



Hospital Privileges Guidelines Update Published by SVS

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Guidelines for Hospital Privileges in Vascular Surgery and Endovascular Interventions: Recommendations of the Society for Vascular Surgery



- New Hospital Privileges**
 - ✓ ACGME-approved vascular surgery residency and passing of ABS vascular certification within 7 years
 - ✓ RPVI examination and gaining knowledge of medical management of vascular patients
- Renewal of existing vascular privileges for vascular and non-vascular surgeons**
 - ✓ Recertifying exam in vascular surgery or in the physician's specialty within 10 years
 - ✓ Maintenance of certification (MOC)
 - ✓ Outcome analysis based on regional or local registries
 - ✓ RPVI examination or appropriate CME in noninvasive vascular laboratory

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Published on Society for Vascular Surgery (<https://vascular.org>)

“Guidelines for hospital privileges in vascular surgery and endovascular interventions: Recommendations of the Society for Vascular Surgery,” which are published in May’s Journal of Vascular Surgery. This is the first update to these guidelines since 2008.

The new guidelines offer hospital administrators detailed parameters for sound decision-making that align with vascular surgery training requirements prescribed by the Accreditation Council for Graduate Medical Education and the Association of Program Directors for Vascular Surgery.

The biggest changes for 2018 are an emphasis on maintenance of certification (MOC) and documenting clinical results over time through a registry, such as the Vascular Quality Initiative database, launched in 2011.

Many vascular surgeons believe that only they should be allowed to perform vascular procedures. But it’s not that simple, says Dr. Keith Calligaro, who chaired the guidelines writing group. Some cardiologists, he explained, have opted for a fourth year of training in peripheral vascular interventions, and want to put that training to use.

But many of these procedures, whether open or endovascular, are interventions that “vascular surgeons do best, and have the most training for and the most interest in,” he said.

Still, he added, it is hospital administrators who decide who performs a procedure. “That’s why our guidelines are so important because they serve as a reference.” Dr. Calligaro believes all vascular surgeons should encourage their hospital administrators to adopt the guidelines as a roadmap to enhanced quality.

“Those who feel there are other specialists doing vascular procedures who may not have adequate training can refer to this manuscript for their hospital administrators,” he said. They can ask these administrators to “heed the recommendations of the experts in vascular surgery, who are vascular surgeons.”

To view the new guidelines, visit [http://www.jvascsurg.org/article/S0741-5214\(18\)30173-3/fulltext](http://www.jvascsurg.org/article/S0741-5214(18)30173-3/fulltext).

Hospital Privileges Guidelines at a Glance:

1. Physicians should meet minimum case volume criteria for open and endovascular cases during residency and fellowship, as set by the ACGME Residency Review Committee for Surgery recommendations
2. New vascular privileges applicants should have completed an accredited vascular surgery residency or fellowship before 2020 and should obtain American Board of Surgery certification in vascular surgery or American Osteopathic Association certification within seven years of ending training.
3. Those applying for privileges renewal should be board-certified in vascular, general or cardiothoracic surgery. They should participate in MOC programs and maintain board certification.
4. Surgeons performing open or endovascular procedures should use nationally validated outcomes tracking registries, such as the Vascular Quality Initiative.
5. For vascular lab exams, physicians should meet a minimum number of supervised, interpreted studies during postgraduate training, as suggested by the Intersocietal Accreditation Commission.

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