



The Society for Cardiovascular Angiography and Interventions

President's Page

Multi-Society Presidents' Page: The Value of Membership in Your Sub-Specialty Society

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Conflict of interest: Nothing to report.

This article is copublished in *Journal of Cardiac Failure*, *Journal of the American Society of Echocardiography*, *Journal of Nuclear Cardiology*, and *Catheterization and Cardiovascular Interventions*.

DOI: 10.1002/ccd.26560

Published online 00 Month 2016 in Wiley Online Library (wileyonlinelibrary.com)

After you passed your board certification exams, it is likely that one of your first thoughts was to join the professional society representing your medical specialty. Once you could write the initials “FACC” after your name, you felt confident that you had joined the fraternity of experts that upheld standards of professionalism and excellence in your field. And you thought that was enough.

Decades ago, it *would* have been enough. But as medical sub-specialization has become common, the importance of sub-specialty organizations has increased. Now, more often than not, expertise in one’s field of practice is demonstrated by fellowship in a medical sub-specialty organization.

However, medical society membership is expensive. You have to ask yourself: Is it worth it? For our societies, the answer is an emphatic “Yes!”.

THE BENEFITS

Physicians cite recognition, education, and advocacy as the most important benefits of membership in professional societies. Sub-specialty societies offer the most bang for the buck in all three of these areas.

Recognition

In this era, membership in the American College of Cardiology (ACC) is routine for cardiologists. It implies competence in general cardiology. However, cardiology has become a discipline of sub-specialists, and most physicians expect a higher level of competence when they refer patients for specialized cardiology services. Membership in the relevant sub-specialty organization implies that special expertise. If a cardiologist claims special expertise in a particular sub-specialty of cardiology but is not a member of that sub-specialty’s society, colleagues or patients may question whether the physician is truly dedicated to that field. On the other hand, membership should result in recognition of special expertise in that field.

Sub-specialty societies also offer opportunities for recognition based on work within the sub-specialty. Members can work on committees and rise to leadership positions, serve on writing committees for consensus papers and guidelines, and lecture at society educational conferences. Members can represent their society at Food and Drug Administration Panels, Centers for Medicare & Medicaid Services (CMS) panels, state technology assessment panels, third party payer advisory groups, inter-society guidelines writing groups, appropriate use panels, and American Medical Association (AMA) committees. All of these provide valuable learning opportunities and the chance to gain recognition among peers.

Finally, sub-specialty societies often recognize members’ scientific or societal contributions through awards, fellowships, training grants, and research funding. In many cases these significant achievements would go unnoticed by larger medical societies.

Education

The second big benefit of sub-specialty membership is educational opportunities. Sub-specialty societies are in the best position to assess members’ sub-specialty educational needs and design programs to meet them. Within cardiology, the fields of electrophysiology, intervention, and heart failure have recently gained status as independent specialties based on their unique bodies of knowledge. The advanced imaging modalities have become so technical that few can master all of them [1]. In addition, metrics of quality of care, appropriateness, and clinical effectiveness are often specific to a sub-specialty and can be most effectively communicated within the sub-specialty context. Hands-on simulation of procedures or work-station reconstruction of images will increasingly be used for education. In all of these cases, sub-specialty societies are in a unique position to develop and provide access to conferences and on-line educational opportunities needed to stay current in these areas.

Sub-specialty societies also offer more intimate educational opportunities. Attendees at sub-specialty national meetings often cite the opportunity to interact with world-class physicians in small groups in an intimate setting as one of the biggest benefits.

Many sub-specialty societies offer special programs for trainees and early career members to obtain special education, research mentorship, or leadership training. Because of their smaller size, these can be more intimate, nimble, and focused than programs offered by large medical societies.

Sub-specialty journals offer additional opportunities for publishing, and are focused on the area of sub-specialty interest. While some general cardiology journals have recently developed “daughter” sub-specialty journals, journals of the sub-specialty societies provide the most traditional and focused source of information to their members.

Advocacy

The third major benefit of sub-specialty membership is advocacy focused on the concerns of that sub-specialty. In some areas of advocacy, large medical societies may be paralyzed by competing interests within the society. In contrast, sub-specialty societies can focus on advocacy interests specific to their members with much greater effect. By virtue of their

smaller size, sub-specialty societies are more nimble. Advocacy challenges can be addressed more quickly and efficiently. Examples include the designation of electrophysiology and interventional cardiology by CMS as independent specialties, allowing members to bill referrals from other cardiologists as consults. This recognition by CMS resulted from the tireless advocacy efforts of the three societies. Similarly, recognition by the AMA as independent specialties allows them to have representatives at the AMA CPT Editorial Panel, the AMA Relative Value Update Committee, and the AMA House of Delegates. Sub-specialty societies routinely have representatives on ACC/American Heart Association guideline writing groups and appropriate use criteria writing and rating panels. Sub-specialty societies can recognize and deal with needs for advocacy-oriented position papers and consensus documents in niche areas that larger medical societies cannot address.

Sub-specialty societies can also offer opportunities for recognition, education, and advocacy to cardiovascular *non-physician* professionals. Most of these professionals would not be eligible for membership in larger physician-dominated medical societies, but due to close working relationships with physicians who understand their value to sub-specialty teams, these professionals can be brought into sub-specialty societies and offered their own opportunities for leadership, education, and advocacy oriented toward the needs of these professionals.

A Medical Home

Perhaps the most compelling reason of all to join a sub-specialty society is to have a medical home. Battivala notes “Having a professional home where you are a member of a group can provide a sense of community, of belonging, and of unified purpose” [2]. He advises early career physicians to find such a medical home. We would argue that it is important for all physicians to have a medical home where they can find that sense of intimate community. Sub-specialty societies offer opportunities to engage with smaller groups of like-minded people, find a common passion, work together for good purposes, renew each other, and improve the care we provide to our patients.

SUMMARY

Sub-specialty societies are intimate, nimble, and responsive to members’ needs. They allow opportunities for engagement, leadership, and recognition; opportunities for specific and useful education; and effective and focused advocacy efforts. Your sub-specialty society is the place to find your medical home.

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