

geons can perform other surgeries, such as vascular surgery.

Vascular surgery is an independent surgical subspecialty in Canada. A specialty training program approved by the Royal College of Physicians and Surgeons of Canada (RCPSC), leading to a certificate of special competency, already exists. This certificate is obtained by completing a 2-year residency in vascular surgery and successfully passing an oral and written examination by the RCPSC. Entry into a vascular surgery residency program requires completion of a 5-year program in either general or cardiac surgery.

Training to anything less than the standard that currently exists would be a great step backward and a disservice to the population that we serve.

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REFERENCE

1. Sibbald B. Declining CABG rate means fewer jobs for surgeons. *CMAJ* 2005;173(6):583-4.

DOI:10.1503/cmaj.1050207

Acknowledging the decrease in coronary bypass surgery, opinions expressed in a recent *CMAJ* news article included the possibility of broadening the clinical focus of cardiac surgeons into critical care as well as changing resident training programs to facilitate the practice of both cardiac and vascular surgery.¹

Daryl Kucey and colleagues make the valid point that a standard level of competency must be ensured during training for any specialty. Examination and certification is the domain of the RCPSC. Although the need for quality assurance is incontrovertible, the current eligibility requirements for certification are redundant and needlessly prolong training.²

The RCPSC established a direct-entry cardiovascular and thoracic specialty in 1964.³ As volumes and complexity grew, the RCPSC separated thoracic and vascular surgeries into independent subspecialties in 1976 and 1980 respectively, with General Surgery residency completion being a pre-requisite. Nonetheless, cardiac residents were eligible to sit either exam, given the significant overlap in training. The direct-entry cardiac program was re-established in 1995.

Currently, vascular or thoracic surgery certification requires 2 years in addition to certification in cardiac care. Cardiac certification encompasses research, thoracic, vascular and cardiac rotations. Credit for completion of these rotations can eliminate 15 of the 24 months required for examination and certification eligibility. Unfortunately, the RCPSC exempts cardiac residents from up to 6 months if they pursue thoracic certification, but zero months toward vascular training. Conversely, recently revised critical care requirements acknowledge the integration of related specialty rotations; cardiac residents receive credit for up to 1 year of the 2-year critical care program.

Many aspects of the practice of interventional cardiology, cardiac surgery, interventional radiology and vascular surgery are converging. Integration is not only sensible from a training perspective,⁴ but mirrors how cardiovascular health care is evolving and may facilitate more efficient and enhanced management of cardiovascular disease for Canadians.

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1. Sibbald B. Declining CABG rate means fewer jobs

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2. Royal College of Physicians and Surgeons of Canada: Accreditation of residency programs. Available at http://rcpsc.medical.org/residency/certification/index.php?page_title=Credentials (accessed 2006 Jan 5).
3. Tang G, Weisel R, Latter D. Training programs in cardiac surgery. In: Goldman BS, Belanger S, editors. *Heart surgery in Canada: memoirs, anecdotes, history and perspective*. Philadelphia: Xlibris; 2005.
4. Latter DA. Evolution of percutaneous endovascular interventional cardiovascular specialists: convergence of cardiac surgery and interventional cardiology. *Can J Cardiol* 2005;21(14):1296-7.

DOI:10.1503/cmaj.1060011

Corrections

In a Left Atrium article about the new Canadian War Museum,¹ it was implied that Siegfried Sassoon died shortly after World War I. In fact, Sassoon did not die immediately after the war, but became a celebrated war poet and lived until 1967. We thank John A.M. Henderson for bringing this error to our attention.

REFERENCE

1. Flegel KM. Canada remembers. *CMAJ* 2005;173(10):1213-4.


DOI:10.1503/cmaj.060075

The obituary notice for Dr. D. Ray R. Vaughan was incorrect in the Jan. 3 issue of *CMAJ*.¹ The correct notice appears in the Deaths section of this issue (page 587). We regret this unfortunate error.


REFERENCE

1. Deaths. *CMAJ* 2006;174(1):172.

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