ACGME Program Requirements for Graduate Medical Education in Vascular Surgery (Integrated)
Summary and Impact of Focused Requirement Revisions

Requirement #: IV.B.1.b).(2).(a)-IV.B.1.b).(2).(a).(xii).(a)

Requirement Revision (significant change only):

IV.B.1.b).(2).(a) Residents must develop competence in performing operative procedures in the following list of defined categories:

- open abdominal; (Core)
- aortic; (Core)
- open cerebrovascular; (Core)
- open peripheral; (Core)
- complex; (Core)
- endovascular aneurysm repair; (Core)
- endovascular diagnostic; (Core)
- endovascular therapeutic; and, (Core)
- peripheral; (Core)
- endovascular, including; (Core)
- aortoiliac; (Core)
- peripheral; and, (Core)
- thoracic. (Core)
- venous; (Core)
- open dialysis access; and, (Core)
- other major; (Core)
- amputation. (Core)

1. Describe the Review Committee’s rationale for this revision: Since 2006, when integrated vascular surgery programs began educating and training residents, the defined categories for vascular surgery integrated programs (in concert with independent programs) have regularly undergone small revisions that better reflect the practice and standards of the day. These proposed revisions to the defined categories, directly reflects the evolution and refinement of the specialty, as well as the needs of current practice. The requirement(s), as proposed, reflect the breadth and depth of defined categories required to provide an education and training environment for today’s vascular surgeon.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The proposed defined categories reflect the procedural competencies required of a vascular surgeon in current practice. This includes greater specificity around open and endovascular procedures and incorporates new procedures that did not exist previously (e.g., thoracic endovascular repair). Also, the addition of the distinct categories of dialysis access and venous interventions better reflects the complexity of the patient population in current practice.

3. How will the proposed requirement or revision impact continuity of patient care?

There will be no impact on continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

No, the proposed revisions should not require additional institutional resources.

5. How will the proposed revision impact other accredited programs?

The proposed changes should not impact other accredited programs, the total number of cases required will not change.