

# 2012 ANNUAL REPORT





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# **ABOUT IBHRE**

# PRIDE, VALIDATION, EXCELLENCE

Heart rhythm management professionals from around the world achieve their professional best through IBHRE certification. The IBHRE certification is the official recognition of achievement, expertise, and clinical judgment in the specialty practice of cardiac rhythm device therapy and cardiac electrophysiology (EP). IBHRE Certified specialists include more than 9,000 distinguished physicians and allied professionals who have been tested on the scientific foundation, clinical skills, and technical knowledge required to provide and facilitate safe quality patient care in the management of arrhythmias.

The IBHRE marks of excellence — Certified Cardiac Device Specialist and Certified Electrophysiology Specialist — are held by health care professionals who have mastered the critical competencies required of their profession to:

- Embrace advancements in technology and adapt to health care changes in order to deliver quality care to a growing patient population
- Accurately assess patients and provide critical documentation
- Implement evidence-based plans of care
- Monitor and guide the selection and use of pharmaceutical formulas
- Provide comprehensive education to medical, specialized, and auxiliary staff
- Develop strategies to prevent complications
- Train, coach, and provide guidance to patients and families



The mission of The International Board of Heart Rhythm Examiners is to improve the quality of knowledge of heart rhythm professionals.

### **Core Values**

- Excellence: Reach beyond the norm to conserve the organization's gold standard of excellence in heart rhythm certification and maintain fairness and integrity in the development, administration, and promotion of the certification programs.
- Visionary Leadership: Secure strategically robust leaders to guide and protect the organization's interests.
- Professionalism: Uphold the highest standards of professionalism; demonstrate transparency and respond effectively to meet the needs of certificants, leaders, partners and the public.
- Continuing Competency: Encourage continuing competency of the profession through examinations, education, and professional development.
- Collaboration: Maintain a position of credibility through partner recognition, strategic alliances, and endorsement of the certification programs.
- Diversity: Foster development of a diverse community of highly skilled heart rhythm professionals and work to advance heart rhythm management as a global multidisciplinary standard.

Why we do what we do – For the Public, For Employers, For Heart Rhythm Professionals

Physicians, allied professionals, and their employers have a shared obligation to honor the public's trust in assuring safe and effective care. IBHRE certification is an important indicator that a health care provider is qualified and competent in his or her specialty and has successfully met rigorous requirements to achieve the CCDS and CEPS credentials.

# For the Public, IBHRE Certification is...

- · An indication of quality, experience, and reassurance of their health care provider's competence
- Assurance to patients that their health care provider has met defined standards of practice
- A means to communicate to health care providers the importance of consumers knowing the credentials of their caregivers

# For the Employer, IBHRE Certification is...

- A means to recruit and retain qualified heart rhythm professionals
- Knowledge that their physicians and allied professionals have met rigorous national and international requirements
- Confirmation that physicians and allied professionals are role models of professional accountability
- A commitment to safety and quality in patient care through robust support of certification, continuing education, and recertification
- A means to honor the public's trust in assuring safe and effective care

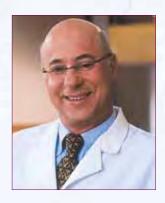
# For the Heart Rhythm Professional, IBHRE Certification is...

- Validation of one's qualification or practice in cardiac pacing and electrophysiology
- Recognition of one's achievement of an international standard beyond the scope of licensure
- A successful measure of one's knowledge based on predetermined standards in heart rhythm management
- A demonstration of one's commitment to his or her profession and to lifelong learning

Through IBHRE certification, employers demonstrate to medical regulators and patients that they retain the most skilled and experienced professionals. Physicians and allied professionals position themselves for appropriate recognition, validation, and a keen sense of personal accomplishment.

# MESSAGE FROM THE PRESIDENT

Charles J. Love, MD, FACC, FHRS, FAHA, CCDS



IBHRE Certification continues to be vital to physicians, allied professionals, patients, and the public. Certification drives improvement, performance, and quality of care. It standardizes knowledge across borders and creates a platform for specialized competency. Certification matters!

All around the world, heart rhythm management professionals are catalysts for the care and management of patients with heart rhythm disorders. IBHRE recognizes that the rapidly changing landscape of cardiac pacing and EP, in

addition to the changing role of the physician and the allied professional, will lead to a growing demand of credentialing and enhanced leadership in health care facilities. The anticipation of EP lab certification is certain to include the need to have certified staff employed.

To keep up with the changing environment, certification matters now more than ever before. It matters because it confirms to an employer, to colleagues, to patients, and to the public that an individual possesses significant skills and knowledge in a specific field or profession. It is a pathway to demonstrate core competency, as well as gain and improve upon the critical knowledge that is required of our sub-specialty.

I understand there are barriers to obtaining certification. Professionals have expressed fear of taking the exam, even with the majority of examinees passing the exam on their first try. Other barriers that have come to my attention include financial and time considerations. These issues are not to be minimized, and IBHRE is constantly looking at ways to help control costs and make taking the exam more convenient, allowing more physicians and allied professionals to become certified.

IBHRE's success is a result of the support of leadership, employers and, most importantly, the IBHRE certified specialists who, through their unyielding pursuit of excellence, have advanced both the practice and the profession of cardiac rhythm management.

I thank you for your continued support.

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# **EXAM ADMINISTRATION REPORT**

Through computer-based testing, IBHRE successfully administered five exams in 2012:

- > Japan Cardiac Rhythm Device Therapy Exam for the Allied Professional January 21
- > Cardiac Electrophysiology for the Allied Professional April 11
- > Cardiac Rhythm Device Therapy for the Physician August 29
- > Cardiac Rhythm Device Therapy for the Allied Professional August 30
- > Cardiac Electrophysiology for the Physician December 5

The 2012 IBHRE certification exam administrations yielded 760 new certificants across five exam administrations. A total of 1,349 individuals registered for IBHRE exams, and of these registrants, 1,223 candidates took an exam. The overall attrition rate for the four exams was 9 percent, with 126 withdrawals and no-shows. The total number of international examinees (including those who took the allied professional exam administered in Japan) was 663, or about 49 percent. The overall pass rate across exam administrations was 67 percent.

### 2012 IBHRE Certification Exam Registration and Performance Statistics

Examination	Date	# Registered	% Recert	% Retake	% International	% Pass
CCDS-AP Japan	January 21	331	N/A	49%	100%	41%
CEPS-AP	April 11	206	8%	12%	23%	82%
CCDS-MD	August 29	78	2%	10%	47%	63%
CCDS-AP	August 30	545	3%	17%	32%	65%
CEPS-MD	December 5	58	N/A	4%	59%	86%

### **Exam Quality and Security**

IBHRE's test writing committees are comprised of distinguished leaders and experts in cardiac rhythm management who work year-round to write and thoroughly review exam questions. Their diligent efforts ensure that IBHRE continues to provide heart rhythm professionals with the competencyt they need to deliver optimal patient care.

In conjunction with the National Board of Medical Examiners (NBME) and Prometric, IBHRE's exams are administered in an environment that offers as much convenience and security as possible. Prometric testing sites provide computer-based testing services for academic assessment, professional licensure, and certification. This not only helps enhance security, but also provides the same standards for comfort and uniformity for all examinees, regardless of whether they are testing in New York or New Delhi. The testing centers provide the resources necessary for secure administration of the examination, including video and audio monitoring and recording, and the use of digital cameras to record the identity of the examinees.

# INTERNATIONAL PRESENCE



As the preeminent leader in heart rhythm certification for health care professionals around the world, IBHRE has made significant progress toward expanding its international presence. In 2012, 907 candidates sat for the English language IBHRE exams. Of these examinees, 322 were international candidates, accounting for approximately 36 percent. In addition, a total of 331 candidates took the Japanese Cardiac Rhythm Device Therapy Certification Exam for the Allied Professional in January 2012, bringing the total number of international candidates to 653. International candidates represented 49 percent of all candidates.

The increasing diversity of IBHRE certificants signifies the global standard of knowledge that IBHRE brings to the profession of heart rhythm management. In 2012 IBHRE certified recipients represented Australia, Canada, China, Columbia, Denmark, Hong Kong, India, Ireland, Italy, Malaysia, Mexico, the Netherlands, New Zealand, Portugal, Qatar, Romania, Singapore, Slovakia, South Africa, South Korea, Sweden, Switzerland, Taiwan, Thailand, Trinidad, the United Kingdom, and the United States.

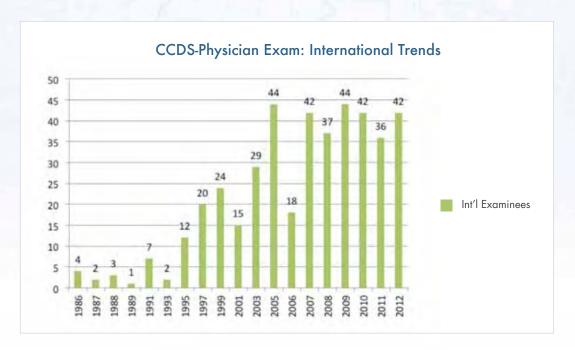
For the past five years, IBHRE, the Japanese Heart Rhythm Society, and Medtronic Japan have shared great success in the administration of the tailored-language Japan allied professional exam. In modeling this success, IBHRE continues to develop relationships with international heart rhythm organizations in pursuit of new partnership opportunities.

In 2012, international registration applicant counts increased in all exams with the exception of the Allied EP examination. Compared to 2011 statistics, the Allied EP exam's international registration decreased by five examinees, the Physician Device exam's international registration increased by six examinees, and the Allied Device exam's international registration increased by 41 examinees. It is worth noting that the 2012 international allied device registrant count is the highest it's been since 2005.

# **Interesting Facts:**

- Nearly 3,000 international IBHRE certificants are located in 49 countries worldwide.
- In 2012, IBHRE's European certificants obtained a passing rate of 78-83 percent across all of IBHRE's exams. This is approximately 5 percent higher than the overall IBHRE exam pass rate.

# CCDS-Physician Exam (applicant counts only)



218 out of 263 examinees (between 2003 - 2011) passed the Physician Pacing exam, resulting in an international pass rate of 83 percent. The overall pass rate is 74 percent.

Top 5 CCDS-Physician Registrant Countries:				
United Kingdom	114			
Netherlands	72			
Canada	53			
Sweden	30			
Norway	18			

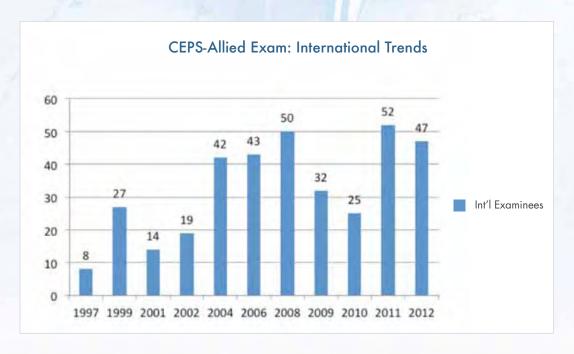
**CCDS-Allied Exam** (applicant counts only)



895 out of 1149 examinees (between 2003 - 2011) passed the exam, resulting in an international pass rate of 78 percent. The overall pass rate is 75 percent.

Top 5 CCDS-Allied Registrant Countries:				
United Kingdom	341			
Australia	228			
Netherlands	156			
Canada	88			
Ireland	38			

# **CEPS-Allied Exam** (applicant counts only)



309 out of 360 international examinees passed the exam, resulting in an 86 percent pass rate. The overall pass rate for the APEP exam is 79 percent.

Top 5 Allied-CEPS Registrant Countries:				
United Kingdom	132			
Australia	55			
South Korea	38			
Canada	28			
China	18			

# RECOGNIZING ADULT AND PEDIATRIC EP SPECIALISTS AROUND THE GLOBE

The second administration for the Certification Examination for Competency in Cardiac Electrophysiology for the Physician was held world-wide via computer-based testing on December 5, 2012. Of the 68 examinees, 18 chose to take the pediatric module and 50 selected the adult module. International examinees for this administration totaled 40.

The Physician EP exam features a core electrophysiology component and one of two modules for the physician – adult electrophysiology or pediatric electrophysiology. Physicians who qualify may elect to take either of the two modules. Successful certificants receive the credential of Certified Electrophysiologist, Physician (CEPS).

The exam standardizes EP knowledge particularly for international physicians (and qualifying U.S. Physicians) who are not board eligible for the American Board of Internal Medicine's (ABIM) Clinical Cardiac Electrophysiology (CCEP) examination. ABIM requires the physician to be United States Board Certified in both Internal Medicine and Cardiovascular Medicine. Many physicians in the U.S. have received a portion or all of their training outside the U.S. and are therefore not eligible to take the U.S. ABIM CCEP Board exam. Physicians in other countries may wish to become Board certified in EP, but do not meet the U.S. requirements.

Pediatric Cardiologists with special training and expertise in cardiac electrophysiology are also not eligible to take the U.S. ABIM CCEP Board exam, as it requires adult cardiology certification. In this aspect, pediatric electrophysiologists in the U.S. have no route to board certification beyond the pediatric cardiology Sub-Board examination of the American Board of Pediatrics. The IBHRE Physician EP exam meets the specific credentialing needs of EP physicians worldwide who are qualified by their training and experience.

"I would personally like to thank the individuals at IBHRE for creating the EP exam for physicians like myself who are older, but have been practicing EP for more than 20 years and never felt quite bonafide without some board-type credential. I will be eternally grateful for the opportunity IBHRE has afforded me."

2011 Physician EP Certificant



# **QUALITY**

IBHRE's commitment to certification excellence is validated by continuous improvements to exam development, delivery, and administrative processes.

IBHRE is recognized by the American National Standards Institute (ANSI) under ANSI/ISO/IEC 17024 for accreditation of three of its certification examinations. The ANSI institute oversees the creation, promulgation, and use of thousands of guidelines that directly impact businesses in nearly every sector. ANSI empowers its members and constituents to strengthen the U.S. marketplace position in the global economy while helping assure the safety and health of consumers and the protection of the environment.

In June 2012, IBHRE received approval on its second annual surveillance report to the American National Standards Institute (ANSI), confirming that IBHRE has continued to operate in conformity with ANSI requirements since acquiring accreditation. Accredited certification examinations include:

- Competency in Cardiac Rhythm Device Therapy for the Physician
- Competency in Cardiac Rhythm Device Therapy for the Allied Professional
- Competency in Cardiac Electrophysiology for the Allied Professional

ANSI accreditation is an unmatched achievement that speaks to the quality and efficacy of the IBHRE certification programs. IBHRE's ongoing commitment to the mission of this organization has been essential to achieving this high honor.

# **Internal Management Audit**

IBHRE conducted its fourth annual internal management audit following the end of the 2012 Fiscal Year to ensure ongoing compliance with American National Standards Institute accreditation standards. The annual audit is expected to provide a report of factual findings concerning the adequacy and effectiveness of the IBHRE management system. The audit assures that organizational policies and procedures are adequate and functioning in a manner that ensures:

- Compliance with organizational policies, accreditation standards, and applicable laws and regulations
- Accurate, reliable, and timely maintenance of financial, managerial, and operating information
- Relationships between management, leadership, contractors, and stakeholders are functional and contribute to the vitality of the organization
- Organizational resources are acquired economically, used efficiently and adequately protected
- Commitment to ongoing improvement in quality control
- Swift identification and corrective action to non-conformities

The findings of the 2012 self-assessment were largely positive with no observations of non-conformities with IBHRE policies and procedures. The internal management audit exercise served as a strong indicator of corrective and preventative actions that have been taken to fortify policies, processes, and procedures in order to maintain best practice with certification standards.

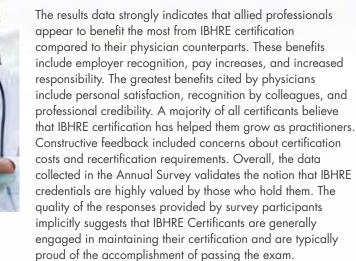
# YEAR-END SURVEYS

IBHRE certification has given me confidence and academic credibility when providing standardized care to my patients. It was also important for me to feel that my training is on par with world standards.

2012 Annual Survey
 Respondent

Pursuant to its Annual Survey Policy, IBHRE administered its 2012 annual year-end survey for IBHRE certificants and employers in January 2013. IBHRE administers annual survey of IBHRE certificants and employers for the purpose of evaluating the quality, effectiveness, and relevance of its programs and activities. Data collected from the annual survey is evaluated to measure certificant compliance with IBHRE rules and requirements and to identify trends in the professional activities of certificants. The survey is distributed to two primary groups: current IBHRE certificants and identified employers of IBHRE certificants.

For the 2012 Survey, IBHRE received responses from 278 certificants. The results of the survey provided general insight into the perceived value of the IBHRE credential in the field, the overall awareness among certificants of IBHRE recertification requirements, and the prevalence of unethical behaviors among IBHRE certificants.



A survey conducted by IBHRE reports that organizations and hospitals recognize a higher level of performance from staff who are IBHRE certified. IBHRE certificants report a higher sense of personal satisfaction, proficiency, salary, and an increased level of confidence in their interactions with colleagues.



# HEART RHYTHM SOCIETY COLLABORATIONS



Working together to standardize the profession, IBHRE and the Heart Rhythm Society provide the most current testing and professional development tools with advances in heart rhythm management to enhance knowledge and delivery of health care to patients.

The Heart Rhythm Society (HRS) is the universally recognized leader for heart rhythm disorders and is leading a coalition of clinicians, scientists, industry, and government. Patients with heart rhythm disorders, as well

as the health care professionals who treat them, recognize and use the Society as the primary source for current information and connection with others. Participation in the exam is consistent with the Heart Rhythm Society's overall purpose to improve the care of patients by promoting research, education, and optimal health care policies and standards.

Several events designed to promote further awareness of IBHRE programs were held in conjunction with the Heart Rhythm Society's 33rd Annual Scientific Sessions in Boston, MA.

On Thursday, May 10, IBHRE Test Writing Committee members engaged in a meet-and-greet session with attendees interested in networking with the leaders of IBHRE and learning more about IBHRE certification. A reception was also held in Heart Rhythm Place to honor IBHRE's first group of certified Physician EPs. Additionally, IBHRE held several meetings with international physician leaders from Japan, India, and China to discuss partnership opportunities.

Throughout the Scientific Sessions, IBHRE promoted its free annual raffle to win a complimentary registration for the IBHRE certification exam. Every year, IBHRE presents two winning heart rhythm professionals with a complimentary registration. With this event, IBHRE can make way for qualified health care professionals to obtain the certification. For 2012, the winners were from Cardiology Consultants in Naples, FL and Dartmouth-Hitchcock Medical Center in Lebanon, NH.

An IBHRE booth was present at Heart Rhythm Place in the Exhibit Hall. The booth received a high volume of traffic from both current and prospective certificants. IBHRE featured the exam brochure, candidate bulletin, recertification guidelines, free giveaways, and certification recipient paraphernalia.

# **GOVERNANCE**

IBHRE owes much of its success to the board and committee leaders who contribute their expertise, time, and leadership support to the organization's activities. IBHRE is fortunate to have active and committed members of the Board of Directors who profoundly believe in the mission and strategic direction of IBHRE. A sincere thank you goes to the Board for all of their efforts. The IBHRE examinations would not exist without the labors of the Test Writing Committees, the Test Translation Committee, the Review and Appeals Committee and the IBHRE Task Forces.

IBHRE is grateful to the diverse group of subject matter experts who commit countless hours to the development of the exams and the improvement of IBHRE programs. The unparalleled knowledge of our experts is crucial to the role IBHRE exams take in defining the profession. Committee chairs and members who participated in item writing and reviews, translation, standard setting activities, key validation, and exam scoring over the course of the year have done outstanding work in positioning IBHRE certification as the number one platform for heart rhythm competency.

IBHRE also wishes to extend thanks to those individuals who have actively advocated for IBHRE certification this past year.

Christine Chiu-Man, MSC, FHRS, CCDS, CEPS; Melanie Gura, MSN, CNS, FHRS, FAHA, CCDS; and Amy Leiserowitz, RN, CCDS, represented IBHRE during the event, "Why should I be IBHRE certified?" held in the Allied Professionals Lounge during the Heart Rhythm Society's Scientific Sessions in Boston.

In conjunction with the announcement of the first group of IBHRE certified Pediatric Electrophysiologists, George Van Hare, MD, FHRS, CCDS, advocated for IBHRE's Physician EP examination during the Pediatric and Congenital Electrophysiology Society (PACES).

In Hyderabad, India, Jian-Ming Li, MD, PhD, presented on IBHRE certification during a symposium he organized for physician EPs and general cardiologists.

Paul Levine, MD, FHRS, FACC, CCDS, presented on IBHRE certification while chairing a satellite symposium at the Asian Pacific Heart Rhythm Society.



### **IBHRE Board of Directors**



# **President**

Charles J. Love, MD, FHRS, FACC, FAHA, CCDS

# **Vice President /Treasurer**

Edward V. Platia, MD, FHRS, CCDS

# Secretary

Christine Chiu-Man, MSC, FHRS, CCDS, CEPS

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Anne Gillis, MD, FHRS (ex officio)
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Marleen E. Irwin, FHRS, RCRT, CCDS
Tohru Ohe, MD, FACC, FHRS
Neil F. Strathmore, MBBS, FHRS, CCDS

# **IBHRE Chairs for the Test Writing and Test Translation Committees**

Physician Chair, Pacing Test Writing Committee Charles J. Love, MD, FHRS, FACC, FAHA, CCDS

Allied Professional Chair, Pacing Test Writing Committee Marleen Irwin, RCRT, FHRS, CCDS

Physician Chair, Allied EP Test Writing Committee Edward Platia, MD, FHRS, CCDS

Allied Professional Chair, Allied EP Test Writing Committee Christine Chiu-Man, MSC, CCDS, CEPS, FHRS

Chair, Physician EP Test Writing Committee Edward Platia, MD, FHRS, CCDS

Co-Chair – Pediatric Section, Physician EP Test Writing Committee George Van Hare, MD, FHRS, CCDS

Editorial Team, Japan Test Translation Committee Akihiko Nogami, MD Yoshinori Kobayashi, MD Toshiyuki Ishikawa, MD Takashi Kurita, MD

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# **Allied EP Test Writing Committee**

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Traci L. Buescher, RN, CEPS, CCDS
Christine Chiu-Man, MSC, FHRS, CCDS, CEPS
Yoshinori Kobayashi, MD
Brian Olshansky, MD, FHRS, CCDS
Edward V. Platia, MD, FHRS, CCDS
Craig Swygman, CVT, CEPS
Ralph J. Verdino, MD, CCDS
Leonard Otto Van Breemen, BSN, CEPS
Paul J. Wang, MD, CCDS
Esther Weiss, RN, MSN, APN, CEPS, CCDS
Chunja Yoo, BSN, CEPS, CCDS

# **Physician EP Test Writing Committee**

**ADULT** 

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Edward V. Platia, MD, FHRS, CCDS
Marc Roelke, MD, CCDS
Ralph J. Verdino, MD, CCDS
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# **Japan Test Translation Committee**

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# **Review and Appeals Committee**

Traci L. Buescher, RN, CEPS, CCDS Melanie T. Gura, MSN, CNS, FHRS, CCDS Marleen E. Irwin, RCRT, FHRS, CCDS Charles J. Love, MD, FACC, FHRS, FAHA, CCDS Edward V. Platia, MD, FHRS, CCDS

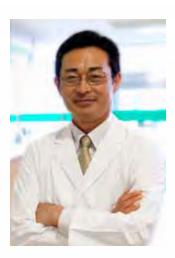




# FISCAL YEAR- END FINANCIAL REPORT

The independent auditor's review of the IBHRE Fiscal Year 2012 financial statements was conducted by Rogers & Company, the accounting firm contracted through the Heart Rhythm Society (HRS). IBHRE received an "unqualified" audit, which means that IBHRE's financial reports and accounting systems are an accurate representation of IBHRE's financial position on September 30, 2012 (fiscal year-end date).

As the management company of the IBHRE, the Society continues to manage the organization's finances. The functions necessary to carry-out IBHRE's strategic agenda are contracted through HRS and performed by employees of HRS. These general management costs amounted to \$110,820 in fiscal year 2012. \$1,157,341 was earned from exam registration fees with an additional \$30,415 from interest and dividends. Program services and general management expenses totaled \$1,157,917. By 2012 fiscal year end, IBHRE investments consisting of money market funds and equity securities totaled \$1,261,090. Unrealized investment losses totaled \$219,643.









# 2012 IBHRE Year End Report

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