



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

A Quick Guide to Proper Use of Credentials for New Diplomates

Occasionally, a query is made to the ACVIM staff relaying concern over how a veterinarian who is not Board-certified is advertising his/her status. In hopes of clarification, we would like to help you understand three separate, but related issues:

- What is correct and permitted terminology with regards to describing your certification?
- What is permissible for someone who has completed their training but is not Board-certified?
- What can be done if you have knowledge of someone who seems to be misrepresenting their qualifications?

1. How to use your Diplomate credential: The ACVIM has six specialties (there are no subspecialties). They are (alphabetically): Cardiology, Large Animal Internal Medicine, Neurology, Nutrition, 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)

You have worked hard to become a Diplomate and should be proud of your accomplishments and, as such, should list your status accurately and in a consistent form.

2. What to tell residents when they finish their program but are not yet Board-certified: This is a bit more complicated. A little context 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, the 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:

1. 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.
2. 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.

3. What should you do if you are concerned that someone is misrepresenting him- or herself: One option 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. We will also be sure that any misuse of ACVIM trademarks, including the DACVIM credential, is addressed. To be clear, although the ACVIM can send a letter clarifying terminology to someone who misrepresents him- or herself, only State Licensing Boards can require a veterinarian to change his or her listing.

Another option is to contact your State Licensing Board. 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). 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 Veterinary Medical Association (VMA) as an ethics concern may result in a change.

...

Summary: As a Diplomate, please strive to be accurate in how you list yourself. Mentors should have a conversation with residents before they complete their training about how they list themselves once they leave their residency. Finally, if you find a colleague who appears to be misrepresenting his or her status, you should take ownership of the responsibility to address the issue. The ACVIM or the State Licensing Board should be contacted to try to ensure that corrective measures can be taken.