Update on the Primary Certificate Application

Last March, after the unanimous approval of the directors of the American Board of Surgery (ABS), members of the Vascular Surgery Board (VSB-ABS), the Society for Vascular Surgery (SVS), and the ABS jointly drafted an application to the American Board of Medical Specialties (ABMS) proposing a primary certificate in vascular surgery, to be issued by the American Board of Surgery. This proposal has since been under review by the other 23 member boards of the ABMS and was reviewed for the first time by the Committee on Certification and Recertification (COCERT) of the ABMS in late September.

The issue of greater flexibility in vascular surgery training, and in particular the possibility of adopting a training pathway similar to plastic surgery—three years of general surgery followed by three years of vascular surgery (3+3)—has been widely discussed in the vascular surgery community in recent years. Because of the rapid rise in endovascular diagnostic and therapeutic techniques, many vascular surgery fellowships now devote as much as a year of training time specifically to endovascular training, decreasing the available time for training in open vascular surgery. Most vascular program directors view a 3+3 training paradigm favorably, as the marked decrease in the frequency of abdominal procedures in vascular surgery has created a problem in providing an adequate volume of open aortic procedures to residents, and increased training time would help compensate for this imbalance.

The VSB-ABS and SVS together recognized the need for a new paradigm in vascular surgery training to make it more relevant to the practice of vascular surgery today and to enhance its attractiveness as a potential profession to surgery residents. With this goal, the idea for a primary certificate in vascular surgery was jointly pursued.

Currently the vascular surgery certificate offered by the VSB-ABS is a subspecialty certificate and requires general surgery certification prior to vascular certification. Under the bylaws of the American Board of Medical Specialties, a subspecialty certificate cannot be given independently, but must follow a primary certificate. The only method by which a 3+3 paradigm for vascular surgery can be realized is by the creation of a primary certificate in vascular surgery. Prior

(Continued on page 2)
general surgical training would then not be required, and graduates of a 3+3 program would not obtain general surgical certification. With the new certificate, present training pathways could be continued while new pathways involving 3+3 programs—either integrated at one institution or independent at separate institutions—could be developed for the future.

Since the application’s submission in March, the VSB-ABS has received feedback from the other ABMS member boards. While most of the responses have been positive, an objection to the application was filed by the American Board of Radiology (ABR) in a detailed letter written by Drs. Robert Hattery and Gary Becker. The ABR’s main concerns about the primary certificate initiative center on the curriculum requirements, which were written by the Association of Program Directors in Vascular Surgery (APDVS). In particular, the ABR felt that the curriculum as currently described in the application overly duplicated the activities of an interventional radiologist.

The ABS and VSB believe that most of the issues raised by the ABR are misunderstandings or semantic issues, and that in reality few substantive issues divide the two boards. The VSB-ABS’ position is that the primary certificate proposal will not adversely affect the relationship that exists in many medical centers between interventional radiology and vascular surgery. Representatives from the two boards met in September and significant progress was made on defining and resolving the issues in contention, with a subsequent meeting to be held later this fall. Furthermore, in order to respond to the ABR’s concerns, Dr. James Seeger, president of the APDVS, has convened a committee of that organization to examine and rewrite the curricular requirements, taking into consideration the points of objection by the ABR.

The primary certificate application was officially reviewed by COCERT in a first reading on September 22, 2004. During the public hearing portion of this meeting, Dr. Hattery of the ABR and Dr. Frank Lewis of the ABS each presented their points of view. Dr. Lewis reiterated the view that the concerns of the ABR could be resolved, and that a primary certificate in vascular surgery was integral to the continuing evolution and growth of the specialty. No other board raised any formal objections. Following this first reading, there is a mandatory six-month review period for further comments by the member boards of the ABMS.

COCERT will formally review the application in a second reading in March 2005, and at that time the objections of the ABR will be reconsidered. If they have been resolved, approval is likely, and the proposal can move to the Executive Committee and full assembly of the ABMS. If not, further discussion will be necessary before COCERT approval.

The VSB-ABS wishes to thank the following individuals for their contributions to the 2003-2004 vascular surgery examinations.

**Consultants to the Vascular Surgery Written Examinations 2003 – 2004**

- John Blebea, M.D.
- Matthew J. Dougherty, M.D.
- Gregory L. Moneta, M.D.
- Thomas C. Naslund, M.D.
- Thomas Reifsnyder, M.D.
- R. James Valentine, M.D.

**Examiners for the Vascular Surgery Certifying Examination 2004**

- Enrico Ascher, M.D.
- Robert G. Atmip, M.D.
- John Blebea, M.D.
- Keith D. Calligaro, M.D.
- Jeffrey P. Carpenter, M.D.
- Elliot L. Chaikof, M.D.
- G. Patrick Clagett, M.D.
- Anthony J. Comerota, M.D.
- Jack L. Cronenwett, M.D.
- John F. Eidt, M.D.
- Julie A. Freischlag, M.D.
- Spencer W. Galt, M.D.
- Wilson V. Garrett, M.D.
- Bruce L. Gewertz, M.D.
- Jerry Goldstone, M.D.
- Linda M. Harris, M.D.
- John R. Hoch, M.D.
- K. Craig Kent, M.D.
- Fred N. Littooy, M.D.
- Frank W. LoGerfo, M.D.
- Michael S. Makaroun, M.D.
- Raymond S. Martin, M.D.
- James O. Menzoian, M.D.
- Joseph L. Mills, M.D.
- Marc E. Mitchell, M.D.
- J. Gregory Modrall, M.D.
- Gregory L. Moneta, M.D.
- Samuel R. Money, M.D.
- Gregory J. Pearl, M.D.
- Bruce A. Perler, M.D.
- Linda M. Reilly, M.D.
- John J. Ricotta, M.D.
- James M. Seeger, M.D.
- Gregorio Sicard, M.D.
- Anton N. Sidawy, M.D.
- James H. Thomas, M.D.
- Jonathan B. Towne, M.D.
- Hugh H. Trout, M.D.
- R. James Valentine, M.D.
- Richard E. Welling, M.D.
Report from the Chair

I am pleased and honored to be the new chair of the VSB-ABS. I would like to begin by acknowledging the outstanding work of Dr. Frank LoGerfo during his tenure on the Vascular Surgery Board and particularly this past year as its chair. Under his leadership, the application for a primary certificate in vascular surgery was completed and filed with the ABMS this past March. This certificate will result in a significant advance in the training of vascular surgeons.

The filing of this application has been the major activity of the past year. This effort was approved by the directors of the ABS at their January meeting after extensive meetings with the SVS and the APDVS. The evolution of vascular surgery practice and the rapid expansion of endovascular therapies has fundamentally changed the nature of vascular surgery practice, and significantly decreased the amount of intraabdominal surgery being done. In many institutions, over half the aortic aneurysms are repaired with endovascular techniques. As a result, prior full training in general surgery with surgical certification is no longer felt to be essential while there is a need for expansion in the amount of open vascular training, which the primary certificate will enable.

Work of the Vascular Surgery Board this coming year will focus on two primary areas, ongoing assessment and upgrades to the vascular examinations and finalizing approval of the primary vascular surgery certificate, hopefully at the March meeting of the ABMS. As has been previously communicated, we are in active negotiations with the American Board of Radiology to answer their concerns about this application. In addition, the Curriculum Committee under Dr. James Seeger, president of the APDVS, has developed a curriculum for this new training paradigm which will be ready to present to the Residency Review Committee in Surgery (RRC-S) once the primary certificate is approved.

The Vascular Surgery Board continues to work at upgrading both the written and oral examinations by continuously evaluating previously written questions and their performance as well as constructing new questions. The material for the certifying examination is likewise continuously being updated, in particular with the addition of new angiograms.

In anticipation of the increased workload that will be required by the primary certificate, we have expanded the Vascular Surgery Board by adding the Society for Clinical Vascular Surgery (SCVS) and the Peripheral Vascular Surgery Society (PVSS) as nominating organizations. As Dr. John Ricotta has been elected as director to the ABS representing the APDVS, Dr. Thomas Riles was elected to take his position representing the SVS. Drs. Anton Sidawy (SVS), William Jordan (PVSS) and Kim Hodgson (SCVS) were also elected to the VSB-ABS. With the addition of these new members the Vascular Surgery Board now has broad-based representation from all segments of vascular surgery.

Regarding vascular training, at the recent VSB-ABS meeting it was decided that the categories of carotid stenting and carotid angiography should be separately listed on fellowship training operative report forms. Since there is a need for RRC-S and the ABS to maintain identical operative classifications, a task force will be convened to expedite the changes. This information is important in documenting the evolving experience of vascular trainees in performing endovascular carotid interventions.

The VSB-ABS remains concerned about programs from which residents reported no endovascular experience with abdominal aortic aneurysms and decided that applicants completing vascular surgery residency in 2006 and thereafter must have experience in endovascular aneurysm repair. The RRC-S will be requested to make a similar change in its requirements for accreditation of vascular surgery residency programs. Such a requirement is consistent with the expectations expressed by the APDVS in previous correspondence to the RRC-S.

At the recent meeting an update was also given concerning the Early Specialization Program (ESP). Currently two programs have been approved for ESP: Northwestern University and the University of Texas Southwestern. This is a four-year general surgery, two-year vascular surgery training program in which the trainees are eligible to obtain certification in both general surgery and vascular surgery.

The VSB-ABS will attempt in the coming year to define the status of vascular surgery certification in legal cases with respect to expert witness testimony. Some U.S. states appear to have rules that only board-certified physicians in the same specialty can act as plaintiff experts.

The VSB-ABS welcomes your input and feedback as these matters evolve, and looks forward to a productive year ahead.
VSB-ABS Updates

Operative Experience in Endovascular Surgery

The Vascular Surgery Board of the American Board of Surgery recently completed its annual review of the data on the endovascular experience of diplomates seeking Recertification in Vascular Surgery as well as of applicants to the Qualifying Examination in Vascular Surgery. The VSB-ABS routinely monitors these data to keep abreast of early changes in the field and to modify, if necessary, the requirements for Certification in Vascular Surgery to continue to assure that vascular surgeons have the training and experience necessary for optimal patient care.

It was noted that over 60% of diplomates seeking Recertification in Vascular Surgery reported experience with endovascular aortic aneurysm repair. Moreover, the percentage was comparable among those who were either 10 years or 20 years past their initial certification. These data are particularly noteworthy since this technology has largely emerged since these individuals completed their vascular surgery residency; thus they had to acquire these skills while in practice. In addition, many diplomates are actively involved in other types of catheter-based therapies.

The VSB-ABS also reviewed the data on the endovascular experience of applicants to the Qualifying Examination in Vascular Surgery (i.e., individuals who recently completed their residency training in vascular surgery).

The great majority, 98%, reported experience with endovascular aortic aneurysm repair, and the median experience was 24 cases. While this is viewed as encouraging overall, the VSB-ABS was very concerned about programs from which residents reported no aortic endovascular experience. As a result, the VSB-ABS voted unanimously to change the requirements for Certification in Vascular Surgery to require applicants who complete their vascular surgery residency in 2006 and thereafter to have experience in endovascular aneurysm repair.

The VSB-ABS strongly believes that self-assessment of one’s practice performance is an important aspect of recertification. Moreover, the principle behind Continuous Quality Improvement (CQI) is that individuals with even the highest levels of performance should try to further improve upon this performance. All diplomates are encouraged to collect their own outcomes data and use it for this purpose.

Outcomes Project

The VSB-ABS thanks all those diplomates who submitted their outcomes of major vascular cases (i.e., carotid endarterectomy, open and endovascular aortic aneurysm repair, and infrainguinal bypass) as part of the recertification process in vascular surgery. As was the case last year, there was 100% compliance with this requirement. The VSB-ABS originally intended to compile the aggregated (but de-identified) data and return it to the participants so they could compare their results against the larger group. However as these data are self-reported, their accuracy cannot be verified. The VSB-ABS was thus concerned that if these data were inadvertently to become public, albeit anonymously, it might set an inappropriate benchmark.

The VSB-ABS strongly believes that self-assessment of one’s practice performance is an important aspect of recertification. Moreover, the principle behind Continuous Quality Improvement (CQI) is that individuals with even the highest levels of performance should try to further improve upon this performance. All diplomates are encouraged to collect their own outcomes data and use it for this purpose.

2003-2004 Vascular Surgery Examination Results

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Ricotta Named ABS Director

Dr. John Ricotta began his tenure in June as a director of the American Board of Surgery, serving as a representative of the Association of Program Directors in Vascular Surgery. A VSB-ABS member since 2003, Dr. Ricotta is currently professor and chair of surgery at the State University of New York (SUNY) at Stony Brook and chief of surgery at Stony Brook University Hospital.

A graduate of Yale University, Dr. Ricotta received his M.D. from the Johns Hopkins School of Medicine. He completed his surgical residency at Johns Hopkins University Hospital and pursued advanced training in vascular surgery at Walter Reed Army Hospital. He came to SUNY Stony Brook from the State University of New York at Buffalo, where he was professor of surgery, chief of the vascular surgery division, and chief of surgery at the Millard Fillmore Hospital.

Before SUNY Buffalo, he came to the University of Rochester as an assistant professor and later associate professor, and was the director of the kidney transplant program and the organ procurement organization.

Dr. Ricotta is a member of numerous professional societies, the editorial boards of four national and international journals in his specialty, and is the author or co-author of more than 200 publications on cardiovascular disease and treatment.

As a VSB-ABS member and ABS director, Dr. Ricotta is interested in the development of new training paradigms in residency training, and in particular the primary certificate in vascular surgery.

Towne Appointed Chair of VSB-ABS

Dr. Jonathan Towne took over as chair of the VSB-ABS in June from Dr. Frank LoGerfo. Dr. Towne has served on the board of directors of the American Board of Surgery since 2003 as a representative of the Joint Council of Vascular Societies.

A native of Youngstown, Ohio, Dr. Towne received his undergraduate degree from the University of Pittsburgh and his M.D. from the University of Rochester. His surgical residency was at the University of Michigan and the University of Nebraska, and he completed his fellowship in vascular surgery at Baylor College of Medicine in Houston, Texas. He joined the faculty of the Medical College of Wisconsin in 1975 and currently serves there as professor and chief of vascular surgery.

Dr. Towne brings great experience to the role of chair, as he was one of the original organizers of the VSB-ABS.

Vascular Surgery Examinations Now Computer-Based

This fall the vascular surgery recertification and qualifying examinations were both administered in a computer-based format through Pearson VUE™ testing services.

Pearson VUE operates 200 testing centers nationwide, so residents and diplomates can now take their examination at a site near their home. Last year the vascular surgery recertification examination was given for the first time in this format, and diplomate feedback from post-examination surveys was overwhelmingly positive.

Once the ABS receives a completed examination reply card and examination fee confirming participation, examination candidates are sent an admission letter with the date(s) that a particular exam will be given at the Pearson VUE testing centers. Candidates then contact Pearson VUE, either by phone or through their website (www.pearsonvue.com), to reserve a spot at the testing center most convenient to them.

All of Pearson VUE’s testing centers are uniform in size, testing equipment, appearance, and procedures. They are all under the control of the parent company, and the centers are specifically restricted to professional testing. The new computer-based format gives VSB-ABS examinees more flexibility in scheduling their examination, and reduces travel time and expense.

Online Application Process

As of this year, examination applicants now use an online application process for the vascular surgery recertification and qualifying examinations via the ABS website, www.absurgery.org. Rather than filling out a paper application, applicants log in to the website to quickly and easily prepare their applications and operative reports online.

It is important to note, however, that the application process continues to require the submission of documentation that cannot be sent electronically, i.e., copy of medical license, reference letters, etc., as well as signed attestation forms to verify the data submitted electronically.
**Promoting Vascular Surgery to the Next Generation**

An Interview with Dr. Julie Freischlag

Dr. Julie Freischlag is professor and chair of the department of surgery at the John Hopkins School of Medicine, chief of surgery at John Hopkins Hospital, a former member of the VSB-ABS, and a former director of the ABS. In 1989 she became one of the first women chiefs of vascular surgery in the United States.

**What made you decide to become a vascular surgeon?**

As with many other surgeons, it was a mentor. In my first rotation at UCLA, I met Dr. Ron Busuttil, who was an incredibly dynamic vascular surgeon. His enthusiasm really inspired me to become a vascular surgeon. In addition, in my fourth year of medical school I spent time with Dr. Edwin Wylie at UCSF, who created the first vascular surgery fellowship there. That also made me interested in pursuing vascular surgery.

**How do you think medical students today view vascular surgery?**

I think they don’t know what it is, so they don’t see it as an option.

**How can this be overcome?**

We need to get the word out about vascular surgery. Almost every medical school has a surgical club for students interested in pursuing surgery. We need to have vascular specialists talk to these clubs. Likewise, we need vascular surgeons working with surgery residents in rotations. That is a great way to teach residents about the field. As chair of the SVS’ Education Council, we are working on a nationwide recruitment campaign with the APDVS. We are bringing 100 medical students and young residents to the SVS meeting in June so that they can learn more about the field and meet vascular surgeons from all over the country. We need to expose as many medical students and surgery residents to vascular surgery as possible.

Moreover, we need to talk about the benefits of being a vascular surgeon. For example, vascular surgeons develop long-term relationships with their patients. We don’t just do surgery; we manage vascular disease through medication and other treatments. I still have patients from my time at UCLA who travel to Baltimore to see me because of our relationship. We are full-care physicians and we need to talk to students and residents about this aspect. Too often they hear us instead complaining about reimbursement and competition with radiologists and cardiologists; that won’t encourage them to enter the field.

Medical students also think that vascular surgeons only have patients who are very old and sick, requiring long surgeries with lots of complications. They don’t realize that the treatment of vascular disease has become very advanced—there are many minimally invasive treatment options with excellent outcomes. We need to promote the endovascular technologies being used and the understanding that vascular surgery is a growing, cutting-edge field.

Medical school enrollment in the U.S. is currently 50% female, yet in 2004 only 9% of the applicants for vascular surgery certification were women. What does this mean for vascular surgery in the long-run?

It’s going to be an increasing problem if we don’t make a focused effort to change it. Last year we were short 20 residents in the vascular surgery match. One encouraging sign is that more women are becoming certified in general surgery, so there are more women coming into the pipeline.

**What can vascular surgery do to encourage more women and minorities to enter the field?**

We definitely need more mentors; currently there are only two women who are chiefs of vascular surgery in the U.S., and only two women who are vascular surgery program directors. There are very few minorities in these positions as well. We need to convey that vascular surgery is a career option for them, and we need to spread the word about women and minority vascular surgeons who have achieved a high level of success.

Another factor is that women are often stereotyped as not being interested in new technologies, like endovascular technology for example, but that’s just not true. Furthermore, women develop fine motor skills earlier in life than men, and are equally adept.

**How can the VSB-ABS contribute to this effort?**

The VSB-ABS can help by promoting vascular surgery as a surgical profession. Residents can train and be certified in both general and vascular surgery, giving them a wide range of options. All the surgical specialties are equally important. They all have a role in providing care to the public.

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Spotlight on the VSB-ABS
Four new members for 2004-2005

Name: Kim John Hodgson, M.D.
Birthplace: Whittier, California
Family: Wife Mary Ann
Hobbies: Photography, parrots
College: Rutgers University
Medical School: University of Pennsylvania School of Medicine
Residency: Albany Medical College
Clinical Fellowships: Vascular surgery, Southern Illinois University
Research/Clinical Interests: Endovascular abdominal aortic aneurysm repair, carotid artery angioplasty, diagnosis and treatment of renovascular disease, minimally invasive lower extremity revascularization.
Current Practice: Academic vascular surgery
Academic Appointments: Professor and Chair, Division of Vascular Surgery, Vascular Surgery Fellowship Program Director, Southern Illinois University
Administrative Titles: Chair, Division of Vascular Surgery, Southern Illinois University
Other Activities: Past President of the Society for Clinical Vascular Surgery; Chairman, Society for Vascular Surgery Endovascular Issues Committee; Chairman, Society for Vascular Surgery Endovascular PEEC

Name: William D. Jordan, Jr., M.D.
Birthplace: Atlanta, Georgia
Family: Wife Cynthia; Children Daniel, Elise, Forest and Albert
Hobbies: Golf, computers, outdoor activities
College: Hillsdale College
Medical School: Emory University School of Medicine
Residency: University of Alabama Medical Center
Clinical Fellowships: Vascular surgery, Emory University Hospital
Research/Clinical Interests: Minimally invasive vascular surgery. To develop, critically evaluate, and implement new methods of treatment for peripheral vascular disease.
Current Practice: Vascular surgery
Academic Appointments: Associate Professor and Program Director, Section of Vascular Surgery, University of Alabama Medical Center
Administrative Titles: Chief, Section of Vascular Surgery, University of Alabama Medical Center; Director, Vascular Laboratory, The Kirklin Clinic

Name: Thomas S. Riles, M.D.
Birthplace: St. Joseph, Missouri
Family: Wife Adriana; Children Eric and Evan
Hobbies: Sailing, piano, hiking, skiing
College: Stanford University
Medical School: Baylor College of Medicine
Residency: New York University School of Medicine
Clinical Fellowships: Vascular surgery, New York University
Current Practice: Vascular surgery
Academic Appointments: The George David Stewart Professor and Chair, Department of Surgery, New York University School of Medicine
Administrative Titles: Chairman of Surgery, New York University School of Medicine, Chief of Surgery at Tisch Hospital and Bellevue Hospital
Other Activities: Past President of the American Association of Vascular Surgeons

Name: Anton N. Sidawy, M.D., M.P.H.
Birthplace: Damascus, Syria
Family: Wife Mary; Children Michelle and Nicholas
Hobbies: Reading world history and political books, traveling with my family, watching my children grow
Graduate School: Master in Public Health, George Washington Univ.
Medical School: Aleppo Univ. Medical School
Residency: Washington Hospital Center, Washington, D.C.
Clinical Fellowships: Vascular surgery, Boston Univ. Hospital
Research/Clinical Interests: Clinical and basic scientific studies in diabetic tibial disease. Basic scientific studies in wound healing.
Current Practice: Vascular surgery, with special interest in distal tibial bypasses in diabetics.
Academic Appointments: Professor of Surgery, George Washington and Georgetown Universities
Administrative Titles: Chief, Surgical Service, VA Medical Center, Washington, D.C. Director, Vascular Surgery Training Program, Georgetown Univ./Washington Hospital Center
Other Activities: Associate Editor, Journal of Vascular Surgery; Chair, Distinguished Fellows Council, Society for Vascular Surgery; Past President, Eastern Vascular Society; President-elect, Society for Clinical Vascular Surgery; Governor, American College of Surgeons
Important VSB-ABS Dates for 2005

April 13: ABS Annual Meeting and Dinner in Palm Beach, FL

May 16-17: Vascular Surgery Certifying Examination in Chicago, IL

July 1: Deadline for Applications for Vascular Surgery Qualifying and Recertification Examinations

July 15: Late Deadline for Vascular Surgery Qualifying and Recertification Examinations (additional fee)

October 3: Vascular Surgery Qualifying Examination (Pearson VUE testing centers)

October 3-14: Vascular Surgery Recertification Examination (Pearson VUE testing centers)

Be sure to check www.absurgery.org for the latest news and events!