

FELLOW'S CORNER—REVIEW ARTICLE

Certification by the Certification Board of Nuclear Cardiology: A History of the Program, Evolution of its Eligibility and Applicant Base and Continuing Significance of the Credential

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Abstract

Nuclear cardiology certification was developed under the Certification Board of Nuclear Cardiology (CBNC) to provide practice-based requirements against which the members of the profession can be assessed. The purposes of the CBNC certification program are to 1) establish the domain of the practice of nuclear cardiology for certification; 2) to assess the level of knowledge demonstrated by nuclear cardiology specialists in a valid manner; 3) to encourage professional growth in, and enhance the quality of, the practice of nuclear cardiology; 4) to recognize formally individuals who meet the requirements for nuclear cardiology certification; and 5) to serve to public by encouraging quality patient care in the practice of nuclear cardiology. Certifying nuclear cardiology specialists from cardiology, nuclear medicine and radiology since 1996, the credential is viewed as essential for many would-be practitioners of the specialty as they complete their training (1).

Keywords: Certification, Credential, Guidelines, Nuclear cardiology, Training

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The Certification Board of Nuclear Cardiology (CBNC) was a 1995 initiative of the American Society of Nuclear Cardiology (ASNC) Training and Credentialing Committee. The fledgling board was founded in 1996 to support optimal patient care and enhancement of the field to promote quality, professionalism and practice based learning and improvement. In 1996, 501 cardiologists, nuclear medicine physicians and radiologists, became certified in nuclear cardiology. Today more than 10,750 individual certifications have been awarded, of which 8,696 remain active.

Recognition of the CBNC certification program

The launch of the CBNC program in 1996 followed closely on the publication of the first American College of Cardiology Core Cardiology Training Statements (COCATS) for Nuclear Cardiology in 1995. As noted in the revised 2008 COCATS, "In 1995, guidelines for training in adult cardiovascular medicine were published as an outgrowth of a consensus

statement emanating from the Core Cardiology Training Symposium (COCATS) held at Heart House, Bethesda, Maryland, June 27 to 28, 1994. Since publication of the proceedings of that consensus conference in the *Journal of the American College of Cardiology*, the term "COCATS" has been used when referring to the American College of Cardiology training guidelines for fellowship programs"(2,3).

The nuclear cardiology COCATS guidelines Level 2 were purposely aligned with the US Nuclear Regulatory Commission (NRC) requirements. CBNC's program has been recognized by the US NRC as a specialty board that meets the requirements for Authorized User status under the Certification Pathway for NRC 10 CFR 35.290 Training and Experience in Imaging and Localization Studies (4). CBNC certification is a requirement to become a fellow of the American Society of Nuclear Cardiology (5), and is a pathway for medical directors and nuclear cardiology specialists in facilities seeking Nuclear/PET accreditation by the Intersociet-

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Certification in Nuclear Cardiology: A Credential of Value of CBNC

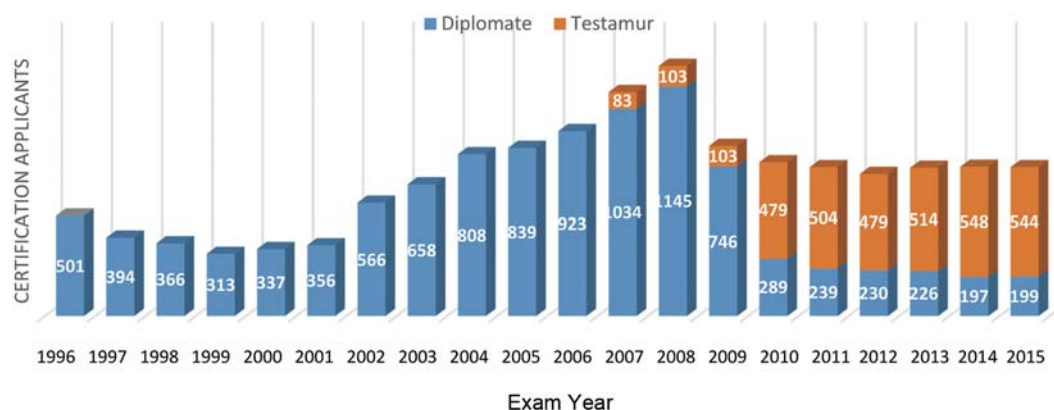


Fig. 1 CBNC Certification Applicants

Number of Certification Board of Nuclear Cardiology (CBNC) applicants by year and the transition of the applicant base from practitioner to trainee. ■ Diplomate (holds foundational certification) ■ Testamur (trainee)

al Accreditation Commission (IAC) (6). Since 2013, the American Board of Internal Medicine (ABIM) has awarded 20 Maintenance of Certification (MOC) points for passing either the CBNC certification or recertification examination.

Applicant population transition from practitioner to trainee

Cardiology trainees who began their fellowship in 1995 were the first to train under the new nuclear cardiology COCATS guidelines (though not all institutions provided Level 2 training in nuclear cardiology). As such, the number of CBNC applicants who had completed nuclear cardiology training within a formal program in the early phase was small; the majority of examinees came initially from specialists in practice. As the nuclear cardiology COCATS training guidelines took hold in cardiology fellowships, the number of CBNC trainee applications grew; applications from those who had acquired nuclear cardiology Level 2 by experience levelled off and then decreased.

From inception, it had been CBNC's intention that the clinician experience pathway be phased out and eligibility be limited to those who had completed their nuclear cardiology training within a fellowship or residency program. The experience pathway closure was announced in 2006 and implemented in 2008 (7). Since 2008, only individuals who attained nuclear cardiology Level 2 training or the equivalent via Nuclear Medicine or Radiology within a formal training program are eligible to apply for CBNC certification.

Eligibility to sit for the CBNC examination includes: 1) Completion of COCATS Level 2 training in nuclear cardiology (or nuclear medicine or radiology equivalent); 2) A full, unrestricted medical license; and 3) Certification in Adult Cardiology, Nuclear Medicine or Radiology. If the applicant completed Level 2/equivalent training more than seven years prior to the date of the examination for which he/she is

applying, there are additional requirements in order to comply with NRC's recentness of training requirements (NRC 10 CFR 35.59).

Recognizing that cardiology fellows may have a significant number of examinations to sit, in 2006 CBNC modified eligibility requirements for those in training to aid them in spreading out subspecialty examinations. Identified by CBNC as "Testamur" candidates, individuals are permitted to sit for the nuclear cardiology examination prior to holding a full, unrestricted medical license and/or of completing their foundational board certification. All candidates, whether Testamur or Diplomate, must have completed training in nuclear cardiology, or its nuclear medicine or radiology equivalent prior to applying. Testamurs have six years from the time of successfully passing the exam to document to CBNC that they hold a full, unrestricted medical license and foundational board certification in cardiology or nuclear medicine or radiology. Regardless of when they convert from Testamur to Diplomate, their ten-year certification period dates from the year they passed the exam.

Eligibility for non-US candidates

Non-US candidates may also apply as Testamurs and eligibility requirements for those from outside the US wishing to obtain the credential may be modified slightly, with some differentiation centered on the requirements of the applicant's country of origin. While all applicants must have completed nuclear cardiology training equivalent to the COCATS Level 2 or in compliance with the national training requirements for the independent subspecialist practice of nuclear cardiology in their country, for cardiologists applying from countries where there is no specialty board examination in cardiology, this requirement may be waived.

Non-US candidates for both the CBNC certification and recertification examinations who need to document nuclear

cardiology educational activities (i.e., if nuclear cardiology training was completed more than seven years prior; those who must document additional training due to multiple unsuccessful attempts to pass the examination; and for recertification applicants) are not required to submit educational activities that carry Continuing Medical Education (CME) credits, meaning educational activities that carry accredited AMA PRA Category 1 credit. In other words, nuclear cardiology educational credit hours from conferences such as ICNC, EANM, ESC and similar courses or scientific sessions may be used for Non US applicants.

CBNC certification today

As of June 1, 2016, CBNC had awarded more than 10,750 individual certifications to practitioners in 52 countries, including Japan. More than 60% of those who hold CBNC certification and are eligible to recertify have done so.

The largest percentage of CBNC's applications is now from Testamur candidates, comprising 73% of all certification applications received in each of the last three years. As of the 2015-2016 academic year, there were 193 cardiovascular disease training programs in the United States holding 2,678 training slots accredited by the Accreditation Council for Graduate Medical Education. This translates to approximately 84% of those graduating from a fellowship program applying to become certified by the CBNC.

The 2016 application period is open until October 3, 2016. Visit www.cbnc.org for details on eligibility, fees and deadlines.

On December 31, 2015, the former Council for Certification in Cardiovascular Imaging (CCCVI) signed a merger agreement with The American Registry for Diagnostic Medical Sonography® (ARDMS®). On January 1, 2016, a new physician certification organization named the Alliance for Physician Certification and Advancement™ (APCA™) was created. APCA™ exclusively serves the physician community and supports its enduring commitment to continual learning and providing high-quality and compassionate patient care through certification. CBNC is now a member of the APCA™

family of certification alliances.

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