New 7-Year Limit for Initial Certification

Admissibility period begins upon completion of residency

The American Board of Surgery announced important changes to its admissibility requirements recently for individuals seeking initial certification in general surgery or vascular surgery. These changes are being implemented to meet new standards introduced earlier this year by the American Board of Medical Specialties (ABMS), the umbrella organization for all 24 medical specialty boards.

In January 2012, the ABMS instituted a new policy for all 24 boards that limits the period an individual may be eligible for initial certification to no more than seven years following completion of training in the specialty, thus establishing a consistent limit for how long any physician may be in the initial certification process.

For the ABS, this new policy will apply to individuals who will complete their residency training in general surgery or vascular surgery in the 2012-2013 academic year and thereafter. Individuals who completed their training prior to this period will continue their certification process under the ABS’ previous policies.

Under the new policy, individuals will have no more than seven academic years following general surgery or vascular surgery residency to achieve certification in that specialty. The seven-year period starts immediately upon completion of residency, not when an individual’s application for certification is approved. If an individual delays in applying for certification, he or she will lose examination opportunities.

Within the seven-year limit, up to four opportunities within four years will be given to pass the Qualifying (written) Examination (QE). If an individual decides not to take the exam in a given year, it is a lost opportunity as the four-year limit is absolute. After four years, if the QE is not passed, the surgeon is no longer admissible to the certification process and must pursue a readmissibility pathway.

Coordinating MOC with Other Organizations

ABS to apply for PQRS recognition in 2013

The ABS invited leaders of several medical and surgical organizations to a meeting this summer to discuss Part 4 of Maintenance of Certification (MOC)—Evaluation of Performance in Practice. The primary focus of the meeting was how the ABS’ requirements for Part 4 can be coordinated with those of other regulatory groups, and how programs used to comply with Part 4 can be made more feasible and effective for surgeons to use. This meeting was part of a larger ongoing effort by the ABS to develop an MOC program that meets the requirements of other organizations and reduces the regulatory burden on diplomates.

The ABS believes the best way for surgeons to assess their performance is through tracking their surgical outcomes, but recognizes that such programs are still not readily available to some surgeons. Dr. Tyler Hughes, an ABS director and rural surgeon from Kansas, spoke at the meeting about his own experience in tracking his outcomes through the American College of Surgeons (ACS) Case Log. While time consuming, it has allowed him to better understand his practice patterns and identify areas for improvement. Dr. Hughes also pointed to the need for surgeons to “know their numbers” for credentialing and other purposes. He also appreciates the direct transfer of operative data to the ABS when applying for recertification.

Dr. David Hoyt, executive director of the ACS, and Dr. Clifford Ko, director of the ACS
The start of my year as chair of the American Board of Surgery coincided with the beginning of my 31st year in the practice of general surgery at Gunderson Lutheran in La Crosse Wis.

When asked if I would choose general surgery as a career now, my answer is always the same—yes, I would choose general surgery again in a millisecond. However, the specialty of general surgery is currently in crisis. Workforce shortages in the U.S. are severe, and especially acute in rural areas. Call coverage is an issue in many hospitals. Reimbursement, lack of effective tort reform, regionalization, and fragmentation continue to threaten general surgeons. Surgery residents and their teachers share a concern that recent graduates lack the operative experience to instill the confidence and judgment necessary to practice independently. As a result of these and other factors, 80% of surgery residency graduates elect to enter a specialty fellowship following residency.

Despite the fact that all of the ABS directors maintain their primary certificate in surgery and are well aware of issues facing general surgery, it was apparent that the structure of the board, with specialty-based advisory councils and component boards, did not allow for thorough, ongoing discussion of many of the broad issues involving general surgery practice, education, and training. Therefore, in January 2012 the ABS Executive Committee commissioned a Task Force on General Surgery (TAGS) to consider those issues related to general surgery practice and training from an ABS perspective. Following three meetings in early 2012, TAGS recommended that the ABS create an ad hoc General Surgery Advisory Council (GENSAC), which would be committed to the advancement of issues that relate specifically to general surgery. GENSAC was approved by unanimous vote of the ABS directors at the June 2012 board meeting. This committee will develop, review and recommend proposals that would then be considered by the appropriate ABS standing committees and/or the entire board of directors. The progress and effectiveness of GENSAC will be reviewed at the June 2014 board meeting to determine the need for its continuation and possible establishment as a permanent ABS council.

GENSAC provides a mechanism within the structure of ABS for the genesis and ongoing discussion of initiatives to address long-standing problems facing general surgery practice and training. Joining me on GENSAC are Dr. Stephen Evans, Dr. Tyler Hughes, Dr. John Hunter, Dr. Mary Klingensmith, Dr. Fred Luchette, Dr. David Mercer, Dr. William Scanlon, and Dr. Patrick Walker.

The group is presently focused on the three stages of general surgery training. GENSAC has already reviewed, revised and approved a standard curriculum that may be used by medical students to assist them in acquiring the cognitive and procedural skills they will need in transitioning from medical school to surgery residency. GENSAC is also considering recommendations on alterations to the SCORE® general surgery residency curriculum to reflect contemporary changes in the acquisition of technical skills, types of practice, and workforce predictions. Finally, GENSAC is exploring the development of a number of different models of post-residency experiences to better prepare graduates for the transition to general surgery practice.

Realizing that many decisions made by the ABS have tremendous implications on general surgery practice, GENSAC will only make recommendations once proposals concerning training have been fully developed. Our hope is to look for reasonable solutions that will reinvigorate the specialty of general surgery so it matches the future needs of the American public.

Introducing the General Surgery Advisory Council (GENSAC) – a new ABS committee to examine issues facing general surgery today
Coordinating MOC (cont.)

PQRS – MOC Incentive

In addition to these efforts, the ABS will be applying in 2013 to become a qualified (approved) MOC program entity by the Centers for Medicare and Medicaid Services (CMS) for the Physician Quality Reporting System (PQRS). PQRS uses a combination of incentive payments and payment adjustments to promote the reporting of quality information by eligible physicians. Under the Patient Protection and Affordable Care Act of 2010, MOC was added to this program in an effort to align board certification activities with federal public reporting initiatives.

With PQRS, physicians have the opportunity to earn an additional incentive of 0.5% on total estimated Medicare Part B Physician Fee Schedule allowed charges by: (1) satisfactorily submitting data on quality measures under PQRS for a 12-month reporting period either as an individual physician or as a member of a group practice; (2) participate in a qualified MOC program more frequently than what is required to maintain certification; and (3) successfully complete a qualified MOC practice assessment activity (Part 4).

The ABS is currently working with CMS to determine what CMS would accept as “more frequently” in terms of the ABS MOC Program. The ABS will submit its PQRS application in January 2013; if all goes well, approval should be given in March 2013. Once approval is received, the ABS will be communicating with diplomates regarding PQRS and the steps needed to receive the 0.5% incentive payment for 2013. Diplomates not yet enrolled in MOC will have a pathway to enter MOC in 2013.

Diplomates should note that starting in 2015, PQRS incentive payments are scheduled to become penalties based on past participation. In 2015, physicians who elected not to participate in PQRS or were unsuccessful in participating during the 2013 program year will likely see a reduction in payments. See www.cms.gov/pqrs for more information.

Please make sure to keep your contact information up to date for the latest news on MOC and PQRS!

Diplomate’s Quick Guide to MOC

Diplomates are automatically enrolled in the ABS MOC Program upon certification or recertification after July 2005. MOC requirements run in three-year cycles from July 1 to June 30, starting the July 1 following certification or recertification. Here’s a quick guide on what you need to do to remain in compliance with MOC.

Three-Year Reporting: Diplomates are required to report on their MOC activities every three years by completing a brief online form. Once you are enrolled in MOC, you can view a personalized MOC Timeline on the ABS website to track when your reporting will be due.

The online MOC form will be posted on your timeline at the end of a three-year cycle. The ABS will also notify you by letter and e-mail. The form must be submitted by Dec. 31 (six months after end of cycle). It will ask about your medical license, hospital privileges, references, CME/self-assessment from the past three years, and the practice assessment program in which you are participating.

Once you complete and submit the online form, no further action is required unless you are contacted by the ABS. The ABS will audit a small percentage of the forms submitted each year.

Secure Exam: In addition to reporting on your MOC activities, you must also apply for and pass a secure recertification exam at 10-year intervals. If you hold multiple ABS certificates, the secure exam is the only MOC requirement that must be repeated for each certificate. Once enrolled in MOC, you must be in compliance to take any ABS exam.

CME Requirement: MOC requires the completion of 90 hours of Category I continuing medical education (CME) relevant to your practice over a three-year cycle. As of July 2012, at least 60 (previously 30) hours must include a self-assessment activity—a written or electronic question-and-answer exercise. Also as of July 2012, a score of 75% or higher must be attained for the activity to count.

Did you know? Every diplomate has their own CME Repository on the ABS website to enter and track CME. Check it out!

Practice Assessment: MOC also requires ongoing participation in an outcomes registry or quality assessment program. This can be done through your institution, practice group, or by you as an individual.

For more details, visit the MOC section of www.absurgery.org
The American Board of Surgery initiated its continuous professional development program, commonly called Maintenance of Certification or MOC, in 2005. MOC consists of four components: professional standing (Part 1), lifelong learning and self-assessment (Part 2), cognitive expertise (Part 3), and evaluation of performance in practice (Part 4). The ABS already had requirements that evaluated professional standing, and cognitive expertise was assessed by the requirement to pass an ABS recertification examination every 10 years—a requirement that has been in existence for more than three decades. In 2012, the ABS changed its requirements for lifelong learning and self-assessment, which is satisfied by earning CME credits. We eliminated all Category II CME, and the requirement to earn 90 Category I CME credits every three years was modified to increase the minimum number of self-assessment CME credits from 30 to 60 over three years. In addition, self-assessment CMEs could only be earned by achieving a minimum score of 75% on the self-assessment activity. You should be aware that not all CME providers who advertise that they offer self-assessment credit meet the minimum score standard. The ABS will not count CME as self-assessment if the 75% standard is not met.

The rationale for these changes was that physicians have a professional obligation to remain current in the knowledge and skills necessary to maintain contemporary standards for practice, and should be able to demonstrate acquisition of knowledge from a CME activity rather than simply attending a course or reading an article. Other specialty boards have developed different requirements to satisfy MOC Part 2; however the ABS directors believe that sufficient practice-related CME already exists and therefore the ABS does not need to develop its own products for MOC Part 2 at the present time.

Perhaps the most important component of MOC is Part 4—*Evaluation of Performance in Practice*. This is where “the rubber meets the road,” as practice performance is why patients seek our expertise and what they value most. Surgeons have a century-long history of evaluating practice performance that began with the mortality and morbidity conference popularized by Dr. Ernest Codman. As with any change, Codman encountered much criticism and pushback from his surgical colleagues. Yet he did not waiver in his beliefs and established what has become a touchstone of surgical practice. Much has changed since Codman’s time and we now have the capability to collect and analyze large volumes of information. As a result, assessment tools have developed in the form of outcomes registries, which form the basis for ABS MOC Part 4. These registries have been established to identify a focus for quality improvement.

Here’s how the process goes. Measures of high-quality care are first defined and goals and targets for achievement are established. An infrastructure must then be created to collect the information, which can vary in size and complexity. But collecting information in a registry is only the start for evaluating practice performance. The results need to be analyzed and compared to the targets set at the beginning of the quality improvement activity, and the results must be shared with every surgeon involved in the care of an individual patient. This is particularly important as patient care has become more of a team-based activity. Any deficiencies should be addressed by a thorough assessment of the care pathway, refinement of the process, and repeated measurement. This is the basis for the quality improvement cycle that is critical to improve and advance patient care.

Not every surgeon will have the resources available to participate in one of the procedure-based outcomes registries that satisfy ABS Part 4 criteria. These individuals can work with the quality assurance/Improvement committees at their local hospitals to develop a local program to achieve this goal. We have outlined the essential characteristics of a quality improvement program on the ABS website (see MOC > *Part 4-Practice Assessment Resources*). We also realize that some of our diplomates do not practice in hospitals and a small number do not actively participate in either operative or nonoperative patient care. We do not have a recommended Part 4 activity specific for these situations at present; however, we hope that these diplomates will develop a practice-specific performance assessment activity based on these characteristics.

State medical licensing boards and insurers are recognizing that MOC demonstrates a commitment to quality care. The CMS has included MOC participation in its Physician Quality Reporting System program, which rewards physicians for compliance with measures associated with quality care. The ABS remains committed to providing pathways for our diplomates to demonstrate their commitment to quality patient care through MOC.

Dr. Mark Malangoni is an associate executive director of the ABS. He is certified in general surgery and surgical critical care and is in his third year of MOC.
Candidates will then have up to three opportunities within three years to pass the Certifying (oral) Examination (CE). Only one exam opportunity will be permitted each year. If an individual decides not to take the exam in a given year, it is a lost opportunity as the three-year limit is absolute. After three years, if the CE is not passed, the surgeon is no longer admissible to the certification process.

After seven years, if an individual has not passed both the QE and the CE, they are no longer eligible for certification and must pursue a readmissibility pathway in their specialty.

Candidates who successfully complete the QE in fewer than four opportunities cannot apply unused opportunities toward the CE.

In forming this policy, the ABS reviewed its past examination statistics and determined that permitting four opportunities in four years for the QE and three opportunities in three years for the CE would give candidates the most favorable conditions for becoming certified. It is anticipated these changes will have minimal impact on the majority of surgeons pursuing ABS certification.

Additional Notes

For vascular surgery, this new policy will apply to graduates of integrated vascular surgery residency programs and graduates of independent vascular surgery training programs who wish to become certified only in vascular surgery. Additional information on how the requirement for the Surgical Principles Examination (SPE) may affect the admissibility period will be made available in mid-January 2013. Further details regarding how this new policy will affect graduates of independent vascular surgery programs who wish to become certified in both general surgery and vascular surgery will also be made available at that time.

This new policy also supersedes the ABS’ past requirements that an individual must apply for the General Surgery QE within three years of completing residency and must take the exam within two years of application approval.

More information will be communicated to individuals affected by this policy change in the coming months.

Since 1937, the ABS has certified 58,632 surgeons with roughly 27,000 currently practicing. The ABS also now includes representation from 38 different surgical organizations covering the breadth of surgery.
Thank You to Our Examination Consultants and Examiners

The ABS gratefully recognizes the following individuals for their contributions to the ABS examination process.

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2020 ABSITE (SURGICAL CRITICAL CARE EXAMINATIONS)
B. Grant Bochicchio,
Guidelines on Re-entry to Surgical Practice

The ABS recently published guidelines for surgeons who are clinically inactive but wish to return to active practice. The ABS believes a re-entry pathway is warranted after two or more years removed from surgical practice. The guidelines outline the steps for a surgeon’s safe return to practice and are to be customized based on the individual’s particular situation. The new guidelines are available from the ABS website under About ABS > General Policies.

New ABMS President and CEO: Dr. Lois Nora

Dr. Lois Nora became the new president and CEO of the American Board of Medical Specialties this past June, succeeding Dr. Kevin Weiss. Before joining the ABMS, Dr. Nora served as interim president and dean at The Commonwealth Medical College in Scranton, Penn. Prior to this role, she was president and dean of medicine at Northeast Ohio Medical University, and associate dean of academic affairs and administration and professor of neurology at the University of Kentucky College of Medicine.

Dr. Nora completed her medical degree at Rush Medical College in Chicago and a neurology residency at Rush-Presbyterian-St. Luke’s Medical Center. She also has a law degree from the University of Chicago and an MBA from the University of Kentucky. Dr. Nora is certified by the American Board of Psychiatry and Neurology.

On a surgery-related note, Dr. Nora is the niece of the late surgeon Dr. Paul Nora, for whom the ACS Nora Institute for Surgical Patient Safety is named.

Recent ABS Journal Articles


A list of all ABS journal articles can be found on the ABS website under Publications.

ACGME to Accredit Osteopathic Programs

The Accreditation Council for Graduate Medical Education (ACGME) announced in October that it had entered into an agreement with the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM) to pursue a single, unified accreditation system for graduate medical education programs, beginning in July 2015.

Over the coming months, the three organizations will work toward defining a process, format and timetable for the ACGME to accredit all osteopathic residency programs currently accredited by the AOA. The AOA and AACOM would then become organizational members of the ACGME. The transition to a unified system would allow residents in or entering current AOA-accredited residency programs to be eligible to complete training in ACGME-accredited residency and fellowship programs.

In other ACGME news, Dr. Stanley Ashley, 2011-2012 ABS chair and chief medical officer at Brigham and Women’s Hospital, was named this fall to the ACGME board of directors.

Online Verification and News Feed

Need to show verification of your certification status? The ABS offers free online verification of certification at www.absurgery.org under “Is Your Surgeon Certified?” A PDF document is provided with a diplomate’s certificate number, certification history and current status. The ABS website serves as primary source verification.

Want the latest updates from the ABS? The ABS maintains an RSS news feed with periodic brief updates from the board. A link to subscribe can be found in the top right of the ABS website.

In Memory

It is with deep regret we report the deaths of the following past ABS directors:

- John H. Davis, M.D. 01/19/12
- William H. Muller Jr., M.D. 04/19/12
- George E. Cruft, M.D. 05/04/12
- John A. Waldhausen, M.D. 05/15/12
Jointly sponsored by the ACGME and the ABS, the Surgery Milestones Working Group was established in 2009 to establish training milestones to be achieved during general surgery residency and an evaluation form to assess residents’ progress at six-month intervals. The group consists of representatives from the ACGME/Residency Review Committee for Surgery (RRC-Surgery), Association of Program Directors in Surgery (APDS) and ABS.

The working group began by identifying the “domains” of general surgery—specific activities that comprise a career in general surgery and are therefore the focus of general surgery training. Each of these domains was then paired with one of the six ACGME competencies (patient care; medical knowledge; practice-based learning and improvement; systems-based practice; professionalism; interpersonal skills and communication) to develop specific characteristics to be evaluated along the continuum of residency training.

The evaluation form, called the General Surgery Milestone Semi-Annual Resident Report, was first tested in December 2011 by eight surgery residency programs. After some revision, the document was approved for beta testing and sent in June 2012 to 22 residency programs that were selected to assure diversity in size, location and type (university, community, military). The beta-test sites completed their work in August and the results are now being analyzed to determine how well the report was able to discriminate resident performance by PGY level, domain and competency. Feedback from program directors and faculty regarding the usefulness, accuracy and efficiency of the evaluation process is also being reviewed.

The document will be further refined and then widely distributed to all programs well in advance of the July 2014 date planned by the ACGME for adoption by all surgery residency programs.

Every medical and surgical specialty has been charged by the ACGME with developing milestones and an assessment form as part of the ACGME’s Next Accreditation System (NAS). The goal of NAS is to establish clear milestones residents must attain during training, and to provide structured feedback as they proceed toward becoming independent practitioners. Institutions must also submit data from the evaluation forms to the ACGME regarding each resident’s progress in meeting these benchmarks. The ACGME will then update the accreditation status of each program yearly based on trends in key performance parameters.

What is SCORE?
A nonprofit, grassroots effort of the surgical community to improve and standardize the training of general surgery residents. Member organizations are the ABS, ACS, APDS, ASA, RRC-Surgery, Association for Surgical Education, and Society of American Gastrointestinal and Endoscopic Surgeons. These organizations provide all of the project’s funding and support.

What is the Curriculum Outline?
A list of patient care and medical knowledge topics to be covered in a five-year general surgery residency. The list is updated annually and is available at www.surgicalcore.org. The other four ACGME competencies will be added in the near future.

What is the SCORE Portal?
A website to provide high-quality educational resources (modules, textbook chapters, videos, study questions and more) aligned with the curriculum outline to general surgery residents and residency programs.

SCORE Curriculum and Portal Move Forward
Standard curriculum for general surgery training becoming reality

The Surgical Council on Resident Education (SCORE) was formed in 2006 to define what a general surgery resident should know and be able to proficiently do by the end of residency. Six years later, SCORE’s goal of a standard curriculum for general surgery training is becoming reality. Through the commitment of its seven member organizations, SCORE has established a general surgery curriculum outline and a website, the SCORE Portal, that delivers high-quality educational materials aligned with the outline to general surgery residency programs.

The SCORE Curriculum Outline is now being referenced by many general surgery programs in forming their own teaching curricula and 96% of ACGME-accredited general surgery programs are currently using the SCORE Portal. The ABS has also taken steps to align its general surgery examinations, notably the ABSITE®, QE and CE, with the outline.

The SCORE Portal currently features 500 modules on patient care, medical knowledge and systems-based practice topics, as well as access to the ACS Surgery Weekly Curriculum, ASTS Transplant Curriculum, Annals of Surgery journal club, Evidence Based Reviews in Surgery, COACH multimedia library from Columbia University, content from 11 surgical textbooks, and an entire new section on ethics and professionalism. SCORE will take another step forward in spring 2013 when the SCORE Portal moves to a new online learning management system that will improve the site’s appearance, performance and ease of use. The new portal will also feature additional content, including videos from the ACS’ Advanced Surgical Skills for Exposure in Trauma (ASSET) program and more modules on advanced patient care topics.

To learn more about SCORE, visit its website at www.surgicalcore.org. SCORE also maintains a page on Facebook with news and updates.
New Resident Assessment Requirement

The ABS announced in August a new requirement for the assessment of residents’ operative and clinical performance during training. This requirement will apply to all applicants for general surgery certification who will complete residency in the 2012-2013 academic year and thereafter.

Applicants will be required to have obtained during residency two operative performance assessments and two clinical performance assessments conducted by their program director or other faculty member. By signing an individual’s application, the program director will attest that these four assessments have been completed. The completed assessment forms will not be collected by the ABS.

This requirement will increase to six operative performance and six clinical performance assessments during residency for individuals who will complete their general surgery residency training in the 2015-2016 academic year and thereafter.

Procedure-specific evaluation forms are posted on the ABS website under General Surgery > Qualifying Exam > Resident Assessments. While use of these specific forms is not mandated, programs are strongly encouraged to use either these or other equally validated forms.

3-Program Limit Clarified

Since 2008, the ABS has required that the five years of progressive general surgery residency training (PGY 1-5) be completed at no more than three residency programs for an individual’s application for certification to be accepted.

In applying this rule, the ABS considers only the five progressive clinical years that are to be counted as an applicant’s full residency training. For example, if a resident completes PGY-1 at one institution and then repeats PGY-1 at another institution, only one of these programs will count toward the three-program limit. The last two years of residency (PGY 4-5) must always be completed at the same program.

In addition, completing three years at PGY-1 and PGY-2 levels does not permit promotion to PGY-4. A PGY-3 year must be completed and verified by the ABS’ resident roster. The only exception is when three year’s credit is granted by the ABS for prior training outside the U.S. or Canada. However, any credit given for prior foreign training will count as one program.

Individuals whose training exceeds the three-program limit will be required to repeat one or more of years of training at a single institution.

12 Months of Flexibility – Specialty-Specific Guidelines Available

The ABS instituted in 2011 a new policy to permit greater flexibility in the clinical rotations completed by general surgery residents. The policy allows program directors, with advance approval of the ABS, to customize up to 12 months of a resident’s rotations in the last 36 months of residency to reflect his or her future specialty interest. No more than six months of flexible rotations is allowed in any one year. This is an entirely voluntary option for program directors and may be done on a selective case-by-case basis.

The ABS’ Advanced Surgical Education Committee has compiled a list of recommended rotations based on the specialty of interest. This list is available on the ABS website; see General Surgery > Qualifying Exam > Overview.

Update on the Complex General Surgical Oncology Certificate

The ACGME approved in June the training program requirements for complex general surgical oncology. Both the program requirements and the program information form (PIF) required to seek initial accreditation are now available on the ACGME website. The Surgical Oncology Board of the ABS intends to require both a written and oral examination for certification. The first written exam has not yet been scheduled and will likely be held in the fall of 2014, contingent on a sufficient number of programs being accredited by that time. Further information about the new certificate is available on the ABS website under Other Specialties.

Correspondence to the ABS Office

All requests from program directors regarding resident training, credit for foreign training, J-1 visa authorizations, etc., must be sent by letter on official letterhead through U.S. Mail or similar carrier to the ABS office—no e-mails or faxes. This will ensure the request is received and tracked by ABS staff. Official approvals or denials from the ABS will always be sent by letter via U.S. Mail to the program director.

Upcoming In-Training Exams

- PSITE – Feb. 16, 2013
- VSITE – Mar. 9, 2013
Mahvi Elected Vice Chair for 2013-2014

Dr. David Mahvi has been elected vice chair of the ABS for 2013-2014. He will serve as ABS chair in 2014-2015. Dr. Mahvi joined the ABS in 2007 as a representative of the Society for Surgery of the Alimentary Tract (SSAT).

A native of Oklahoma City, Oklahoma, Dr. Mahvi is currently the James R. Hines Professor of Surgery and chief of gastrointestinal and oncologic surgery at Northwestern University in Chicago. He attended medical school at the Medical University of South Carolina and completed his general surgery residency at Duke University. He joined Northwestern after serving for several years as professor and chief of surgical oncology, and general surgery residency program director, at the University of Wisconsin – Madison.

Dr. Mahvi is a past president of the SSAT and serves on the editorial boards of Annals of Surgery and Journal of Gastrointestinal Surgery. His surgical practice focuses on hepatobiliary and pancreatic surgery.

Dr. Mahvi’s research interests focus on the development of new biomedical devices in the treatment of liver cancer.

Dr. Mahvi is currently chair of the ABS Advanced Surgical Education Committee and a member of the ABS Executive Committee and Recertification Examination Committee. He also represents the ABS as a director on the American Board of Colon and Rectal Surgery.

Meet Our New Directors

Thank you to the following outgoing directors for their years of service to the ABS:

Stanley W. Ashley, M.D.

Lenworth M. Jacobs Jr., M.B.B.S.

Nathalie M. Johnson, M.D.

J. Wayne Meredith, M.D.

Fabrizio Michelassi, M.D.

Kenneth W. Sharp, M.D.

Richard C. Thirlby, M.D.

Thomas F. Tracy Jr., M.D.

Fizan Abdullah, M.D.

Birthplace: Pakistan

College: Pennsylvania State University

Medical School: Jefferson Medical College

Residency: Yale University

Clinical Fellowships: Pediatric surgery, Children’s Hospital Los Angeles

Research/Clinical Interests: Surgical outcomes and clinical trials research, tissue engineering, global surgical education

Academic Appointments: Associate Professor of Surgery, Division of Pediatric Surgery, Johns Hopkins University School of Medicine; Associate Professor of International Health, Bloomberg School of Public Health

Administrative Titles: Program Director, Pediatric Surgery Fellowship and Assistant General Surgery Residency Program Director, Johns Hopkins University School of Medicine – Baltimore, Md.

Other Activities: Chair, APSA Outcomes/Clinical Trials Committee; Surgeon Champion, ACS NSQIP Peds - Johns Hopkins Children’s Center; Advisor, WHO Pocket Book of Hospital Care for Children and WHO Neonatal Quality Improvement Project (NQIP); Country Coordinator to Ghana, Humanity First USA

Kenneth S. Azarow, M.D.

Birthplace: Syracuse, New York

Hobbies: Golf, sports fanatic

College: Franklin and Marshall College

Medical School: Uniformed Services University of the Health Sciences

Residency: Walter Reed Army Medical Center

Clinical Fellowships: Pediatric surgery, Hospital for Sick Children, University of Toronto

Research/Clinical Interests: Surgical education (with emphasis on professionalism), congenital anomalies (with specific interest in CDH), pediatric blast injury (with emphasis on remote/austere environments)

Academic Appointments: Alton S.K. Wong Distinguished Professor of Surgery, University of Nebraska College of Medicine; Professor of Surgery, Uniformed Services University

Administrative Titles: Vice Chair of Surgery, University of Nebraska College of Medicine; Program Director, Pediatric Surgery Fellowship; Chair of Surgical Services, Children’s Hospital and Medical Center – Omaha, Neb.

Other Activities: COL (retired), United States Army

Applying for an Exam Next Year?

The ABS posts its online application process every year in mid-April. We encourage you to visit www.absurgery.org now to view the application requirements for your exam.

Diplomates who are eligible to apply for a recertification exam in 2013 (certificate expiring in 2016 or earlier) will be notified when the online application process is available.

Diplomates applying for recertification may transfer operative data from the ACS Case Log; CME activities can also be transferred from the ACS or SAGES.

MOC: Diplomates who are enrolled in MOC must be currently in compliance to apply for an ABS exam.

2013 Application Deadlines:

- Vascular Surgery, Pediatric Surgery and Surgical Critical Care Exams
  July 1 – initial deadline
  July 15 – late deadline

- General Surgery Recertification Exam
  Aug. 1 – initial deadline
  Sept. 3, Oct. 1, Nov. 1 – late deadlines
Meet Our New Directors

Karen J. Brasel, M.D.
Birthplace: Monmouth, Illinois
Hobbies: Running, reading, piano
College: Macalester College
Medical School: University of Iowa
Residency: University of Minnesota
Clinical Fellowships: Surgical critical care, University of North Carolina
Research/Clinical Interests: Functional outcomes and quality of life after trauma, palliative care, surgical ethics, resuscitation clinical trials
Current Practice: General surgery, trauma, surgical critical care
Academic Appointments: Professor of Surgery, Bioethics and Medical Humanities, Medical College of Wisconsin
Administrative Titles: Director, Surgical Intensive Care Unit; Director, Critical Care, Froedtert Hospital/Medical College of Wisconsin – Milwaukee, Wis.
Other Activities: Chair, ATLS Subcommittee, ACS; Member, Task Force on Surgical Palliative Care, ACS; Governor, ACS; Editorial Board, Evidence Based Reviews in Surgery

Martin A. Croce, M.D.
Birthplace: Camden, New Jersey
College: University of Notre Dame
Medical School: University of Tennessee – Memphis
Residency: University of Tennessee – Memphis
Clinical Fellowships: Surgical critical care, Jackson Memorial, University of Miami
Research/Clinical Interests: Surgical infection, trauma, critical care, surgical education
Current Practice: Trauma surgery, surgical critical care
Academic Appointments: Professor of Surgery, University of Tennessee – Memphis
Administrative Titles: Chief, Division of Trauma and Critical Care and Surgical Critical Care Program Director, University of Tennessee – Memphis; Medical Director, Presley Memorial Trauma Center – Memphis, Tenn.
Other Activities: Past President, Tennessee Chapter, ACS; Editorial Board, Journal of Trauma and Surgical Infections

Tyler G. Hughes, M.D.
Birthplace: Dallas, Texas
Hobbies: Flying, piano, reading
College: Austin College
Medical School: University of Texas Southwestern Medical Center at Dallas
Residency: St. Paul Medical Center (Dallas)
Research/Clinical Interests: Surgical education, rural surgery
Current Practice: General surgery
Academic Appointments: Clinical Assistant Professor of Surgery, Kansas University School of Medicine
Administrative Titles: Staff Surgeon, McPherson Hospital – McPherson, Kan.
Other Activities: Governor at Large for Kansas and Past President of Kansas Chapter, ACS; Co-Director, ACS Rural Surgery Skills Course; Co-Editor, Rural Surgery Community, ACS Web Portal; Editorial Board, Surgery News, Selected Readings in General Surgery and Evidence Based Review in Surgery; Chair, ACS Advisory Council on Rural Surgery

Christopher R. McHenry, M.D.
Birthplace: Rochester, Minnesota
Hobbies: Long distance running
College: University of Akron
Medical School: Northeastern Ohio Medical University
Residency: Loyola University
Clinical Fellowships: Endocrine and head and neck surgery, University of Toronto
Research/Clinical Interests: Thyroid cancer, nodular thyroid disease, hyperparathyroidism and laparoscopic adrenal surgery
Current Practice: General, endocrine and neck surgery
Academic Appointments: Professor of Surgery, Case Western Reserve University School of Medicine
Administrative Titles: Vice-Chairman, Department of Surgery, MetroHealth Medical Center – Cleveland, Ohio
Other Activities: Past President of the American Association of Endocrine Surgeons, Midwest Surgical Association, ACS Ohio Chapter and Cleveland Surgical Association; Editorial Board, American Journal of Surgery and American Surgeon

Margo C. Shoup, M.D.
Birthplace: Oak Ridge, Tennessee
Hobbies: Traveling, family, running
College: University of Colorado, Colorado Springs
Medical School: Northwestern University
Residency: Loyola University Medical Center
Clinical Fellowships: Surgical oncology, Memorial Sloan-Kettering Cancer Center
Research/Clinical Interests: Hepato-pancreato-biliary outcomes
Current Practice: Cancer of the pancreas, liver, esophagus, stomach and sarcoma
Academic Appointments: Professor of Surgery, Loyola University Medical Center
Administrative Titles: Division Director, Surgical Oncology, Loyola University Medical Center – Maywood, Ill.
Other Activities: Executive Council, Central Surgical Association; Editorial Board, Journal of Gastrointestinal Surgery

James F. Whiting, M.D.
Birthplace: Binghamton, New York
Hobbies: Tennis, rowing
College: Harvard University
Medical School: Albert Einstein College of Medicine
Residency: Brigham and Women’s Hospital
Clinical Fellowships: Transplantation, Rush Presbyterian-St. Luke’s Medical Center
Research/Clinical Interests: Surgical education, kidney transplantation
Current Practice: Kidney transplantation, vascular access, general surgery
Academic Appointments: Clinical Associate Professor, Department of Surgery, Tufts University School of Medicine
Administrative Titles: Director of Surgical Education, Vice Chair of Surgery, Surgical Director Maine Transplant Program – Portland, Maine
Other Activities: Member, Maine Governor’s Committee on Organ Donation
The ABS welcomes your feedback! Send your ideas and comments about this newsletter to cshiffer@absurgery.org.

### 2011-2012 ABS Examination Statistics


<table>
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<tr>
<th>Examination</th>
<th>Examinees</th>
<th>Pass Rate</th>
<th>Diplomates (to date)</th>
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<tr>
<td>GS Qualifying</td>
<td>1,367</td>
<td>81%</td>
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<td>GS Certifying</td>
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<td>GS Recertification</td>
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<tr>
<td>VS Recertification</td>
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<td>VSITE</td>
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<th>Pass Rate</th>
<th>Diplomates (to date)</th>
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<td>PS Qualifying</td>
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<tr>
<td>PS Certifying</td>
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<td>PS Recertification</td>
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<td>SCC Certifying</td>
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<td>HPM CE (2010 exam)</td>
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<tr>
<td>HS Recertification</td>
<td>14</td>
<td>100%</td>
<td>153</td>
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**Your Surgeon Is Certified**

The ABS offers to diplomates the *Your Surgeon Is Certified* brochure to educate patients about the significance of board certification. An order form and PDF preview are available at [www.absurgery.org](http://www.absurgery.org) under Publications. Copies can be ordered in quantities of 100, 200 or 500.