

Vascular Surgery Continues to Seek Specialty Status

Endovascular Today interviews ISVS President, Sir Peter R.F. Bell, MD, regarding the issues slowing the progress of separate board certification.

Endovascular Today: How many vascular surgeons are there in the US and abroad?

Dr. Bell: There are approximately 3,000 surgeons in the US who focus on predominantly vascular surgery and who are members of the national or a regional vascular society. Worldwide, the estimated number of vascular surgeons who practice only vascular surgery is 10,000, although there are more who are general surgeons and have an interest in vascular surgery. Ten years ago, vascular surgeons began efforts in the US to get the specialty to become an independent American Board of Vascular Surgery. Long before that time, however, some surgeons (such as Jack Wiley) recognized this need as necessary to improve patient care.

Endovascular Today: What is the primary certificate in vascular surgery, and how has it affected the specialty?

Dr. Bell: The American Board of Surgery (ABS), by granting the primary certificate, retained control over vascular surgery while appearing to help it. This means that nothing needs to change, and the bylaws preclude vascular surgery from attaining specialty status.

Endovascular Today: What is required?

Dr. Bell: The primary certificate allows, in theory, for a surgeon to be qualified in vascular surgery without being qualified in general surgery. In practice, this is not possible because general surgery controls the training slots that are used to train general surgeons who are deemed to need some vascular training.

Endovascular Today: In your opinion, how will continuing the primary certificate affect the future of vascular surgery as a specialty?

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Dr. Bell: Unless the primary certificate is a step on the road to specialization, it will fail because it allows the existing situation to continue. In other words, general surgeons will still be able to inadequately train and do “a bit” of vascular surgery with poorer results, whereas true, committed, vascular surgeons will be confused by these requirements and opt for another specialty.

Endovascular Today: What has the response been in the US versus abroad regarding the ISVS's goal of specialty certification?

Dr. Bell: Vascular surgery is already a specialty in many countries of the world. The European board recently recognized vascular surgery as a specialty. In the UK, it is still not a specialty and continues to be part of general surgery. The Vascular Society is currently in serious discussion with the College of Surgeons about a separate specialty board that would be created in the next 12 months, leaving the US as nearly the only large developed country with vascular surgery as a part of general surgery.

Endovascular Today: Why do you believe that vascular surgery, as a subspecialty of general surgery, is “doomed”?

Dr. Bell: Because vascular surgery is a subspecialty of general surgery, there is an assumption that some vascular surgery should be done by general surgeons. Inevitably, this leads to potentially poor patient care when such surgeons tackle operations they are not properly trained to do. No one expects general surgeons to do “a bit” of orthopedic or urological surgery, so why should it be okay for a changing, complex area such as vascular surgery? New recruits need to spend all of their time learning new endovascular techniques rather than general surgical procedures that they will not use in future. Why should the brightest surgeons join a “subspecialty” that appears to have no control of its own future? Recruitment will fall, and the work will be taken over by cardiologists and interventional radiologists. This is why I think vascular surgery may be doomed.

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Endovascular Today: The issue of board certification is currently on hold—can you discuss the reason for this and the surrounding issues that have stymied its progress?

Dr. Bell: I think it is on hold, and it is difficult to think of a logical reason why. The existing structure, for reasons best known to itself, wishes to retain the status quo. It is hard to understand why inadequately trained general surgeons continue to be allowed to operate on patients, particularly in an era of dramatic changes in techniques and knowledge that the occasional vascular surgeon cannot possibly maintain. In this situation, the outcomes for patients can only be poor. ■

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