

ADVANCES IN HEPATOLOGY

Current Developments in the Treatment of Hepatitis and Hepatobiliary Disease

Section Editor: Eugene R. Schiff, MD

The Certificate of Added Qualification in Transplant Hepatology

Bruce R. Bacon, MD
Division of Gastroenterology and Hepatology
Saint Louis University School of Medicine
Saint Louis University Liver Center

G&H Prior to the 1990s, how did transplant hepatologists receive their training?

BB Gastroenterologists working in institutions with large volumes of liver disease patients accumulated the knowledge and became experts. There was no formalized training beyond a few centers with resident experts, such as Dr. Sheila Sherlock in London, UK. Overall, training was completely individualized, with no set courses or standardized requirements regarding the clinician's level of experience.

G&H What factors motivated the interest in moving toward a more standardized approach to training for transplant hepatology?

BB It was not until the discovery of the hepatitis C virus in 1989 that hepatology began to develop into a subspecialty within gastroenterology, with a growing demand for qualified practitioners. Between the years 1990 and 2002, the number of liver transplants performed annually in the United States more than doubled. Further, the rate of hepatocellular carcinoma and the prevalence of obesity and concomitant nonalcoholic fatty liver disease have risen markedly, creating a further need for clinicians focused exclusively on the treatment of liver disease.

The motivating factor behind any standards of excellence that are codified by a certification process is the improvement of patient care. Thus, there was an interest in developing and recognizing hepatology as a distinct subspecialty within the field of gastroenterology, so that doctors interested in the field would uniformly

receive the best training available. The development and implementation of a certification of added qualification (CAQ) in transplant hepatology simply provides a mechanism to recognize this distinction and sets a standard for professional training that is beneficial to both doctors and patients.

G&H How far along is the implementation of the CAQ model for hepatology?

BB In my view, we are currently in a transition period. One of the long-term goals of the American Association for the Study of Liver Diseases (AASLD) has been to establish hepatology as a discipline distinct from gastroenterology. It was through the AASLD that the American Board of Internal Medicine (ABIM) was petitioned in 2000 to consider the CAQ in transplant hepatology. After approval by the ABIM and the American Board of Medical Specialties, a test-writing committee was formed and an initial examination drafted. This examination was administered for the first time in 2006.

However, a certification examination requires accredited training programs to produce clinicians who are eligible to sit for that certification. Program accreditation comes through a separate group, the Accreditation Council for Graduate Medical Education (ACGME). At the same time that the test was being written, the ACGME began the process of accrediting programs. Thus far, eight or nine US programs have been accredited, and another round of review is scheduled for September 2007, after which more centers will be designated. Once the transition is completed, there will be accredited programs throughout the country. Doctors will receive their training through accredited training programs and then sit for the examination, after which they will be certified as transplant hepatologists.

During the transitional period, a 5-year grandfathering provision has been implemented, which allows board-certified adult gastroenterologists and pediatric gastroenterologists to sit for the exam without training at an accredited center if they are currently working primarily in the field of transplant hepatology.

G&H How is the CAQ examination for transplant hepatology being validated and revised?

BB In the first review of the examination conducted by the ABIM, it performed well, meeting all psychometric requirements for appropriate questioning. Of the adult gastroenterologists and pediatric gastroenterologists who took the examination in 2006, 87% passed. The Transplant Hepatology board has examined the results of the ABIM review and gone over the questions, and we will continue to write questions, take out the bad ones, and rotate in new ones, so that the test evolves and varies from year to year.

G&H Is the implementation of the CAQ in Transplant Hepatology expected to attract more clinicians to the field?

BB The expectation is that interest in hepatology will be heightened within the community because a mechanism will be in place to legitimize it as a distinct subspecialty. However, the current model requires an additional year of training after gastroenterology training, which may deter some physicians. Only time will tell how the CAQ will ultimately affect the pursuit of hepatology as a specialty in the community.

G&H Do you envision that hepatology will continue to develop as a distinct specialty, separate from gastroenterology?

BB I, along with many other hepatologists, have been advocating for the accreditation of 2- or 3-year hepatology

programs that could be undertaken immediately following training in internal medicine, without the need to study gastroenterology first. The CAQ in transplant hepatology represents the first step in the establishment of this separate track and, ultimately, should be merged into it as a single course of training. Further, there is no reason why a completely separate specialty in hepatology should detract from the gastroenterologist who wants to practice some liver disease–related medicine as well, as this training is firmly established as part of the necessary gastroenterology curriculum.

In the current model, there has been some controversy regarding the sequence of training. The AASLD and the ABIM have both taken the position that transplant hepatology training can be performed first, followed by gastroenterology, whereas the ACGME maintains that gastroenterology forms the basis and includes some hepatology and must be completed before transplant hepatology training. Although I understand this point, the reality of the situation is that many physicians with an interest in hepatology are prevented from developing that professional knowledge simply because they do not care to undergo an additional year of training after gastroenterology. Gastroenterology training already requires 3 years, and the additional year of transplant training is a lot to ask of these physicians. This is another reason why separate hepatology programs that follow training in internal medicine make sense. They provide a reasonable pathway for those doctors who are truly interested in hepatology.

Suggested Reading

Fried MW. Certificate of added qualification for hepatology: vindication not vanity. *Gastroenterology*. 2005;128:817.

Bacon BR. Certificate of added qualification in transplant hepatology. *Liver Trans*. 2005;11:4-6.

Bacon BR. Hepatology: where do we go from here? *Gastroenterology*. 2006; 131:1373-1374.

American Board of Internal Medicine. Transplant hepatology exam. Available at <http://www.abim.org/cert/aqthep.shtm>.