

# Support of Efforts to Establish an Independent Board of Vascular Surgery

NOTES

*Blair A. Keagy, MD, Chapel Hill, NC*

---

The Association of Program Directors in Vascular Surgery (APDVS) was incorporated in June 1993 with Dr. William Baker as its first president. The purpose of the association was as follows:

- To encourage high standards of residency training in vascular surgery, thereby ensuring the highest quality of care for patients with vascular disease
- To provide a forum for the exchange of information and discussion relating to vascular surgery education
- To provide support to program directors on matters pertaining to surgical education or accreditation
- To serve as an advocate for vascular surgery education and the various professional agencies, boards, councils, and committees that may be concerned with vascular surgery in vascular surgery education

It was the intent of the founders to provide a national forum for supervisors of residency training programs resulting in the establishment of formal educational paradigms for vascular surgery trainees. They wanted to focus on education and avoid the political discord that existed in many other medical organizations. Initially, emphasis was on the evaluation, decision making, and technical skills related to open surgical procedures.

In the 12 years of the association's existence, there has been an incredible evolution in the field of vascular surgery. Diagnostic and therapeutic endovascular skills became a necessary part of a successful vascular surgery training curriculum, and program directors realized that significant changes were necessary to provide a good resident education. Also, a decreasing number of open cases resulted in the inability to provide an adequate open surgical experience to general surgery residents rotating through vascular surgery services. Endovascular techniques are not and should not be part of a general surgeon's practice in the community.

In addition, a whole new body of knowledge was necessary with regard to decision making in the use of endovascular devices, and an entirely new technical skill was required so that the practicing surgeon could provide state-of-the-art care to patients under his or her charge. Initially, some programs used the vascular interventional radiologists to provide procedural training for their residents. However, members of the APDVS were concerned that the vascular trainees were not exposed to in-depth evaluation, decision making, and long-term follow-up. For this reason, program directors felt that supervision of the residents' training should be under the direction of a vascular surgeon.

There developed an increasing diversity between general and vascular surgery training. As a result, members of the APDVS supported, by a 66 to 7 vote, the efforts of the American Board of Vascular Surgery (ABVS) to establish an independent board of vascular surgery under the auspices of the American Board of Medical Specialties (ABMS). The ABVS was incorporated in 1996 with the unanimous support of the executive governing bodies of the Society for Vascular Surgery, the International Society for Cardiovascular Surgery, and the APDVS. The petition was initially denied by the ABMS, and the appeals hearing held on February 11, 2005, was unsuccessful.

In 1998, in response to the formation of the ABVS, the American Board of Surgery (ABS) formed a vascular sub-board or Vascular Surgery Board (VSB), which was composed of general surgery-oriented vascular surgeons. Except for functions normally assigned to an examination committee, VSB decisions have often ignored the will of the majority of vascular surgeons whom it purports to represent.

The granting of primary certificates in vascular surgery clearly establishes de facto recognition by the ABS that vascular surgery is a separate specialty, and there seems to be no justification for the ABS to influence training and certification in another separate and distinct specialty. An independent ABVS with its associated Residency Review Committee would be controlled largely by active vascular surgeons. This concept is supported by more than three-quarters of all vascular surgeons in North America and 84% of younger vascular surgeons. The APDVS continues to support the efforts of the ABVS toward the establishment of an independent board.