The national shortage of vascular surgeons
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This year’s E. Stanley Crawford Critical Issues Forum addressed the current status of the vascular surgery workforce, its existing geographic distribution, the potential for a worsening shortage, and proposed solutions to ensure future vascular care delivery.

As is tradition, the forum was organized and moderated by the SVS president elect, this year Michel S. Makaroun, MD, codirector of the UPMC Heart and Vascular Institute in Pittsburgh. The session began with an overview from Dr. Makaroun on the critical nature of the growing problem. He described how the current shortage of vascular surgeons is projected to worsen for two main reasons:

First, newly trained vascular surgeons are not entering the workforce in adequate numbers to meet the increased demand presented by the nation’s aging population, even with the improvements projected from the new 05 training program; second, there is a large percentage of vascular surgeons currently practicing who are expected to retire in the next decade, with estimates reaching 35%-45%.

He detailed the results of the 2017 survey of vascular surgeons that showed this and other concerning factors.

“We do not take vacations,” he said. “We have significant overwork.” In addition, “half of the surgeons who said they would retire, said they would retire before the age of 65.”

In fact, nearly 50% of those surveyed have firm retirement plans, and nearly 20% were planning on retiring within the next 5 years.

“To summarize, we have a pipeline, which at maximum would, within the next 5 years introduce 608 new vascular resident and fellow graduates into the workforce, and at the same time we’ll be losing the same number of practicing vascular surgeons. So, at best, we will stay even,” said Dr. Makaroun. “The Current Landscape of the Vascular Surgery Recruitment Market” was addressed by Jeremy Robinson of Merritt Hawkins. He pointed out the market evidence for a large scarcity of vascular surgeons, with a huge number of positions going unfilled, more than half of new trainees receiving more than 100 offers, and bidding wars going on among employers, including offering expansive salaries and benefits to vascular surgeons as part of recruitment efforts. In his talk, “Where Did the Vascular Surgeons Go? Seven Years of Futile Recruitment Attempts,” Gerald Goldstein, MD, of the Western Maryland Health System, addressed the problem of attracting new vascular surgeons. His talk was key in pointing out the problems of large health care facilities in poor and rural areas. “We’re not a BandAid station. ... we’re a big hospital, we serve a large geographic area and a large cohort of patients,” he said. Still they have failed to recruit a single vascular surgeon.
He pointed out how places such as his could not compete for vascular surgeons against more desirable urban centers with more amenities and sufficient backup surgeons to provide lower workloads and improved quality of life, which includes time off, not being on call, and collaboration and teamwork. He was not optimistic about solutions and was fighting the final solution: hospital contraction of services. “Workforce Targets: How Can We Know Whether We Have Enough Vascular Surgeons?” was discussed by Mark Friedberg, MD, of the RAND Corporation.

Dr. Friedberg pointed out that it was important to define what was meant by a shortage of vascular surgeons, asking whether a surgeon/population metric was the most valuable or should it include other components, such as geographic considerations, quality of care issues, patient waiting times, and more.

In addition, he asked, for any metric chosen, how was the decision made in choosing the optimal level?

What is the best ratio of vascular surgeons to population, and how do you decide it?

Finally, Anton Sidawy, MD, of the George Washington University Hospital, Washington, looked at possible solutions to the problem in his talk, “Pathways to Alleviate Shortages and Maldistributions of Vascular Surgeons.” Dr. Sidawy stressed the need for a multifaceted approach, including government at the federal, state, and local levels, as well as medical schools and training programs.

He particularly stressed the need for improving the distribution of vascular surgeons to underserved rural areas, such as described by Dr. Goldstein. However, this would require thinking outside the box, perhaps involving redistribution of training to more underserved areas of the country as well as recruitment of more individuals from those areas.

This is more likely to produce vascular surgeons willing to remain or return to such areas to practice, as has been well documented. Another possibility is to provide incentives for older vascular surgeons to delay retirement, perhaps with a lowered workload, freedom from being on call, and other benefits. But perhaps his most radical suggestion is the idea of rethinking the role of vascular surgeons entirely, to include the ability to perform more general surgery operations, allowing them more flexibility to take on roles in smaller communities and organizations that could not afford a narrowly defined specialist. The forum concluded with a panel discussion in which the panelists addressed questions from the audience.