New Certification Paradigm Becomes Reality

First Surgical Principles Examination is given

This past year the Vascular Surgery Board of the American Board of Surgery (VSB-ABS) marked the first administration of the Surgical Principles Examination (SPE) and thus the first real application of the new primary certification paradigm. With the primary certificate, vascular surgeons who have completed the traditional 5+2 or 4+2 training pathways or the new 0+5 integrated pathway can bypass general surgery certification and proceed directly toward vascular surgery certification.

The SPE was created for these individuals to evaluate their core surgical knowledge relevant to vascular surgery. Once the SPE has been successfully completed, applicants are eligible to take the Vascular Surgery Qualifying Examination (QE), which focuses solely on vascular surgical knowledge. Surgeons can apply to take the SPE after having completed general surgery residency or in the case of the 0+5 pathway, after having successfully completed their second year of residency.

The SPE was held for the first time in August 2009, and will be administered again this year on August 12 as a computer-based exam. The examination contains approximately 120 multiple-choice questions and lasts three hours. It focuses on surgical anatomy, physiology, perioperative care, and critical care common to all surgical patients. The exam also covers upper and lower GI bleeding; postoperative wound and abdominal and GI complications; diagnosis and management of complications of portal hypertension; endocrine disorders as they relate to the diagnosis and management of patients with vascular disease; criteria for organ donation and complications of immunosuppression; preoperative evaluation of the patient with vascular disease; conscious sedation; trauma; and ethics of care.

Update on MOC

As Maintenance of Certification (MOC) evolves, the VSB-ABS continues to explore options for vascular surgeons to fulfill the requirements of MOC. Diplomates become enrolled in MOC once they certify or recertify in any ABS specialty after July 1, 2005.

For the Part 2 requirement of MOC—Lifelong Learning and Self-Assessment—diplomates must complete at least 30 hours of Category I CME and 50 CME hours overall each year. Over the course of three years, one-third of the Category I CME (i.e., 30 hours) must include a self-assessment activity—a written question-and-answer exercise that measures your understanding of the material presented. For vascular surgeons, at least one-half of the required CME credits must be in vascular surgery, including all 30 hours of self-assessment. Options for self-assessment in vascular surgery include the Journal of Vascular Surgery and the Society for Vascular Surgery’s (SVS) Vascular Education and Self-Assessment Program (VESAP). Other options are listed in the MOC section of www.absurgery.org.

Related Developments

The VSB-ABS has also addressed the issue of 5+2 pathway trainees who wish to switch programs during their vascular surgery training. To ensure continuity of training, individuals in a two-year vascular surgery fellowship may train at no more than two programs and must spend the last 18 months in the same program.

In addition, the VSB-ABS has established a policy by which individuals who are no longer admissible to the SPE, Vascular Surgery QE or Vascular Surgery Certification Examination (CE) may regain admissibility. The new Readmissibility Policy is available at www.absurgery.org under “Vascular Surgery.”

The VSB-ABS has also determined that residents in integrated (0+5) programs who complete an accredited training program in surgical critical care (SCC) will be eligible for SCC certification through the ABS.

For Part 4 of MOC—Evaluation of Performance in Practice—diplomates are required to participate in a national, regional or local surgical outcomes database or quality assessment program. Such programs include NSQIP, SCIP, PQRI and the American College of Surgeons’ case log system. Others specifically applicable to vascular surgeons include the SVS’ Vascular Registry®, the Vascular Study Group of Northern New England and the CARE Registry®. Links to these and other Part 4 options are also on the ABS website.

(Continued on page 2)
The VSB-ABS has had a busy year, with an increasing amount of dialogue with a variety of organizations, including the SVS, Association of Program Directors in Vascular Surgery (APDVS), Residency Review Committee for Surgery (RRC-Surgery), Society for Vascular Medicine and the American Board of Thoracic Surgery (ABTS). Topics have included Maintenance of Certification and postgraduate learning; resident training and initial certification; tracking resident experience and potential collaborative educational efforts. In addition to these efforts, the VSB-ABS continues to refine its examination and certification processes.

**Maintenance of Certification:** The SVS, through its Education Council, has been an important partner in developing educational content for postgraduate learning and MOC, such as VESAP. Several clinical registries, including the Northern New England Vascular Registry and the CARE Registry have been approved for Part 4 MOC. Diplomates and organizations may submit self-assessment and registry programs directly to the VSB-ABS for review as potential vehicles to satisfy MOC. Overall, the MOC process is proceeding smoothly.

**Resident Evaluation and Certification:** The advent of integrated training programs and primary certification in vascular surgery has emphasized the need for assessment of resident experience, in both “core” surgical areas and vascular surgery, throughout training as well as at the time of certification. The Vascular Surgery In-Training Examination (VSITE) was successfully administered for the second time in 2009. A “Surgical Principles Examination” has been developed to test the acquisition of core knowledge for residents in integrated programs and those in independent (5+2, 4+2) who choose not to take the General Surgery Qualifying Examination. The SPE was given to six applicants for the first time in 2009. It will continue to be given annually on the same day as the General Surgery QE. Successful completion of the SPE or the General Surgery QE is required for admission to the vascular surgery certification process. It is important to note that individuals who pass the General Surgery QE are not required to pass the General Surgery CE before entering the vascular surgery certification process. To better evaluate the full scope of vascular education, the VSB-ABS has also expanded the Vascular Surgery QE (written) examination to include more questions on vascular medicine, an essential content area of vascular surgery.

In addition, the VSB-ABS is working with the RRC-Surgery to identify the specific non-vascular “core” procedures performed by vascular trainees in integrated programs and to track open surgical experience in areas such as open aortic and infragingual reconstructions. These data will be needed to monitor the changes that occur in our specialty with the progress of endovascular technology and to assure our trainees of sufficient open vascular experience. (Continued on page 3)

**Update on MOC (cont.)**

MOC requirements run in three-year cycles (July 1 to June 30), starting the July 1 following certification or recertification. Diplomates report on their MOC activities (for Parts 1, 2 and 4) at the end of each three-year cycle by completing an online form through the ABS website. No practice data or paper documentation is required at that time. A secure examination (Part 3) also continues to be required at 10-year intervals. For diplomates who hold multiple ABS certificates, only the secure examination requirement must be repeated for each specialty.

The ABS will contact diplomates when submission of information is required for MOC. Diplomates may also access a personalized MOC Timeline on the ABS website to track their status. Please visit www.absurgery.org for additional details about MOC requirements. The VSB-ABS will make every effort to keep diplomates informed as MOC develops.

**MOC REQUIREMENTS**

**Part 1 – Professional Standing**
- Full and unrestricted medical license (U.S. or Canada)
- Admitting and operating privileges in vascular surgery
- Hospital references—contact information for the chief of surgery and chair of credentials committee at primary institution

**Part 2 – Lifelong Learning and Self-Assessment**
- Continuing medical education (CME)—a minimum of 30 hours of Category I CME and 50 hours overall to be completed yearly
- Over the course of three years, one-third of the Category I CME (i.e., 30 hours) must include a self-assessment activity
- A minimum of one-half of the required CME and all 30 hours of self-assessment must be in vascular surgery

**Part 3 – Cognitive Expertise**
- Secure examination in vascular surgery at 10-year intervals

**Part 4 – Evaluation of Performance in Practice**
- Participation in a national, regional or local surgical outcomes database or quality assessment program
- Patient communication skills assessment is also planned, but is not yet finalized
New VSB-ABS Members Elected

The VSB-ABS will welcome four new members as of July 1, 2010. Dr. Amy Reed has been elected as a representative of the APDVS and Dr. Michael Dalsing has been elected to represent the SVS. Dr. Karl Illig will be a representative of the Peripheral Vascular Surgery Society and Dr. Samuel Money will represent the Society for Clinical Vascular Surgery.

Leaving the VSB-ABS are Dr. John Ricotta, Dr. Kim Hodgson, Dr. William Jordan and Dr. Anton Sidawy. Current VSB-ABS member Dr. John Eidt has been elected as an ABS director, replacing Dr. Ricotta as the APDVS representative to the ABS. Dr. Joseph Mills will replace Dr. Ricotta as chair of the VSB-ABS.

Apply Now for 2010 Examinations

Applications are currently being accepted for the 2010 Vascular Surgery Qualifying and Recertification Examinations. Diplomates whose certificate will expire in three years or less (2013 or sooner) are eligible to apply for recertification this year. Complete eligibility and application requirements are available at www.absurgery.org under “Vascular Surgery.” See the back page of this newsletter for application deadlines and exam dates.

Ethics and Professionalism Policy

The ABS maintains a formal Ethics and Professionalism Policy that applies to all applicants, examinees and diplomates. A critical part of the policy explicitly prohibits the unauthorized disclosure or reproduction of ABS examination content by any means. This includes oral as well as written examination content. The ABS’ complete policy may be viewed at www.absurgery.org under “About ABS.” Please help us in making individuals aware of the importance of ABS exam confidentiality.

Meet the Newest VSB-ABS Member

Name: Vivian Gahtan, M.D.
Birthplace: Englewood, NJ
Family: Married with 2 children
Hobbies: Cooking
College: Montclair State College
Medical School: The George Washington University School of Medicine
Residency: University of South Florida
Clinical Fellowships: Vascular surgery, University of South Florida; endovascular mini-fellowship, New York Presbyterian Hospital
Research/Clinical Interests: The role of thrombospondin-1 and other extracellular matrix proteins in vascular smooth muscle cell migration. Treatment of carotid artery disease, aortic aneurysm disease, lower extremity arterial insufficiency, varicose veins, chronic venous insufficiency, dialysis access
Academic Appointments: Lloyd S. Rogers Professor of Surgery and Chief, Division of Vascular Surgery and Endovascular Services, SUNY Upstate Medical University
Administrative Titles: Medical Director, Vascular Surgery, University Hospital; Medical Director, Vascular Laboratory, University Hospital – Syracuse, N.Y.; Lead Physician, Vascular Surgery, Department of Veterans Affairs, VA Healthcare Network, Upstate New York at Syracuse – Syracuse, N.Y.
Other Positions Held/Activities: Past President, Association of Women Surgeons; Recorder, Eastern Vascular Society

Report from the Chair (cont.)

Interactions with Other Specialties: The ABTS has initiated discussions with the VSB-ABS about a potential integrated training program in vascular and cardiothoracic surgery. We have since established conditions under which such a program could conform to VSB-ABS guidelines for certification. The process will now require discussions between the program directors of the two specialties. The VSB-ABS was also contacted by the Society for Vascular Medicine to support a certificate in vascular medicine, issued through the American Board of Internal Medicine (ABIM). The VSB-ABS did not feel it was appropriate to express an opinion concerning the ongoing internal discussions of the ABIM. However we did indicate that if a certificate in vascular medicine is proposed, the criteria should be compatible with those currently in existence for vascular surgery and graduates of vascular surgery training programs should be able to sit for certification.

I am coming to the end of my term as VSB-ABS chair. I am privileged to have been a participant during an exciting time in the development of the VSB-ABS. I would like to thank all the members, examination consultants and staff who have made this period a successful one. I would particularly like to thank Dr. Frank Lewis, ABS executive director, for facilitating the emergence of vascular surgery within the ABS structure and Dr. Robert Rhodes, VSB-ABS associate executive director, whose efforts have been critical to the VSB-ABS’ success. I am confident the Vascular Surgery Board will continue to grow and successfully meet many new challenges under the leadership of Dr. Joseph Mills.
The VSB-ABS welcomes your input! Send your ideas and comments about this newsletter to cshiffer@absurgery.org.

Your Surgeon Is Certified Brochure
The VSB-ABS offers a brochure to diplomates to educate patients on the significance of board certification in vascular surgery. An order form and PDF preview are available at www.absurgery.org under “Publications.”

2010 Application Deadlines and Examination Dates

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<thead>
<tr>
<th>Date</th>
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<tr>
<td>July 1</td>
<td>Application Deadline: Vascular Surgery Qualifying and Recertification Examinations</td>
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<tr>
<td>August 12</td>
<td>Surgical Principles Examination</td>
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<tr>
<td>September 20</td>
<td>Vascular Surgery Qualifying Examination</td>
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<tr>
<td>September 20 – October 2</td>
<td>Vascular Surgery Recertification Examination</td>
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Visit www.absurgery.org for exam information, application requirements and the online application process.

Vascular Surgery Examination Statistics

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<tr>
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