

Guidelines for Credentialing in Cardiovascular Magnetic Resonance (CMR)

Society for Cardiovascular Magnetic Resonance (SCMR) Clinical Practice Committee

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1. BACKGROUND

1.1 There are presently no specific guidelines for Cardiovascular Magnetic Resonance (CMR) credentialing. In view of the unique and complex nature of the cardiovascular system, and the existence of multi-disciplinary practitioners in this field, the Society for Cardiovascular Magnetic Resonance (SCMR) considers it important to develop guidelines for practice in CMR. SCMR has therefore developed these guidelines to be broad-based and applicable to CMR practitioners from multiple medical backgrounds. This document was written by the Clinical Practice Committee of SCMR which is comprised of cardiovascular radiologists and cardiologists. The objective of this report is to provide guidelines to credentialing committees of healthcare facilities and agencies within the United States, although these guidelines may find application in other countries.

1.2 It is intended that these guidelines should be consistent with the following American Medical Association (AMA) statement: “The AMA believes that (1) Individual character, training, competence, experience and judgement should be the criteria for granting privileges in hospitals; and (2) Physicians representing several specialties can and should be permitted to perform the same procedures if they meet these criteria (Res. 26, A-77; Reaffirmed CLRPD Rep. C, A-89). References 1 and 2.

2. METHODOLOGY

2.1 It was maintained that these guidelines should be readily understandable. This final version was distributed and approved by the SCMR Executive Committee and Board of Trustees.

These “Guidelines for Credentialing in Cardiovascular Magnetic Resonance” were developed by the Clinical Practice Committee of the Society for Cardiovascular Magnetic Resonance (SCMR) and approved by the SCMR Board of Trustees.

3. RECOMMENDATIONS FOR BASIC TRAINING IN CMR FOR CARDIOLOGY, RADIOLOGY, AND NUCLEAR MEDICINE TRAINING PROGRAMS (LEVEL 1)

3.1 It is recommended that all training programs (cardiology, radiology and nuclear medicine) incorporate at least:

- One month of training in CMR to familiarize the trainee with the issues of CMR. However, this is insufficient to practice the specialty of CMR.

4. CRITERIA FOR CREDENTIALING IN THE PRACTICE OF CMR (LEVEL 2)

4.1 General Criteria

- Completion of a cardiology, radiology, or nuclear medicine ACGME accredited training program and board eligible
- Basic knowledge, clinical training and experience in at least one other cardiac imaging modality
- Holding a valid unrestricted medical license

4.2 Specific Criteria

For a physician to practice CMR and be reimbursed for CMR interpretation, the following are required:

- At least 3 months full time training in CMR
- At least 50 hours of CMR related coursework*
- Supervised interpretation of at least 150 CMR studies representing the range of abnormalities observed in practice, but to include substantial proportions (>25%) of both cardiac and vascular studies. For at least 50 of these, the trainee should perform the analysis and make the initial interpretation.
- Continuing Medical Education (ACGME-approved) in CMR for at least 20 hours every 2 years
- Primary interpretation of at least 50 cases per year

* To include CMR relevant areas of: physics, studies of biologic effects, instrumentation, contrast agent mechanisms and studies, cardiovascular anatomy, cardiovascular physiology and pathophysiology, magnetic resonance techniques and pulse sequences, and understanding the indications, methods for interpretation, use of stress agents and quality control.

5. CRITERIA FOR ADVANCED COMPETENCY IN CMR (LEVEL 3)

In addition to level 2 training:

- A total of 1 year of full time training in CMR
- Supervised interpretation of a total of at least 300 CMR studies representing the range of abnormalities observed in practice, but to include substantial proportions (>25%) of both cardiac and vascular studies. For at least 100 of these, the trainee should perform the analysis and make the initial interpretation.
- Participation in an ongoing quality assurance or improvement program for the laboratory or facility in which he or she is associated
- Continuing Medical Education (ACGME-approved) in CMR for at least 40 hours every 2 years
- Primary interpretation of at least 100 cases per year

6. "GRANDFATHER" CRITERIA FOR LEVELS 2 AND 3

- Board certification in Cardiology, Radiology or Nuclear Medicine
- Two years or more of substantial activities in CMR including at least two of the following:
 - Documented involvement in the performance and interpretation of at least 200 CMR studies
 - CMR research activities verified by publication record
 - Acknowledged clinical teacher of CMR with at least two or more trainees
- CME and quality assurance programs required of level 2 credentialing or level 3 competency.
- If an individual has not fulfilled the "grandfather" criteria by July 1st 2003, he/she must then fulfill the level 2 or 3 criteria above.

REFERENCES

1. American Medical Association. 1999 AMA policy compendium. 230, 996 Chicago: American Medical Association, 1999:200.
2. American Medical Association. Statements on delineation of hospital privileges. Chicago: American Medical Association, 1991.