Certification in Performing Arts Medicine

The idea of specialty certification in performing arts medicine (or performing arts healthcare) has been discussed for a long time among professionals in the field. An article by Pascarelli and Bishop published nearly 20 years ago mentioned the perceived need for certification and some of the obstacles to creating it. The Performing Arts Medicine Association (PAMA) took a step in this direction at the 31st Annual Symposium on the Medical Problems of Performing Artists by offering a preconference workshop, “The Essentials of Performing Arts Medicine: Course: From Classroom to Stage.”

This full-day educational session was attended by several dozen performing arts medicine professionals and led by experts from several disciplinary backgrounds in both music and dance. While PAMA has no plan in place currently to offer specialty certification in performing arts medicine, educational offerings such as this one are often part of the requirements to become certified in an interdisciplinary specialty area.

What are the key reasons for choosing to create specialty certification in healthcare for performing artists? Specialty certification can benefit the individual who acquires it, the field and organization that sponsor it, and the public at large. The specialty certified professional stands to gain status and recognition in his/her field and may be able to increase his/her income by seeing more patients with particular problems and/or charging more for the services provided. Specialty certification may qualify the individual for a desired position or a higher salary. The American Board of Preventive Medicine describes the benefits of specialty certification as follows:

"Board certification status is the culmination of a physician's training and says to the public and to your colleagues that you have achieved the 'gold standard' of accomplishment as you begin practice in your chosen specialty. Being 'Board Certified' in today's world of the practice of medicine is also looked at by credentialing organizations, hospitals, medical groups, insurers and the public as a surrogate for measuring competence in your field." 2

The professional field can also enhance its status by offering specialty certification, and the organization that sponsors certification may be able to generate revenue in excess of the cost of offering it. The public stands to benefit if the certification process is valid and identifies individuals who have expertise in specific topics that are of concern to them.

Are these benefits likely to accrue in performing arts medicine? The benefit for any performing arts healthcare professional will depend on his/her specific circumstances, but it will probably take time (years to decades) for any significant financial benefit to occur. That would likely require recognition of specialty certification in performing arts medicine by third-party payers in the US and by national health care systems in other countries. Benefits to the field and to the organization that sponsors certification might happen sooner if significant numbers of performing arts healthcare professionals go through the certification process and acquire the credential. The public (especially those who are performing artists) may benefit the most, as it becomes easier to identify physicians and other healthcare professionals who have expertise in the care of musicians, dancers, and others.

What are the costs and risks of establishing specialty certification in performing arts healthcare? The initial costs would probably be substantial in terms of both time and money. PAMA and/or another organization would have to convene a group of experts who would establish criteria, compose a curriculum, and write an examination. The organization might need legal counsel in order to avoid problems later on, and most specialty certification exams are administered online using an outside vendor. Down the road, there might be legal liability despite the most careful planning. The sponsoring organization might have to carry liability insurance in case it is sued by a practitioner who was denied certification or by a patient who had a bad outcome after being treated by a certified practitioner.

The sponsoring organization will have to sort through a number of issues that are relevant to performing arts healthcare. First, a decision will need to be made as to whether certification will cover all forms of the performing arts (music, dance, theater, circus arts, rhythmic gymnastics, etc) or will be limited to just one or two areas, perhaps with multiple exams to cover all types of performing arts. Certification in sports medicine for physicians, for example, covers all types of sports. However, some if not many healthcare professionals who provide care for performing artists have contact with only musicians or only dancers. It will be difficult for those professionals to acquire enough knowledge to pass an exam that covers a discipline with which they have no experience, and the credibility of the credential itself could be brought into question if it seems to make a claim for expertise that doesn’t really exist.

Second, professionals from a wide variety of disciplines play important roles in the healthcare of performing artists, but specialty certification is typically discipline-specific. For example, while the American Board of Family
Medicine (ABFM) offers a “certificate of added qualifications” for physicians who are trained in family medicine, emergency medicine, internal medicine, pediatrics, and psychiatry, they don’t offer that certificate to nurse practitioners, physician assistants, physical therapists, or any other professionals. The sponsoring performing arts medicine organization would likely have to work with several other health professions organizations to make certification available to the majority of us. (The ABFM does have a 13-page outline of a sports medicine curriculum on its website that could be adapted for performing arts medicine.)

A third issue is the international reach of performing arts healthcare. This journal, for example, is the official publication of three performing arts healthcare organizations, based in three different countries. At least one of those organizations, PAMA, has members in over a dozen countries. It is unclear how specialty certification that is granted by an organization chartered in one country would be applied to a member who is practicing medicine, for example, in another country.

Finally, the near total absence of fellowship training programs for physicians in performing arts medicine is a significant obstacle to widespread acceptance of special qualification in a subspecialty area in the US and probably in other countries as well. The ABFM offers a certificate of added qualifications in five subject areas (sports medicine, geriatric medicine, adolescent medicine, hospice and palliative medicine, and sleep medicine, and all five have recognized fellowship training programs, completion of which is a prerequisite to certification. Without approved fellowship training programs, the variability in the knowledge and expertise of professionals in the field tends to be much greater.

So what options do we have as we look ahead? On the one hand, the prospect of establishing a critical mass of performing arts medicine fellowships for physicians, physical therapists, or any other discipline as the only pathway to specialty certification seems dauntingly difficult and might take a decade or more to accomplish even under optimal conditions (which don’t exist now). On the other hand, offering certification based on simply passing an online examination after taking an online course seems ill-advised in my opinion, although this is fairly common for some professions.

A “middle of the road” approach might make sense if now is the time to act. Both the Canadian Academy of Sport and Exercise Medicine and the American Board of Preventive Medicine offer specialty certification for physicians without requiring completion of a recognized fellowship training program. The Canadian organization (thanks to Dr. Roger Hobden for bringing this to our attention) requires licensed physicians who are members of the Academy to have been in practice for 2 years, who have attended at least one national or provincial sports medicine conference, and who have spent at least 50 hours covering sporting events in the 2 years prior to taking a certification exam. The examination is not inexpensive ($1,500 Cdn) or quick (6 hours). It consists of 20 stations, each of which requires the examinee to handle a common situation in sports medicine. The alternative pathway offered by the ABPM requires licensed physicians who have completed residency training and been in full-time practice of preventive medicine for 2 years to submit evidence of courses and experience in order to sit for their exam in occupational medicine, aerospace medicine, or general and preventive medicine. The Society of General Internal Medicine recently announced its TEACH Certificate, which is a 1-year program for its members leading to certification as a medical educator.

While none of these models would work perfectly in performing arts medicine, they provide examples of how we could find the right balance between rigor and feasibility. It’s up to the leaders of the performing arts healthcare organizations—with input from all of us—to decide if, when, and how to proceed. If it is done right and we can find the resources to support it, all parties stand to benefit.

RALPH A. MANCHESTER, MD
Editor, MPPA
Rochester, New York
rmanchester@uhs.rochester.edu

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