VASCULAR SURGERY BOARD - 2016

JOHN F EIDT
VSB

- Eidt *– chair - APDVS
- Gahtan *– vice –chair
- Illig
- Kent*
- Clair
- Mitchell
- Money
- Reed
- Dalsing
- Taylor*
- Rhodes

Ash Mansour
Ron Dalman
Gib Upchurch
Bruce Perler

*ABS Director
• ABOG Dallas #8
• Assigned case rosters
• N=149 (133 first time)
• 0+5 – 16 (11%); (2-2013, 11-2014)
• Female – 26% (all time high)
• IMG – 19% (high 23%)
2015 CE

- Overall failure rate 13/149 – 8.7% (2.8% 2000, 20.5% 2013)
  - First time – 8.3%
  - Re-examinees – 12.5%
- Primary certificate only 11.6%
- GS certified 7.5%
- 5+2 7.5%
- 0+5 18.8% (3/16)
- Overall 0+5 10.3% (3/29)
QE 2015

- Sept 11, 2015
- No Surgical Principles Exam (SPE) in 2015
- 70/30 vascular/core
- N=165 (159 first time)
- 65/165 (40%) Primary certificate without GS
- 0+5 n=22 (13%)
- Female 27%
- IMG 21%
- Overall failure rate – 5.5% (5-13% last 10 years)
- All 22 0+5 passed (1/51 all time)
- Good correlation between VSITE and QE
## 0+5 VS 5+2 %CORRECT

<table>
<thead>
<tr>
<th>Category</th>
<th>0+5</th>
<th>5+2</th>
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<tbody>
<tr>
<td>Arterial (100)</td>
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<tr>
<td>Venous (17)</td>
<td>74.0 x</td>
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<td>Lymphatic (4)</td>
<td>53.6 x</td>
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<td>Trauma (12)</td>
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<td>Access (5)</td>
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<td>Complications 915)</td>
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<td>Endo (9)</td>
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RPVI

- N=112
- Overall pass 84%
  - Cardiology (45%) 85%
  - Vascular Surgery (41%) 85%
  - Vascular Medicine (3%) 64%
  - IR (2%) 65%
  - Other 71%

- All vasc surg fails were 5+2
- RPVI is required for Certification
- Applicants will be allowed to take QE prior to completing RPVI but will not be allowed entry to CE (loss of opportunity)
ELIGIBILITY FOR CERTIFICATION

- ACGME approved program
- 250 major vascular cases (min)
- RPVI
- Critical care 25 case minimum
- 4 months critical care
- 250 cases by end of PGY2 (approved by VSB)
PROGRAM HETEROGENEITY

• ? Case minimums
• Required rotations
  • ? Surgical critical care/trauma
  • ? Dialysis access
  • CT surgery
  • Others
FREE STANDING PROGRAMS

- Free standing vascular programs are not allowed per current ACGME policy instituted in 2012
- Vascular surgery is considered “dependent” on parent Surgery program (infrastructure)
- VSB and APDVS petitioned the ACGME to re-classify vascular surgery as independent
- Currently pending meeting of ACGME senior leadership
TRAINING PARADIGMS

• 5+2 Independent (4+2 ESP)
  • Double-boarded in Surgery and Vascular Surgery

• 0+5 Integrated
  • Primary certificate in Vascular Only
  • 36 months vascular surgery
  • 18 months “core” surgery
  • 6 months electives
WHAT DOES “INDEPENDENT” MEAN?

- Independent Board
- Independent RRC
- Independent training programs
- Professional organization
- Textbook
- Journal
- An organ system
- Public identity
ACS SURGICAL SPECIALTIES

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

- Ophthalmology
- Oral maxillofacial
- Orthopedics
- ENT
- Pediatric surgery
- Plastic surgery
- 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
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- Urology
VASCULAR SURGERY IS A SPECIALTY NOT A SUB-SPECIALTY

- **Unique** body of knowledge and surgical skill set
- National professional organization (SVS)
- Robust training programs
- Program Directors Association (APDVS)
- Textbook (Rutherford)
- Journal (JVS)
- Unique educational goals (Milestones)
- Curriculum (Vascular SCORE)
VASCULAR SURGERY IS A SPECIALTY

- Vascular surgery in general residency match
- **Primary certificate** in vascular surgery
- Board certification (in-training, written and oral exams, MOC)
- National quality registry (VQI)
- Board certification is associated with improved **outcomes**
WHAT IS LACKING?

- Identity
- Department status
- Independent Board
- Training opportunities
IDENTITY

• “Oh, you do varicose veins?”
• “Leaders in the **minimally invasive treatment of vascular disease**” or “We’ve done everything we can do, go see a vascular surgeon”
• Would an independent board limit cardiothoracic surgeons, general surgeons, cardiologists, interventional radiologists and others from treating vascular disease?
Most academic vascular programs reside within larger departments (Surgery, Cardiovascular).

Would an independent board increase the number of vascular departments?

Politics are local.
INDEPENDENT BOARD

- Vascular Surgery Board of the ABS
  - Primary Certificate
  - Qualifying Exam
  - Certifying Exam
  - Examination consultants (write questions)
  - Examiners (academic and private)
- ***Chairman of VSB is Director of ABS (must maintain Surgery certification and serve as Examiner for Surgery Oral Exam)***
18 months “Core” training
• pre- and post-operative evaluation and care
• critical care and trauma management
• basic technical experience in skin and soft tissue
• airway management
• abdomen and alimentary track
• thoracic surgery
• laparoscopic surgery (?)
ACCEPTABLE CORE ROTATIONS

General Surgery rotations
- general surgery
- basic and advanced laparoscopic skills
- abdominal and alimentary tract surgery
- trauma
- surgical oncology

Non GS rotations
- Surgical critical care
- Pediatric surgery
- Head and neck and endocrine surgery
- Transplantation
- Cardiac surgery
- Thoracic surgery
- Congenital cardiac surgery
- Urology
- Gynecology
- Neurological surgery
- Burn surgery
- Plastic surgery
- Vascular medicine***
- Cardiology***
- Interventional radiology***

***Up to six months of vascular-related rotations may be included as part of the 18 months.
Profession
al SVS

Educators
APDVS
V-SCORE
VESAP
JVS

Training
0+5
5+2

Self-Regulation
VSB of ABS

Disease/Organ system
Profession
al SVS

Disease/Organ system

Training
0+5
5+2

Educators
APDVS
V-SCORE
VESAP
JVS

Self-Regulation
VSB or ABS
ACGME: RRC

- RRC Surgery
- General surgery
- Vascular surgery
- Pediatric surgery
- Hand surgery
- Surgical critical care
- Complex general surgical oncology

Vascular Members:
- Ricotta
- Dalman
- Mills
ACGME POLICY

- ACGME Policy 15.00 - Independent Subspecialty Programs
- Effective July 1, 2013, the ACGME will not accredit new independent subspecialty programs.
- Vascular surgery is considered a subspecialty dependent on a parent general surgery program.
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<thead>
<tr>
<th>Field</th>
<th>Professional Organization</th>
<th>Journal</th>
<th>Training programs</th>
<th>Primary Certificate</th>
<th>SAP/MOC</th>
<th>EXAM</th>
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The table indicates whether certain professional organizations have specific programs for certification and examination in various fields. For example, Colon/rectal surgery has a NO for SAP/MOC, while OB-Gyn has a YES for SAP/MOC.
MY OPINIONS

• It is inevitable that vascular surgery will continue to evolve as an independent specialty
• Not due to governance or regulations but due to the fact that specialization is in the best interest of the public – our patients
• We provide more effective, cost-efficient, compassionate care
• The ABS provides a political structure that is on the whole beneficial to vascular surgery. Shrinking pool of double-boarded surgeons will require accommodation
• There is an opportunity to improve current training paradigms (definition of “core”, carve out for 5+2 programs, free-standing programs) - ? Need for independent RRC
• Continued need for vascular surgeons to differentiate from other vascular specialists – not a “refuge of last resort”