



Vascular Surgery Needs An Independent ABMS Approved Board And Associated RRC To Thrive As A Specialty In The Medical Hierarchy And To Have Its Value Appropriately Recognized

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Disclosures

- Consultant: BD, Boston Scientific, Contego Medical, Cordis, Endologix, Inspire MD, Medtronic, Rapid Medical, Shockwave, Penumbra, Vivasure, Nectero, Reflow
- Stock options: Inspire MD and Centerline Biomedical, Reflow
- VIVA Physicians, Board Member
- Research Studies: Abbott, Endologix, Surmodics, W.L. Gore, Terumo Aortic, NIH, Boston Scientific, Merit, Contego Medical, Inspire MD, Reva Medical, Penumbra, Medalliance, Nectero




American Board Of Vascular Surgery Purpose


- The American Board of Vascular Surgery is established for the purpose of: developing, elevating and advancing the standards, teaching and practice of that branch of medicine which deals with diseases of the arteries, veins and lymphatics and which is known as Vascular and Endovascular Surgery. Furthermore, it shall serve the public, physicians, hospitals and medical schools by preparing and publishing or causing to be published lists of specialists and practitioners who have been certified by the Board as competent to practice Vascular and Endovascular Surgery.

Primary Benefits of Forming ABVS

- Vascular Surgeons determine **who** and **what** Vascular Surgeon is
 - **Vascular Surgery** - a separate and distinct specialty, which requires separate and distinct skills descended from but **no longer related** to General Surgery
 - General Surgeons will not be recognized as Vascular Surgeons
- Recognition by ABMS as an Independent Specialty
 - Inclusion in all specialty assessments in respected lay press/magazines
 - Inclusion in workforce studies specific to Vascular Surgery and not "other"
 - Inclusion in payment surveys specific to Vascular Surgery
- Become a member of the ABMS
 - Independent RRC with control of the training of our graduates, program development, numbers and locations of residencies and fellowships

American Board of Medical Specialties (ABMS) What is their roll and why it is important to us?

- The American Board of Medical Specialties (ABMS) works in collaboration with 24 specialty Member Boards to maintain the standards for physician certification. ABMS improves the quality of graduate medical education, the standards of medical practice, and the specialist certification process.




American Board of Medical Specialties
Higher standards. Better care.®

ABMS MEMBER BOARDS AND YEAR APPROVED

- 1933 American Board of Dermatology
- American Board of Obstetrics and Gynecology
- American Board of Ophthalmology
- American Board of Otolaryngology - Head and Neck Surgery
- 1935 American Board of Orthopedic Surgery
- American Board of Pediatrics
- American Board of Psychiatry and Neurology
- American Board of Radiology
- 1936 American Board of Internal Medicine
- American Board of Pathology
- 1937 American Board of Surgery
- 1940 American Board of Neurological Surgery
- 1941 American Board of Anesthesiology
- American Board of Plastic Surgery
- 1942 American Board of Physical Medicine and Rehabilitation
- 1949 American Board of Colon and Rectal Surgery
- American Board of Emergency Medicine
- 1950 American Board of Family Medicine
- 1951 American Board of Allergy and Immunology
- American Board of Nuclear Medicine
- American Board of Thoracic Surgery
- 1979 American Board of Emergency Medicine
- 1991 American Board of Medical Genetics and Genomics


American Board of Medical Specialties (ABMS) What is their roll and why it is important to us?



What we do

- Build relationships with physicians, medical educators, ***hospitals and health systems**, credentialing professionals, thought leaders, ***policymakers**, and ***payers** to encourage systematic improvements

*Hospital administrators, politicians and insurance industry!



Accreditation Council for Graduate Medical Education

RRC as part of ACGME

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- The ACGME currently has 28 Review Committees, including one for each of its 26 specialties, one Transitional Year Review Committee and one Institutional Review Committee
- Review Committee for Surgery**
 - 16 physician members + ACGME staff
 - Assist and review current ACGME accredited programs
 - Address all new programs applying for accreditation in General Surgery
 - Address all new programs applying for accreditation in SURGERY SUBSPECIALTIES
 - Complex General Surgical Oncology
 - Hand Surgery
 - Pediatric Surgery
 - Surgical Critical Care
 - Vascular Surgery**



Accreditation Council for Graduate Medical Education

Surgery Review Committee Members July 1, 2024-5

- Stephanie Heller, MD Chair
- Sunita Srivastava, MD Vice Chair**
- Katharine Caldwell, MD Resident Member
- Drew Weil Public Member
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- James McQuiston, DO
- Russell Berman, MD
- Rachel Nicholson, MD**
- John Rectenwald, MD**

Ex Office
Patrice Blair, DrPH, MPH
Karen Brasel, MD
Kimberly D. Lomis, MD
Valerie Sheridan, DO

3 Vascular Surgeons
- 155 programs!!!

ABVS Vascular Surgery RRC

All ABMS member boards have their own RRC

All members of a Vascular Surgery RRC – Vascular surgeons

- Facilitate more applications
- Innovate new, more specialized programs
- Aortic fellowships, Venous, etc
- No interference from other specialties
- Negotiation with other specialty programs on equal footing i.e. – General Surgery
- Certification to only those physicians completing a Vascular Surgery RRC accredited program

ABVS Separate from ABS

What will the impact be?

Will we have the *muscle* to be on our own?

- Similarly small independent boards have done well
- >90% of issues that will arise at ABMS level will affect us both
- Support from both groups, ABVS and ABS, will be mutual when issues that affect both groups arise
- Negotiate conflicts with the ABS

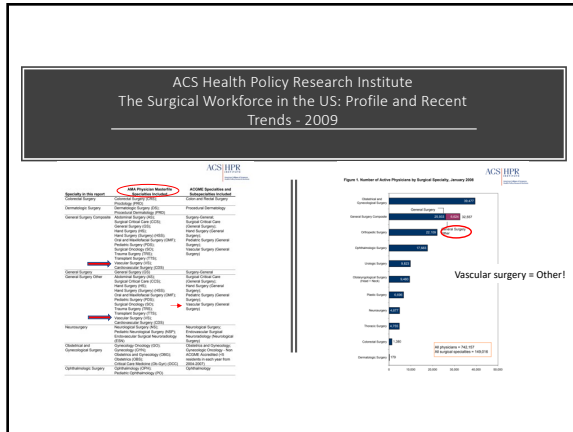
Vascular Surgery will no longer need to support the costs of the ABS

ABVS Primary Message

- Vascular Surgery is a unique specialty, separate and distinct from all others, which must be guided and controlled solely by Vascular surgeons in order to secure its' future and achieve its ultimate mission to provide the best possible care for any and all patients with Vascular disease. A General Surgeon who does not possess an endovascular skillset, does not offer modern vascular surgical options to our patients.*

Comparison

	American "Boards" of Surgery	American Board of Vascular Surgery
Board Certification?	Yes	Yes
Determine WHAT a Vascular Surgeon Is?	Yes?	Yes
Determine WHO a Vascular Surgeon Is?	Yes?	Yes
Equal Footing with ALL Med Specialties?	No	Yes
Independent RRC?	No	Yes
General Surgeon recognized as VS?	Yes	No
Included in Work Surveys?	No	Yes
Included in Payment Surveys?	No	Yes
Ranked in U.S. News and World Report?	No	Yes



Vascular Surgery An Invisible Specialty

- *Medscape Lifestyle Report 2017*, more than 14,000 physicians surveyed top causes of burnout.
- General Surgery 16th
- Vascular Surgery not recognized

Vascular Specialist
The Year's Best Physicians Travel & Meeting Guide

CONFERENCE COVERAGE
Vascular surgeons are top tier for burnout risk
Published January 16, 2018
By Brian Levine, MD/PhD

HEALIO Cardiology Today's Intervention
Physician Burnout
One-third of vascular surgeons self-report burnout, depression

US News and World Report Recognition

16 specialty areas recognized

- Heart and Heart Surgery ranked
- Vascular Surgery **NOT** ranked

Specialty Areas:

- Cancer
- Cardiology & Heart Surgery
- Diabetes & Endocrinology
- Ear, Nose & Throat
- Gastroenterology & GI surgery
- Geriatrics
- Gynecology
- Nephrology
- Neurology & Neurosurgery
- Orthopedics
- Pulmonology
- Urology
- Ophthalmology
- Psychiatry
- Rehabilitation
- Rheumatology

US News Hospital Rankings The 2017-18 ratings

Based on 9 procedures/conditions:

- Abdominal aortic aneurysm repair (AAA)
- Aortic valve surgery (AVR)
- Chronic obstructive pulmonary disease (COPD)
- Colon cancer surgery
- Congestive heart failure (CHF)
- Heart bypass surgery (CABG)
- Hip replacement
- Knee replacement
- Lung cancer surgery

US News Hospital Rankings Reputation for Hospitals

- Vascular Surgeons
 - Could only vote for General Surgery
 - Not a recognized independent specialty
- Added in 2022
 - after 4 years lobbying!
- Hospitals Ranked on AAA repair outcomes
 - Outcome Grading for Aneurysms is only EVAR
 - Open AAA judged **not relevant** due to low volume
 - Once again no vascular surgery input

Conclusions

- There is no downside to an Independent Board of Vascular Surgery
 - Many similar size surgical specialties are independent
 - Costs are not an issue
 - We are no longer General Surgeons
 - We need to be recognized for who we are
 - We do not need the ABS to do this
- The current VSB members of the ABS could also do this role as the ABVS
- Cardiology applied for an independent board, has ACC support and I predict will get one
- We are distinct we need our own Independent Board

