Who are we, how do we tell our residents to describe themselves, and what do we do if confronted with misrepresentation?

Dear Colleagues,

Occasionally a query is made to the ACVIM Central Office relaying concern over how a veterinarian who is not board-certified is advertising their status. In hopes of clarification, I would like to help you understand three separate, but linked, issues: 1. What is correct and permitted terminology with regards to describing your status; 2. What is permissible for someone who has completed their training, but is not board-certified; and 3. What can be done if you have knowledge of someone who seems to be misrepresenting their qualifications.

The ACVIM has five specialties (there are no subspecialties). They are (alphabetically): Cardiology, Large Animal Internal Medicine, Neurology, Oncology, and Small Animal Internal Medicine. Per AVMA and ABVS published guidelines, specialists can identify themselves in one of four ways, as follows, using Cardiology as the template:

1) John Doe, Board Certified in Cardiology by The American College of Veterinary Internal Medicine,
2) John Doe, Diplomate, American College of Veterinary Internal Medicine, Board Certified in Cardiology
3) John Doe, Diplomate, ACVIM (Cardiology)
4) John Doe, DACVIM (Cardiology).

We have worked hard to become Diplomates, should be proud of our accomplishments, and should list our status accurately and in a consistent form.

What to tell residents when they finish their program but are not yet board-certified is more complicated. A little background may help. The examination that occurs at the end of the second year of residency is the “General Examination”, not the “Qualifying Examination”. The examination at the end of residency is the “Specialty Examination”, not the “Certifying Examination”. Although we often speak of the “Qualifying” and “Certifying” examination, those terms no longer exist. At one time, ACVIM’s credentialing process had to be completed in a specific order. When the steps in certification were linked in a lock-step fashion, the first step was the Qualifying examination, which qualified you to move on to the next steps. The Certifying examination, the second examination, was taken only when every other component of credentialing, e.g. publication requirements, had been successfully completed. Thus, the second examination was truly a Certifying examination; once someone passed it, he/she became a Diplomate. Due to the changes the College made in the process over time, the terms “General” and “Specialty” are more accurate. As a further result of the changes, someone can pass both examinations but not be “board-eligible” or “board-qualified” for certification if they are missing a component of their credentials, e.g. case log, or publication. In the opinion of the AVMA and the ABVS both the terms “board-eligible” and “board-qualified” are misleading and should not be used by any veterinarian.

The AVMA Principles of Veterinary Ethics and the ABVS Policy Manual are quite clear: It is unethical for veterinarians to identify themselves as members of an AVMA-recognized specialty organization if such certification has not been awarded. Only veterinarians who have been certified by an AVMA-recognized
specialty organization should refer to themselves as specialists. Someone is either board-certified, or they are not. By the AVMA Code of Ethics, someone that is not board-certified may define themselves in one of two ways:

- **Practice limited** – this may be claimed by anyone who limits their scope of practice. There is no implication of advanced training or a special skill set.
- **Residency-trained** – this designation may be used by someone that has successfully completed a residency but has not yet attained board certification. It is an accurate statement about training, being no different than listing an advanced degree.

Finally, what should you do if you are concerned that someone is misrepresenting themselves? One possibility is to contact the ACVIM office. The ACVIM will contact the individual and explain the AVMA Principles of Ethics and advise him/her of our concerns. To be clear, although the ACVIM can send a letter clarifying terminology to someone who misrepresents themselves, only State Licensing Boards can require a veterinarian to change their listing.

To initiate action, a State Licensing Board must receive a complaint from an individual, typically a specialist in the state that is potentially being harmed by a false claim of specialty status. (A non-specialist may file a complaint, as they are potentially harmed by referring a patient to a non-specialist). As an organization ACVIM does not have legal standing to bring complaints against individuals that falsely claim a status. How seriously a State Board pursues a complaint varies. Currently, approximately 35 State Licensing Boards recognize the term “specialist” as a protected designation. In those states, the boards are generally very responsive to concerns brought to them. In states where the designation of specialist status is not protected, the State Licensing Boards generally are not able to take action. In such states, taking the complaint to the state VMA as an ethics concern may result in a change. Like us, however, the VMA cannot require a change in the listing; they can simply suggest it.

In conclusion, the take home points are: We, as Diplomates, need to be accurate in how we list ourselves. For those of us who are mentors, we need to have a conversation with residents before they complete their training about how they list themselves once they leave their residency. Finally, if we find a colleague who appears to be misrepresenting their status, we need to take ownership of our responsibility to address the issue. The ACVIM and the State Licensing Board should be contacted as well as the state VMA to try to ensure that corrective measures can be taken.

Sincerely,

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