Re: 2016-2017 Update to General Surgery Residency Programs

Dear Program Director:

With the 2016-2017 academic year underway, the American Board of Surgery would like to update you on new developments and highlight some existing policies related to certification in general surgery.

2017 General Surgery Qualifying Examination
The next General Surgery Qualifying Examination (QE) will be held on Thursday, July 20, 2017.

- Initial Application Deadline: Friday, April 14
- Late Application Deadline: Monday, May 15

Please note that residents are not required to meet RRC-Surgery defined category minimums at the time of application. QE applicants must only meet ABS operative case standards, which require at least 750 total cases as surgeon, including 150 cases in the chief year. In addition, we require 25 operative cases as teaching assistant, and 25 cases in surgical critical care with at least one case in each of the seven categories.

The ABS also requires certification in Advanced Cardiovascular Life Support (ACLS), Advanced Trauma Life Support® (ATLS®) and Fundamentals of Laparoscopic Surgery® (FLS®). Applicants are not required to be currently certified in these programs; they only must provide documentation that certification was previously achieved. Please encourage your residents to plan ahead so certification in these programs is obtained in time.

Testing Center Accommodations
Please make your residents aware that they should notify the ABS office at the time of application to the QE if they will need accommodations at the testing center due to learning disabilities or medical-related conditions, such as injury, breast feeding, diabetes, etc. We will then work with Pearson VUE to make suitable arrangements.

Taking the QE After PGY-4
We will permit residents who will successfully complete their PGY-4 year in June 2017 to apply for and take the 2017 QE. All current application requirements must be met, including the requirements outlined above for operative cases (750 total, 150 chief, 25 TA and 25 SCC) and for certification in ACLS, ATLS and FLS.

Upon completion of residency, these applicants will be required to submit information regarding their PGY-5 year, including rotations, non-clinical time and operative cases. The program director will also need to attest to this information and to the satisfactory completion of the entire residency experience. Residents will not have any status with the ABS and will not be admissible to the Certifying Exam (CE) until the ABS has verified the satisfactory completion of general surgery training. See Taking QE After PGY-4 on our website for more details.

ABS Flexible Endoscopy Curriculum
Completion of the ABS Flexible Endoscopy Curriculum will be required of applicants to the QE who will complete residency in the 2017-2018 academic year or thereafter.

The curriculum is available as a PDF document at www.absurgery.org. It contains five levels; for each level, there are a variety of suggested resources. The suggested resources include modules on the SCORE® Portal (www.surgicalcore.org); programs who use the SCORE Portal can track residents’ progress on these modules through the Residents’ Personal Progress Report. Programs are encouraged to take advantage of the resources already present at their institution for endoscopic training. Purchase of a simulator is not necessary.

Curriculum Progress Tracking
To help ensure completion of the curriculum, the ABS is tracking each resident’s progress through our online resident roster system. It is expected that:
- Level I will be completed in PGY-1 or PGY-2
- Level II will be completed in PGY-1 or PGY-2
- Level III will be completed in PGY-2 or PGY-3
- Level IV will be completed in PGY-3 or PGY-4
- Level V will be completed by the end of PGY-4 or early PGY-5

**FES Certification**

Level V of the curriculum includes successful completion of *Fundamentals of Endoscopic Surgery™ (FES)*. Evidence of FES certification will be required when applying for ABS certification. The FES didactic materials are available without charge at [www.fesdidactic.org](http://www.fesdidactic.org). Residents should plan ahead to allow time for FES testing and possible retesting. Purchase of a simulator is not necessary to prepare. See [www.fesprogram.org](http://www.fesprogram.org) for more details.

It is highly encouraged that residents complete all other requirements in the ABS Flexible Endoscopy Curriculum before seeking FES certification.

**New Case Minimums as of 2017-2018**

This past spring the defined category case minimums for general surgery residency were updated through a collaboration of the ABS, APDS and RRC-Surgery. The *new defined category minimums* (pdf) have been approved by the RRC-Surgery for implementation effective with residents graduating in the 2017-2018 academic year.

The ABS will correspondingly change our training requirements effective with general surgery residents completing residency in 2017-2018: The minimum number of total operative procedures will increase from 750 to **850**; the minimum number of chief year operative procedures will increase from 150 to **200**; and the minimum number of cases in surgical critical care patient management will increase from 25 to **40**.

**PGY-4 Applicants:** Note that PGY-4 applicants to the 2017 QE will be required to meet the operative requirements currently in effect, not the increased numbers described above.

**Clinical vs. Non-Clinical Time**

The ABS requires **48 weeks of full-time clinical experience** in each year of residency. The remaining four weeks of the year are considered non-clinical time that may be used for any purpose. While the ABS considers the 48-week requirement to be of the utmost importance in developing fully-trained surgeons, options are available to provide programs and residents with some flexibility in meeting this requirement.

- The 48 weeks **may be averaged** over the first three years of residency, for a total of 144 weeks required, and over the last two years, for a total of 96 weeks required. Thus non-clinical time may be reduced in one year to allow for additional non-clinical time in another year.
- Residents completing a research year have the option of returning to clinical activity early to meet the above requirements if extended periods of leave have been necessary.
- The ABS will permit, with advance approval, applicants to extend their final year of training through the end of August. In these cases, upon the applicant’s completion of training, a letter of attestation will be required from the program director stating that the individual has met ABS requirements. The attestation letter must be received by the ABS before QE results will be made available and selection of a CE site will be permitted.
- The ABS also permits, with advance approval, the five clinical years of residency to be completed over a six-year period. All training must be completed at a single program.
- For documented medical conditions, including pregnancy and delivery, that directly affect the resident (i.e., not family leave), a resident may take an additional two weeks off during the first three years of residency, for a total of 142 weeks, and an additional two weeks off during the last two years of residency, for a total of 94 weeks. No approval is needed if leave is taken as outlined; however all other cases will require prior approval.

In addition, programs must notify the ABS in writing in all cases where a resident will not complete the chief year by June 30, regardless of the reason. This should be done as soon as the situation arises.

Refer also to our [Leave Policy](http://www.abs.org) on our website under Training & Certification > General Surgery > Related Policies.
Three-Program Limit
Please note that the ABS requires the five years of general surgery residency training to be completed at no more than three residency programs. In applying this rule, the ABS counts only the five specific clinical years (PGY 1-5) that constitute an applicant’s full residency training. If a resident completes two years at the same level at different programs (e.g., PGY-1), only one of these years will count toward the required residency training, and only one of these programs will be included in the three-program limit.

In addition, all residents must complete a PGY-3 year; the sole exception is cases where three years’ credit has been granted for prior foreign training. Please refer to the full policy at www.absurgery.org.

250 Cases by End of PGY-2
The ABS, in concert with the RRC-Surgery, requires applicants for general surgery certification who began residency in July 2014 or thereafter to have performed 250 operations by the conclusion of their PGY-2 year. Cases will be tracked through the ACGME case log. The 250 cases can include procedures performed as operating surgeon or first assistant. Of the 250, at least 200 must be either in the defined categories, endoscopies, or e-codes. A maximum of 50 non-defined category cases may be applied to this requirement. The 250 cases must be completed over two consecutive residency years, ending with the PGY-2 year.

Deadline for Foreign Training Credit Requests
Requests for more than one year of credit for previous foreign graduate medical education must be submitted by March 15. This deadline allows time for review by the ABS Credentials Committee in order to provide program directors with a decision by May 1. Requests should be submitted to the ABS office only once all required documentation is available.

Requests for one year of credit may be approved at any time by the executive director of the ABS, whereas requests for more than one year of credit must be approved by the ABS Credentials Committee. Program directors should make the request for credit only after having observed the individual for at least six months. Residents must also take the ABS In-Training Examination (ABSITE®) before credit may be requested. Requests must be sent by mail or fax to the ABS office with all required documentation. Please see the full policy at www.absurgery.org for further details.

Full Medical License Required for CE
Please impress on your residents that they will be required to have a full and unrestricted medical license (U.S. or Canada) to register for the Certifying Exam. They should allow several months for the licensure process. Temporary, limited, educational or institutional licenses will not be accepted, even if they are in a fellowship.

2017 ABSITE
The 2017 ABSITE will be given as a single examination to all residents from Jan. 27 to Jan. 31, 2017. Order information and further details will be sent to programs later this fall.

Letter Required for All Official Requests
Please note that all requests regarding training, credit for foreign training, J-1 visa authorizations, etc., must be sent by mail or fax on official letterhead to the ABS office—no emails. This will ensure your request is received, recorded and tracked by ABS staff. Official approvals or denials from the ABS will always be sent via U.S. Mail.

We kindly request your assistance in making your faculty and residents aware of this information as appropriate. Please direct any questions regarding the above information to the ABS office at 215-568-4000 or gsqe@absurgery.org. Thank you for your cooperation and best wishes for the year ahead.

Sincerely,

Frank R. Lewis Jr., M.D.
Executive Director
cc: Program coordinator via email