American Board of Surgery
Update

History of the ABS
- Founded in 1937 by the leading surgical societies to differentiate formally trained surgeons from doctors in general practice
- Formed "to protect the public and improve the specialty"
- One of the first boards to institute recertification (1976)
- Maintenance of Certification (MOC) will help ensure continued self-regulation

The ABS Today
- Approximately 30,000 diplomates with current, time-limited ABS certificates
- 96% hold current certification in general surgery
- 91% are meeting MOC requirements
- ABS includes representation from 39 different surgical societies, plus 3 at-large directors
- All ABS directors have time-limited certificates and are required to do MOC
ABS Leadership – 2016-2017

- Dr. John Hunter, Chair
- Dr. Mary Klingensmith, Vice Chair

Current Focus:
- Improving the ABS MOC Program so it is more useful and valuable to diplomates
- Improving general surgery residency training to better prepare graduating residents for independent practice

Looking at ABS MOC

- Sets a national, peer-defined standard for staying up to date in surgical practice
- Gathering feedback from diplomates and societies
- Looking at alternatives to the traditional 10-year secure recertification exam
- Want to make MOC better for diplomates and for patients

Residency Redesign

- Factors: 80-hour work week, technological advances, changes in disease mgmt, subspecialization, greater focus on outcomes
- Need to move from time-based advancement to competency-based advancement. Looking at examples in Canada, Netherlands
- Already in place: ACGME Milestones, SCORE Curriculum, ABS training requirements
- Will continue to work with other stakeholders (ACGME, APDS, etc.)
The FIRST Trial
- Study of resident work hours sponsored by ABS, ACS and ACGME
- 117 general surgery residency programs randomized to flexible vs. current work hour requirements
- Results of 2014-15 data published in NEJM on Feb. 2: Flexible work hours were associated with noninferior patient outcomes and no significant difference in residents' perceived well-being
- Residents in flexible arm were less likely to leave or miss an operation or hand off an active patient care issue
- ACGME waiver for 2016-2017 to allow data collection to continue

General Surgery QE Moving to July
- ABS supports an August 1 start date for fellowships to allow residents time to transition from residency
- In support of fellowships moving to August 1 start date, the General Surgery Qualifying Exam is moving to July:
  - 2016 QE: July 19
- In addition, as of the 2016 QE, we will permit applicants who have completed PGY-4 to take the exam, as long as all requirements are met

General Surgery Certification: New Requirements
- 250 operations by end of PGY-2
  - Effective: Individuals starting residency in July 2014
  - Will be tracked using the ACGME case log system
  - Can include procedures performed as surgeon or first asst., operative exposures (e-codes) and endoscopies
  - At least 200 of cases must be either in defined categories, endoscopies or e-codes
General Surgery Certification: New Requirements

- **ABS Flexible Endoscopy Curriculum**
  - **Effective:** Applicants completing residency in the 2017-2018 academic year. Available as PDF on ABS website.
  - A stepwise curriculum to guide the learning and teaching of flexible endoscopy.
  - Purchase of a simulator is not necessary.
  - FES certification required when applying; FES didactic materials available free of charge.
  - Addresses variability in residents’ endoscopic training.

- **Resident Performance Assessments**
  - **Effective:** Applicants who completed residency in the 2012-2013 academic year or thereafter.
  - 6 operative and 6 clinical performance assessments required during residency.
  - ABS currently does not collect the forms; program director attests that assessments have been completed.
  - Sample assessment forms available on ABS website.

**SCORE® Curriculum**

- **SCORE** – Surgical Council on Resident Education.
- A nonprofit consortium of 7 surgical organizations: ABS, ACS, ASA, ASE, APDS, RRC-Surgery, SAGES.
- Goal is to clearly define what a general surgery resident should know and be able to do by end of residency.
- **SCORE Curriculum Outline for General Surgery** – a list of topics to be covered over a 5-year GS residency.
  - Outline is available on ABS website and www.surgicalcore.org.
Single GME Accreditation System

- As of July 1, 2015, osteopathic surgical training programs have 5 years to become ACGME accredited
- At end of 5 years, the AOA will cease accrediting functions
- **ABS Policy:**
  - Residents in osteopathic programs will need to complete at least the last 3 years (PGY 3-5) of residency training in an ACGME-approved program to be eligible for ABS certification
  - Year of program’s ACGME accreditation will count as one year toward the 3-year requirement

International Activities

- ABS continually being approached by other countries looking to adopt ABS standards for assessment and certification
- Working with Singapore Ministry of Health to assist them in creation of their own certification system
- ABS In-Training Exam (ABSITE®) taken by residents in 12 countries: Lebanon, Japan, Qatar, Singapore, Trinidad, Barbados, Bahamas, Oman, Rwanda, Saudi Arabia, United Arab Emirates and the Netherlands

Move to Calendar Year

- ABS certificates and Maintenance of Certification (MOC) now run on calendar year
- All current ABS certificates have been extended 6 months to expire on **Dec. 31**
- Verification can be printed from ABS website
- MOC timelines have also been pushed ahead 6 months; MOC 3-year cycles now run **Jan. 1- Dec. 31**
General Surgery Exam Pass Rates

Qualifying Examination

<table>
<thead>
<tr>
<th>Year</th>
<th># Examinees</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1,378</td>
<td>80%</td>
</tr>
<tr>
<td>2012</td>
<td>1,367</td>
<td>81%</td>
</tr>
<tr>
<td>2013</td>
<td>1,356</td>
<td>79%</td>
</tr>
<tr>
<td>2014</td>
<td>1,367</td>
<td>79%</td>
</tr>
<tr>
<td>2015</td>
<td>1,422</td>
<td>80%</td>
</tr>
</tbody>
</table>

Certifying Examination

<table>
<thead>
<tr>
<th>Year</th>
<th># Examinees</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1,138</td>
<td>78%</td>
</tr>
<tr>
<td>2012</td>
<td>1,156</td>
<td>72%</td>
</tr>
<tr>
<td>2013</td>
<td>1,316</td>
<td>80%</td>
</tr>
<tr>
<td>2014</td>
<td>1,440</td>
<td>78%</td>
</tr>
<tr>
<td>2015</td>
<td>1,374</td>
<td>77%</td>
</tr>
</tbody>
</table>

Since 1976, 23,960 diplomates have recertified at least once, 12,079 diplomates have recertified 2 times, 3,278 have recertified 3 times, and 22 have recertified 4 times.

General Surgery Exam Pass Rates

MOC (Recertification) Examination

<table>
<thead>
<tr>
<th>Year</th>
<th># Examinees</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1,895</td>
<td>95%</td>
</tr>
<tr>
<td>2012</td>
<td>1,826</td>
<td>96%</td>
</tr>
<tr>
<td>2013</td>
<td>1,932</td>
<td>95%</td>
</tr>
<tr>
<td>2014</td>
<td>1,442</td>
<td>95%</td>
</tr>
<tr>
<td>2015</td>
<td>1,494</td>
<td>94%</td>
</tr>
</tbody>
</table>

About Maintenance of Certification (MOC)

- A program of continuous professional development that goes beyond the 10-year recertification “snapshot” to a process of ongoing learning and improvement
- Documents that diplomates are maintaining the necessary competencies to provide quality care
- Created by ABMS and its member boards to provide a more frequent and comprehensive assessment
Why ABS MOC?

- Upholds board certification as a recognized standard of quality defined by the surgical community
- Allows diplomates to formally demonstrate their commitment to lifelong learning and practice improvement
- Gives diplomates a proactive position in the health care quality debate, using surgeon-developed metrics and reporting methods

Four Parts of MOC
To assess physician competencies on a continual basis

1. Professional Standing
2. Lifelong Learning and Self-Assessment
3. Cognitive Expertise
4. Evaluation of Performance in Practice

ABS MOC Requirements

- Diplomates become enrolled in MOC once they certify or recertify in any ABS specialty after July 2005
- MOC requirements run in 3-year cycles (Jan. 1-Dec. 31), with a secure exam required every 10 years
- The ABS intends for its MOC program to be as flexible as possible so diplomates can participate in the ways most compatible with their practice
Four Parts of MOC
Part 1 – Professional Standing

- Full and unrestricted medical license
  - U.S. or Canada
- Hospital or surgical center privileges
  - If clinically active
- Professional references: contact information for chief of surgery and chair of credentials committee
  - At institution where most work is performed

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Four Parts of MOC
Part 2 – Lifelong Learning and Self-Assessment

- Continuing medical education (CME)
  - 90 credits of Category 1 CME over 3 years
  - All CME must be relevant to a diplomate’s practice – no other restrictions on subject matter
  - CME completed to meet state licensing requirements is acceptable

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Part 2 – Self-Assessment

- Out of the 90 credits of Category 1 CME, at least 60 credits must include self-assessment. This is defined as:
  - A written or electronic question-and-answer exercise that assesses your understanding of the material in the CME program
- A score of 75% or higher must be required.
- No minimum number of questions required and repeated attempts allowed
- Many live and web-based CME programs have self-assessment

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Part 2 – Waiving of CME

- The ABS will waive 60 credits of CME with self-assessment for achieving ABS certification or recertification
- This includes the certification or recertification that enrolls you in MOC – it counts toward first cycle
- Diplomates who obtain certification or recertification from another ABMS board may also waive 60 credits
- Diplomates can also apply to the AMA to receive CME credit for certification or recertification

Part 2 Resources

- Some resources for CME and self-assessment:
  - AAST e-Learning CME
  - SAGES University
  - Selected Readings in General Surgery
  - SESAP®, VESAP®, PSSAP® BESAP® SOSAP® Trans-SAP
  - See www.absurgery.org for additional programs
- No approval process – societies and institutions are free to create their own programs according to ABS guidelines

Four Parts of MOC

Part 3 – Cognitive Expertise

- Secure MOC (recertification) examination
  - May be taken starting 3 years prior to certificate expiration
  - Full application, including 12-month operative log and reference forms, is required
  - All other MOC requirements must be satisfied to be admissible to the exam
  - Content outline available at www.absurgery.org
Four Parts of MOC
Part 4 – Evaluation of Performance in Practice

- Ongoing participation in a local, regional or national outcomes registry or quality assessment program
  - ABS asks only for information about participation – no data is collected
  - The activity should be relevant to diplomat’s practice
  - Diplomates are encouraged to find out what programs are available through their hospital

Part 4 Resources

- Participation in programs such as these will satisfy Part 4:
  - ACS Surgeon-Specific Registry
  - Bariatric surgery registries
  - Breast surgery registries
  - Burn registries
  - Cancer registries
  - NSQIP
  - Pediatric registries
  - Statewide collaboratives
  - Transplant registries
  - Trauma registries
  - Vascular registries
  - VASQIP

- Examples of additional programs are listed at [www.absurgery.org](http://www.absurgery.org)
- The ABS is working with professional societies to encourage the development of additional programs

Three-Year Reporting Requirement

- At end of 3-year cycle, diplomats submit information through the ABS website regarding Parts 1, 2 and 4
- Submission of info due by March 1 (2 months after end of cycle)
- Diplomates can also transfer CME data from ACS or SAGES
- No documentation is required. The ABS audits a percentage of forms each year to verify information
- Check your MOC status at any time by going to moc.absurgery.org
### MOC Requirements Timeline

<table>
<thead>
<tr>
<th>MOC Year</th>
<th>MOC Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Diplomate certifies/recertifies during an academic year, becoming enrolled in MOC</td>
</tr>
<tr>
<td>1</td>
<td>MOC starts the following Jan 1. CME ongoing practice assessment required</td>
</tr>
<tr>
<td>2</td>
<td>CME, ongoing practice assessment</td>
</tr>
<tr>
<td>3</td>
<td>CME, ongoing practice assessment</td>
</tr>
<tr>
<td></td>
<td>- At end of year, diplomate submits information through ABS website about medical license, privileges, references, CME and practice assessment participation</td>
</tr>
<tr>
<td>4</td>
<td>Same as Year 1</td>
</tr>
<tr>
<td>5</td>
<td>Same as Year 2</td>
</tr>
<tr>
<td>6</td>
<td>Same as Year 3</td>
</tr>
<tr>
<td>7</td>
<td>Same as Year 1</td>
</tr>
<tr>
<td>8</td>
<td>Same as Year 2</td>
</tr>
<tr>
<td>9</td>
<td>Same as Year 3</td>
</tr>
<tr>
<td>8 - 10</td>
<td>Secure examination</td>
</tr>
</tbody>
</table>

View personal MOC Timeline at [www.absurgery.org](http://www.absurgery.org)

Questions regarding your MOC Timeline may be sent to moc@absurgery.org

### CME Repository

- A free feature on [www.absurgery.org](http://www.absurgery.org) that allows diplomates to record and track their CME
- Already populated with any CME submitted since 2005, as well as any waived CME
Diplomates with Multiple Certificates

- Diplomates submit information every 3 years according to their enrollment in the ABS MOC Program.
- Only the exam (Part 3) must be repeated for each certificate. All other MOC activities should be relevant to your practice.
- Royal College of Physicians and Surgeons of Canada (RCPSC) has recognized ABS MOC as equivalent to its MOC program.
- MOC activities completed for other ABMS boards or RCPSC that meet ABS requirements can be used toward ABS MOC.

Diplomates in a Fellowship

- Enrollment in a fellowship or additional training program fulfills Parts 2 and 4 while in program.
- Fellowship or training program must be approved by the ACGME or a recognized surgical organization.
- Diplomates must still submit information every 3 years, entering information about their training.
- Part 2 requirements will be prorated for remaining years of the three-year cycle.

Re-entry to MOC

- Diplomates who do not participate in MOC will be reported as “Not Meeting MOC Requirements.”
- They are also ineligible to certify or recertify in any ABS specialty until MOC re-entry requirements are met.
- Requirements to re-enter MOC increase with additional years of non-participation.
Benefits of MOC for Diplomates

- Formally documents a diplomate’s commitment to lifelong learning and ongoing quality improvement
- Uses meaningful measures of care relevant to surgeons
- Allows diplomates to participate in learning and improvement activities most applicable to their practice
- Helps reduce the burden associated with multiple redundant quality assessments
- Responds to the public’s concerns regarding physician competence, health care quality and patient safety

Questions?

- Follow the ABS on Facebook
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- And on Twitter! @AmBdSurg
  www.twitter.com/AmBdSurg