



THE AMERICAN BOARD OF  
VENOUS & LYMPHATIC MEDICINE

## Advertising Policy

Diplomates of the American Board of Venous & Lymphatic Medicine (“ABVLM”) must comply with the guidelines of the Board with respect to publicity and advertising, as follows:

- Diplomates may identify themselves in letterhead and in educational and promotional materials as “Diplomate of the American Board of Venous & Lymphatic Medicine” and may use the appellation DABVLM. Because of the potential for confusion, this appellation should not be abbreviated as “Board certified in Venous & Lymphatic Medicine.”
- Diplomates may not claim or imply that Diplomate status is a certification of special skills, expertise, or competence not possessed by other clinicians.
- Diplomates may not use the ABVLM logo in any documents, websites, or promotional materials. However, there is a “Digital Diplomate Seal” which certified diplomates can access and use, available from the ABVLM website.
- Diplomates may not make claims of regional exclusivity with respect to their status as a Diplomate of the ABVLM.
- Diplomates must comply with all federal, state, and local laws governing professional advertising and the use of certifications in advertising materials.
- Diplomates must comply with all policies of state medical boards with respect to advertisements of certification in a specialty.

These guidelines may be amended periodically; Diplomates may request a copy of the current guidelines from the ABVLM at any time.

*Policy adopted 11/10/2011  
Updated with Digital Seal info 12/10/2019  
Updated Digital Seal location 3/13/2023  
Updated “DABVLM” info 1/24/2024*



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### Background & Supplemental Information Regarding ABVLM's Advertising Policy

After thorough discussion, and in consideration of our long-term goals of potential ABMS recognition, the Board of Directors of the ABVLM approved the current advertising policy in November 2011. The policy is an attempt to carefully balance recognition of the efforts of our diplomates who have met the requirements to sit for and pass the exam, along with the need for transparency in properly informing the public. It was not a decision entered into lightly.

A subset of the many physicians who have added vein treatment services to their practice have taken the time, expense and effort to properly educate themselves. The ABVLM feels it is imperative to offer the public some way to differentiate between those physicians who have shown a serious interest in venous disease and those who have not. The ABVLM uses legitimate and accepted processes to determine its diplomates, namely training or experience prerequisites in combination with an appropriately developed and evaluated rigorous exam.

Physicians from various primary specialties are delivering care to venous disease patients. The level of training in venous disease is very diverse across existing medical education programs, with many programs providing little to no training in venous disease. At this time there is no approved standard training program in the subspecialty.

Adequate delivery of appropriate care to the large population of patients with venous disease requires a significant number of well-trained physicians and allied health professionals.

It is the stated purpose of the ABVLM to improve patient care through the development of a thorough and standardized curriculum for training programs in venous disease and the use of a rigorous certification examination by which physicians can demonstrate their knowledge and expertise in treating venous disease. Closely aligned with this mission is the ABVLM's long-term goal is to achieve recognition of the subspecialty of venous and lymphatic medicine by the American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME). ABMS recognition is considered by many to be a "gold standard" for certifying organizations. Recognition by ABMS and its member organizations requires a certification process that involves not only passing an exam, but also includes completing an ACGME-approved, supervised training program.

The ABVLM is diligently working to develop broad-reaching documents which will be the foundation for creating an ACGME curriculum for phlebology. The Board anticipates harnessing significant capital, much of which is coming from third party sources, and thousands of volunteer hours for this project. ABVLM leadership feels this is the best hope for the field to stand on its own, where patients can seek out a thoroughly and formally trained vein specialist who has had supervised and standardized training. That said, just as in virtually all medical specialties, it is unlikely that an individual physician would provide care across the entire spectrum of venous disease.

We appreciate that the term "Diplomate" or "certified physician" may carry a different connotation in the public's eye than does "board certified physician." However, as mentioned above, ABMS requires achieving proficiency in supervised, prescribed, ACGME-approved specialty or subspecialty training, not merely passing an exam, regardless of how rigorous that exam might be. To prematurely endorse the use of "board certified" broadly would likely bring us into conflict with the ABMS or other specialty boards and societies.

The vast majority of physicians will not have the time or resources to return to a Fellowship, nor is that the expectation of this process. There is no specialty that launched as an ABMS specialty. All had an early but



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limited period whereby physicians could achieve "board certified status" via a practice track. There are current ABMS-recognized subspecialty boards that have a practice track today. We anticipate that once the pieces are all in place, including an ACGME-approved curriculum and Fellowships which offer training in venous and lymphatic medicine, that there will be an opportunity to be ABMS subspecialty-certified via a practice track.

In the interim, ABVLM must rely on the cooperation of many parties, including other medical specialty boards and societies, to achieve these long-term goals of an approved curriculum and ABMS recognition. Care must be exercised to avoid any unnecessary jurisdictional battles that may derail this cooperation.

Angela Gardner, MD, President of the American College of Emergency Physicians, has said "I believe that the public expects a certain level of training when they hear the words 'board certified.' You simply cannot say that practicing and taking a board exam from an alternative board is equal to doing a residency in emergency medicine...."

Additionally, there are several states that have written legislation that preclude a physician from advertising as "board certified" if he or she is not certified by an ABMS member board. It should be noted that states typically have not prohibited advertising of specialization or the use of the term diplomate.

There are also a number of important, practical issues facing Diplomates of the ABVLM from a "business point of view," including attracting patients and maintaining insurance reimbursements.

In the United States and Canada, most lay people do not differentiate between the ABMS specialty boards and those board entities that are not affiliated with the ABMS, such as the ABVLM. The ABVLM advertising policy allows the use of terms that give recognition to our Diplomates' achievement but do not provoke any legal action against overbroad advertisement. Although the policy requires that our Diplomates not use the term "board certified" in their marketing and advertising, the policy does not preclude the use of "Certified by the American Board of Venous and Lymphatic Medicine." We believe that this wording will allow our Diplomates to continue to present themselves to the public as certified (which they are), without using the specific term "board certified" which carries other implications. This policy also allows Diplomates to provide the public a way to differentiate between those who have met the prerequisites for and passed a certification exam in this medical specialty field and those who have not.

To the point of reimbursements, insurance companies are an integral part of the medical system. Increasingly, insurers are seeking to peg reimbursable procedures to a specific level of third party certification. In what we feel is an extreme case, BC/BS of Massachusetts determined that endovenous ablation procedures were only reimbursable if performed by ABMS board certified vascular surgeons or interventional radiologists. It is clear that there are many physicians proficient at these procedures and the requisite diagnostic evaluation that must be done for treatment planning who are not ABMS board certified in those specialties. It is also clear that being board certified in those specialties does not *de facto* offer the background and training needed to perform these diagnostic and treatment procedures. However, insurers "trust" the ABMS label, and it is that label which the ABVLM seeks to ultimately achieve.

It is to all Diplomates' benefit to be judicious in characterizing the nature of their certification and not provide cause for any legal challenge during this formative period while ABVLM seeks common ground between ABMS entities and our own young Board.