



THE AMERICAN BOARD OF
PHLEBOLOGY

AmericanBoardOfPhlebology.org

An Open Letter from the American Board of Phlebology

August 30, 2012

Dear Friends and Colleagues,

We write to you today on the topic of the future of clinical practice in the area of venous disease. The ABPh is pursuing the creation of a cross-specialty consensus driven curriculum. We seek to bring together diverse key groups in order to achieve something greater than can be achieved in any one specialty. We know there are differences of opinion as to what course should best be taken with respect to the advancement of a consensus-based core curriculum in medical schools and postgraduate training programs, and more heated differences as to the value, or lack thereof, of any attempt to assess or certify foundational knowledge outside a medical school or postgraduate training program.

We know there is a lot of history behind the current fragmentation in training, and a lot of history behind all the different kinds and degrees of expertise that clinicians may bring to the evaluation and treatment of venous disease. We know that there are many valid ways to manage patients with venous disease, with well-respected leaders in the field coming from a variety of different nations, traditions, specialties, and training programs. We know that our esteemed colleagues in every specialty recognize, as we do, that not every person practicing in the area of venous disease is equally prepared to diagnose or treat all the different problems with which a patient may present. Every one of us (in every specialty) has seen the kinds of unfortunate outcomes that can occur in the hands of practitioners whose enthusiasm for venous disease outstripped their knowledge and expertise. That this should be true is not surprising because venous disease is all but absent from many training curricula. And therein lies the problem that we hope to address.

We believe it is to the benefit of all those who care for patients with venous disease that practitioners *in general* should be better educated and better trained in venous disease, and that training programs in many different specialties should strengthen their venous curricula.



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We know that change is hard. We know there are those who will continue to debate one aspect or another of the change that is underway. We accept the fact that this will take time, that it will be an ongoing conversation, and that the conversation may at times become passionate and heated. We accept the fact that some of the people we respect and admire most may never come to agree with us in our belief that this is the right path by which to bring about general improvement in the diagnosis and treatment of patients with venous disease. We trust and hope that the passion we all bring to this topic continues to be recognized for what it is: a deep commitment to the best possible outcomes for our patients and to the overall quality of care available to patients across all the different settings in which that care may be provided.

No matter in what public forum our differences of opinion are aired, our common commitment to the patient with venous disease unites us in a fundamental way, and for that we are grateful.

Respectfully,

Directors of the American Board of Phlebology