

The American Board of Venous & Lymphatic Medicine (ABVLM): Update on VLM Fellowships and MOC

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VLM Fellowship Development

As noted in previous articles, such as [ABVLM: Vision & Value](#) and the [2017 VLM Fellowship Development Update](#), significant gaps exist in current training programs in venous and lymphatic medicine. For several years ABVLM has been taking steps to foster and promote development of one-year VLM fellowships in order to address these gaps. In addition, such fellowships are critical to the advancement of the specialty and ultimately to achieving specialty recognition.

The ABVLM Accreditation and Oversight Committee, chaired by Dr. Mark Meissner has developed an application review process and designed oversight processes, including site visits, which have been conducted at all VLM fellowship sites. They will soon release a revised and simplified application to host a VLM fellowship.

The Fellowship Development Committee is focusing on promotion and development of fellowship programs, and is happy to report what we believe will be an historic meeting in Nashville to be held just prior to the 2018 American College of Phlebology Annual Congress. We will have panelists from within the VLM community as well as from Hospice and Palliative Medicine and Addiction Medicine to discuss development of new fellowships, program recruitment (faculty and fellow candidates), financing fellowship programs, and GME resources available for such programs. Hospice and Palliative Medicine and Addiction Medicine have developed successful fellowship programs and each has recently been recognized by the ABMS as a subspecialty.

The ABVLM believes there are vitally important educational and health care system benefits that would occur if one-year fellowship programs in venous and lymphatic medicine were developed.

Fellowships would:

1. Standardize training
2. Graduate better educated physicians
3. Foster Academic development
 - a. Young physicians can be a stimulus for scientific inquiry
 - b. Development of future faculty
 - c. Development of future leaders
4. Improve the healthcare system
5. Improve patient care

In 2016, there was one VLM fellowship at Stony Brook. We're happy to report that currently there are programs accredited by the ABVLM at Stony Brook Medicine, Center for Vein Restoration, ProMedica, and the Greenville Health System. ABVLM-accredited Fellowship Programs are supported in part by generous grants from the American College of Phlebology Foundation (ACPF). We are very grateful to the ACPF for their support.

Progress on the Maintenance of Certification (MOC) Front

The call for more meaningful MOC assessment and education has reached a tipping point, with physicians across specialties demanding change to the process. ABMS specialty boards are listening, with important changes regarding recertification being implemented by several boards.

At the heart of the criticism is that an infrequent, high-stakes recertification exam is not the most effective way to help diplomates learn and retain knowledge, and that it is critical that MOC activities present physicians with meaningful and manageable learning opportunities and assessment. A longitudinal, ongoing process would provide more educational value than what one would get by merely studying for, taking, and passing an every 10-year exam.

As was announced in 2016, the ABVLM Board of Directors has decided to no longer require or offer a 10-year recertification exam. Like other certifying boards, such as Anesthesiology and Radiology, it has adopted an ongoing educational process for diplomates to maintain their certification past their 10-year anniversary in lieu of a pass/fail exam.

We recently rolled out our Ongoing Learning and Assessment Program (OLA) to ABVLM diplomates, and will offer this program to the non-diplomate community in 2019.

The ABVLM OLA program sends a monthly email message that links to 4 "exam style" multiple-choice questions. When a diplomate is ready to "take the questions," he or she links to a secure server, logs in, and answers each question. (All 4 items need not be taken at the same time.) The diplomate will be presented with the correct answer immediately after each response, along with an explanation of the item, and references (often hyperlinked) to additional material. Diplomates have 30 days to open and take the 4 multiple-choice questions and can revisit former questions. The program is simple to use and will prove to be far more educational than an every 10-year exam.

We anticipate that even the busiest of physicians can commit 5 minutes per month to maintain their ongoing VLM certification, especially due to the valuable learning opportunity. However, diplomates who are delinquent on the OLA Program will be reminded, and if they remain non-compliant they will be flagged as not participating

in Maintenance of Certification (MOC) and risk non-renewal of their certification at the end of their current certification cycle.

The Board is evaluating psychometric models for scoring the OLA items. At the present time, diplomates will be graded based on participation.

A quick reference guide is available at

https://www.abvlm.org/files/pdfs/OLA_Use_QRG.pdf

We believe that physicians will find the ongoing learning program to be a much more effective way to integrate assessment and education, and it should prove more relevant to day-to-day practice and improving patient care than would an every 10-year recertification exam.

Final Thoughts

VLM has many of the attributes associated with a true subspecialty. However, it is time to strengthen and standardize venous and lymphatic curricula and training in order to develop qualified comprehensive specialists. Physicians from various backgrounds are delivering treatment for patients with venous and lymphatic disorders, and current training is inadequate regardless of primary specialty. We believe this is also critical to achieving true subspecialty status, and that we will remain an “interest” group if we don’t.

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