

ASNC POLICY STATEMENT

Verification of experience in cardiovascular computed tomography

Cardiovascular computed tomography (CCT) currently represents one of the most exciting and rapidly developing technologies of potential use to cardiovascular specialists for diagnosing and treating heart and vascular disease. Intense interest in CCT has stimulated the development of training guidelines¹ and educational opportunities for physician training. As practices, hospitals, and payors increasingly begin to require credentialing of individuals to perform CCT, clinicians may be called upon to document their training experience. Such documentation may be requested in the future by certifying organizations such as the American Board of Internal Medicine or American Board of Radiology or an independent board specifically created to certify competence in CCT. Whereas the American Society of Nuclear Cardiology (ASNC), an Accreditation Council for Graduate Medical Education–accredited organization, has a demonstrated record of leadership in CCT education and advocacy, and because some CCT practitioners have expressed a desire for a mechanism to verify their CCT experience, this document will serve to define ASNC's position on documentation of CCT training.

Credentialing and privileging of cardiovascular physicians have traditionally and appropriately been local processes handled by institutions at which physicians care for patients. Furthermore, nationally and internationally recognized organizations certifying physicians in a specific field, such as the Certification Board of Nuclear Cardiology and the American Board of Internal

Medicine, rely on letters from a preceptor, a chief of service, or colleagues that attest to a physician having completed training in that field in accordance with established guidelines. Such organizations have not relied on an intermediary to document such skills and training.

Consistent with this precedent, ASNC recommends that physicians seeking to perform CCT maintain a record of all courses, training opportunities, and preceptorships that they have attended, including whether they received continuing medical education credit, as well as all CCT cases that they have performed, processed, and/or interpreted. Ultimately, a letter from a preceptor or chief of service should suffice to document completion of CCT training in accordance with existing guidelines.¹ As this modality is new and many physicians may have gained experience without a specific preceptor, or the physician seeking credentialing may be a chief of service himself or herself, letters from 2 colleagues attesting to the CCT training and experience of such a physician should also be acceptable under these circumstances.

ASNC recommends that this precedent be followed for both local credentialing and privileging, as well as to serve as qualification for entry into any future national certification or examination program for CCT.

Reference

1. Budoff MJ, Cohen MC, Garcia MJ, et al. ACCF/AHA clinical competence statement on cardiac imaging with computed tomography and magnetic resonance: a report of the American College of Cardiology Foundation/American Heart Association/American College of Physicians Task Force on Clinical Competence and Training. *J Am Coll Cardiol* 2005;46:383-402.

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