“Will the ABS Ever Support a Fully Independent Board of Vascular Surgery: If Not, Why Not Since Vascular and General Surgery Are Now Different Specialties?”

Spence M Taylor, M.D.
President, Greenville Health System
Chair, Board of Managers
GHS Health Sciences Center
Vice Chair American Board of Surgery
Professor of Surgery
University of South Carolina School of Medicine Greenville

I Have No Financial Disclosures

Yes!
The Vascular Surgery Board (VSB) of the American Board of Surgery (ABS)
One of 39 General (Primary) Certificates issued by 24 American Board Medical Specialties (ABMS) Member Boards (ABS)
ABMS considers vascular surgery as a separate specialty

“New Board” should be better than current one:
Full autonomy and independence within a Member Board with the scale and clout of surgery (ABS)

13 total
plus

Largest component board with its own Executive Director

General Surgery again?
Don’t think so—The ABS is not the “American Board of General Surgery” — (Transplant, Peeds, Trauma, Critical Care, Endocrine, Breast, etc.). The next two ABS chairs (and the RRC-S vice chair) are vascular surgeons
So what’s the beef now & why so emotional?
Cardiology?

Maybe. But remember, cardiology is a Component Board of the ABIM with no Primary Certificate and no ABIM Board Seats….so if it is a beef with cardiology, its probably not a board issue with a “board fix”

Perhaps it is a Numbers issue
(29,600 cardiologists vs. 3,100 vascular surgeons—10X our size)

“A Separate Board—Why Not?”

“Separate board”…… “Independent board”…….
ABMS Member Board Status

“A Member Board—Why not?”

Size Matters: At the end of the day, it simply all comes down to counting

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon and Rectal Surgery</td>
<td>2,254</td>
</tr>
<tr>
<td>Medical Genetics and Genomics</td>
<td>2,498</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>4,436</td>
</tr>
<tr>
<td>Allergy and Immunology</td>
<td>5,635</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>5,732</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>5,916</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>7,255</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>10,000</td>
</tr>
<tr>
<td>Physical Medicine and Rehab</td>
<td>15,023</td>
</tr>
<tr>
<td>Urology</td>
<td>14,356</td>
</tr>
<tr>
<td>Dermatology</td>
<td>14,546</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>16,016</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>27,892</td>
</tr>
<tr>
<td>Pathology</td>
<td>28,736</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>29,306</td>
</tr>
<tr>
<td>Surgery</td>
<td>46,960</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>55,713</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>52,862</td>
</tr>
<tr>
<td>Radiology</td>
<td>58,340</td>
</tr>
<tr>
<td>Psychiatry and Neurology</td>
<td>65,009</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>67,861</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>75,601</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>87,321</td>
</tr>
<tr>
<td>Podiatric Medicine</td>
<td>96,772</td>
</tr>
</tbody>
</table>

Member Board Vascular Surgery (3000)

Example: Recent proposal by the ABNS [6000 members] for focused practice expertise in extra-cranial carotid stenting
“A Member Board—Why not?”

The ABMS, ABS & VSB have nothing to do with:

- The NMRP match
- Vascular surgical reimbursement
- Hospital credentials
- Local specialty politics/turf wars
- Residency program accreditation
- Global warming & world peace

Well, of course, there are practical matters……

Cost:
- Annual variable revenue & expense $675,000
- Fixed expenses covered by the ABS $340,000
- Cost to diplomate † 50%

Diplomates:
- 65% hold general surgery certificates
- Expense and inconvenience of two Boards

Items:
- Copyright property of the ABS (1000+ items)
- Expense or inconvenience of starting over

Vascular Focused Practice Certificate for General Surgery:
- “Certifies” general surgeons in vascular surgery
- Enhance the goal of “independence”?

“A Member Board—Why not?”

And then there is reality…..

* The ABMS—a private not-for profit—appears to have no appetite for expanding Member Board seats
  (No new Member Boards seat in over 25 years; no surgical Member Board seats in over 45 years [Thoracic Surgery 1971])

* The ABMS Bylaws disqualify us from Member Board status:

  Section 11.10

  Proposals for designation of a core specialty for which accreditation will be offered must provide evidence, at minimum, that the specialty:
  a. demonstrates that the clinical care of patients and their safety will be improved through recognition of education in this discipline;
  b. is sufficiently distinct from other specialties based on major new concepts in medical science and the delivery of patient care;
  c. represents a new and well-defined field of medical practices;
  d. is based on substantial advancement in medical science;
  e. offers educational content that cannot be incorporated within established residency programs;
  f. will generate sufficient interest and resources to establish the critical mass of quality residency programs;
  g. is recognized as the single pathway to the competent preparation of a physician in the new core specialty;
  h. is supported by at least 30 recognized medical societies with a principal interest in the proposed new core specialty.

Conclusion—
The Vascular Surgery Board:

- Functions as an independent board within a ABMS Member Board (the ABS); Premium being autonomy & influence (Its about counting; not about principle)
- Not a compromise; but a thoughtful progressive result engineered by a group of vascular surgery leaders through the years
- Optimally positions our specialty within the ABMS community (even more so than Member Board status)
- Stands ready to help attain “independence” as defined by this panel or any other constituency