The Case for a Vascular Surgery Review Committee

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Disclosures

• Senior Director of the American Board of Surgery

• The opinions expressed today are my own and are not meant to reflect the position of the ABS, SVS, APDVS or other organizations
My opinion

• Our identity as vascular surgeons is defined by our training programs
• We are who/how we train
• Autonomous oversight of vascular training is critical to the future of our specialty
• Vascular surgeons are in the best position to determine the optimal training pathways for vascular surgeons
Why am I here

- Potts
- Lamb
- SVS
- Mills, Valentine
- Gahtan and VSB
Background

• The Surgery Review Committee has been responsive to the needs of the vascular surgery community
  – Approval of new programs
  – Review of existing programs
  – Development/modification of program requirements
Background

• Accreditation Council for Graduate Medical Education (ACGME) – 1981
  – Approves programs
  – Review Committee for Surgery (RRC-S)

• American Board of Medical Specialties (ABMS) - 24 member Boards
  – Certifies individuals
  – American Board of Surgery (ABS)
    • Vascular Surgery Board of the ABS (VSB-ABS)*
      – *Not related to the American Board of Vascular Surgery (ABVS)
VSB-ABS

- Functionally autonomous
  - In-training exam
  - Qualifying exam (written)
  - Certifying exam (oral)
  - MOC
  - Professionalism/discipline

- Participates at the highest levels of ABS
  - Spence Taylor and Craig Kent
  - Vivian Gahtan
VSB opportunities

- Chair – must be certified in Surgery at the present time-
- Committee work – should be limited to non-exam activities
- Create structure for **equal standing** with general surgery
RRC-S Nominated by AMA, ACS and ABS

- Jeff Matthews Chair
- Paula Themuhlen Vice Chair
- Robert Cromer
- George Fuhrman
- David Herndon
- Joe Mills
- Danny Takanishi
- Tom Tracy
- Mary Fallat
- David Han
- Pam Lipsett
- Joe Stella
- Richard Thirlby
- Jim Valentine
There are “usually” 3 vascular surgeons on RRC – based on custom rather than statute. SVS is not a nominating organization.
RRC – S Workload

- RRC-Surgery (# programs)
  - General Surgery (265)
  - Vascular Surgery (142)
  - Pediatric Surgery (44)
  - Surgical Critical Care (124)
  - Complex GS Oncology (27)
  - Hand Surgery (82)
What are the advantages of the current system?
advantages

• Relationship to general surgery is maintained
• 12 mos of vascular surgery during surgery residency
• Direct input into quality of pipeline to fellowship
• Economies of scale - $$$  ???
• Cross-pollination
disadvantages

• What are the disadvantages of the current system?
disadvantages

• Most of the work of RC is not directly related to vascular surgery – i.e. 80%
• Impact on vascular surgery identity
• Future program needs – Jeff Jim
  – Manpower shortage –
    • Aging population
    • Unique skillset
    • “Permissive” specialty
• Stroke Centers
• Trauma Centers
• Cancer Centers

Fire(wo)men of the operating room
Why not change?

• The ACGME Review Committees largely reflect the 24 member boards of ABMS
  – i.e. one RC per Board
  – i.e. no Board, no RC
One RRC per Board???

• American Board of Psychiatry and Neurology
  – RRC Neurology
  – RRC Psychiatry
• American Board of Radiology
  – RRC Radiology (including IR)
  – RRC Radiation Oncology
• Thus, there is precedent for multiple RRCs despite solitary Board
ACS Surgical Specialties

- Vascular surgery
- General surgery
- Thoracic surgery
- Colon and rectal
- Gyn-oncology
- Ob-Gyn
- Neurosurgery
- Ophthalmology
- Oral maxillofacial
- Orthopedics
- ENT
- Pediatric surgery
- Plastics
- Urology
ACS Surgical Specialties with Independent RRC & Board

- Vascular surgery
- General surgery
- Thoracic surgery
- Colon and rectal
- Gyn-oncology
- Ob-Gyn
- Neurosurgery

- Ophthalmology
- Oral maxillofacial
- Orthopedics
- ENT
- Pediatric surgery
- Plastics
- Urology
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ACGME: Criteria for New Specialty

- demonstrates that the clinical care of patients and their safety will be improved through recognition of education in that discipline;
- is sufficiently distinct from other specialties based on major new concepts in medical science and the delivery of patient care;
- represents a new and well-defined field of medical practices;
- is based on substantial advancement in medical science;
- offers educational content that cannot be incorporated within established residency programs;
- will generate sufficient interest and resources to establish the critical mass of quality residency programs with long-term commitment for successful integration of the graduates in the health care system nationally;
- At a minimum, the new core specialty should maintain 50 active programs and 200 residents nationally.
- is recognized as the single pathway to the competent preparation of a physician in the new core specialty; and,
- has one or more national medical societies with a principal interest in the proposed new core specialty.
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My Opinions

• Vascular surgery is sufficiently differentiated as a unique surgical specialty
• The most critical aspect of defining the scope of our practice, and our identity, is through our training programs
• A Review Committee dedicated to vascular training will have a positive impact on the quality of vascular surgery training
Next steps

• Enlist support of affiliated organizations
  – SVS
  – ACS
  – APDVS
  – VSB-ABS
  – ABS

• Submit request to ACGME to establish REVIEW COMMITTEE for Vascular Surgery