APCA Update: Spring 2019
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Alliance for Physician Certification & Advancement

PHYSICIAN-ONLY CERTIFICATIONS
• RMSK: Registered in Musculoskeletal Sonography
• CBCCT: Certification Board of Cardiovascular Computed Tomography
• CBNC: Certification Board of Nuclear Cardiology
• CBCMR: Certification Board of Cardiovascular Magnetic Resonance
• RPVI-China: Registered Physicist in Vascular Interpretation in China
• Latin American Ultrasound Certificate Program

SONOGRAPHER CERTIFICATIONS
• RDMS: Registered Diagnostic Medical Sonographer
• RDCS: Registered Diagnostic Cardiac Sonographer
• RVT: Registered Vascular Technologist

PHYSICIANS and ADVANCED PRACTICE PRACTITIONERS
• POC: Point-of-Care Ultrasound Academy

Physicians' Vascular Interpretation (PVI) Examination
• Must meet eligibility criteria to be eligible for PVI exam
• Tests basic vascular knowledge and skills essential to physicians practicing vascular surgery and vascular medicine
• Evaluates ability to interpret non-invasive vascular tests
• Requires applicants to understand:
  • Vascular anatomy and hemodynamics
  • Ultrasound physics and instrumentation
Do you want to add CMR to the physician list? Also, I wonder if we should either remove POCUS or from the list, or change the title of the list to "Physician Certifications" (v. Physician-ONLY) since POCUS is no longer Physician only.

Sarah Pelter, 3/27/2019
Overview
• Follow up from 2018 report to the APDVS
• Survey of program directors
• Physician Vascular Interpretation (PVI) statistics
• Update on Point-of-Care Ultrasound (POCUS) certification
• Preparing to take the PVI Examination
  • Eligibility
  • Suggested curriculum
  • Documented interpretation experience
  • Case logs/simulated cases

Follow-up from 2018 Report to APDVS
• For the last two years, the majority of test takers reported “Cardiology” as their specialty, followed closely by “Vascular Surgery”
• Proportion of individuals taking examination for Board Requirements increased slightly in 2018
• Those who reported taking the exam for Board Requirements performed slightly better than those who did not
• Vascular Medicine and Vascular Surgery specialties performed better than other specialty areas in 2018

Survey of Vascular Surgery Program Directors
• 53 integrated vascular surgery residencies and 107 fellowship programs
  • At many sites, a single PD in charge of both residency and fellowship program
• Total of 117 individuals invited to participate
• 61 of 117 invited PDs participated (51.7% response rate)

Program Directors' Credentials

- Search of the APCA database found 54 of 117 PDs (46%) had current RPVI, RVT, or both credentials
- Survey participants, as a group, were more likely to have a vascular laboratory credential
  - 44 individuals (72% of responders) reported they had the RPVI or RVT credential
- 27% of survey respondents reported that entire faculty had either the RPVI or RVT credential

Survey Findings - Highlights

- 48% of programs provided a dedicated vascular laboratory rotation
- Most programs incorporate vascular laboratory education into their curriculum (63%) and/or provide access to an electronic review course (56%)
- Practical vascular laboratory interpretation experience reported to be 20 hours or less by 62% of respondents

Physician Vascular Interpretation
Note that data displayed in the above charts are for first-time examinees and active registrants only. The left Y axis corresponds with the pass rates (line graph), whereas the right Y axis corresponds with the volume of examinees (bar graph). Data were based on complete data on reported PVI Specialty Area, with 0.2% (five cases) not including specialty information. The “Other” category includes the following specialties: Interventional Radiology, Internal Medicine, and Family Practice (among others). However, these specialties were grouped together because some included too few examinees by year to effectively plot them separately.

Annual PVI Average Pass Rates

Note that data displayed in the above charts are for first-time examinees who are active registrants. The PVI 2016 data begins in September of 2016, when new forms were administered. Prior to the 2016 forms, the post-survey question about board requirements differed and was consequently not comparable. The response rate for completing the board requirement post-survey question for each exam is as follows: 2016 – 94%; 2017 – 86%; 2018 – 89%.

Note that all data displayed in the above charts are for first-time examinees who are active registrants. The black line indicates the average response (collapsing across response categories) by year. Also note that the PVI 2016 data begins in September of 2016, when new forms were administered. Prior to the 2016 forms, the post-survey question about likeliness to recommend the PVI exam differed and was consequently not comparable. The response rate for completing the above post-survey question for each exam is as follows: 2016 – 94%; 2017 – 89%; 2018 – 91%.
Point-of-Care Ultrasound

PVI by the Numbers: Certifications Issued

These numbers include only those certificants with "active" certifications only. March 2019

Point-of-Care Ultrasound Academy

APCA POCUS Fundamentals Certificate

Clinical Certificates
- AAA
- Abdominal Trauma
- Cardiac
- Gastrointestinal
- Hepatobiliary/Spleen
- Lower Extremity DVT
- Lung
- OB/1st Trimester
- Renal Genitourinary

Specialty Certification
- Emergency Medicine
Program launched 2017
POCUS Academy Score Card

- Total Enrollments since launch: 1,389
- Total Test Takers since launch (unique individuals): 745
- Total EM Certification Enrollments since launch: 269
- Total Clinical Certificate Enrollments since launch: 880
- Total Fundamentals Enrollments since launch: 240

Preparation for the PVI Examination

APCA.org
Current PVI Eligibility Requirements

- Licensed MD or DO
  - or equivalent outside of US/Canada
- Clinical vascular ultrasound experience
  - Minimum of 500 cases
  - Interpreted over preceding 36 months
  - Up to 100 may be didactic or simulated
- Submit case log

Suggested Curriculum

- Didactic instruction and training in the interpretation of vascular laboratory studies
- For postgraduate medical education programs not accredited by ACGME, RCPSC or AOA (e.g. vascular medicine):
  - 30 hours of didactic instruction relevant to interpretation and other vascular laboratory topics
  - 40 hours of observation or supervised participation in a vascular laboratory setting
- Curriculum content not specified by APCA for ACGME-accredited programs (vascular surgery)

Documented Interpretation Experience

- Cases distributed over testing areas:
  - Carotid duplex ultrasound (extracranial cerebrovascular)
  - Transcranial Doppler (intracranial cerebrovascular)
  - Peripheral arterial physiologic testing (excludes ankle/brachial index (ABI) and single level exams)
  - Peripheral arterial duplex ultrasound
  - Venous duplex ultrasound
  - Visceral vascular duplex ultrasound
- No more than 50% of the total coming from any one area
Case Logs

- Submit patient log or other record of interpretation experience
- Documentation must be maintained three years following the date of application approval
  - Case logs are reviewed and subject to audit
- Must include:
  - Date of case
  - Type of Study/Examination/Procedure
  - Level of involvement (performed, interpreted, reported)
  - Name of supervising physician/medical director
  - Clinical site contact information

Requirements for Didactic/Simulated Cases

- Equivalent to cases in a clinical diagnostic setting:
  - Indications and relevant clinical information presented
  - Complete technical information for examination provided, including images, cine loops, worksheets, and sonographer notes
  - Interpreting physician completes final report in format that meets IAC Vascular Testing Standards and Guidelines and compliant with requirements for clinical documentation and billing
  - Feedback from educator or supervisor indicating that the interpretation met standards or what changes were required
  - Time to complete interpretation should not be less than what would be required in a clinical diagnostic setting
- Case details available for audit

RPVI Option for Physician in Practice

- Vascular interpretation experience in the course of employment
- Letter verifying experience signed by medical director of the vascular laboratory (or other qualified physician if the applicant is the medical director)
- 40 hours of AMA PRA Category 1 CME relevant to the vascular laboratory obtained within the preceding three years
- This option will expire on 12/31/2022
Maintain the Certification

- Attestation of compliance with standards and policies
- CME – 30 APCA/ARDMS-accepted CME credit hours in vascular ultrasound (three-year period)
- Annual renewal fee: $135.00

Reinstatement

- Certificate status was revoked for 48 RPVI vascular surgeons for not renewing by December 31, 2018
- 6 of these certifications were earned in 2018

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<tr>
<th>Deadline</th>
<th>1st Reinstatement Opportunity</th>
<th>Final Reinstatement Opportunity</th>
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<tr>
<td>Fees</td>
<td>Renewal Fee + $150 reinstatement fee</td>
<td>Renewal fee + $300 reinstatement fee</td>
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Summary

- Programs may benefit from access to curriculum materials
  o Interprofessional education in the vascular laboratory
- RPVI examination requires preparation
  o Understanding principles
  o Integration of fundamental knowledge
  o Experience with interpretation
- Maintain interpretation case logs to meet application requirements
- Point-of-Care Ultrasound (POCUS) seen as a major area of change as technology increasingly accessible
APCA Volunteer Opportunities

- Write test items
- Review items
- Help set passing standard (passing score)
- Roles in governance positions
- Submit images
- www.apca.org/volunteer