though the course is over: SCCT has produced a DVD version of the entire two-day review course that Dr. Taylor says is "selling like gangbusters."

Although a new DVD will probably be produced after next year's review course, Dr. Taylor says this year's version can be used to start preparing for the 2009 exam or just to beef up your knowledge. "It's a great source of information even if you're not taking the exam," he says.

To order a copy, visit www.scct.org/commerce/BoardReviewDVD_orderForm.cfm.

Coming Next Year

The response to the initial test was so positive, adds Dr. Taylor, that the certification board is making changes for 2009. To accommodate the demand, there will be multiple exam dates and test sites abroad. For more information, visit the certification board's Web site at www.cbccct.org. ■



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