

# Will Certificates of Added Qualifications in Vascular Surgery Be a Good Thing? NOTES

*Ramon Berguer, MD, PhD*

---

Vascular and cardiac surgery are no longer desirable training opportunities for young surgeons. There is little coherence between what is taught to these residents and what the health care market expects of them.

The respective certifying boards (American Board of Surgery and American Board of Thoracic Surgery) have overloaded the training of these residents with years of exposure to pathologies and techniques they will never use. Meanwhile, specialty program directors are trying, unsuccessfully, to compress the complex and emerging vascular technologies into the 2 years of specialty training. Graduates from vascular and cardiac fellowships line up into remedial courses designed to expose them to skills they need in practice but did not get.

The asserted primary function of a board is to certify appropriate training; it is not to be the guardian of the practice privileges and territory of its specialty. The present bickering between vascular-related specialties could have been eliminated if the involved boards (radiology, internal medicine, and surgery) had made good on their chartered and public commitment to certify education by agreeing on common standards of training and by issuing certificates of added qualifications in those skills that are shared by two or more specialties, such as endovascular techniques. Had they done so, they would have fulfilled their public mission and eliminated the most common exclusion argument raised against a physician who wishes to access the new technologies: that he or she is not certified by the board that claims ownership to this particular tool.

The "primary certification" in cardiothoracic and vascular surgery should have been implemented 10 years ago. At the rate at which new technologies are integrated in our practice, the approval of these certificates is a decade too late. A primary certificate has existed for cardiothoracic surgeons for 2 years and no program has yet entered into it. Vascular surgeons are still pondering the content of their newly approved program. These belated modifications are indirect acknowledgment that it does not make sense to have young surgeons spend the majority of their long training years learning skills they will never use.

The future training of cardiovascular specialists is likely to follow the model that is now being explored in Europe and Canada: offering graduates from medical school 5 to 6 years of training focused on imaging, operative surgery, endovascular techniques, and vascular engineering/cell transplantation. We should be learning from the military that years ago discarded unneeded burden from their most demanding positions and can now train excellent F-16 fighter pilots from entry to academy to combat missions in 26 months.