

Saga of the American Board of Vascular Surgery: Fahrenheit 32

NOTES

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The impetus and justification for an independent ABMS approved American Board of Vascular Surgery (ABVS) is as valid today as it was in 1996 when the concept was initially embraced by all the executive officers of the two national vascular societies (SVS and NA Chapter-ISCVS), and the Association of Program Directors in Vascular Surgery (APDVS), as well as 91% of surgeons possessing a certificate of added qualifications in vascular surgery.

During the past year, the ABVS quest for independence had a setback that some have misinterpreted to mean that a freeze (Fahrenheit 32) has been put on the subject. That is not the case. In February 2005, an ABMS and AMA Panel heard the ABVS appeal of the December 2002 Liaison Committee for Specialty Boards (LCSB) denial of its application to become an ABMS-approved board. The ABVS contended that the LCSB ignored significant conflict of interest within their group; they did not afford an opportunity for the ABVS to confront those opposing the application, they did not provide any specifics regarding their initial denial of the application, and they ignored broad support of the ABVS within the specialty. The American Board of Surgery (ABS) and its Vascular Surgery Board (VSB) adamantly opposed the ABVS appeal at this hearing, and the appeal was rejected by the panel. The appeal panel had an opportunity and responsibility to right a number of wrongs by referring the ABVS application back to the LCSB with a request that it be revisited in a fair and rational manner. Unfortunately, they maintained the status quo. Their rejection letter of March 2005 stated, "The Appeal Panel concluded that even if there were errors in the LCSB process, none of the errors would have resulted in a different outcome." The ABVS believes that this conclusion regarding the LCSB meeting, held more than 2 years earlier, lacks credibility. Not one of the appeal panel members were at the December 2002 LCSB meeting, and no minutes exist regarding the details of that meeting. Many observers believe that the appeal panel decision represents a failure to act in the public interest.

In a separate venue, the ABMS in March 2005 approved the ABS application for a primary certificate in vascular surgery. The ABVS supported this as a way-station to an independent board, but not as an end to itself. Vascular surgery has evolved into a clearly defined

specialty and should be recognized as such. The primary certificate helps in this regard, and the ABS and its VSB (today's governing bodies of vascular surgery) may meet certain needs of our specialty in the short run. However, the ABS has continued its requirement that vascular surgery be considered an essential training component of general surgery. This requirement has become increasingly troublesome as aortic, carotid, and other vascular operations are replaced by endovascular procedures. This forces scarce open cases to continue to be shared by both general surgery and vascular surgery trainees. Furthermore, a request for a separate and fully independent residency review committee in vascular surgery should be made now, not in the distant future. The ABS is not currently considering such.

The interests of vascular surgery, because of the very organizational composition of the ABS, will continue to be subordinate to those of general surgery. To deny this ignores the very policies of the ABS itself. Parenthetically, the primary certificate proposed by the ABS was supported without qualification by only 159 of 1,549 vascular surgeon respondents (10.2%) in a 2004 Deloitte and Touche poll. The remaining respondents either rejected the primary certificate outright or, like the ABVS, supported it only as a way-station to establish an independent board. This could hardly be perceived as broad professional support within the vascular surgery community for the ABS primary certificate to be a means to end the "board" controversy.

If the ABS believes that the primary certificate addresses 95% of vascular surgery needs, then it remains difficult to understand why they cannot relinquish the remaining 5%, and respect vascular surgery as they do other surgical specialties, all of which have become independent ABMS boards once they became mature enough to have a primary certificate. The ABVS continues to represent the ultimate recognition of the specialty of vascular surgery. It remains a well-conceived body with the highest ideals for training and certification that will provide the best patient care. The ABVS should not be ignored by politically astute parties desiring to maintain the status quo of general surgery control over the discipline of vascular surgery, which is a specialty that meets all criteria of legitimacy to exist as an ABMS primary board.