2017


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www.abos.org
## 2017 ABOS Subspecialty Certificate in Surgery of the Hand Timeline

### October 1, 2016
Applications are available online at www.abos.org

### February 1, 2017
Deadline for online submission of application, case list (*initial certification only*), required documents and $450 application and credentialing fee.

### February 15, 2017
Late deadline for submission of application, case list (*initial certification only*), required documents, $450 application fee plus $350 late fee

### April 2017
Credentials committee meets to determine admissibility. Notification of admission is posted online.

### May 15, 2017
Deadline for submission of the $1,400 examination fee.

### June 2017
Scheduling permits available online to diplomate’s password protected portal.

### September 12, 2017
**Initial Certification** – Examination administered at Prometric Testing Centers

### September 12 – 25, 2017
**Recertification** – Examination administered at Prometric Testing Centers

### November 2017
Examination results are posted on diplomate’s password protected portal

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*The ABOS reserves the right to make changes in its rules and procedures for its examination and certification at any time and without prior notice. These rules and procedures supersede all rules and procedures prior to August 1, 2016.*
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IMPORTANT: The enclosed Rules and Procedures are specific to the examination required for the initial Subspecialty Certificate in Surgery of the Hand AND the recertification of a Subspecialty Certificate in Surgery of the Hand for those diplomates with a time-unlimited general certificate ONLY.

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I.

INTRODUCTION

General Information

In 1982, the American Board of Orthopaedic Surgery, the American Board of Plastic Surgery, and the American Board of Surgery were asked by the American Association for Hand Surgery and the American Society for Surgery of the Hand to consider special recognition of diplomates of these boards who had demonstrated special qualifications in surgery of the hand. An ad hoc committee was formed that included representatives from the three boards and the two societies. In 1984, the ad hoc committee was reorganized as a joint committee and empowered by the boards to explore further the feasibility of a certification process. The joint committee recommended that the three boards apply to the American Board of Medical Specialties for authorization to offer a Certification of Qualifications in Surgery of the Hand. The authorization was granted to each of the three boards in 1986 and the first examination was administered in 1989. The name was changed later to Subspecialty Certificate in Surgery of the Hand.

The American Board of Orthopaedic Surgery is not an educational institution, and the Subspecialty Certificate in Surgery of the Hand is not to be considered a degree. Nor does it confer legal privileges or license to practice medicine or the specialty of hand surgery. Standards of certification are clearly distinct from those of licensure. The possession of a Subspecialty Certificate in Surgery of the Hand does not indicate total qualifications for practice privileges nor does it imply exclusion of others not so certified. There is no requirement or necessity for a diplomate of the American Board of Orthopaedic Surgery to hold a Subspecialty Certificate in Surgery of the Hand in order to be considered qualified to include aspects of hand surgery within the practice of orthopaedic surgery. Under no circumstances should a diplomate be considered unqualified to practice within an area of a subspecialty solely because of lack of subspecialty certification. The American Board of Orthopaedic Surgery has never been concerned with measures that might gain privileges or recognition for its diplomates in the practice of surgery of the hand or in the practice of orthopaedic surgery. It is neither the intent nor the purpose of the Board to define requirements for membership in any organization, the staff of any hospital, or who shall or shall not perform surgery of the hand.

The Subspecialty Certificate in Surgery of the Hand is for Board-certified orthopaedic surgeons who have demonstrated qualification in hand surgery or microvascular surgery beyond those expected of other orthopaedic surgeons by virtue of additional training and a practice characterized by volume and diversity of cases in hand surgery, or have made significant contributions to this field.

PLEASE NOTE: A Subspecialty Certificate in Surgery of the Hand is valid only when held in conjunction with a current general certificate issued by the American Board of Orthopaedic Surgery.
II.

REQUIREMENTS FOR TAKING THE SUBSPECIALTY CERTIFICATE IN SURGERY OF THE HAND EXAMINATION

1. The applicant must be a Diplomate of the American Board of Orthopaedic Surgery and have been in the active practice of surgery of the hand for at least two years, in the same location, following the completion of any formal education.

2. The applicant must have a currently-registered, full and unrestricted license to practice medicine in the United States, a United States jurisdiction, or a Canadian province or be engaged in full-time practice in the United States Federal Government, for which licensure is not required.

3. The applicant must demonstrate professional competence and adherence to acceptable ethical and professional standards. The applicant should not publicize him or herself through any medium or form of public communication in an untruthful misleading or deceptive manner. It is the responsibility of the applicant to provide documentation that he/she is an ethical and competent practitioner.

4. A reduction, restriction, suspension, termination, or resignation at the request of a hospital of all or any portion of an applicant’s surgical staff privileges, or pending action to do so, will normally result in a deferral until such action is finally resolved and the applicant’s practice has stabilized sufficiently for it to be evaluated.

5. An applicant will be rendered ineligible for the Subspecialty Certificate in Surgery of the Hand examination by limitation, suspension or termination of any right associated with the practice of medicine in any state, province or country due to violation of a medical practice act or other statute or governmental, regulation; to disciplinary action by any medical licensing authority; by entry into a consent order; by voluntary surrender while under investigation; by suspension of licensure, or by loss of board certification. Entry into and successful participation in a non-disciplinary rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority shall not, by itself, disqualify an applicant from taking a certification examination.

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6. The applicant must be actively engaged in the practice of surgery of the hand as indicated by holding full operating privileges in a hospital or surgery center approved by the Joint Commission on Accreditation of Health Care Organization.

7. **Initial Certification:** An applicant must have satisfactorily completed a one-year fellowship in surgery of the hand, which is accredited by the Accreditation Council for Graduate Medical Education.

8. **Initial Certification:** The applicant must submit lists of cases of surgery of the hand managed during a consecutive 12-month period within the two years preceding application. Surgery of the hand includes only those procedures performed on the upper extremity distal to the elbow. The case list must include at least 125 cases fulfilling at least five of the following categories. The number in the right-hand column indicate the minimum number of cases to qualify a candidate as one of the required five categories. (Note: for a definition of “managed” as pertaining to cases of surgery see Section VIII)

<table>
<thead>
<tr>
<th>Category</th>
<th>Minimum Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone and joint</td>
<td>20</td>
</tr>
<tr>
<td>Nerve</td>
<td>20</td>
</tr>
<tr>
<td>Tendon and muscle</td>
<td>20</td>
</tr>
<tr>
<td>Skin and wound problems</td>
<td>14</td>
</tr>
<tr>
<td>Contracture and joint stiffness</td>
<td>10</td>
</tr>
<tr>
<td>Tumor</td>
<td>10</td>
</tr>
<tr>
<td>Congenital</td>
<td>3</td>
</tr>
<tr>
<td>Microvascular</td>
<td>3</td>
</tr>
<tr>
<td>Non-operative</td>
<td>4</td>
</tr>
</tbody>
</table>

* Non-operative cases are those which require significant evaluation, such as pain problems. No more than six non-operative cases will be accepted.

9. Applicants who do not fulfill the practice requirements may petition the Credentials Committee of the Board for individual consideration. This consideration will take into account other contributions and dedication to the discipline of surgery of the hand such as teaching, publication, administration, and research.

10. The applicant must submit the prescribed application form and all specified supporting documents pertaining thereto and pay the established fees.

11. The applicant must pass any and all examinations prescribed by the American Board of Orthopaedic Surgery.
III.

PROCEDURE FOR APPLICATION

Information regarding the dates for the Subspecialty Certificate in Surgery of the Hand applications is listed on the Board's website: www.abos.org. Application dates may be changed at the discretion of the Board. Confirmation of published application dates can be obtained from the Board office.

A. Application

1. The application form for the Subspecialty Certificate in Surgery of the Hand is available online beginning on October 1st of the year prior to the examination year. The deadline to apply is February 1st of the examination year.

2. To apply for the examination for the Subspecialty Certificate in Surgery of the Hand, go to the ABOS’s website (www.abos.org), login to your password protected portal and click the “Hand” tab.

3. An approved application will be valid only for the examination year in which the application was approved. If a candidate is unsuccessful, the candidate may repeat the examination by submitting a new application form and again being granted admission.

B. Notifying the Board of application changes

1. It is the responsibility of all applicants to notify the Board office of any change of address, practice association, or hospital affiliation.

2. If an applicant changes practice location or practice association or acquires new hospital staff affiliations, new references will be solicited by the Board.

3. An applicant is also required to notify the Board of the denial of any request for hospital privileges; of any action to restrict, suspend, or terminate all or any portion of surgical staff privileges; of any request by a hospital to resign all or any portion of surgical staff privileges; and of any action by a governmental agency which would result in the restriction, suspension, or probation of the applicant’s license or any right associated with the practice of medicine, including the entry into a non-disciplinary rehabilitation or diversionary program for chemical dependency whether by order or consent decree by the Board.

applicable medical licensing authority or on a voluntary basis.

C. Examination

The examination for the Subspecialty Certificate in Surgery of the Hand is developed and administered by the American Board of Orthopaedic Surgery, the American Board of Surgery, and the American Board of Plastic Surgery. This is a four-hour examination consisting of approximately 175 multiple choice questions designed to evaluate the candidate’s cognitive knowledge relevant to surgery of the hand.

No diplomate will be admitted to the examination until the Board has determined that the specified requirements have been met, reviewed all supporting credentials, and approved the application.

D. Rules Governing Admissibility to the Examination

An applicant is admitted to the examination only when he or she has satisfactorily fulfilled current requirements and the Board has approved his or her application. Each candidate will be authorized to take the examination no more than three times within five years. If the candidate is unsuccessful for a third time, additional requirements will be prescribed that must be fulfilled before the candidate can be readmitted to the process. These requirements will include, but may not be limited to, a remedial program of at least six months. This must be agreed to in writing by preceptor and preceptee, and approved by the American Board of Orthopaedic Surgery. Submission of a new application and payment of examination fees are required each time the candidate wishes to take the examination.

The Board, on the basis of its sole judgment, may grant or deny a candidate the privilege of examination whenever the facts are deemed by the Board to so warrant.

Applicants who are admitted will receive written notice of admission to the examination and a request for the examination fee. The deadline for receipt of the $1,400 examination fee is May 15, 2017. Examination scheduling/admission permits will be posted in June for those candidates who have paid the examination fee.

E. Fee Schedule

a. Application Fee $450 (Payable with application form and non-refundable)
b. Examination Fee .......... $1,400

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IV.

FALSIFIED INFORMATION AND IRREGULAR BEHAVIOR

A. If it is determined that an applicant has falsified information on the application form or case list or has failed to provide material information to the Board or has misrepresented his or her status with the Board to any third party, the applicant's application will not be considered and the candidate may be required to wait up to three years before being allowed to file a new application.

B. Examination applicants should understand that the following may be sufficient cause to bar them from future examinations, to terminate participation in the examination, to invalidate the results of an examination, to withhold or revoke scores or certificates, or to take other appropriate action:
   1. The giving or receiving of aid in the examination, as evidenced either by observation or by statistical analysis of answers of one or more participants in the examination.
   2. The unauthorized possession, reproduction, or disclosure of any materials, including, but not limited to, examination questions or answers before, during, or after the examination.
   3. The offering of any benefit to any agent of the Board in return for any right, privilege, or benefit which is not usually granted by the Board to other similarly situated candidates or persons.
   4. The engaging in irregular behavior in connection with the administration of the examination.

C. The following are examples of behavior considered to be irregular and which may be cause for invalidation of the examination or imposition of a penalty:
   1. Referring to books, notes, or other devices at any time during the examination. This prohibited material includes written information or information transferred by electronic, acoustical, or other means.
   2. Any transfer of information or signals between candidates during the test. This prohibition includes any transfer of information between the candidate and any other person at any time during the testing period, including bathroom breaks.
3. Any appearance of looking at the computer screen of another candidate during the examination.

4. Allowing another candidate to view one’s answers or otherwise assisting another candidate in the examination.

5. Taking any examination information, such as notes or diagrams, outside the examination room. All examination materials are the property of the Board and must be left in the room at the end of the examination.

D. Applicants should also understand that the Board may or may not require a candidate to retake one or more portions of the examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of a candidate’s personal involvement in such activities.

V.

CREDENTIALS DECISION

A. Determining admission to examinations
1. The Credentials Committee meets at least once each year to consider applications for the examination. At this meeting, a decision about each applicant will be made either to approve admission to the next examination, to deny admission, or to defer decision pending further evaluation.

2. A decision approving admission to an examination applies only until the next available examination and does not carry over from one examination until the next. A new application is required for each examination.

B. Deferral of admission decision
1. A decision on an applicant’s admission to the Subspecialty Certificate in Surgery of the Hand examination may be deferred if information received by the Credentials Committee is insufficient for the Committee to make a judgment and/or warrants further investigation. Typically, the committee will defer such a decision for one year to gain further information. If it still has insufficient information to make a judgment, the decision will be deferred for a second year to enable representatives of the Board to
conduct a site visit.

2. A denial, reduction, restriction, suspension, termination or resignation at the request of a hospital of all or any portion of an applicant’s surgical staff privileges, or pending action to do so, will normally result in a deferral until such action is finally resolved and the applicant’s practice has stabilized sufficiently for it to be evaluated. A change in location, type of hospital practice or practice association may also result in deferral.

3. A deferral of not more than two consecutive years is not viewed by the Board as an adverse action; thus, no appeal of a decision of the Credentials Committee is permitted unless an applicant has been denied admission or has been deferred for more than two consecutive years.

C. Appeal of admission decision

An applicant denied admission to the examination or deferred more than two years will be informed of the basis for such action and may request a hearing by an appeals committee of the American Board of Orthopaedic Surgery. (See Section VII.)

VI.

CERTIFICATES

A candidate who has met all the requirements and has passed the examination will receive a Subspecialty Certificate in Surgery of the Hand issued by the American Board of Orthopaedic Surgery. It is the policy of the American Board of Orthopaedic Surgery that all certificates issued after 1985 are valid for a period of ten (10) years.

Certificate Revocation:
At its discretion, the Board may revoke a certificate for due causes, including, but not limited to:

1. The diplomate did not possess the required qualifications and requirements for examination, whether or not such deficiency was known to the board or any committee thereof prior to examination or at the time of issuance of the certificate, as the case may
be;

a. The diplomate made an intentional and material misrepresentation or withheld information in the application or in any other representation to the Board or any Committee thereof;

b. The diplomate made a misrepresentation to the board or any third party as to his or her status as a diplomate of the Board.

c. The diplomate engaged in irregular behavior in connection with an examination of the board (as described under Irregular Behavior), whether or not such practice had an effect on the performance of the candidate on an examination;

d. The diplomate was convicted by a court of competent jurisdiction of a felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine;

e. There has been a limitation, suspension or termination of any right of the diplomate associated with the practice of medicine in any state, province, or country, including the imposition of any requirement of surveillance, supervision, or review due to a violation of a medical practice act or other statute or governmental regulation, disciplinary action by any medical licensing authority, entry into a consent order, or voluntary surrender of license.

A diplomate may appeal the revocation of his or her certificates pursuant to the procedures set forth in Section VII.

VII.

APPEALS PROCEDURE

An individual who has received an unfavorable ruling from a committee of the Board may appeal such determination by mailing a notice of appeal to the office of the American Board of Orthopaedic Surgery within 60 days of the date such ruling was mailed to him or her. Exception: The decisions by the Examinations Committee that a candidate has failed this examination may be appealed only in

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Decisions by the Credentials Committee that an applicant’s admission to the examination has been deferred is not viewed by the Board as an adverse action and no appeal of the decision is permitted unless an applicant has been denied admission or has been deferred for more than two consecutive years.

1. Upon receipt of a notice of appeal, the concerned Board committee shall consider any information submitted therewith by the individual in support of his or her appeal and make such further investigation, as it deems appropriate. If the committee then decides in a manner favorable to the individual, it shall so notify the individual. If the committee does not so determine, it shall notify the individual and the president of the American Board of Orthopaedic Surgery.

2. The individual shall then have the right to an appeal hearing to decide whether the determination of the concerned Board committee shall be confirmed, modified, or overruled in accordance with the hearing process described in this appeals procedure.

3. The president of the American Board of Orthopaedic Surgery shall appoint an ad hoc appeals committee consisting of three directors of the Board who did not participate in making the determination being appealed, one of whom shall be designated by the president as chairman of the appeals committee.

4. In the event that the subject matter of the appeal involves complex issues of fact or issues not solely dependent upon medical, surgical, or professional standards, the president of the American Board of Orthopaedic Surgery, at his or her sole discretion, may appoint a hearing officer to conduct the appeal hearing and to submit a full written report and a recommended decision to the ad hoc appeals committee. The hearing officer appointed at the discretion of the president shall be an impartial physician, lawyer, or other professional.

5. The chairman of the appeals committee shall convene a hearing before the appeals committee or the hearing officer, if one is appointed, within a reasonable time after their respective appointments, but not less than 60 days after the appointment of the appeals committee and the hearing officer, whichever is later.

6. Prior to the hearing:
a. The concerned Board committee shall provide the executive director with such written information concerning its decision as it deems appropriate; a list of witnesses, if any, whom it expects to call to testify; copies of any written material which it considered in making the determination appealed (but only if it intends to present such material at the hearing); and a list of information and documents which the individual is required to produce at the hearing. This material, together with written notice stating the time and place of the hearing, shall be sent to the individual by the executive director not less than 30 days prior to the hearing. Not less than seven days prior to the hearing, the concerned Board committee shall provide the executive director and the individual with copies of any written reports, affidavits, or statements of experts which the concerned Board committee intends to present at the hearing.

b. Not less than seven days prior to the hearing, the individual shall provide the executive director and the concerned Board committee with such written information concerning his or her position as he or she deems appropriate; a list of witnesses, if any, whom he or she expects to call to testify; and copies of any written reports, affidavits, or statements of experts which he or she intends to present at the hearing.

c. The executive director shall submit the written material referred to in this section D. to the members of the appeals committee or to the hearing officer, if one has been appointed, prior to the hearing. Copies of this material must also be submitted to the individual and to the concerned Board committee no later than the time when submitted to the appeals committee or the hearing officer.

7. The hearing, whether conducted before the appeals committee or a hearing officer, shall be a hearing de novo. The concerned Board committee and the individual shall have the right to present all relevant information and evidence in support of their respective positions, and neither the concerned Board committee nor the individual shall be limited to the information and evidence considered by the concerned Board committee in making its original determination or its reconsideration of the original decision.

8. The concerned Board committee shall have the burden of proving at the hearing that the determination being appealed should be confirmed. The standard of proof to be applied by the appeals committee and the hearing officer in deciding whether the information and evidence presented at the hearing is sufficient to warrant confirmation of the
determination being appealed is by the preponderance or greater weight of the evidence.

9. At the hearing, the concerned Board committee and its legal or other representatives shall present such relevant information and evidence as it deems appropriate to support its previously made determination. However, the committee shall not have the right to present any information or evidence not previously provided as required in Section D.1. The committee may call, examine, and cross-examine witnesses.

10. The individual shall have the right to be represented at the hearing by legal counsel or any person of his or her choice. He or she may present such relevant information and evidence as he or she deems appropriate in support of his or her position. However, the individual shall not have the right to present any information or evidence if not previously provided as required in Section D.2. The failure of the individual to produce information or documents requested by the concerned Board committee as required in Section D.2. shall be grounds for upholding and confirming the determination of the concerned Board committee.

The individual may call, examine, and cross-examine witnesses.

1. The individual and the concerned Board committee may submit written statements at the close of the hearing. A written record of the hearing shall be made available to the individual at one-half the cost of its preparation.

2. After the conclusion of the hearing:

   a. If the hearing has been conducted before a hearing officer, the hearing officer shall prepare a written report based upon the information and evidence presented, including the findings of fact determined by the hearing officer and a recommended decision as to whether the determination being appealed should be confirmed, modified, or overruled. The hearing officer shall submit the written report to the appeals committee and send copies to the individual and the concerned Board committee. The individual and/or the concerned Board committee may file objections to the report and recommendations of the hearing officer with the appeals committee within ten days after receipt of the report. The opposing party shall then have ten days to file its response to such objections with the appeals committee.

   b. The appeals committee shall make its decision following the hearing. If the hearing has been conducted before a hearing officer, the hearing officer shall prepare a
written report based upon the information and evidence presented, including the findings of fact determined by the hearing officer and a recommended decision as to whether the determination being appealed should be confirmed, modified, or overruled. The hearing officer shall submit the written report to the appeals committee and send copies to the individual and the concerned Board committee. The individual and/or the concerned Board committee may file objections to the report and recommendations of the hearing officer with the appeals committee within ten days after receipt of the report. The opposing party shall then have ten days to file its response to such objections with the appeals committee.

c. The appeals committee shall make its decision following the hearing. If the hearing has been conducted before a hearing officer, the appeals committee will first receive the written report and recommendations of the hearing officer and the objections and responses filed thereto by the parties. If a majority of the members of the appeals committee determines, on the basis of the information and evidence presented, including, when applicable, the report and recommendations of the hearing officer, that the determination of the concerned Board committee should be confirmed or modified, the appeals committee shall so declare. If a majority determines that the concerned Board committee’s determination should be overruled, the appeals committee shall so declare. The appeals committee shall inform the individual and the concerned Board committee of its decision in writing within a reasonable time following the hearing, explaining the basis for its judgment. The decision of the appeals committee shall be final and binding.

3. A candidate who fails the examination may request in writing that his or her examination be rescoring by hand to verify the accuracy of the results as reported to him or her. Such a request is to be made within 60 days of his or her being notified of the results of the examination. The request must be accompanied by a check for $100 payable to the American Board of Orthopaedic Surgery to cover the cost of hand scoring. There shall be no further appeal of a failure on this examination.

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VIII.
Definitions

A. **Diplomate**: an orthopaedic surgeon who holds a non-expired general certificate obtained through the American Board of Orthopaedic Surgery.

B. **Hand Surgery**: the special field of medicine that includes the investigation, preservation, and restoration by medical, surgical, and rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist.

C. **Managed**: during an operation, this is the lead surgeon. For non-operative cases it is the physician who did the evaluation and recommended the treatment.

D. **Orthopaedic Surgery**: the medical specialty that includes the preservation, investigation, and restoration of the form and function of the extremities, spine, and associated structures by medical, surgical, and physical methods.

E. **Scribe**: an online program found on the password protected portal (www.abos.org) in which you enter and submit your case list.