



VSB-ABS Update



November 2017

Dear Vascular Surgery Diplomate,

As 2017 draws to a close, we'd like to update you on some of the activities and initiatives being undertaken by the Vascular Surgery Board of the American Board of Surgery (VSB-ABS), as well as provide additional information regarding our role.

Expanded Representation

As [announced](#) in April, the VSB-ABS expanded its representation this year to add new board member positions for representatives from five major regional vascular surgery societies — Eastern (EVS), Midwestern (MVSS), New England (NESVS), Southern (SAVS) and Western (WVS) — increasing the size of the VSB-ABS by 50 percent. In July, these five surgeons, as well as new members *Dr. Bernadette*



Dr. Aulivola and Dr. Sheahan

Aulivola of the Vascular and Endovascular Surgery Society and *Dr. Malachi G. Sheahan III* of the Association of Program Directors in Vascular Surgery (APDVS), joined [current members](#) representing the

Society for Vascular Surgery (SVS), Society for Clinical Vascular Surgery, and APDVS. This expansion was done with the full support of the ABS and will ensure that the perspective of a broader population of practicing vascular surgeons is included in VSB-ABS deliberations.



New Regional Society Representatives: (clockwise) Dr. Marc Mitchell (EVS), Dr. Kellie Brown (MVSS), Dr. Keith Ozaki (NESVS), Dr. Vincent Rowe (WVS), and Dr. Thomas Huber (SAVS).

Representation of VSB-ABS on ABS Board

The VSB-ABS also has two members who serve on the ABS board of directors, representing the SVS and APDVS, giving us a direct voice in ABS affairs. In addition, the current ABS vice chair and vice chair-elect are both vascular surgeons and members of the VSB-ABS: Dr. Spence Taylor and Dr. Craig Kent.

In contrast, while the American Board of Internal Medicine has a cardiovascular component board, this group does not have any designated representation on its board of directors.

The VSB-ABS has full autonomy to determine all requirements and processes related to vascular surgery examination and certification. The ABS board of directors does not approve VSB-ABS decisions.

VSB-ABS Compared to Other Boards

We are pleased to report a steady increase in the number of vascular surgeons becoming certified each year, with **161** new vascular surgery diplomates in 2017, up from 132 five years ago. They join approximately **3,200** current vascular surgery diplomates.



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In looking at the number of new diplomates per year, the VSB-ABS is similar in size to such specialty boards as the *American Board of Allergy and Immunology* and *American Board of Neurological Surgery (ABNS)*. Because of their small size, these boards have fees at least double what the ABS charges to maintain certification. Thanks to shared resources within the ABS (31,000 total current diplomates), we are able to provide a high-quality process at a lower cost. Moreover, by total number of diplomates, the VSB-ABS on its own would be the third smallest

board of all member boards of the American Board of Medical Specialties (ABMS). The ABS ranks in the top third of largest ABMS boards, and is the largest surgical board. It is worth noting that for some issues, votes conducted by the ABMS board of directors are done proportionally, with the larger boards having the most say.

In addition, roughly 10 staff members within the ABS office support the VSB-ABS, with significant expertise in exam development, psychometrics, IT and operations. These staff help us maintain a bank of thousands of exam questions, developed through many years of volunteer work by dedicated vascular surgeons. There is also an associate executive director for vascular surgery at the ABS office, a role currently filled by Dr. Bruce Perler. There is no requirement for this individual to be currently certified in general surgery, and indeed Dr. Perler is not.

Focused Practice – ABNS

The ABMS introduced earlier this year a new *Focused Practice* designation to recognize areas within a specialty or subspecialty that develop as physicians progress in practice. The ABNS recently submitted to the ABMS an application for focused practice in neuroendovascular surgery, which, with our intervention, has since been changed to central nervous system endovascular surgery. The VSB-ABS, with the full support of the ABS, worked with the ABNS to revise the application to focus on the central nervous system. The ABNS also invited us to co-sponsor the application, which would mean that vascular surgeons could apply for this designation as well if they meet the criteria. This is another example not only of the independence of vascular surgery, but also the benefit of our collaborative relationship with the ABS and other ABMS boards.

New Direction for MOC

As you may know, the ABS has announced a [new assessment program](#) starting in 2018 as an alternative to the traditional 10-year recertification exam in general surgery. The VSB-ABS is actively participating in ABS discussions regarding the new direction for ABS MOC, and planning for a similar assessment option for our diplomates in the future, which will also offer a streamlined process for maintaining both general and vascular surgery certificates if desired. Approximately 2,000 of our vascular surgery diplomates also maintain general surgery certification at the present time, and we want to make maintaining both certificates as convenient as possible.

Improvements to the Certifying Exam

The VSB-ABS has also dedicated significant time to improving the Vascular Surgery Certifying Exam (CE), by extensively reviewing the case scenarios used in the exam. As an additional step, this past February we issued an open call for volunteers from the vascular surgery community to serve on a CE Writing Committee. We had an overwhelming response with more than 100 potential volunteers, out of which we selected 18. Our new committee is now hard at work developing new case scenarios and a bank of new, high-quality images to help ensure the exam reflects contemporary practice.

Collaboration with RC-Surgery/ACGME



Thanks to the advocacy of the VSB-ABS and ABS, in collaboration with the vascular surgery community, the Review Committee for Surgery (RC-Surgery) of the Accreditation Council on Graduate Medical Education (ACGME) approved in September to allow applications for standalone independent vascular surgery fellowship programs. This means there no longer needs to be a general surgery residency at an institution for a vascular surgery fellowship application to receive ACGME approval. As vascular surgery is no longer a dependent specialty on general surgery, this change was felt to be appropriate.

In addition, based on feedback from program directors, the VSB-ABS recently appealed to the RC-Surgery for approval to reduce the number of required months of core surgical rotations in integrated vascular surgery residency programs from 24 to 18 months, allowing vascular surgery program directors to devote those months

to vascular-related rotations. This has received initial approval from the RC-Surgery, and following a public comment period, will be submitted to the ACGME board of directors for approval in the coming months.

Approval of the ACGME board of directors is required for all changes to training policies and requirements; this process can take several months. The ACGME board of directors also determines if a separate Review Committee is needed and feasible, including whether it is cost effective for the organization.

On a separate but related note, a vascular surgeon, Dr. David Han of Penn State Hershey Medical Center, has just been named incoming vice chair of the RC-Surgery. He will begin in this new role as of July 1. Dr. Han is one of three vascular surgeons who represent our specialty on the RC-Surgery.

Other Issues

While the VSB-ABS and ABS are able to effect change in many areas, such as those outlined above, there are also issues that the VSB-ABS and ABS cannot and do not influence, including those related to the Match® policies of the NRMP, as well as credentialing and reimbursement. The same goes for all 24 member boards of the American Board of Medical Specialties. However, by focusing on issues where we can have an impact, we have been able to further vascular surgery training and certification for the benefit of diplomates and patients.

The core mission of the VSB-ABS is to define the requirements for the board certification of vascular surgeons, as well as those for continuing certification. As mentioned earlier, we are working on a new assessment program in concert with the ABS that will offer a flexible pathway for high-value, lifelong learning in vascular surgery. We will keep you updated as our work progresses, and welcome your feedback.

On behalf of the VSB-ABS, we thank you for your dedication to vascular surgery certification and wish you a joyous holiday season.

Sincerely yours,



Vivian Gahtan, M.D.
Chair, VSB-ABS



Bruce A. Perler, M.D.
Associate Executive Director for Vascular Surgery