An Independent Board Of Vascular Surgery
Why It Has Been So Helpful: The French Experience

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Vascular Surgery in France : The Pioneers

- 1906 Alexis Carrel: Triagular Vascular Anastomosis
- 1923 René Leriche: Lumbar Sympathectomy
- 1948 Jean Kunlin: First Successful long Venous Bypass for SFA Occlusion
- 1950 Jacques Oudot: First Successful Aorto Femoral Bypass for Aortic Occlusion and First Cross Over Bypass
- 1951 Charles Dubost : First Successful Aortic Aneurysm Replacement
- 1952 André Thevenet : First Carotid Endarterectomy in France

Société de Chirurgie Vasculaire (SCV)

Jean Kunlin 1951

Practice of Vascular Surgery in France < 1980

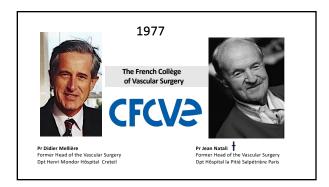
- Very Few Independant Vascular Units
- General Surgery Units (Peripheral and Abdominal Aorta)
- Cardio-thoracic Units (Thoracic Aorta)
- Neurosurgery Units (Carotid)

Limits and Pitfalls

- Vascular Surgery was considered as a Secondary Activity,
 Vascular interventions were considered as Minor Operations
 Generally Performed at the End of the Programs
- In Cardiac Units, surgeons were reluctant to take care of patients gangrene or diabetic foot with regard to the risk of infection for the Cardiac patients

Lack of Specialisation

- No dedicated Team (Surgeons and Anesthesiologists) , Nurses, IFU, Wards
- No Formal Academic Teachings
- No Control of Teaching Practices, no National Coordination
- No Control of Acquired Skills at the End of the Training



National Board of Vascular Surgery 1978

National Training Program

- 1) A Certification of Standards for Training Units
- 2) A Training Program for Residents
- 3) A National Exam at the End of the Program



Difficulties and Outcomes

Major disputes: with other specialties (Personal threat , multiple denial in **Ministries** of Health and of Education **Minor dispute**: Refusal by few residents

CFCV2 was successfully established and ran in the 7 Régions

1980 (June) The First Final Exam Session

CFCV2

Organisation 1978

Regional Training Supervised by Regional Directors

Practice: 4 years in various surgical specialties

2 years in Vascular Surgery Units

 $\textbf{Theory:} \quad \text{All vascular topics were covered (seminars, local and national meetings}$

Regional Evaluation: Made by the Teachers of the Regions



Final National Exam

3 steps

- 1) Candidates are presented by the Regional Teachers : list of activities and operations, evaluation by the head of the unit
- 2) Written Exam
- 3) Oral Exam based on the analysis of a patient's case

Documents

- Since 1980 a Book of Guidelines is available for trainees
- All Chapters are written, discussed and agreed by the National Board
- The book is regularly updated according to the Scientific Evolution and Practice of Vascular surgery

Web Site: college-vasculaire.com

How Vascular Surgery Became an Independant Specialty

1980

The Classical Residency Training Program ($\mbox{General}$ and $\mbox{Cardiac Surgery}$) was modified

Vascular Surgery became a **Complementary Specialty** open to trainees certified in General and Cardiothoracic specialties

1982

The Academic Vascular Surgery Subsection

How Vascular Surgery Became an Independant Specialty

1984

 $\operatorname{\textbf{DESC}}$ ($\operatorname{Diploma}$ of Specialized Complémentary Studies)

DES (Diploma of specialized studies)

2019

DES: (4 years as resident and 2 years as junior)

Results

Each year: 20 to 25 French and 15 to 20 foreign Trainees

Globally Good level of theoritical knowledge Satisfactory practice expertise

Noncertified surgeons are discouraged of doing vascular repair

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Vascular surgery in 2024

472 certified Vascular Surgeons (private and public) Competent in endo and open vascular procedures

Results of standard Operations are globally excellent
AAA 1% to 3% mortality
Carotid 1% (Pr Steinmetz SCVE 2024 communication)



Competition

• Radiologists: (Embolisation, Angioplasty)

Stents grafts for AAA (under control since a vascular surgeon must be involved) $\,$

- Cardiologists: Peripheral Angioplasty (the majority are performed by vascular surgeons)
- **Neuroradiologists**: Stroke centers, Urgent carotid treatment , thromboysis, stenting
- Angiologists: Veins exploration and non invasive treatments

Conclusions

- The Independent French Board of Vascular Surgery created 44 years ago is very efficient
- Close relationship and regular exchanges between the different components (college, academic, union, ...)
- Improved Vascular Surgeons Skills and Knowledge
- Represents a recognized task force for eventual dispute with administratrive health care system (HAS)
- Is key to patient's efficient managements