

*The*  
**VASCULAR SURGERY**  
**BOARD**  
*of the*  
**AMERICAN BOARD of SURGERY**

*Booklet of Information*  
*Vascular Surgery*



**2017 – 2018**

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The Booklet of Information – Vascular Surgery is published by the Vascular Surgery Board of the American Board of Surgery (VSB-ABS) to outline the requirements for certification in surgery. Applicants are expected to be familiar with this information and bear ultimate responsibility for ensuring their training meets VSB-ABS requirements, as well as for acting in accordance with the VSB-ABS policies governing each stage of the certification process.

This edition of the booklet supersedes all previous publications concerning the policies, procedures and requirements for examination and certification in vascular surgery. The VSB-ABS, however, reserves the right to make changes to its fees, policies, procedures and requirements at any time.

Applicants are encouraged to visit [www.absurgery.org](http://www.absurgery.org) for the most recent updates.

**Admission to the certification process is governed by the policies and requirements in effect at the time an application is submitted and is at the discretion of the VSB-ABS.**

## TABLE OF CONTENTS

|  |          |   |           |
|--|----------|---|-----------|
| <b>I. INTRODUCTION .....</b>                   | <b>3</b> | <b>III. EXAMINATIONS IN VASCULAR SURGERY .....</b>                    | <b>10</b> |
| A. Mission .....                               | 3        | A. In-Training Examination .....                                      | 10        |
| B. Purpose.....                                | 3        | B. Qualifying Examination .....                                       | 10        |
| C. History of the VSB-ABS.....                 | 3        | 1. General Information .....  | 10        |
| D. Certification Process.....                  | 3        | 2. Application Process.....   | 10        |
| E. Specialty of Vascular Surgery Defined.....  | 3        | 3. Admissibility and Opportunities .....                              | 10        |
| F. Website Resources.....                      | 4        | 4. Readmissibility.....   | 11        |
| <b>II. REQUIREMENTS FOR CERTIFICATION.....</b> | <b>5</b> | C. Certifying Examination.....  | 11        |
| A. Exam Admissibility: 7-Year Limit .....      | 5        | 1. General Information .....  | 11        |
| B. General Requirements .....                  | 5        | 2. Admissibility and Opportunities .....                              | 11        |
| C. Approved Training Pathways.....             | 5        | 3. Readmissibility.....   | 11        |
| D. Undergraduate Medical Education.....        | 6        | D. Special Circumstances.....   | 11        |
| E. Graduate Surgical Education .....           | 6        | 1. Exam Accommodations .....  | 11        |
| 1. General Information .....                   | 6        | 2. Exam Irregularities.....   | 12        |
| 2. Specific Requirements .....                 | 6        | 3. Substance Abuse .....  | 12        |
| 3. Additional Requirements.....                | 6        | <b>IV. ISSUANCE OF CERTIFICATES AND CONTINUOUS CERTIFICATION.....</b> | <b>13</b> |
| F. Operative Experience.....                   | 7        | A. Reporting of Status.....   | 13        |
| G. Leave Policy .....                          | 7        | B. Continuous Certification .....                                     | 13        |
| H. Ethics and Professionalism.....             | 7        | C. Revocation of Certificate.....                                     | 13        |
| I. Additional Considerations .....             | 8        | <b>V. ABOUT THE VSB-ABS.....</b>                                      | <b>15</b> |
| 1. Full-Time Research.....                     | 8        | A. Nominating Organizations.....                                      | 15        |
| 2. Military Service .....                      | 8        | B. 2017-2018 VSB-ABS Members.....                                     | 15        |
| 3. Foreign Graduate Education.....             | 8        | C. Senior Members, Former Officers,<br>Executive Staff .....          | 15        |
| 4. Osteopathic Trainees.....                   | 9        |   |           |
| 5. Reconsideration and Appeals .....           | 9        |   |           |

*(click above to go to section)*

## I. INTRODUCTION

### A. Mission

The American Board of Surgery serves the public and the specialty of surgery by providing leadership in surgical education and practice, by promoting excellence through rigorous evaluation and examination, and by promoting the highest standards for professionalism, lifelong learning, and the continuous certification of surgeons in practice.

### B. Purpose

The American Board of Surgery is a private, nonprofit, autonomous organization formed for the following purposes:

- To conduct examinations of acceptable candidates who seek certification or maintenance of certification by the board.
- To issue certificates to all candidates meeting the board's requirements and satisfactorily completing its prescribed examinations.
- To improve and broaden the opportunities for the graduate education and training of surgeons.

The ABS considers certification to be voluntary and limits its responsibilities to fulfilling the purposes stated above. Its principal objective is to pass judgment on the education, training and knowledge of broadly qualified and responsible surgeons and not to designate who shall or shall not perform surgical operations. It is not concerned with the attainment of special recognition in the practice of surgery. Furthermore, it is neither the intent nor the purpose of the board to define the requirements for membership on the staff of hospitals or institutions involved in the practice or teaching of surgery.

### C. History of the VSB-ABS

The movement for certification in vascular surgery began in the 1970s under the leadership of Dr. Edwin J. Wylie. A *Committee on Vascular Surgery* was formed by the American Board of Surgery to investigate the issue, which met several times with representatives of the Society for Vascular Surgery and the International Society for Cardiovascular Surgery. In 1981, the ABS requested and received approval from the American Board of Medical Specialties (ABMS) to offer a certificate in vascular surgery.

The ABS offered a Certificate of Special Qualifications in vascular surgery as of 1982 and a Certificate of Added Qualifications in 1988. The Special Qualifications (practice) pathway was closed to new applicants in 1989, as the ABMS typically allows practice pathways to be open for only five years. Both certificates were issued through 1998

when the designations of "Added" and "Special" Qualifications were dropped and all certificates were designated as "Certification in Vascular Surgery."

The Vascular Surgery Board of the ABS was established in June 1998 with the support of the leading vascular surgery societies. Vascular surgery became a primary specialty of the ABS in July 2006; as of that date, certification in general surgery is no longer a prerequisite for certification in vascular surgery.

**The VSB-ABS defines and oversees all requirements and processes related to vascular surgery certification.**

### D. The Certification Process

The VSB-ABS considers certification to be based upon a process of education, evaluation and examination. The VSB-ABS requires the attestation of the vascular surgery program director that an applicant has completed an appropriate educational experience and attained a sufficiently high level of knowledge, clinical judgment and technical skills, as well as ethical standing, to be admitted to the certification process.

Individuals who believe they meet the VSB-ABS' educational, ethical and experience requirements may begin the certification process by applying for admission to the Vascular Surgery Qualifying Examination (QE). The application is reviewed and, if approved, the applicant is granted admission to the examination.

Upon successful completion of the Vascular Surgery QE, the applicant is considered a "candidate" for certification and granted the opportunity to take the Vascular Surgery Certifying Examination (CE). If the candidate is also successful at this examination, the candidate is deemed certified in vascular surgery.

It is not the intent or the role of the VSB-ABS to designate who shall or shall not perform surgical procedures or any category thereof. It is the view of the VSB-ABS that credentialing decisions are best made by locally constituted bodies based on an assessment of an applicant's extent of training, depth of experience, patient outcomes relative to peers, and certification status.

### E. Vascular Surgery Defined

Vascular surgery encompasses the diagnosis and comprehensive, longitudinal management of disorders of the arterial, venous, and lymphatic systems, exclusive of the intracranial and coronary arteries. Diplomates in vascular surgery should have significant experience with all aspects of treating patients with all types of vascular disease, including diagnosis, medical treatment, and reconstructive vascular surgical and endovascular techniques.

In addition, diplomates in vascular surgery should possess the advanced knowledge and skills to provide comprehensive care to patients with vascular disease; understand the needs of these patients; teach this information to others; provide leadership within their organizations; conduct or participate in research in vascular disorders; and demonstrate self-assessment of their outcomes.

The vascular surgeon must have advanced knowledge and experience with the management of vascular problems, including:

1. All elements of clinical evaluation, including non-invasive testing such as plethysmography, duplex ultrasonography, magnetic resonance imaging, CT scans, angiography, and other diagnostic tests utilized in the diagnosis of vascular disease.
2. Comprehensive management of vascular disease to include screening and surveillance, medical management, drug therapy, risk factor management, and wound management including amputations, as well as other adjunctive procedures.
3. Indications and techniques relating to the open and endovascular treatment of vascular disorders, to include the entire spectrum of interventions used to treat vascular disorders, including such disorders as occlusive, aneurysmal and inflammatory disease, trauma, and neurovascular compressive syndromes involving the arteries and veins of the body (excluding the intracranial and coronary arteries). These include the aorta and its branches, as well as the arteries of the neck, pelvis, and upper and lower extremities, and the venous system.
4. The critical care of the vascular surgery patient.

## F. Website Resources

The ABS website, [www.absurgery.org](http://www.absurgery.org), is updated regularly and offers many resources for individuals interested in ABS certification. Potential applicants are encouraged to familiarize themselves with the website. Applicants should use the website to submit an application, check the application's status, update personal information, register for an examination, and view recent exam history.

In addition, the following policies are posted on the website. They are reviewed regularly and supersede any previous versions.

- [Credit for Foreign Graduate Medical Education](#)
- [Early Specialization Program](#)
- [Ethics and Professionalism](#)
- [Examination Admissibility](#)

- [Examination of Persons with Disabilities](#)
- [Leave Policy](#)
- [Military Activation](#)
- [Osteopathic Trainees Policy](#)
- [Privacy Policy](#)
- [Public Reporting of Status](#)
- [Reconsideration and Appeals](#)
- [Regaining Admissibility to Vascular Surgery Examinations](#)
- [Representation of Certification Status](#)
- [Revocation of Certificate](#)
- [Substance Abuse](#)

## II. REQUIREMENTS FOR CERTIFICATION

Admission to the certification process is governed by the requirements and policies in effect at the time of application. All requirements are subject to change.

### A. Exam Admissibility: 7-Year Limit

Applicants for certification in vascular surgery who completed residency in the 2012-2013 academic year or thereafter will have no more than seven academic years to achieve certification (i.e., pass both the QE and CE).

The seven-year period starts immediately upon completion of residency. If individuals delay in applying for certification, or fail to take an examination in a given year, they will lose exam opportunities. Individuals are encouraged to begin the certification process immediately after residency so they will have the full number of exam opportunities available to them.

If applicants are unable to become certified within seven years of completing residency, they are no longer eligible for certification and must pursue a readmissibility pathway to re-enter the certification process. See Section III. for further information.

### B. General Requirements

Applicants for certification in vascular surgery must meet these general requirements:

- **Have demonstrated to the satisfaction of the program director** of a graduate medical education program in vascular surgery accredited by the Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPSC) that they have attained the level of qualifications required by the ABS. All phases of the graduate educational process must be completed in a manner satisfactory to the ABS.
- **Have an ethical, professional, and moral status** acceptable to the ABS.
- **Be actively engaged in the practice of vascular surgery** as indicated by holding admitting privileges to a surgical service in an accredited health care organization, or be currently engaged in pursuing additional graduate education in a component of vascular surgery or other recognized surgical specialty. An exception to this requirement is active military duty.
- **Hold a currently registered full and unrestricted license to practice medicine** in the United States or Canada when registering for the CE. A full and unrestricted medical license is not required to take the QE. **Temporary, limited, educational or institutional**

**medical licenses will not be accepted for the Certifying Exam**, even if the candidate is currently pursuing additional training.

An applicant must immediately inform the ABS of any conditions or restrictions in force on any active medical license he or she holds in any state or province. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABS will determine whether the applicant satisfies the above licensure requirement.

Rarely, the above requirements may be modified or waived by the ABS Credentials Committee if warranted by unique individual circumstances.

### C. Approved Training Pathways

A primary certificate in vascular surgery took effect July 1, 2006, giving vascular surgery a board certification pathway independent of general surgery. Its significance as a standard of skill and knowledge in vascular surgery and with regard to credentialing for vascular surgery procedures remains the same.

With the primary certificate, an individual may complete any of these three pathways toward board certification in vascular surgery.

- **Independent (5+2) Pathway:** Traditional pathway of a five-year general surgery residency program accredited by the ACGME or RCPSC followed by two years in an accredited vascular surgery training program, leading to certification in both disciplines.
- **ESP (4+2) Pathway:** An early specialization program (ESP) accredited by the ACGME of four years of general surgery followed by two years of vascular surgery training at the same institution, leading to certification in both disciplines.
- **Integrated (0+5) Pathway:** A program accredited by the ACGME of five years of training in vascular surgery integrated with core surgical training at the same institution, leading to certification only in vascular surgery.

New vascular surgery programs approved by the ACGME are listed on the [ACGME website](#).

As of 2014, successful completion of the Surgical Principles Exam or General Surgery Qualifying Exam is no longer required to enter the vascular surgery certification process. However, graduates of independent and ESP pathways must have an approved application to the General Surgery Qualifying Exam, meeting all application requirements.

Once the application is approved, individuals who wish to pursue both general surgery and vascular surgery certification may pursue these in whichever order they wish.

## D. Undergraduate Medical Education

Applicants must have graduated from an accredited school of allopathic or osteopathic medicine in the United States or Canada.

Graduates of schools of medicine in countries other than the United States or Canada must present evidence of certification by the Educational Commission for Foreign Medical Graduates (ECFMG®).

## E. Graduate Surgical Education

### 1. General Information

The purpose of graduate education in vascular surgery is to provide the opportunity to acquire a broad understanding of human biology as it relates to vascular disorders, and the technical knowledge and skills appropriate to be applied by a specialist in vascular surgery. This goal can best be attained by means of a progressively graded curriculum of study and clinical experience under the guidance and supervision of senior vascular surgeons, which provides progression through increasing levels of responsibility for patient care up to the final one of complete management. Major operative experience and independent decision-making at the final stage of the program are essential components of surgical education. The VSB-ABS will not accept into the process of certification anyone who has not had such an experience in the specialty of vascular surgery, regardless of the number of years spent in educational programs.

The time required for the total educational process should be sufficient to provide adequate clinical experience for the development of sound surgical judgment and adequate technical skill. These requirements do not preclude additional desirable educational experience, and program directors are encouraged to retain residents in a program as long as is required to achieve the necessary level of performance.

The integration of basic sciences with clinical experience is considered to be superior to formal courses in such subjects. Accordingly, while recognizing the value of formal courses in the study of surgery and the basic sciences, the VSB-ABS will not accept such courses in lieu of any part of the required clinical years of surgical education.

The VSB-ABS may at its discretion require that a member of the VSB-ABS or a designated diplomate observe and report upon the clinical performance of an applicant before establishing admissibility to examination, or before awarding or renewing certification.

While residency programs may develop their own vacation, illness and leave policies for residents, one year of approved residency toward ABS requirements must be 52 weeks in duration and include at least 48 weeks of full-time clinical activity. All time away from clinical activity of two days or more must be accounted for on the application for certification. (*See also II-G. Leave Policy.*)

### 2. Specific Requirements

To be accepted into the certification process, applicants must have satisfactorily completed the following:

- **All phases of progressive graduate education in vascular surgery in a program in vascular surgery accredited by the ACGME or RCPSC.** (*See II-I-4. for policy regarding residents in osteopathic training programs.*)
- **Increasing levels of responsibility** during vascular surgery training, including serving as **chief resident for a 12-month period**. The term “chief resident” indicates that a resident has assumed ultimate responsibility for patient care under the supervision of the teaching staff and is the most senior resident/trainee involved with the direct care of the patient.
- **All vascular surgery training at no more than two programs.** For integrated programs, the **final two years** of vascular surgery training at the **same institution**. For independent programs, the **final 18 months** must be completed at the **same institution**. Individuals in independent programs must also have completed their general surgery residency at no more than three programs.
- **No fewer than 48 weeks of full-time clinical activity in each year** of the vascular surgery training program, regardless of the amount of operative experience obtained. The remaining four weeks of the year are considered non-clinical time that may be used for any purpose.
 

**Averaging:** For integrated programs, the 48 weeks **may be averaged** over the first three years of residency, for a total of **144** weeks required in the **first three years**, and over the last two years of residency, for a total of **96** weeks required in the **last two years**. For independent programs, the 48 weeks **may be averaged** over the two years of training, for **96** weeks total.
- **The programs [Advanced Cardiovascular Life Support \(ACLS\)](#), and [Advanced Trauma Life Support \(ATLS®\)](#).** Applicants are not required to be currently certified in these programs; however documentation of prior successful certification must be provided with the application.

### 3. Additional Requirements

- Graduates of independent and ESP programs must have an **approved application to the General Surgery Qualifying Exam**. All application requirements must be met and it must be signed by the general surgery program director. The exam itself, however, does not need to be taken for vascular surgery certification.
- To be admissible to the Vascular Surgery Certifying Exam, candidates must have obtained **Registered Physician in Vascular Interpretation® (RPVI®) certification**, and provide documentation of current or past certification when registering for the CE. The exam required for RPVI certification is now offered year-round, with official results posted the following week. See [www.apca.org/pvi](http://www.apca.org/pvi) for more details.

### F. Operative Experience

- All applicants for certification must participate in **at least 250 major vascular reconstructions**. This experience should be relevant to the definition of vascular surgery set forth in Section I-E.
- For individuals who began integrated training in July 2015 or thereafter, a minimum of **40 cases in surgical critical care will be required**, with at least one in each of the seven categories: ventilatory management; bleeding (non-trauma); hemodynamic instability; organ dysfunction / failure; dysrhythmias; invasive line management and monitoring; and parenteral/enteral nutrition.

While the VSB-ABS requires broad experience in all essential areas of vascular surgery, it does not require a specific number of procedures within each content area.

Applicants must submit a report that tabulates their operative experience during vascular surgery training. Cases must be from the applicant's vascular surgery residency or fellowship and verified by the program director. Applicants must also indicate their level of responsibility (e.g., surgeon chief year, surgeon junior years, teaching assistant, first assistant) as applicable for the procedures listed.

Applicants may claim credit as "surgeon chief year" or "surgeon junior years" only when they have actively participated in making or confirming the diagnosis, selecting the appropriate operative plan, and administering pre-operative and postoperative care. Additionally, they must have personally performed either the entire operative procedure or the critical parts thereof and participated in postoperative follow-up. All of the above must be accomplished under appropriate supervision.

When previous personal operative experience justifies a teaching role, residents may act as teaching assistants

and list such cases during the fourth and fifth year only. Applicants may claim credit as teaching assistant only when they have been present and scrubbed and acted as assistant to guide a more junior trainee through the procedure. Applicants may not claim credit both as surgeon (surgeon chief or surgeon junior) and teaching assistant.

### G. Leave Policy

#### Medical Leave

For documented medical conditions that directly affect the individual (i.e., **not** family leave), the ABS will accept:

- For independent programs, 94 weeks in the two years of vascular surgery training.
- For integrated programs, a total of 142 weeks in the first three years and 94 weeks in the last two years.

#### No approval is needed for this option.

All other arrangements beyond the standard medical leave described above require **prior written approval** from the ABS. Such requests may only be made by the program director and must be sent in writing by mail or fax (no emails) to the ABS office. Requests should include a complete schedule of the resident's training with calendar dates, including all leave time. (See [Leave Policy](#) on our website for more details.)

#### 6-Year Option

If permitted by the residency program, the five years of integrated residency training may be completed over six academic years. All training must be completed at a single program with advance approval from the ABS. Forty-eight weeks of training are required in each clinical year and all individual rotations must be full-time. The first 12 months of clinical training would be counted as PGY-1, the second 12 months as PGY-2, and so forth. No block of clinical training may be shorter than one month (four weeks).

Under this option, a resident may take up to 12 months off during training. The resident would first work with his or her program to determine an appropriate leave period or schedule. The program would then request approval for this plan from the ABS.

Use of the six-year option is solely at the program's discretion, and contingent on advance approval from the ABS. The option may be used for any purpose approved by the residency program, including but not limited to family issues, visa issues, medical problems, maternity leave, volunteerism, educational opportunities, etc.

### H. Ethics and Professionalism Policy

The VSB-ABS believes that certification in surgery carries an obligation for ethical behavior and professionalism in all conduct. The exhibition of unethical or dishonest

behavior or a lack of professionalism by an applicant, examinee or diplomate may therefore cause the cancellation of examination scores; prevent the certification of an individual, or result in the suspension or revocation of certification at any subsequent time; and/or result in criminal charges or a civil lawsuit. All such determinations shall be at the sole discretion of the ABS.

Unethical and unprofessional behavior is denoted by any dishonest behavior, including cheating; lying; falsifying information; misrepresenting one's educational background, certification status and/or professional experience; and failure to report misconduct. Individuals exhibiting such behaviors may have their exam scores canceled; be permanently barred from taking ABS examinations; be permanently barred from certification; reported to state medical boards; and/or legally prosecuted under state or federal law, including theft, fraud and copyright statutes.

Unethical behavior is specifically defined by the ABS to include the disclosure, publication, reproduction or transmission of ABS examinations, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purposes. This also extends to sharing examination information or discussing an examination while still in progress. Unethical behavior also includes the possession, reproduction or disclosure of materials or information, including examination questions or answers or specific information regarding the content of the examination, before, during or after the examination. This definition specifically includes the recall and reconstruction of examination questions by any means; such efforts may also violate federal copyright law.

All applicants, examinees, or diplomates must fully cooperate in any ABS investigation into the validity, integrity or security of ABS examinations. All ABS examinations are copyrighted and protected by law; the ABS will prosecute violations to the full extent provided by law and seek monetary damages for any loss of examination materials. (See also III-D-2. Examination Irregularities.)

Possession of a currently valid, full and unrestricted state medical license is an absolute requirement for certification. If a state medical license after final decision is probated, restricted, suspended, or revoked, this will trigger a review by the ABS Credentials Committee at its next meeting. The committee will review the action, and determine if any action is required in regard to the diplomate's certificate in surgery. Normally the state action will be duplicated in regard to the certificate, but the committee after review may choose at its discretion to adopt either a more lenient or more stringent condition on the certificate if warranted by the nature of the disciplinary infraction. (See also IV-C. Revocation of Certificate.)

## I. Additional Considerations

### 1. Full-Time Research

For individuals in integrated programs, no more than six months of residency may be devoted to research. For individuals in independent programs, no more than 10% of the total required vascular surgical experience may be devoted to research. Any research time beyond 10% requires prior ABS approval.

### 2. Military Service

Credit will not be granted toward the requirements of the VSB-ABS for service in the U.S. Armed Forces, the U.S. Public Health Service, the National Institutes of Health or other governmental agencies unless the service was as a duly appointed resident in an accredited program in surgery.

### 3. Credit for Foreign Graduate Education

The VSB-ABS does not grant credit directly to residents for surgical education outside the U.S. or Canada. The VSB-ABS will consider granting partial credit for foreign graduate medical education to a resident in a U.S. vascular surgery residency program accredited by the ACGME, but **only upon request of the program director**. Preliminary evaluations will not be provided before enrollment in a residency program, either to a resident or program director. Credit for foreign training is not available to residents in independent vascular surgery programs.

The program director is the primary judge of the resident's proficiency level and should make the request for credit only after having observed the individual as a junior resident for **at least six months** to ascertain that clinical performance is consistent with the level of credit requested. If a resident is felt to be a candidate for credit, he or she should normally begin residency at the **PGY-2 or PGY-3 level** so that the appropriate level of clinical skills can be assessed.

**Residents will be required to take the Vascular Surgery In-Training Exam (VSITE) and/or ABS In-Training Exam (ABSITE®) before credit may be requested.** Program directors should contact the ABS coordinator to ascertain which exam(s) would be most appropriate based on the individual's prior training. The resident's scores should be consonant with the level of credit requested by the program director.

Credit for foreign training may be granted in lieu of the first or second clinical years of residency, and rarely the third. Credit is never given for the fourth or fifth clinical years, which must be completed satisfactorily in an accredited U.S. program. Program directors who wish



to advance residents to senior levels (PGY-4) must have obtained ABS approval prior to beginning the PGY-4 year; otherwise credit for these years will be denied.

**The granting of credit is not guaranteed.** If the resident moves to another program, the credit is **not transferable** and must be requested by the resident's new program director after a new period of evaluation.

**All requests for credit and related inquiries must come from the program director** and be sent in writing by letter or fax (no emails). **Requests will not be approved unless all required documentation is submitted.** Requests for more than one year of credit, which require approval of the ABS Credentials Committee, must be submitted **by March 15**, to provide program directors with a decision by May 1. Program directors will be notified of credit decisions by letter from the ABS executive director.

(See [Credit for Foreign Graduate Education](#) on our website for full policy, including all required documentation.)

#### Canadian Residents

No credit for postgraduate surgical education outside the U.S. and Canada will be granted to applicants who complete a Canadian program. Such applicants must have completed all general surgery and vascular surgery training in programs accredited by the RCPSC or ACGME. For independent (5+2) trainees, a minimum of 12 months of rotations related to vascular surgery must have been completed during general surgery residency. Canadian applicants should also make certain that any "block rotations" will meet VSB-ABS requirements. All applicants from Canadian programs must comply with ABS requirements for certification.

#### International Rotations

The VSB-ABS will accept in certain circumstances rotations outside the U.S. or Canada toward its integrated vascular surgery residency training requirements. If program directors wish to credit training abroad toward ABS requirements, they must fully justify the reasons for it and receive approval for such training in advance. No such rotations will be permitted in the first (PGY-1) or last (PGY-5) year of residency training. Rotations must be at least four weeks in duration to be considered for credit.

To request approval for an international rotation, a letter should be sent by mail or fax (no emails) to both the ABS and the Review Committee for Surgery, signed by both the program director and the designated institutional official (DIO). The program will receive separate approval letters; both must be received prior to implementation of the international rotation. See [International Training](#) on our website for further details regarding rotation criteria and information to be included in the request for credit.

#### 4. Osteopathic Trainees

The ABS established in 2015 a policy regarding the entry of osteopathic surgical residents into the ABS certification process, in light of the Single GME Accreditation System.

For integrated vascular surgery training, these residents will be required to complete at a minimum the last three years of vascular surgery residency (PGY 3-5) in an ACGME-accredited vascular surgery residency program.

To be eligible for ABS certification in vascular surgery through the independent pathway, osteopathic surgical residents must have successfully completed at least the last three years of general surgery residency (PGY 3-5) in an ACGME-accredited general surgery residency program, prior to completing an ACGME-accredited vascular surgery fellowship. The fellowship must be accredited by the ACGME for the entire duration of training.

(See [Osteopathic Trainees](#) on our website for full policy.)

#### 5. Reconsideration and Appeals

The VSB-ABS may deny or grant an applicant or candidate the privilege of examination whenever the facts in the case are deemed by the ABS to so warrant.

Applicants and candidates may request reconsideration and appeal as outlined in the ABS [Reconsideration and Appeals Policy](#). A request for reconsideration, the first step, must be made in writing to the ABS office within 90 days of receipt of notice of the action in question.

### III. EXAMINATIONS IN VASCULAR SURGERY

Vascular surgery examinations are developed by committees consisting of VSB-ABS members and experienced diplomates nominated to serve as examination consultants. All are required to hold current, time-limited certificates and participate in the ABS Continuous Certification Program. Neither VSB-ABS members nor consultants receive any remuneration for their services. All ABS examinations are protected under federal copyright law.

#### A. The In-Training Examination (VSITE)

The Vascular Surgery In-Training Examination is offered annually to ACGME-accredited vascular surgery training programs to measure residents' progress in their knowledge of vascular surgery.

The VSITE includes content on both core surgery and vascular surgery. The VSITE is a five-hour, web-based examination containing approximately 200 multiple-choice questions designed to measure the progress attained by residents in their knowledge of vascular surgery. The VSITE is solely meant to be used by program directors as an evaluation instrument in assessing residents' progress and results of the examination are released to program directors only. Score reports will not be released to residents. The VSITE is not available to residents on an individual basis and is not required by the VSB-ABS for certification.

The VSB-ABS reserves the right to withhold participation by an institution where in prior years there were suspicions of improper use, unacceptable test administration, or irregular behavior by residents taking the examination.

#### B. The Qualifying Examination (QE)

##### 1. General Information

The Vascular Surgery QE is a six-hour, computer-based examination offered once per year by the VSB-ABS. The examination consists of approximately 250 multiple-choice questions designed to assess an applicant's knowledge of core surgery and vascular surgery. Information regarding examination [dates and fees](#), as well as an [examination content outline](#) (pdf), is available from our website.

Results are posted on the ABS website approximately four to eight weeks after the exam. Examinees' results are also reported to the director of the program in which they completed their final year of residency.

##### 2. QE Application Process

Individuals who believe that they meet the requirements for certification in vascular surgery may apply for the Vascular Surgery QE and have their applications

evaluated. If approved, they will be admitted to the examination process.

Application [instructions](#) and the online application process are available from the ABS website. The individual who served as the applicant's program director during residency must attest that all information supplied by the applicant is accurate.

#### An application will not be approved unless:

- Every rotation completed during residency training is listed separately and consecutively.
- All time away from training of two days or more for vacation, medical leave, etc., is reported accurately.
- Documentation of current or past certification in ACLS and ATLS is provided.
- For applicants who completed an independent or ESP program, an approved application to the General Surgery Qualifying Exam is on file.
- For applicants who trained in more than one program, documentation of satisfactory completion for all years in each program is provided.
- For international medical graduates, a copy of their ECFMG certificate is provided.

The acceptability of an applicant does not depend solely upon completion of an approved program of education, but also upon information received by the ABS regarding professional maturity, surgical judgment, technical capabilities and ethical standing.

#### 3. Admissibility and Exam Opportunities

An individual will be considered admissible to the Vascular Surgery QE only when all requirements of the ABS currently in force at the time of application have been satisfactorily fulfilled, including acceptable operative experience and the attestation of the program director regarding the applicant's surgical skills, ethics and professionalism. In addition, please note the following:

- Individuals will have **no more than seven academic years** following residency to complete the certification process (i.e., passing both the QE and CE).
- The seven-year period **begins upon completion of residency**, not when an individual's application is approved. If applicants delay in initiating the certification process after residency, they will lose opportunities to take and pass the QE.
- Once an application is approved, applicants will be granted a maximum of **four opportunities within a four-year period** to pass the QE, providing they

applied for certification immediately after residency. A new application is not required during this period.

- If the applicant chooses not to take the examination in a given year, this is considered a lost opportunity as the **four-year limit is absolute**.

Applicants who exceed the above limits will lose admissibility to the ABS certification process and must fulfill a readmissibility pathway if they still wish to pursue certification.

#### 4. QE Readmissibility

Individuals who are no longer admissible to the Vascular Surgery QE may regain admissibility through a pathway by which an individual acquires and demonstrates additional surgical knowledge. For details, please see [Regain-ing Admissibility to Vascular Surgery Examinations](#) on our website.

##### Time Limitations

If an individual has not actively pursued admissibility or readmissibility to the ABS certification process within 10 years after completion of residency, he or she will be required to re-enter formal residency training for PGY-4 and PGY-5 level training in a program accredited by the ACGME or RCPSC to regain admissibility.

### C. The Certifying Examination (CE)

#### 1. General Information

The Vascular Surgery Certifying Examination is an oral examination consisting of three 30-minute sessions conducted by teams of two examiners that evaluates a candidate's clinical skills in organizing the diagnostic evaluation and management of common problems in vascular surgery. It is the final step toward certification in surgery.

The CE is designed to assess a candidate's surgical judgment, clinical reasoning skills and problem-solving ability. Technical details of operations may also be evaluated, as well as issues related to a candidate's ethical and humanistic qualities.

The exam is held annually in a major U.S. city. It is conducted by members of the VSB-ABS and other nationally recognized experts in vascular surgery. All examiners are active in the practice of surgery, hold current, time-limited certificates, and participate in the ABS Continuous Certification Program. The ABS makes every effort to avoid conflicts of interest between candidates and their examiners.

Exam results are posted on the ABS website within one week after the final day of the exam. Examinees' results are also reported to the director of the program in which they completed their final year of training.

If successful on this examination, the candidate is deemed certified in vascular surgery by the VSB-ABS.

#### 2. Admissibility and Exam Opportunities

To register for the CE, a candidate must have successfully completed the QE and **hold a full and unrestricted license** to practice medicine in the United States or Canada and provide evidence of this to the ABS office. The license must be valid through the date of the examination. The candidate must also provide evidence of current or past **RPVI certification**.

In addition:

- Individuals will be granted a maximum of **three opportunities within a three-year period** to pass the CE, immediately following successful completion of the QE.
- If a candidate chooses not to take the exam in a given year, this is considered a lost opportunity as the **three-year limit is absolute**.

All of the limits outlined above are absolute; exceptions will only be made for active duty military service outside the United States. Candidates are strongly encouraged not to delay taking the CE for the first time, as such delays may adversely affect performance.

Candidates who exceed the above limits will lose admissibility to the ABS certification process and must fulfill a readmissibility pathway if they still wish to pursue certification.

#### 3. CE Readmissibility

Individuals who are no longer admissible to the Vascular Surgery CE may regain admissibility through a pathway by which an individual acquires and demonstrates additional surgical knowledge. For details, please see [Regain-ing Admissibility to Vascular Surgery Examinations](#) on our website.

### D. Special Circumstances

#### 1. Exam Accommodations

##### Learning Disabilities

The ABS complies with the Americans with Disabilities Act by making a reasonable effort to provide modifications in its examination process to applicants with documented disabilities. These modifications are appropriate for such disabilities but do not alter the measurement of skills or knowledge that the examination process is intended to test. The ABS has adopted a specific policy and procedure regarding the examination of such applicants; see [Examination of Persons with Disabilities](#) on our website for further details. Any disability that an applicant believes requires modification of the administration of an examination must be identified and documented by

the applicant in accordance with this policy. All materials submitted to the ABS documenting the disability must be received no later than the published application deadline for the examination in question.

### **Medical-Related Accommodations**

Individuals who will need accommodations at the testing center due to medical-related conditions (injury, breast-feeding, diabetes, etc.) should include a formal written request when mailing their application items.

## **2. Exam Irregularities and Unethical Behavior**

Examination irregularities, i.e., cheating in any form, or any other unethical behavior by an applicant, examinee or diplomate may result in the barring of the individual from examination on a temporary or permanent basis, the denial or revocation of a certificate, and/or other appropriate actions, up to and including legal prosecution. Determination of sanctions for irregular or unethical behavior will be at the sole discretion of the ABS. *(See also II-H. Ethics and Professionalism.)*

## **3. Substance Abuse**

Applicants with a history of substance abuse will not be admitted to any examination unless they present evidence satisfactory to the ABS that they have successfully completed the program of treatment prescribed for their condition and are currently compliant with a monitoring program documenting continued abstinence.

## IV. ISSUANCE OF CERTIFICATES AND CONTINUOUS CERTIFICATION

A candidate who has met all requirements and successfully completed the Vascular Surgery Qualifying and Certifying Examinations will be deemed certified in vascular surgery and issued a certificate, signed by ABS and VSB-ABS officers, attesting to these qualifications.

Diplomates who certify or recertify after July 1, 2005, must participate in the ABS Continuous Certification Program to maintain their certification. The ABS reserves the right to change the requirements of Continuous Certification at any time.

### A. Reporting of Status

The ABS considers the personal information and examination record of an applicant or diplomate to be private and confidential. When an inquiry is received regarding an individual's status with the ABS, a general statement is provided indicating the person's current situation as pertains to ABS certification, along with his or her certification history.

The ABS will report an individual's status as either *Certified* or *Not Certified*. In certain cases, one of the following descriptions may also be reported: *In the Examination Process*, *Clinically Inactive*, *Suspended* or *Revoked*. The ABS will also report whether a diplomate enrolled in Continuous Certification is meeting the program's requirements. Please refer to the [Public Reporting of Status](#) on the ABS website for definitions of the above terms.

Individuals may describe themselves as certified by the ABS or as an ABS diplomate only when they hold a current ABS certificate. Those whose certificates have expired will be considered not certified. A surgeon's status may be verified through [Check a Certification](#) on our website.

The ABS supplies biographical and demographic data on diplomates to the ABMS for its *Directory of Board Certified Medical Specialists*, which is available at [www.certificationmatters.org](http://www.certificationmatters.org). Upon certification, diplomates will be contacted by the ABMS and asked to specify which information they would like to appear in the directory. Diplomates will have their listings retained in the directory only if they maintain their certification according to the ABS Continuous Certification Program.

### B. Continuous Certification

Continuous Certification is a program of ongoing professional development created by the ABS and VSB-ABS in conjunction with the ABMS and its other 23 member boards. It is intended to document to the public and the health care community the commitment of diplomates to lifelong learning and quality patient care.

The requirements of the ABS Continuous Certification Program are:

- **Professional Responsibility** – A full and unrestricted medical license; hospital/surgical center privileges (if clinically active); professional references; and participation in a practice improvement activity.
- **Education and Assessment** – Category 1 CME and self-assessment activities relevant to the surgeon's practice, and successful completion of an exam/assessment in the specialty.

Surgeons certified by the ABS are required to participate in Continuous Certification to maintain all ABS certificates they hold. Please refer to [Continuous Certification](#) on our website for more details.

### C. Revocation of Certificate

Certification in vascular surgery may be subject to sanction such as revocation or suspension at any time that the VSB-ABS, in concert with the ABS, shall determine, in their sole judgment, that the diplomate holding the certification was in some respect not properly qualified to receive it or is no longer properly qualified to retain it.

The VSB-ABS and ABS may consider sanction for just and sufficient reason, including, but not limited to, any of the following:

- The diplomate did not possess the necessary qualifications nor meet the requirements to receive certification at the time it was issued; falsified any part of the application or other required documentation; participated in any form of examination irregularities; or made any material misstatement or omission to the ABS, whether or not the ABS knew of such deficiencies at the time.
- The diplomate engaged in the unauthorized disclosure, publication, reproduction or transmission of ABS examination content, or had knowledge of such activity and failed to report it to the ABS.
- The diplomate misrepresented his or her status with regard to board certification, including any misstatement of fact about being board certified in any specialty or subspecialty.
- The diplomate engaged in conduct resulting in a revocation, suspension, qualification or other limitation of his or her license to practice medicine in any jurisdiction and/or failed to inform the ABS of the license restriction.
- The diplomate engaged in conduct resulting in the expulsion, suspension, disqualification or other limitation from membership in a local, regional, national or other organization of his or her professional peers.

- The diplomate engaged in conduct resulting in revocation, suspension or other limitation on his or her privileges to practice surgery in a health care organization.
- The diplomate failed to respond to inquiries from the ABS regarding his or her credentials, or to participate in investigations conducted by the board.
- The diplomate failed to provide an acceptable level of care or demonstrate sufficient competence and technical proficiency in the treatment of patients.
- The diplomate failed to maintain ethical, professional and moral standards acceptable to the ABS.

The holder of a revoked or suspended certificate will be given written notice of the reasons for its sanction by express letter carrier (e.g., FedEx) to the last address that the holder has provided to the ABS. Sanction is final upon mailing of the notification.

Upon revocation of certification, the holder's status will be changed to *Not Certified* and the holder will be required to return the certificate to the ABS office.

Individuals may appeal the decision to revoke or suspend a certificate by complying with the ABS [Reconsideration and Appeals Policy](#). A request for reconsideration, the first step, must be made in writing to the ABS office within 90 days of receipt of notice from the ABS of the action in question.

Should the circumstances that justified the revocation of certification be corrected, the directors of the ABS at their sole discretion may reinstate the certificate after appropriate review of the individual's licensure and performance using the same standards as applied to applicants for certification, and following fulfillment by the individual of requirements for certification or recertification as previously determined by the ABS.

Requirements for certificate reinstatement will be determined by the ABS on a case-by-case basis in parallel with the type and severity of the original infraction, up to and including complete repetition of the initial certification process. Individuals who have had their certification revoked or suspended and then restored, regardless of their initial certification status or prior dates of certification, will be required to take and pass the next examination to reinstate their certification. Upon passing the examination, they will be awarded a new, time-limited certificate and enrolled in the ABS Continuous Certification Program.

## V. ABOUT THE VSB-ABS

### A. Nominating Organizations

The VSB-ABS consists of members appointed from the leading vascular surgery societies in the United States, including ABS directors previously elected from within the specialty.

Members are elected by the VSB-ABS for one six-year term and are nominated by the following organizations:

- **Association of Program Directors in Vascular Surgery**
- **Eastern Vascular Society**
- **Midwestern Vascular Surgical Society**
- **New England Society for Vascular Surgery**
- **Society for Clinical Vascular Surgery**
- **Society for Vascular Surgery**
- **Southern Association for Vascular Surgery**
- **Vascular and Endovascular Surgery Society**
- **Western Vascular Society**

### B. 2017-2018 VSB-ABS Members

Vivian Gahtan, M.D., *Chair*

Bernadette Aulivola, M.D.

Kellie R. Brown, M.D.

Jo Buyske, M.D. (*ex officio*)

Daniel G. Clair, M.D.

Ronald L. Dalman, M.D.

Thomas S. Huber, M.D.

K. Craig Kent, M.D.

M. Ashraf Mansour, M.D.

Erica L. Mitchell, M.D.

Marc E. Mitchell, M.D.

C. Keith Ozaki, M.D.

Bruce A. Perler, M.D. (*ex officio*)

Vincent L. Rowe, M.D.

Malachi G. Sheahan III, M.D.

Spence M. Taylor, M.D.

Gilbert R. Upchurch Jr., M.D.

### C. Senior Members, Former Officers, Executive Staff

#### Senior Members

|                           |           |
|---------------------------|-----------|
| Peter C. Pairolero, M.D.  | 1998-2001 |
| Robert W. Barnes, M.D.    | 1998-2002 |
| Keith D. Calligaro, M.D.  | 1998-2002 |
| G. Patrick Clagett, M.D.  | 1998-2003 |
| Bruce J. Brener, M.D.     | 1998-2003 |
| Julie A. Freischlag, M.D. | 1998-2004 |

|                             |           |
|-----------------------------|-----------|
| Frank W. LoGerfo, M.D.      | 1998-2004 |
| Bruce L. Gewertz, M.D.      | 2002-2008 |
| Jonathan B. Towne, M.D.     | 2003-2007 |
| John J. Ricotta, M.D.       | 2003-2010 |
| Thomas S. Riles, M.D.       | 2004-2009 |
| Kim J. Hodgson, M.D.        | 2004-2010 |
| William D. Jordan Jr., M.D. | 2004-2010 |
| Anton N. Sidawy, M.D.       | 2004-2010 |
| Joseph L. Mills, M.D.       | 2007-2013 |
| John F. Eidt, M.D.          | 2007-2016 |
| R. James Valentine, M.D.    | 2008-2014 |
| Michael C. Dalsing, M.D.    | 2010-2016 |
| Samuel R. Money, M.D.       | 2010-2016 |
| Karl A. Illig, M.D.         | 2010-2017 |
| Amy B. Reed, M.D.           | 2010-2017 |

#### Former Chairs

|                          |           |
|--------------------------|-----------|
| G. Patrick Clagett, M.D. | 2000-2003 |
| Frank W. LoGerfo, M.D.   | 2003-2004 |
| Jonathan B. Towne, M.D.  | 2004-2007 |
| John J. Ricotta, M.D.    | 2007-2010 |
| Joseph L. Mills, M.D.    | 2010-2013 |
| John F. Eidt, M.D.       | 2013-2016 |
| Vivian Gahtan, M.D.      | 2016-2019 |

#### ABS Executive Staff

*Executive Director* – Jo Buyske, M.D.

*Associate Executive Director* – Mark A. Malangoni, M.D.

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

*General Counsel* – Gabriel L.I. Bevilacqua, Esq.

*Chief Operating Officer* – Jessica A. Schreuder

*Director of Psychometrics and Data Analysis* – Andrew Jones, Ph.D.

*Director of Information Technology* – James F. Fiore

*Director of Communications and Public Affairs* – Christine D. Shiffer