



**THE AMERICAN
BOARD OF SURGERY**

American Board of Surgery Update

AMERICAN BOARD OF SURGERY

Association of Residency Administrators in Surgery | May 7, 2025 - Seattle

Topics

- EPAs
- 2025 QE
- CE
- Leave Policy / Required Weeks of Training
- Prior ABS Approval
- ABSITE
- Program Portal
- SCORE Update

EPAs

2025 Qualifying Exam

EPAs and the QE

- For the 2024 QE, programs who adopted EPAs,
 - Reduced administrative tasks for programs and applicants,
 - 2024 graduates and PGY-4 applicants were not required to complete GME section
 - Programs completed a “global attestation” for applicants
- With the 2025 QE,
 - The GME sections with clinical/non-clinical rotations no longer required for ***all*** applicants
 - A modified GME section
 - PDs complete a “global attestation” for 2025 graduates and any PGY-4 applicants
 - Electronic attestation sent via email to the program director
 - Graduates prior to 2025 are required to request an individual attestation to be sent to the PD via their portal
- Programs should keep accurate trainee roster records

Modified GME section

- Provide information on any previous general surgery program and upload certificates from previous program(s)
- Upload ABS approval letters for:
 - Extension of training beyond June 30
 - Credit for foreign medical training (1 to 3 years of credit)
 - International rotation (rotation(s) completed outside the U.S)
 - Flexible rotation
 - Six-year option (where 5 years of residency are completed over 6 years)
- Upload AGCME letter approving PGY-4 chief rotations

2025 QE

- OP report and FLS/FES due by June 6 (*ABS requirements: 850 total cases, 200 chief cases, 25 TA cases, and 40 surgical critical care patient management cases*)
 - Defined category numbers = AGCME requirement
- Able to register and schedule Pearson center while application is under review
 - May be rescinded if application is incomplete
- Upload all supporting application documents
- Submit an accommodation request at time of application

2024 QE – Thursday, July 17

- Encourage your residents: Apply and Register early!
- Exam centers have limited capacity; will likely fill up well before exam, particularly in urban areas
 - Delays = may result in travel to a more distant center
- Applicant responsibilities
 - Monitor portal for updates
 - Access exam authorization letter to schedule Pearson center

Exam Structure

- 4 exam sessions of 115 minutes
 - Unable to review or change answers once a session has ended
- A scheduled break may be taken after each section
- A break “bank” of 70 minutes
 - Manage/decide how much break time is used (if any) between exam sessions
 - Unused exam time from previous exam session will be added to the break bank
 - Pearson VUE does not monitor break time

Testing Accommodations - QE

- ADA accommodation— learning differences and ADHD
 - Formal request with comprehensive report from qualified professional
 - Double exam time; exam administered over 2 days
 - Separate quiet room; not all Pearson centers have a separate room
- Lactation Accommodation: have an additional 60 minutes added to the break bank (a total of 130 minutes of break time)
- Pregnancy Accommodation: frequent breaks with an additional 15 minutes of exam time for each of the 4 exam sessions
- Other Medical Conditions such as, but not limited to
 - Glucose monitoring supplies, water, snacks, and/or medication

FLS / FES

- FLS / FES: **required** for 2025 QE application to be approved
 - Note: your current PGY-4 residents are exempt
 - Their applications are formally approved in their chief year
 - Should be completed earlier in training, preferably by the PGY-2
 - Not as check off at the end of training

Post-Residency – Vascular Surgery Fellowship

- To apply for vascular surgery certification following a 2-year fellowship, applicants must have:
 - An ***approved*** general surgery QE application with the ABS
 - Meeting all requirements for general surgery, including:
 - FLS and FES certification
- Do not need to take the general surgery QE and CE
 - May independently obtain general surgery certification
- Encourage your chief residents to apply to this year's QE

PGY-4 Applicants to the QE

QE After PGY-4

- Must have program director recommendation for application access
 - Programs to submit names of PGY-4 residents by March 1
- Case log submitted in June of chief year
 - Chief cases not required at time of application
- Counts as one of the four exam opportunities for the QE
- QE results included in program's 3-year summary reports
- May **not** take CE early
 - May only take CE after successful completion of residency as attested by program director

PGY-4 Applicants

- QE application submitted as a PGY-4 is *contingently* approved
- For application to be formally approved, all PGY-4 applicants must submit supplemental application materials during the chief year:
 - Updated case log
 - Any ABS approval letters received during the chief year
 - FLS/FES if not previously submitted
- Both PDs and applicants must submit two attestations, one when applying as PGY-4 and again as chief resident
- QE application must be approved before able to register for the CE

Certifying Exam

Registering for Certifying Exam

- Select/register for CE at the time QE results are posted to candidate portal
 - Must pass QE to register for CE
- Results of July 17, 2025 QE will be available approximately 4 to 6 weeks following the exam
 - About mid- to late August 2025
- A full and unrestricted medical license is required to **register** for the CE
 - This does not mean having a full and unrestricted medical license by the time a candidate takes the CE
 - Either in November 2025 or March 2026

CE – Format

- Exam will be virtual via Zoom
 - Three sessions of 30 minutes
 - Must report 30 minutes prior to first session for check-in with proctor
- Prior to the exam
 - Mandatory Attendance at a Candidate Technology Briefing
 - Must be completed in the same physical location and with same equipment as on exam day
- Most common cause of technical failure: internet connection on the candidates' end
 - Less than 1%

Leave Policy & Required Weeks of Training

ABS Family Leave Policy

- An additional ***four weeks*** off is permitted twice in training:
 - Once in the first three years
 - Once in the last two years
- Documented leave for:
 - New child (birth/adoption)
 - Seriously ill family member (child, spouse, parents)
 - Resident's own illness
 - Bereavement

Training Time – Added Flexibility/Averaging

- 48 weeks of full-time clinical experience each year
 - Other 4 weeks are considered non-clinical such as
 - Vacation / Meetings / Conferences / Early departure for fellowship
- Without family leave, training must average
 - 144 weeks in first three years / 96 weeks in last two years
- With family leave, training must average
 - 140 weeks in first three years / 92 weeks in last two years

Non-Clinical Time

- 4 weeks of regular non-clinical time used for vacations, conferences, interviews, early departure for fellowship, etc.
- 4 weeks of leave time
 - Total of 8 weeks of non-clinical time
 - Preserving some non-clinical time for other uses, such as vacation time

ABS Approval Letters

Prior ABS Approval

- Must be requested by the program director on resident's behalf
 - Allow a minimum of 3 to 4 weeks for processing
- Extensions of Training Beyond June
 - Either for a medical leave or other off-cycle training
- International Rotations
- Flexible Rotations
- Six-Year Option
- Credit for Foreign Training
- **ABS approval letter added to applicant/resident record**

Leave Policy and Chief Experience

- 48 weeks of chief experience remains an application requirement
- Chief rotations may be completed in PGY-4 with prior ACGME approval
 - Requests are submitted to the ACGME
- Approval of PGY-4 chief rotations submitted
 - With your residents' QE application; upload via the GME section
 - With programs' written requests for events that occur in a resident's chief year as such:
 - Extension of Training
 - International or Flexible Rotations

Extending Chief Year

- With ***advance approval***
 - Extend training through end of August
 - Extension of training may occur for a variety of reasons and is not limited to family leave
 - Apply as PGY-4 – if chief year is extended beyond August 31
- Take that year's QE
- Final attestation letter from PD is required:
 - When your resident completes training
 - Before you resident can selection a CE assignment
 - If training is completed beyond August 31, registration for CE will be dependent upon available spots in the exams
 - May need to wait until the next academic year

Six-Year Option

- Complete 5 clinical years over 6 academic years
 - Not applicable when dedicated year(s) of research or for the completion of a fellowship are completed while in residency
- Training in a single program
- May take up to 12 months off, with prior ABS approval
 - Uploads this letter in GME section
- Used for any purpose, including but not limited to
 - Medical, maternity, family leave
 - Volunteerism
 - Educational opportunities

Flexible Rotations

- Customize up to 12 months of rotations in the last 36 months of training
- Must meet all application requirements
 - 48 weeks of chief rotations in the content area of surgery
 - If flex rotation is in chief year and is **not** in content area of surgery:
 - **Must** include ACGME approval of PGY-4 chief rotations for the ABS to consider the request
 - The ABS does not need to separately approve PGY-4 chief rotations
 - Your residents upload this approval letter in the GME section

International Rotations

- ABS now accepts rotations of 2 weeks in length
- If rotation is completed during chief year, request *must* include
 - ACGME approval of a PGY-4 chief rotation
- Request will not be considered without this approval
- Your resident uploads this letter in the GME section

ABSITE

ABSITE – Data Forensics – Caveon Test Security

- Every resident's answers are compared to every resident who took the ABSITE
 - Performance on new vs. used questions
 - Response time
 - Item visits
 - A shared history: even if matches are from different programs
- Identifies irregular behavior where likelihood of a match occurring randomly is less than ~ 1 in 31.5 million

Exam Irregularities

- When an irregularity or a security violation occurs:
 - PD notified of individuals involved and asked to investigate
 - **All** results withheld pending outcome of investigation
 - Flagged results of **all parties involved** withheld permanently as “not reliable”
 - Inform your residents of the consequences
 - Subsequent offense: may result in exam held at Pearson VUE with all add’l expenses paid by the program
 - Any disciplinary actions: at program director’s discretion

Irregularities - 2025 ABSITE

- For the second time in three years, an exam copyright infringement occurred with this year's ABSITE
- Some possible changes being considered by the ABS are:
 - Beginning with 2027 ABSITE and thereafter, the ABSITE would have all new questions
 - An increased and ongoing effort by the ABS volunteer exam writers and exam development and psychometric staff
 - Increase of the per exam cost for programs
 - Shortening the current 5-day window for all programs

2026 ABSITE

- 2026 ABSITE – Friday, Jan. 30 to Tuesday, Feb. 3
 - Fee – \$100 per exam
- Pre-registration of all examinees
- ABSITE order form pre-populated with trainee roster data
 - Error on order form = an error on your trainee roster

2026 ABSITE

- ABSITE is open to:
 - Trainees in a clinical position
 - Trainees currently in research/lab year(s)
 - Trainees hosted from another ACGME-accredited program
 - Former residents (either prelim or categorical) and who left residency no more than 24 months ago
- ABSITE is not open to faculty
- A scheduled, **optional**, 45-minute break during the exam
 - Available to all residents, including for those who are lactating and may not require an accommodation of extra exam time

ABSITE Order Form Includes:

- Name of ***all*** examinees
- Clinical Level or Non-Roster Trainee
- Host program – must be an ACGME general surgery program
- Testing Accommodations (time and a half 1.5x/double time 2x)
 - **Offered by the Program and noted when placing your order**
 - ☐ Not a guarantee of accommodation on QE
 - ☐ Additional exam time may not be needed for lactating residents as 45-minute break between exam session is an option

ABSITE Registration Codes

- Unique to each resident
 - Includes resident name, clinical level, accommodations, host exam site if applicable
- Not transferrable
- Order form = **final exam data** (not trainee roster)
 - *name and clinical level as listed on order form will appear on results*
- Corrections to name/clinical levels are not accepted:
 - Once exam window has started
 - After exam has concluded
 - Once results are provided to program

Changes to ASBITE Order

- Minimum of two business days to make change
 - No same day changes
 - No changes once the window opens
 - No changes after completion of the exam
 - No changes once results are posted
- \$350 fee per change

ABSITE – Check Readiness Tasks

- ITS reported several programs with connectivity issues
 - Run System Check
 - does device meet minimum system requirements?
 - Launch Secure Browser
 - are there programs (.exe) running in background that prevent the launch of browser?
 - Evaluate Network/Test Simulation
 - how many devices running at same time on same network? Laptops vs. desktops?

ABSITE Results

- **Only** parent program will receive the results
 - Once fee is paid in **full** and seating chart is received
 - Will **not** discuss with residents; **referred** to program
 - Results: pdf files to be saved to your records
 - **Individual score reports not retained**; keep only summary reports with all residents listed
 - Transcripts *are not available to residents or any third party*
 - Encourage your residents to save their reports to their personal files

Program Portal

Program ABS Program Portal

- Program Log-in
 - **Shared** by Program Director and Program Administrators(s)
 - Changes annually for the academic year
 - Retain/save in your records
- Program Documents
 - Program QE/CE Performance Reports
 - QE letters for candidates
 - Letters beginning with 2022 graduates remain on portal
 - ABSITE Results
- Trainee Roster
- ABSITE Order Form
- A new Program Portal is coming!



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! We anticipate that results from the March 2024 ABS General Surgery Certifying Exam will be available by April 12.

Surgeon Log In

Program Log In

AMERICAN BOARD OF SURGERY

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The American Board of Surgery serves patients, society, and the specialty of surgery by providing leadership in surgical education and practice.

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Learn More

Trainee Roster

- Quickest path to the least stressful ABSITE and QE
 - Accurate rosters
 - ***All information is provided and verified by the program (not the ABS)***
 - ***ALL fields are editable - make corrections!***
 - Notify ABS of name changes
- Roster is the *foundation* for
 - Access to the 2026 QE application
 - Each resident must be listed ***as a level 5 and completing in 2026*** to have access to next year's QE
 - No QE letter = listed incorrectly on roster
 - ABSITE
 - Not on order form = not listed on trainee roster
 - Adding resident to order will **NOT** add resident to trainee roster

Program Documents

» For Residency & Fellowship Programs

[Program Pass Rates](#)

[Update Program Contact Information](#)

Program Documents

[2025 In-Training Exams](#)

Program Documents

Communications and Reports from ABS

Filter by Year of Last Update:

All Documents

All Documents

2025

2024

2023

2022

2021

 2024-2025 General Surgery Qualifying Examination - Planning Ahead.pdf

12/19/2024

 ITS Minimum System Requirements for 2023 In-Training Exam.pdf

10/06/2022

 2024 GQE Overview for Program Directors and Program Administrators.pdf

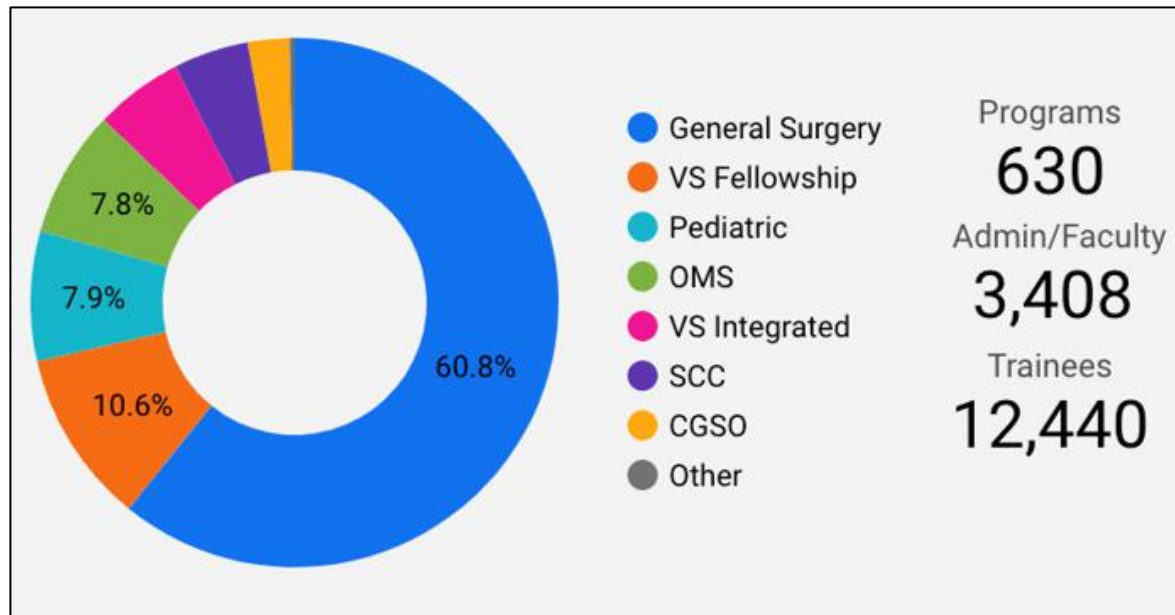
04/12/2024

 2025 ABSITE Results Interpretation Guide.pdf

02/18/2025

The Surgical Council on Resident Education (SCORE) Update

SCORE



Curriculum	Start Date	# Modules	# MCQs
SCORE General Surgery	2008	458	2296
SCORE Pediatric Surgery	2013	120	424
SCORE Vascular Surgery	2015	140	1493
SCORE Surgical Oncology	2017	104	285
SCORE Surgical Critical Care	2017	119	687
SCORE Oral and Maxillofacial Surgery	2018	85	315
SCORE Endocrine Surgery	2024	34	89

SCORE

- Specialties
 - General Surgery
 - Vascular Surgery
 - Oral and Maxillofacial Surgery
 - Surgical Critical Care
 - Pediatric Surgery
 - Complex General Surgical Oncology
 - Endocrine Surgery
- Levels:
 - Common
 - Uncommon
 - Fellowship
 - EPA

Your Personal Progress

Incomplete Modules

Completed Modules

Specialties

General Surgery	459
Vascular Surgery - Fellowship Level	262
Vascular Surgery - Integrated	261
Oral and Maxillofacial Surgery	154
Surgical Critical Care - Fellowship Level	135
Pediatric Surgery - Fellowship Level	111
Complex General Surgery Oncology - Fellowship Level	109
Endocrine Surgery - Fellowship Level	34

⊕ More Filters

1071 Results

Diaphragm Injury and Repair (Surgical Critical Care/Fellowship Level)

🎯 FELLOWSHIP Last Updated April 29, 2025

Care of the Surgical Patient Near the End of Life

🔵 COMMON 🌐 EPA Last Updated April 25, 2025

Cardiac Injury and Repair (Surgical Critical Care/Fellowship Level)

🎯 FELLOWSHIP Last Updated April 24, 2025

Peritoneal Dialysis Catheter Placement (Vascular/Fellowship Level)

🎯 FELLOWSHIP Last Updated April 24, 2025

Surgical Management of Skin and Soft Tissue Lesions

🔵 COMMON 🌐 EPA Last Updated April 24, 2025

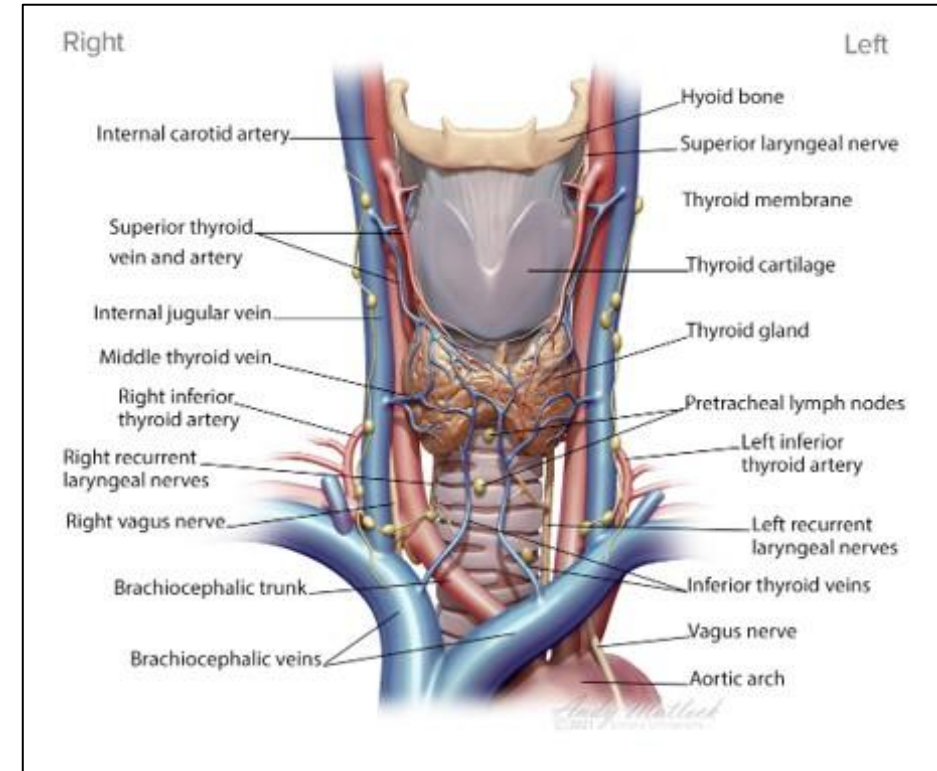
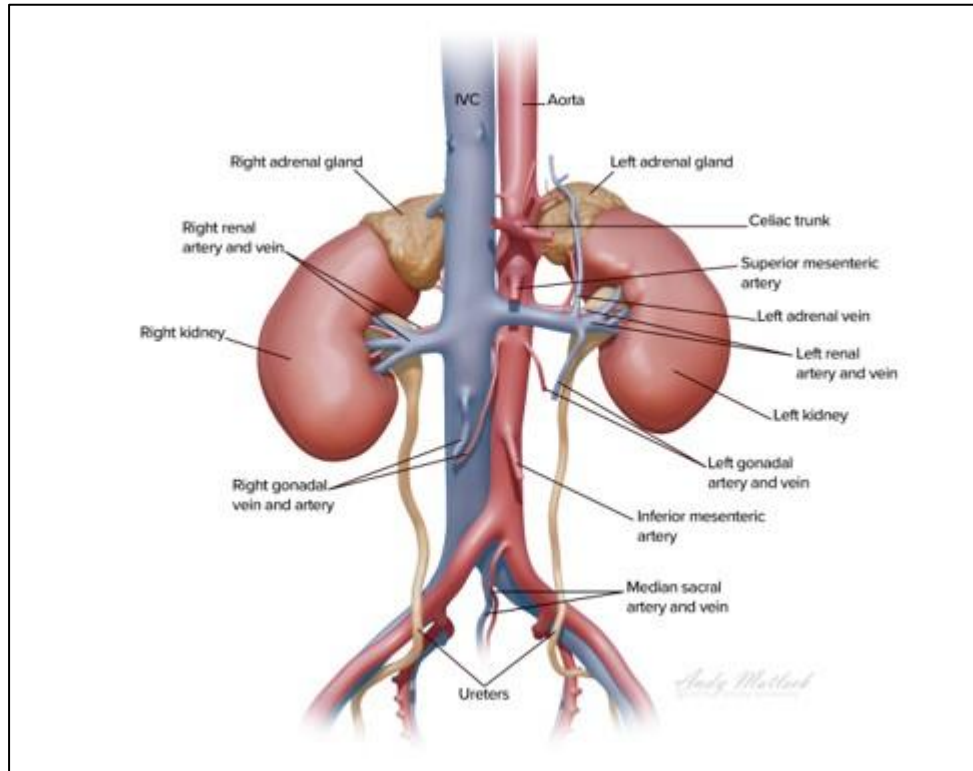
Management of Bile Duct Cancer

🔴 UNCOMMON Last Updated April 23, 2025

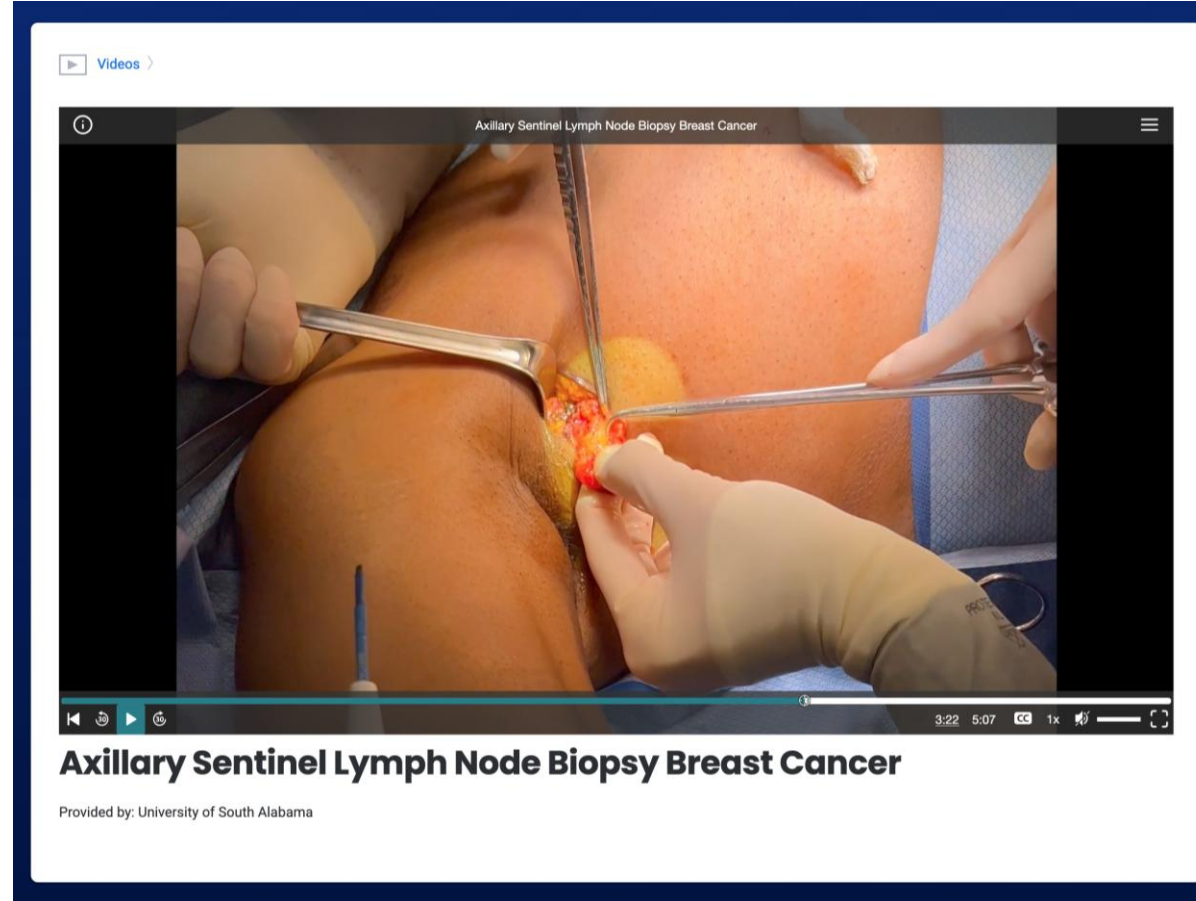
Management of Bile Duct Neoplasms

🔴 UNCOMMON Last Updated April 23, 2025

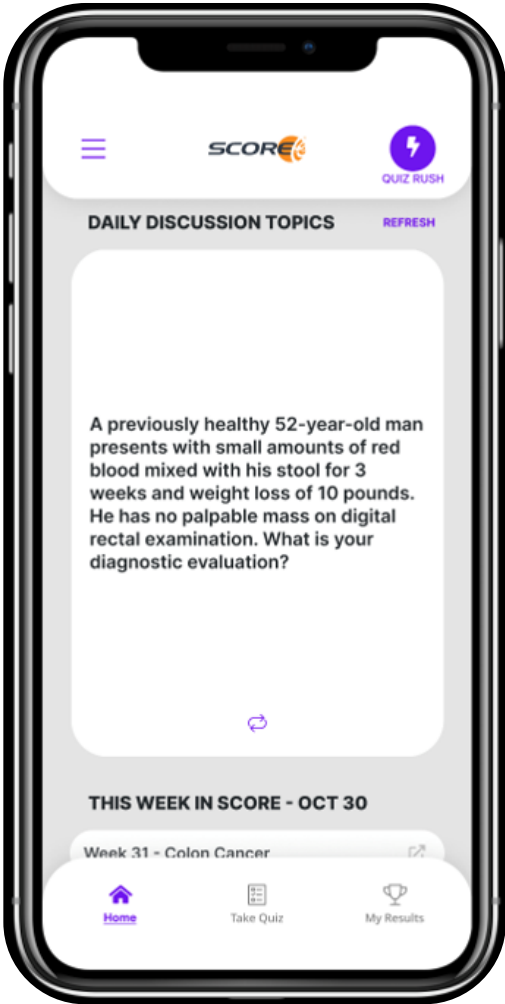
SCORE Illustrations from Emory University



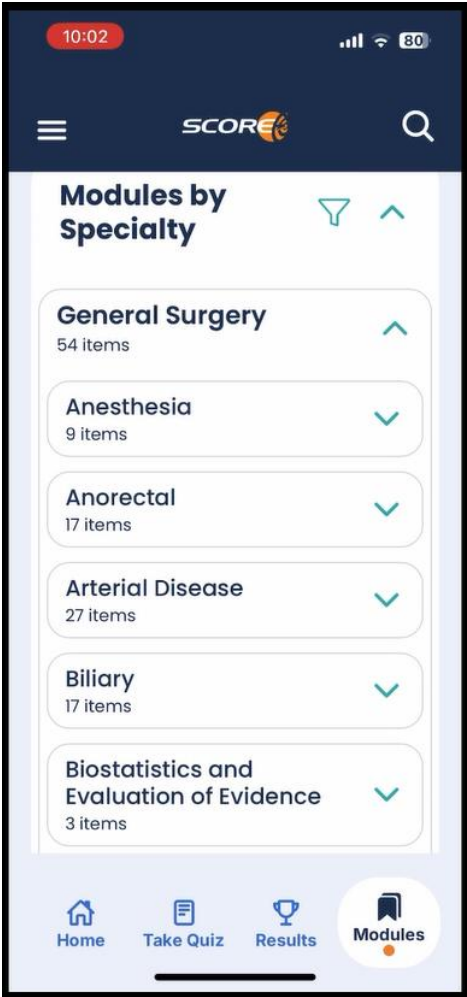
SCORE Operative videos from University of South Alabama



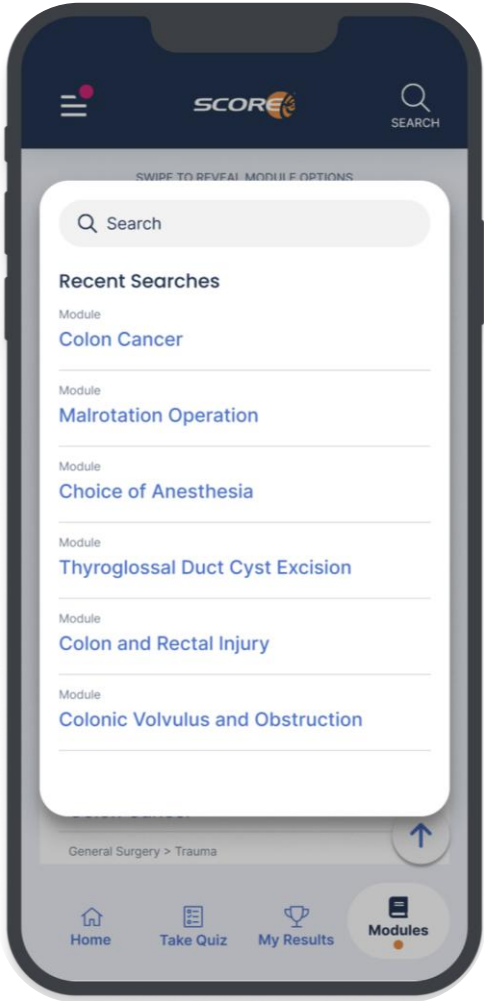
SCORE Mobile Application



MCQs

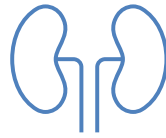


Modules



Search

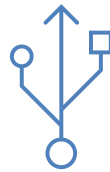
SCORE New Curricula



- Endocrine Surgery



- Military Readiness



- Informatics



- International Surgery

SCORE Technology & Multimedia



EPA Integration



Radiology Rounds (Dartmouth)

Questions???

- <https://www.absurgery.org/contact/>