Vascular Independence

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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

Would an independent board ...

• ...prevent cardiothoracic surgeons, general surgeons, cardiologists, interventional radiologists and others from treating vascular disease?
• ...increase public recognition of vascular surgeons as "leaders in minimally invasive treatment" of vascular disease?
• ...prevent the cannibalization of vascular sections into larger Cardiovascular Departments under cardiology or cardiac surgery?

Would an independent board ...

• ...improve reimbursement for vascular surgery?
• ...improve the training of future vascular surgeons?
• ...increase funding of vascular research?
• ...increase the influence of vascular surgeons on Capitol Hill?
• ...reduce “burnout” in vascular surgeons?

My Opinions

• It is essential that vascular surgery continue to evolve as an autonomous specialty
• The most critical aspect of defining the scope of our practice, our BRANDING, and our IDENTITY is through our training programs
• A Review Committee dedicated to vascular training will have a positive impact on achieving our long term goal of vascular autonomy

Background

• Accreditation Council for Graduate Medical Education (ACGME) – 1981
  − Approves programs
  − Review Committee for Surgery (RC-S)
• American Board of Medical Specialties (ABMS) - 24 member Boards
  − Certifies individuals
  − American Board of Surgery (ABS)
  • Vascular Surgery Board of the ABS (VS8-ABS)*
    — Not related to the American Board of Vascular Surgery (ABVS)
Changes at ABS

• Two Primary Certificates are issued by the ABS
  – Surgery (General) and Vascular Surgery
• Until 2018, Directors of ABS must be certified in Surgery
• New policy June 2018
  – Directors of the ABS may be certified in EITHER Primary Certificate – Surgery (General) or Vascular Surgery
  – Significantly raises the position of Vascular Surgery within the administrative structure of ABS

Surgery RC Workload

• RC-Surgery (# programs)
  – General Surgery (265)
  – Vascular Surgery (142)
  – Pediatric Surgery (44)
  – Surgical Critical Care (124)
  – Complex GS Oncology (27)
  – Hand Surgery (82)

One RC per Board???

• American Board of Psychiatry and Neurology
  – RC Neurology
  – RC Psychiatry
• American Board of Radiology
  – RC Radiology (including IR)
  – RC Radiation Oncology
• Thus, there is precedent for multiple RCs 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 RC & Board

• Ophthalmology
• Oral maxillofacial
• Orthopedics
• ENT
• Plastics
• Urology
### Time for RC-Vascular Surgery

- Vascular surgeons should be responsible for oversight of vascular training just as other surgical specialties
  - e.g. Urologists don’t review Orthopedic programs
  - e.g. Neurosurgeons don’t review ENT programs

### Where are we

- The voice of vascular surgery is stronger at the ABS
  - Taylor, Kent, Perler
  - ABS speaks for Surgery and Vascular Surgery at ABMS

- The APDVS has requested the ACGME consider an autonomous Review Committee for Vascular Surgery – (Unprecedented)
  - SVS? should be nominating organization

- Evolution (not Revolution) is inevitable