On the path to VS independence: The role of independent fellowships and the urgent need for an RRC-VS and an independent approved Board (ABVS)

TM Sullivan
Minneapolis

Disclosures

Consulting
WL Gore
CR Bard
Veryan

Meeting organizer
Chair CEC, Bolster Study
US PI, MIMICS-2

Employee
Allina Health

Independent VS Fellowship


Denied solely on lack of General Surgery Residency

31 elective cases
CEA
TCAR
EVAR
EVAR / IBE
fEVAR
Percutaneous endo
Hybrid open / endo
Veins
Spine exposure

Following week:
3 open AAA repair
ABF
Renal intervention

ABVS History and Appendices

The American Board of Vascular Surgery and Independence of the Specialty

Does VS need full independence from General Surgery?

Significant steps have been made

VS fellowships are now ‘independent’ of General Surgery (Fall 2017)

We face significant issues related to:
- Training adequate numbers of vascular surgeons
- Ease of application for independent programs
- Competition from other specialties

ACGME process

Application submitted July 2018
Reviewed ~ 10 submitted and approved applications
ACGME site visit August 2018

ACGME Site Visit

"You have an incredible program, but…"

"The RRC was very disappointed with your application; you provided a conference schedule, but in the wrong format"

"You should have looked at other, approved applications"

"The RRC is concerned that you have no prior history of resident / fellow education"

"You misspelled several words on page 136 of your application. The RRC is very concerned."

VS is no longer a dependent specialty on General Surgery

Fall 2017

Collaboration with VS Surgery (ACGME)

Thanks to the advocacy of the VSB-ABS and ABS, in collaboration with the vascular surgery community, the Review Committee for Surgery (RRC) of the Accreditation Council on Graduate Medical Education (ACGME) approved in September to allow applications for standalone independent vascular surgery fellowship programs. This means there no longer needs to be a parent surgical residency as a prerequisite for a vascular surgery fellowship application to receive ACGME approval. standalone vascular surgery programs will no longer be required to be part of a general surgery residency.

Fall 2017

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Nobody expects the Spanish Inquisition!
Vascular Workforce

25,000 practicing Cardiologists
7,129 Interventional Cardiologists (2004)
270-300: annual new certifications of IC

2009: ACC published “Cardiology Workforce Crisis”

2. Rodgers GP et al. JACC 2009;54:1195-1208

VSB-ABS Compared to Other Boards
We are pleased to report a steady increase in the number of vascular surgeons becoming certified each year, with 161 new vascular surgery diplomates in 2017, up from 132 five years ago. They join approximately 3,200 current vascular surgery diplomates.

Next steps

RRC-VS
Allow our specialty to determine training of Vascular Surgeons
RRC-S: 18 members, two of whom are VS

ABVS
Allow us to be recognized as a truly independent specialty

Vascular Workforce
It is expected that there will be a shortage of physicians providing vascular care:
1,000 physicians by 2050

300 IC graduate each year
161 VS graduate each year

By 2040, VS will fall behind by 2800 graduates
Interventional Cardiology will fill the gap

Next steps
In order to increase the number of graduating VS fellows, we must turn to independent programs

The process is daunting for programs that do not have an existing academic infrastructure

Our societies can:
Help facilitate the process, provide templates
Push for an RRC-VS and an independent ABVS

Berguer R.
“On the Cover”