The development of the American Board of Surgery’s Maintenance of Certification (MOC) Program has progressed rapidly in the past year. The ABS MOC Program is designed to go beyond once-in-ten-years recertification to a continuous process of learning, assessment and improvement.

ABS diplomates are enrolled in MOC once they certify or recertify in any ABS specialty after July 2005. There are now more than 23,000 diplomates enrolled in the ABS MOC Program, with 89% meeting the program requirements.

Three-Year Reporting
A key part of the ABS MOC Program is the requirement to report on your MOC activities every three years. MOC requirements run in three-year cycles (July 1-June 30), beginning the July 1 following your enrollment in the ABS MOC Program. The ABS will contact you by mail and e-mail when your three-year reporting is due. You can also track your MOC participation using your personalized MOC Timeline on the ABS website, www.absurgery.org.

Four Parts of MOC

Part 1 Professional Standing
- Full and unrestricted medical license
- Hospital privileges in the specialty, if clinically active
- Professional references: contact information for chief of surgery and chair of credentials at primary institution

Part 2 Lifelong Learning and Self-Assessment
- 90 hours of Category I CME relevant to your practice over a three-year cycle
- Of the 90 hours, at least 60 must include self-assessment, a written or electronic question-and-answer exercise. A score of 75% or higher must be attained

Part 3 Cognitive Expertise
- Successful completion of a secure exam at 10-year intervals
- Diplomates may first apply three years prior to certificate expiration
- If you have multiple ABS certificates, this is the only requirement that must be repeated for each specialty

Part 4 Evaluation of Performance in Practice
- Ongoing participation in a local, regional or national outcomes registry or quality assessment program
- Many of these programs are hospital-based, so diplomates are encouraged to check with their hospital to see if there are programs already in place

The three-year reporting requirement is not intended to be a major hurdle—diplomates “check in” with the ABS at www.absurgery.org by first entering their Part 2 continuing medical education (CME) activities into their CME Repository, and then completing a brief online form, the MOC Status Form.

This form must be submitted by December 31 (six months after end of three-year cycle). The MOC Status Form asks for information about your medical license, hospital privileges, professional references, CME/self-assessment activities from the past three years, and your participation in an outcomes registry or quality improvement program. No paper documentation is required.

Once the MOC Status Form is submitted online, there is no further action necessary unless you are contacted by the ABS. You will (Continued on page 3)
The American Board of Surgery has been very busy this fall. Dr. David Mahvi of Chicago is currently serving as our vice chair, and Dr. Stephen Evans of Washington, D.C. was recently elected vice chair for 2014-2015.

A strategic retreat was held in March 2013 to review current ABS policies and project the most important activities that the ABS needs to focus on in the coming years. It was attended by the ABS executive committee and members of the ABS staff. Several goals were delineated, but I will discuss the top three. Top priority was to strengthen our Maintenance of Certification program so that it best serves the needs of our diplomates and the public. A top priority is to strengthen our Maintenance of Certification program so that it best serves the needs of our diplomates and the public. Endoscopy is a fantastic web-based product that has greatly changed the surgery resident’s material to help them in their educational endeavors and patient care.

Third in importance was to improve general surgical training. A complete discussion of ABS activities along these lines is beyond the scope of this brief communication. However some of these initiatives include: 1) continual improvements to the SCORE Curriculum in collaboration with the other SCORE member organizations; 2) working with the Residency Review Committee for Surgery (RRC-Surgery) of the Accreditation Council for Graduate Medical Education (ACGME) to require that residents participate in 250 operative cases by the end of their PGY-2 year; and 3) development of a curriculum in flexible endoscopy for surgical residents. To further the third initiative, a meeting was held this fall between the ABS, the Association of Program Directors in Surgery (APDS), and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) to discuss completion of the flexible endoscopy curriculum and its implementation. In addition to these efforts, the January 2014 meeting of the ABS will be focused on improving general surgical residency. It will be attended by representatives of the APDS, RRC-Surgery and the American College of Surgeons (ACS) as we discuss ways to improve surgical residency training and increase communication between all of the stakeholder organizations in surgical education. The APDS, RRC-Surgery and the ABS also met this past October to discuss methods of improving communication and coordination between these groups.

(Continued on page 4)
Moving Forward with MOC (cont.)

(Continued from page 1)

receive an e-mail confirmation that your MOC Status Form has been received, and your MOC Timeline will turn to green. The ABS audits a percentage of the submitted forms each year. Diplomates who are audited will be asked to provide documentation of their MOC activities.

Part 2 and Part 4 Resources

The ABS has created its MOC program with the intention of making it as flexible as possible, allowing it to be fulfilled regardless of your practice setting. For Part 2, Lifelong Learning and Self-Assessment, the ABS requires 90 hours of Category I CME relevant to your practice over the three-year MOC cycle. Courses required to meet state licensing requirements and on topics such as patient safety, ethics, etc., are also acceptable.

The ABS also requires for Part 2 that at least 60 of the 90 hours include a self-assessment activity—a written or electronic question-and-answer exercise that assess your understanding of the material in the CME program. Many live and online CME programs now include self-assessment. A score of 75% or higher must be achieved for the CME activity to count as self-assessment.

For Part 4, Evaluation of Performance in Practice, the ABS requires ongoing participation in a local, regional or national outcomes registry or quality assessment program.

Diplomates should check with their hospital to see if such programs are already available. The ABS has collaborated with the American College of Surgeons to improve the ACS case log system for MOC Part 4. Now called the Surgeon Specific Registry, it includes specific outcome measures developed by the ABS for the most common procedures performed by diplomates.

Some additional resources for Part 2 and Part 4 of the ABS MOC Program are listed on the ABS website. Diplomates are encouraged to seek out resources that best meet their lifelong learning and practice assessment needs. If you hold multiple ABS certificates, Part 2 and Part 4 do not need to be repeated for each certificate and should be completed in the areas most relevant to your current practice.

MOC Exam

As of 2014, the term “recertification” will no longer be used to refer to the Part 3 exam. It will be called the MOC exam going forward, even for diplomates not yet enrolled in MOC.

The exam format and application process will remain the same. Diplomates may apply to take the exam starting three years before certificate expiration, and must submit a full exam application, including a 12-month operative log and completed reference forms.

The ABS will waive 60 hours of CME and self-assessment for Part 2 for passing an ABS certifying or recertification/MOC exam. Equivalent exams from other ABMS boards also qualify.

Compliance and Re-entry

Diplomates who do not submit the MOC Status Form after a three-year cycle, fail to respond to an audit of their MOC form, or otherwise do not meet MOC requirements will be considered not in compliance with MOC. They will be reported as “Not Meeting MOC Requirements” and are ineligible to apply for any ABS examination until re-entry requirements are fulfilled. See the ABS MOC Re-entry Policy at www.absurgery.org for further details.

Make Sure We Can Reach You!

The ABS will make multiple attempts to contact you when action is required for MOC. Please make sure we can reach you! You can easily update your contact information on the ABS website under My Records/My Account.

See www.absurgery.org for more details about the ABS MOC Program.
Flexible Endoscopy Curriculum for Residents in Development

Over the past several years, there has been widespread concern expressed regarding variability in the endoscopic training obtained by general surgery residents. In response to these concerns from inside and outside the surgical community, the ABS has collaborated with SAGES, the American Society of Colon and Rectal Surgeons (ASCRS), the American Society for Metabolic and Bariatric Surgery (ASMBS), and the Society for Surgery of the Alimentary Tract (SSAT) to develop a curriculum in flexible endoscopy to be fulfilled over a five-year general surgery residency. The goal of this endeavor was to ensure that all future ABS-certified general surgeons have completed a standard, well-developed curriculum in the use of flexible endoscopic techniques.

The Flexible Endoscopy Curriculum (FEC) will soon be completed and posted on the ABS website, www.absurgery.org. The ABS intends to require completion of the FEC starting with applicants for general surgery certification who began residency in July 2013. The curriculum is being designed to allow residency programs as much flexibility as possible, so it may be fulfilled largely with resources that are already available at the program’s institution.

The Flexible Endoscopy Curriculum will be a step-wise, milestone-based program for the teaching of endoscopic procedures over the five years of residency. For each step, there are cognitive and technical milestones supported by a variety of suggested resources. Upon completion of this curriculum, a general surgery resident will have the knowledge and technical skill to manage commonly encountered gastrointestinal (GI) diseases and conditions using flexible endoscopy.

“General surgeons have a long history of using endoscopy to treat surgical GI diseases,” said Dr. John Hunter, ABS director and chair of the ABS Gastrointestinal Surgery Advisory Council. “The FEC will ensure that all general surgery residents are obtaining sufficient training in flexible endoscopy techniques, which is critical for any general surgeon today.”

Through this new requirement, the ABS seeks to provide a consistent instructional program by which all general surgery trainees may acquire the essential knowledge and skills to perform flexible endoscopy. The FEC is part of a broader ongoing effort by the ABS, in conjunction with the other organizations involved in U.S. surgical education, to create common standards for the education and training obtained by general surgery residents. It also establishes additional consistent, objective measures that all general surgeons must meet to achieve ABS certification.

Report from the Chair (cont.)

(Continued from page 2)

Beyond these three strategic issues, the ABS has worked over the past year to improve its examinations, including revising the content and structure of the General Surgery Certifying Exam to promote a more targeted and uniform administration of the exam to candidates. The ABS also continues to focus on its recertification exams (to be known going forward as the Maintenance of Certification Exam) to ensure they reflect current surgical practice. The pass rate on the 2012 General Surgery Recertification Exam was 96.3%, demonstrating that ABS diplomates are making a concerted effort to maintain their knowledge base. Overall there are nearly 30,000 currently certified diplomates of the ABS, with more than 23,000 already enrolled in MOC.

Finally I should note that the ABS has been approached by the Singapore Ministry of Health to assist them in devising their own process of certifying surgeons. They view the ABS process of certification as the “gold standard” in the world. In December, Dr. Jo Buyske and I will be traveling to Singapore to examine the feasibility of helping them devise their “Singapore Board of Surgery.” We will bring our findings back to the board for discussion and deliberation.

In closing, let me say that it has been a great honor and privilege to have been allowed to serve as chair of the American Board of Surgery for the 2013-2014 year, and we appreciate the dedication of all of our diplomates to ABS certification.
ABS Goes International

The ABS has been approached in recent months by several international organizations seeking guidance on creating their own board certification programs for surgeons. This past June for example, the ABS was visited by a delegation from the Singapore Ministry of Health. The ministry is working with several of the member boards of the American Board of Medical Specialties (ABMS) to develop a U.S.-style system of training and certification. ABS representatives will be visiting Singapore in December to further discuss ways the ABS can assist this effort. Likewise, ABS representatives met in October with surgeons from Nigeria who are seeking to foster a similar system in their country.

In addition, training programs in several countries have had their residents take the ABS In-Training Examination (ABSITE®), including Singapore, the Netherlands, Qatar, Lebanon, Japan, United Arab Emirates, Bahamas, Trinidad, and Canada.

We anticipate further interest in the ABS certification process as countries seek to standardize their surgical training and assessment programs.

How well do you know the American Board of Surgery?

The ABS is based in:
a) Chicago
b) Washington, D.C.
c) Philadelphia
d) Houston

Answer: C – The ABS has been in Philadelphia since the board’s founding in 1937

ABS certificate #1 is held by:
a) Dr. Oz
b) Dr. Evarts Graham
c) Dr. William Mayo
d) Dr. Allen Whipple

Answer: B – Dr. Graham holds certificate #1, Dr. Whipple #2, Dr. Mayo #223, Dr. Oz #37082

True or False: The ABS’ exam fees are among the lowest of all 24 ABMS boards:
a) False
b) True

Answer: B – True!

The ABS office has ___ staff members:
a) 20
b) 60
c) 100
d) 200

Answer: A – 20

The ABS includes representation from ___ surgical societies:
a) 10
b) 20
c) 30
d) 40

Answer: D – 40

Nearly _______ surgeons are currently certified by the ABS:
a) 10,000
b) 25,000
c) 30,000
d) 50,000

Answer: C – 30,000

Do we have your correct e-mail address?

The American Board of Surgery increasingly relies on e-mail to communicate with diplomates for Maintenance of Certification and other important board initiatives. It is crucial that we have an accurate e-mail address for you.

You can update your e-mail address at www.absurgery.org under My Records/My Account. You can also contact the ABS office with any address changes.

In addition, please make sure that “@absurgery.org” is on your “safe senders” list so our e-mails are not blocked by spam filters.

Please note that we do not receive surgeons’ contact information from surgical societies or state medical boards. You must notify us directly of any changes in your mailing or e-mail address. Thank you!
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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2013 GENERA GENERA

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Ronald L. Dalman, M.D.
Mary T. Hawn, M.D.
Chair

Thank You to Our Examination Consultants and Examiners

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

The Pediatric Surgery Board of the ABS met in June to review questions for the 2014 Pediatric Surgery In-Training Examination. Pictured (l-r): Chris Tucci (ABS staff), Dr. Ronald Hirsch, Dr. John Waldhausen, Dr. Dennis Lund, Dr. Frederick Rescorla, Dr. Kenneth Azarow, Dr. Dai Chuang, Dr. Mary Brandt, Dr. Fizan Abdullah, and Dr. Henri Ford.
American Board of Surgery Now on Facebook!

The ABS created a Facebook page earlier this year, where we regularly post news and updates. Be sure to follow us at www.facebook.com/americanboardofsurgery. You do not need a Facebook account to view the page.

CME Repository Available on ABS Website

If you’ve visited www.absurgery.org recently, you may have noticed diplomates now have access to their own CME Repository under My Records/My Account. This is a free resource for all ABS diplomates to record and track their CME activities.

Diplomates’ repositories have already been populated with any CME submitted to the ABS since 2005. Diplomates applying for an MOC exam or completing their three-year MOC reporting also have the option of importing CME data directly from the ACS or SAGES.

Update on Complex General Surgical Oncology Certificate

The ABS received approval in 2011 to offer a subspecialty certificate in complex general surgical oncology (CGSO), to assess qualifications for the treatment of complex cases typically seen in cancer centers and specialized institutions. So far 18 training programs have been approved by the ACGME.

To be eligible for ABS certification, individuals must be enrolled in either the first or second year of the training program at the time ACGME accreditation is achieved. Candidates will also be required to have obtained ABS certification in general surgery.

Certification in CGSO will require an application and successful completion of both a qualifying computer-based examination and a certifying oral examination. The first qualifying exam is planned for fall 2014, with the certifying exam to be held in the spring of 2015. The online application process will be posted in April 2014 on the ABS website.

Recent Graduate Survey Underway

This fall the ABS has undertaken a survey of approximately 5,000 recent general surgery residency graduates. The goal of this survey is to better understand what influences graduates to pursue fellowship training following residency, or instead to directly enter practice. The results of the survey will be published once completed and should be helpful in future policy and planning decisions.

ACGME-AOA Agreement on Hold

The ACGME announced last year 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 unified accreditation system for graduate medical education programs, to begin in 2015.

This past August, the three groups issued a joint statement that they had been unable to reach an agreement on a single accreditation system. However they stated that they remain committed to working together to improve U.S. graduate medical education.

ABMS Evidence Library Launches

The American Board of Medical Specialties launched in July an “evidence library”—an online database of research studies and articles that support the value of ABMS board certification and Maintenance of Certification. The library is part of a broader effort by the ABMS to promote the demonstrated impact of board certification and MOC on patient care and safety. The ABMS Evidence Library is available at evidencelibrary.abms.org.

Need Verification of Your Certification Status?

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

Use of ABS Logo Not Permitted

Please be aware that the ABS does not permit use of its logo by other parties, including diplomates, practices and hospitals. This includes use on websites, letterhead and marketing materials. Thank you for your cooperation.

In Memory

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

- John M. Beal, M.D. 06/03/13
- George F. Sheldon, M.D. 06/16/13
- James A. DeWeese, M.D. 11/14/13

Dr. Selwyn Vickers, chair of the ABS Surgical Oncology Board, gives an update on the new certificate at the June 2013 ABS meeting, while Dr. David Mahvi looks on.
The Surgical Council on Resident Education’s goal of creating a standard national curriculum for general surgery training made significant progress in 2013. SCORE is a nonprofit initiative of the ABS, APDS, RRC-Surgery, ACS, SAGES, American Surgical Association, and Association for Surgical Education. In 2013, SCORE published its sixth edition of the SCORE Curriculum Outline for General Surgery Residency. This outline lists the topics and procedures that a general surgery resident should know and be able to perform by the end of residency. The ABS is now basing the ABSITE, as well as the General Surgery Qualifying (QE) and Certifying Examinations (CE), on this outline.

In addition, SCORE launched a new resident portal (www.surgicalcore.org) in 2013 to deliver high-quality educational materials aligned with the outline to general surgery residency programs. Currently 96% of ACGME-accredited general surgery programs use the portal in their training. SCORE plans in the coming year to complete modules for the portal for the remaining topics in the outline, as well as to post new content on ethics, professionalism and communication. Advanced content for fellowship trainees in areas such as pediatric surgery is also planned.

The SCORE Portal currently features approximately 500 modules on patient care, medical knowledge and systems-based practice topics. It also includes access to 10 surgical textbooks, 200 operative videos, a complete radiologic image library, the ACS Surgery Weekly Curriculum, American Society of Transplant Surgeons’ Academic Universe, Annals of Surgery journal club, and Evidence Based Reviews in Surgery.

To learn more about SCORE, visit www.surgicalcore.org. SCORE also maintains a page on Facebook with news and updates.

Thank You to Our Examination Consultants and Examiners (cont.)
APDS, RRC-Surgery and ABS to Meet Regularly

Representatives of the APDS, RRC-Surgery and the ABS met in October to discuss upcoming initiatives and issues pertaining to surgical residency training and board certification. The meeting was highly productive and all three groups committed to meeting regularly to coordinate policies and address areas of concern.

Flexible Endoscopy Curriculum

Please see the article on page 4 about the Flexible Endoscopy Curriculum in development. Further details will be sent to general surgery programs in early 2014.

2014 ABSITE

The 2014 ABSITE will be given as a single examination to all general surgery residents from January 24 to January 28. The exam is no longer offered in junior-level and senior-level versions. It remains a five-hour online exam containing roughly 250 multiple-choice questions. A content outline for the ABSITE is available at www.absurgery.org.

The content of the ABSITE is now aligned with the SCORE Curriculum Outline for General Surgery Residency, a list of patient care and medical knowledge topics to be covered in a five-year general surgery residency. The topics in the SCORE outline are organized into 28 patient care and 13 medical knowledge categories—the areas listed in the ABSITE content outline refer to those categories and topics. The SCORE Curriculum Outline is available at www.absurgery.org or www.surgicalcore.org.

General Surgery Milestones Posted

The RRC-Surgery has posted the General Surgery Milestones on its website (www.acgme.org > Program and Institutional Accreditation > Surgery). The milestones were developed by a joint committee of the RRC-Surgery, ABS and APDS to assess the acquisition by residents of key knowledge, behaviors and skills specific to general surgery. Implementation of the milestones evaluation process will be required of general surgery residency programs as of July 2014 as part of the ACGME’s Next Accreditation System.

New 7-Year Limit for Certification

In accordance with the ABMS and the other 23 ABMS member boards, the ABS instituted a policy last year that limits the period to achieve certification in general surgery and vascular surgery to no more than seven years following training in the specialty. The seven-year period begins upon completion of training, not when an application for certification is approved. Individuals who do not apply immediately after training will lose exam opportunities.

Up to four opportunities in four years will be offered to pass the General Surgery QE. Up to three opportunities in three years will be offered to pass the General Surgery Certifying CE, immediately following successful completion of the QE. This policy applies to individuals who completed residency in the 2012-2013 academic year or thereafter. For more details, see the full Exam Admissibility Policy at www.absurgery.org.

Resident Assessment Requirement

Applicants for general surgery certification are required to have obtained during residency two operative and two clinical performance assessments. By signing an individual’s application, the program director attests that these four assessments have been completed satisfactorily. The completed assessment forms are not collected by the ABS.

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

Evaluation forms and further details are posted on www.absurgery.org. Programs are strongly encouraged to use either these forms or an equally validated form.

ACLS, ATLS and FLS Requirement

As of July 2009, successful completion of the Advanced Cardiovascular Life Support (ACLS), Advanced Trauma Life Support® (ATLS®) and Fundamentals of Laparoscopic Surgery (FLS) programs became required for certification in general surgery. Program directors are encouraged to plan ahead to ensure residents will complete these programs by the General Surgery QE application deadlines (initial deadline: May 1, 2014; late deadline: June 2, 2014).

For FLS, to make the May 1 deadline, a resident will need to successfully complete the FLS exam by March 21. For the June 2 deadline, the FLS exam must be completed by April 18. Make sure to allow time for retesting, if necessary. Testing appointments can be scheduled up to 90 days in advance. For more details, visit www.flsprogram.org or contact fls@sages.org.

New 7-Year Limit for Certification

In accordance with the ABMS and the other 23 ABMS member boards, the ABS instituted a policy last year that limits the period to achieve certification in general surgery and vascular surgery to no more than seven years following training in the specialty. The seven-year period begins upon completion of training, not when an application for certification is approved. Individuals who do not apply immediately after training will lose exam opportunities.

Sharing of Examination Content Prohibited

Please remind your residents that all ABS exams, including in-training and oral examinations, are protected under federal copyright law. Exam content may not be disclosed or reproduced in any manner, be it verbal or written, as described in the ABS Ethics and Professionalism Policy. We appreciate your help in protecting the integrity of ABS certification.
Evans Elected Vice Chair for 2014-2015

Dr. Stephen R. T. Evans has been named vice chair of the ABS for 2014-2015. He will serve as chair in 2015-2016. Dr. Evans is executive vice president for medical affairs and chief medical officer for MedStar Health in Washington, D.C. In this position, he oversees the medical education, research, clinical quality and risk management initiatives for the system, as well as its academic partnership with Georgetown University School of Medicine. Dr. Evans is also a professor of surgery at Georgetown University. His practice focuses on gastrointestinal surgery, both open and minimally invasive.

A native of Montreal, Dr. Evans received his medical degree from the University of South Florida. He completed a residency in obstetrics and gynecology at Brigham and Women’s Hospital followed by a residency in general surgery at Georgetown University Hospital.

Dr. Evans is currently certified by the ABS in general surgery, and was previously certified by the American Board of Obstetrics and Gynecology. He became an ABS director in 2009 representing the American Medical Association.

Dr. Stephen R. T. Evans, the ABS’ new vice chair elect.

Welcome to Our New Directors

As the ABS welcomes a new group of directors, we offer our sincere appreciation to the following outgoing directors for their years of service to the ABS:

Dr. L. D. Britt – American Surgical Association
Dr. Thomas H. Cogbill – At-Large
Dr. B. Mark Evers – Society of University Surgeons
Dr. V. Suzanne Klimberg – American Surgical Association
Dr. Joseph L. Mills – Society for Vascular Surgery
Dr. John R. Potts III – Southwestern Surgical Congress
Dr. Cameron D. Wright – American Board of Thoracic Surgery

In addition to the new directors profiled on these pages, the ABS welcomes these new members to the following ABS component boards and advisory councils:

- Dr. Erica L. Mitchell and Dr. Daniel G. Clair to the Vascular Surgery Board, both representing the Society for Vascular Surgery.
- Dr. Frederick J. Rescorla (ACS Advisory Council for Pediatric Surgery) and Dr. John H. T. Waldhausen (American Pediatric Surgical Association) to the Pediatric Surgery Board.
- Dr. Peter D. Beitsch (American Society of Breast Surgeons) and Dr. Michael A. Choti (Americas Hepato-Pancreato-Biliary Association) to the Surgical Oncology Board.
- Dr. David A. Spain (Surgical Critical Care Program Directors Society) to the Trauma, Burns and Critical Care Board.

Dr. Stephen R. T. Evans, the ABS’ new vice chair elect.

2014 Exam Application Deadlines

The ABS’ online application process is posted each year in early spring on the ABS website, www.absurgery.org. Applicants are encouraged to begin the process as early as possible. Exam dates for 2014 will be available in late January.

- Surgery of the Hand Exams
  - March 3 – initial deadline
  - March 15 – late deadline

- General Surgery QE, Surgical Principles Exam, Hospice and Palliative Medicine CE
  - May 1 – initial deadline
  - June 2 – late deadline

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

- General Surgery MOC Exam
  - Aug. 1 – initial deadline
  - Sept. 2, Oct. 1, Nov. 3 – late deadlines
Welcome to Our New Directors

Mark S. Allen, M.D.
(American Board of Thoracic Surgery)
Birthplace: Pittsburgh, Pennsylvania
Hobbies: Sking, photography/video, woodworking
College: Allegheny College
Medical School: Hahnemann Medical School
Residency: Massachusetts General Hospital (general surgery and cardiothoracic surgery)
Research/Clinical Interests: Esophageal disease, lung cancer
Current Practice: General thoracic surgery
Academic Appointments: Professor of Surgery, Mayo Clinic College of Medicine
Administrative Titles: Chair, Division of General Thoracic Surgery, Mayo Clinic – Rochester, Minn.
Other Activities: First Vice President, Society of Thoracic Surgery; Examination Chair, American Board of Thoracic Surgery; Board Member; Joint Council on Thoracic Surgery Education; Executive Committee, General Thoracic Surgical Club

Dai H. Chung, M.D.
(Society of University Surgeons)
Birthplace: Seoul, South Korea
Hobbies: Golf, skiing
College: University of Texas at Austin
Medical School: University of Texas Medical Branch, Galveston
Residency: University of Texas Medical Branch, Galveston
Clinical Fellowships: Pediatric surgery, University of Cincinnati
Research/Clinical Interests: Pediatric solid tumors, minimally invasive surgery, neonatal surgery, burns
Current Practice: Pediatric surgery
Academic Appointments: Professor of Pediatric Surgery and Cancer Biology, Vanderbilt University Medical Center
Administrative Titles: Chairman, Department of Pediatric Surgery; Program Director, Pediatric Surgery Residency, Vanderbilt University Medical Center – Nashville, Tenn.
Other Activities: Director, Center of Excellence in Neuroblastoma Research; President, Society of University Surgeons (SUS) Foundation; Past President, SUS

William C. Chapman, M.D.
(American Surgical Association)
Birthplace: Charlotte, North Carolina
Hobbies: Hunting, fishing
College: University of North Carolina
Medical School: Medical University of South Carolina
Residency: Vanderbilt University
Clinical Fellowships: HPB surgery, liver transplantation, Kings College Hospital (London)
Research/ Clinical Interests: Surgical diseases of the liver, biliary tract and pancreas, transplantation, HPB surgery
Current Practice: HPB surgery, especially complex liver and biliary tract procedures, solid organ transplantation
Academic Appointments: Professor of Surgery, Washington University School of Medicine
Administrative Titles: Eugene M. Bricker Chair of Surgery; Chief, Section of Transplantation; Chief, Division of General Surgery; Surgical Director, Transplant Center, Washington University – St. Louis, Mo.
Other Activities: Chair, American Society of Transplant Surgeons’ Business Practice Committee; President, Americas Hepato-Pancreato-Biliary Association

Vivian Gahtan, M.D.
(Society for Vascular Surgery)
Birthplace: Englewood, New Jersey
Hobbies: Cooking, gardening, figure skating
College: Montclair State College
Medical School: George Washington University
Residency: University of South Florida
Clinical Fellowships: Vascular surgery, University of South Florida; endovascular surgery, New York Presbyterian
Research/ Clinical Interests: Intimal hyperplasia, pleiotropic effects of statins, thrombospondin-1 in IH and vascular smooth muscle cell effects
Current Practice: Vascular and endovascular surgery
Academic Appointments: Lloyd S. Rogers Professor of Surgery, SUNY Upstate Medical Univ.
Administrative Titles: Chief, Division of Vascular Surgery and Endovascular Services; Vice Chair, Academic Affairs, SUNY Upstate Medical University. Lead Physician, Vascular Surgery, Syracuse VA Medical Center – Syracuse, N.Y.
Other Activities: Member, VSB-ABS; Past President, Eastern Vascular Society; Various Committees, Society for Vascular Surgery and Association of VA Surgeons; Council Member, ACS NY Chapter

K. Craig Kent, M.D.
(American Surgical Association)
Birthplace: Fallon, Nevada
Hobbies: Children, exercise
College: University of Nevada, Reno
Medical School: University of California, San Francisco
Residency: University of California, San Francisco
Clinical Fellowships: Vascular surgery, Brigham and Women’s Hospital; endovascular surgery, Cleveland Clinic
Research/ Clinical Interests: Vascular biology, carotid and aneurysmal disease, re-admissions
Current Practice: Vascular surgery, with emphasis on carotid and aneurysmal disease
Academic Appointments: A.R. Curreri Professor of Surgery, University of Wisconsin School of Medicine and Public Health
Administrative Titles: Chairman, Department of Surgery, University of Wisconsin Hospital and Clinics – Madison, Wis.
Other Activities: Member, VSB-ABS; Chair, NIH: NHLBI Bioengineering, Technology and Surgical Sciences Study Section; Secretary and Treasurer, Society of Surgical Chairs; Past President, Society for Vascular Surgery

Anne G. Rizzo, M.D.
(At-Large)
Birthplace: Buffalo, New York
Hobbies: Running, sewing, waterskiing, snow skiing
College: Georgetown University
Medical School: SUNY Buffalo
Residency: Tulane University
Clinical Fellowships: Trauma and surgical critical care, Washington Hospital Center
Research/ Clinical Interests: Motor vehicle crashes, domestic violence, cervical vascular injuries, end-of-life care
Current Practice: Trauma, surgical critical care, general surgery
Academic Appointments: Associate Professor of Surgery, Uniform Services University of the Health Sciences; Assistant Professor of Surgery, Howard University and Virginia Commonwealth University
Administrative Titles: Vice Chair of Research and Assistant Program Director, Department of Surgery, Inova Fairfax Hospital – Falls Church, Va.
Other Activities: Member, U.S. Air Force Reserve; Regional Faculty Member, ATLS; Instructor, ASSET, ATOM and DSTS
The ABS welcomes your feedback! Send your ideas and comments about this newsletter to abscomms@absurgery.org.

ABS NEWS – 2013 Issue
The American Board of Surgery
1617 John F. Kennedy Boulevard, Suite 860
Philadelphia, PA 19103-1847
www.absurgery.org

2012-2013 ABS Examination Statistics

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<th>Pass Rate</th>
<th>Diplomates (to date)</th>
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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 under Publications. Copies can be ordered in quantities of 100, 200 or 500.