The Case for a Vascular Surgery Review Committee

John F Eidt MD
Baylor University Medical Center
Dallas, Texas

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 opinion

• Our identity as vascular surgeons is defined by our training programs
• We are what we train
• Autonomous oversight of vascular training is critical to the future of our specialty
• The next step in the pathway to autonomy should be establishment of a Review Committee for Vascular Surgery

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 (VS8-ABS)*
  – Not related to the American Board of Vascular Surgery (ABVS)
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)

20%

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

Vascular Surgeons on RRC-S

• Jeff Matthews Chair
  • Paula Themuhlen Vice Chair
  • Robert Cromer
  • George Fuhrman
  • David Herndon
  • Joe Mills
  • Danny Takanishi

There are “usually” 3 vascular surgeons on RRC – based on custom rather than statute. SVS is not a nominating organization

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

• General surgery
• Thoracic surgery
• Colon and rectal
• Gyn-oncology
• Ob-Gyn
• Neurosurgery
• Ophthalmology
• Oral maxillofacial
• Orthopedics
• ENT
• Plastics
• Urology
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.

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, 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

Next steps

- Enlist support of affiliated organizations
  - SVS
  - ACS
  - APDVS
  - VSB-ABS
  - ABS
- Submit request to ACGME to establish REVIEW COMMITTEE for Vascular Surgery