Current Impact Of The 0+5 Vascular Surgery Residency Programs: Should Vascular Surgery Now Become An Independent Specialty As It Is In Most Other Civilized Countries

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Disclosures

- Director of American Board of Surgery
- Chairman of the Vascular Surgery Board
- (Uncompensated)

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
  - 24 months “core” surgery

Certifying Exam 2015

- N=149
- Not certified in Surgery - 43 (29%)
- Passed 136/149 (91%)
  - 5+2 – 123/133 (92%)
  - 0+5 – 13/16 (82%)
- Total 0+5 25/26 (95%)
  - 2/2 2013
  - 10/11 2014
  - 13/16 2015
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
- Plastics
- Urology

ACS Surgical Specialties with independent RRC & Board

- General surgery
- Thoracic surgery
- Colon and rectal
- Gyn-oncology
- Ob-Gyn
- Neurosurgery
- Ophthalmology
- Oral maxillofacial
- Orthopedics
- ENT
- Pediatric surgery
- Plastics
- 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?

Department status

- 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)

Training opportunities

24 months “Core” surgery
- 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 Surgery 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 24 months.***
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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| ACGME: 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.

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
Summary

• Continued need for vascular surgeons to differentiate from other vascular specialists – not a "refuge of last resort"
• Department status not related to “independence”
• 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) - ? Need for independent RRC