Why Hospital Privileges Guidelines Matter & How You Can Help

SVS Updates 2008 Guidelines

A cardiology colleague once invited Keith Calligaro, MD, to speak at a cardiology conference. As he was about to take the podium, the moderator asked the audience, “Can you believe that Dr. Calligaro has questioned whether cardiologists should be allowed to perform peripheral vascular procedures?”

Today, Dr. Calligaro said, “I would point to our [new hospital privileges guidelines] and say, ‘I don’t think a cardiologist – or a thoracic, general or vascular surgeon – should be doing vascular procedures unless they meet the criteria in this document.’”


The new guidelines offer hospital administrators detailed parameters for sound decision-making that align with vascular surgery training requirements proscribed by the Accreditation Council for Graduate Medical Education and the Association of Program Directors for Vascular Surgery. For procedures supported by evidence-based research, the guidelines include minimum criteria for specific types of cases.

The 2018 guidelines are the third set issued by SVS, superseding those published in 2008. The biggest changes for 2018 are emphasizing the maintenance of certification, 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. Dr. Calligaro said he learned it’s not that simple. 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. “And all vascular interventionalists should question if some of these vascular procedures are being done for wrong indications or if certain interventionalists are not getting good outcomes.”

“Still, vascular surgeons as a group cannot dictate to other specialties what they should be allowed to do. It’s hospital
administrators who decide. That’s why our guidelines are so important because they serve as a reference.”

Dr. Calligaro hopes every vascular surgeon will encourage their hospital administrators to adopt the guidelines.

“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 – and share them with your hospital administrator – visit vsweb.org/Hospital.

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