

**AMERICAN BOARD
OF
ORTHOPAEDIC SURGERY, INC.**



**Rules and Procedures for the
Maintenance of Certification/
Recertification Examinations**

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MOC/RECERTIFICATION EXAMINATIONS

RULES AND PROCEDURES

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I. INTRODUCTION

A. Rules and Procedures

These Rules and Procedures set out the terms and conditions of The American Board of Orthopaedic Surgery's process of voluntary Maintenance of Certification (MOC) in orthopaedic surgery. The American Board of Orthopaedic Surgery reserves the right to make changes in its rules and procedures at any time and without prior notice.

B. Purpose

The American Board of Orthopaedic Surgery, Inc. (ABOS) was founded in 1934 as a private, voluntary, nonprofit, autonomous organization. It exists to serve the best interests of the public and of the medical profession by establishing educational standards for orthopaedic residents and by evaluating the initial and continuing qualifications and competence of orthopaedic surgeons. For this purpose, the ABOS reviews the credentials and practices of voluntary candidates and issues certificates as appropriate. It defines minimum educational requirements in the specialty, stimulates graduate medical education, continuing medical education, and aids in the evaluation of educational facilities and programs.

The ABOS confers no rights on its Diplomates for licensure or for staff privileges at any hospital. It is neither the intent nor the purpose of the ABOS to define requirements for membership in any organization.

1. Mission: To ensure safe, ethical, and effective practice of orthopaedic surgery the American Board of Orthopaedic Surgery maintains the highest standards for education, practice, and conduct through examination, certification, and maintenance of certification for the benefit of the public.
2. Vision: To improve the quality of care and outcomes for patients the American Board of Orthopaedic Surgery will establish and maintain high standards for competence and lifelong education of Board Certified orthopaedic surgeons.

II. CERTIFICATES AND MAINTENANCE OF CERTIFICATION

A. Awarding Certificates

The ABOS will award a Certificate to a candidate who specializes in orthopaedic surgery, has met the educational requirements of the ABOS, has demonstrated, at the time of certification, competence in orthopaedic surgery and adherence to ethical and professional standards, has been declared eligible to sit for the examination by the ABOS Credentials Committee, has passed both parts of the certifying examination and has agreed to participate in and comply with the terms and conditions of the ABOS's Maintenance of Certification (MOC) program.

Diplomates with time-limited Certificates who participate in Maintenance of Certification and pass the MOC/Recertification Examination will be issued 10-year time-limited certificates dated from the expiration date of their certificates provided it has not expired.

For example: A Diplomat who has a time-limited certificate expiring in 2019 will receive a ten-year, time-limited certificate dated January 1, 2020 through December 31, 2029.

Diplomates who have time-unlimited (prior to 1986) certificates and who participate in Maintenance of Certification and pass the MOC/Recertification Examination will be issued 10-year, time-limited certificates from the date of the Examination. Subsequent recertifications will be dated from the expiration date of their most recent recertification (provided it has not expired). These certificates do not replace the original unlimited certificates, which remain valid. Those with time-unlimited certificates who apply for MOC, but do not pass the examination, are still certified.

B. Certification Expiration

A Diplomat's certification (awarded after 1985) shall expire after the designated ten (10) year certification period in the event the Diplomat has not timely fulfilled all the applicable requirements for Maintenance of Certification. Diplomates whose certification has expired will not appear on ABOS's public online directory.

C. Maintenance of Certification

1. Maintenance of Certification (MOC) is the process through which Diplomates maintain their primary certificate in orthopaedic surgery and are assessed for their continuing competencies in orthopaedic surgery. As used throughout these Rules and Procedures, "Diplomat" means an individual currently certified by the ABOS.
2. The ABOS assesses Diplomat competencies by using four specified MOC components:
 - Evidence of Professional Standing,
 - Evidence of Life-long Learning and Self-Assessment,
 - Evidence of Cognitive Expertise, and
 - Evidence of Performance in Practice.
3. The ABOS will evaluate a Diplomat through the MOC program using the four components as follows:
 - a. Evidence of Professional Standing will require that the Diplomat maintain a full and unrestricted license to practice medicine, and full and unrestricted staff and surgical privileges at a hospital or ambulatory surgery center (ASC), in the United States or Canada, accredited by an ABOS-recognized accrediting body.
 - b. Evidence of Life-Long Learning and Self-Assessment will be addressed through the following:

- i. Diplomates are required to submit a minimum of 120 orthopaedic-related Category 1 Continuing Medical Education (CME) credits, of which at least 20 credits are from scored and recorded Self-Assessment Examinations (SAE) or ABOS-approved practice improvement activities, by the end of the third year of their 10-year MOC cycle in order to maintain their designation on www.abos.org as **“Participating in MOC: Yes”**.
- ii. Diplomates are required to submit an additional 120 orthopaedic-related Category 1 Continuing Medical Education (CME) credits, of which at least 20 credits are from scored and recorded Self-Assessment Examinations (SAE) or ABOS-approved practice improvement activities prior to applying for a Recertification Examination. This should then give the Diplomate a total of 240 CME, 40 of which are scored and recorded SAE, in their 10-year certification cycle.
- iii. Diplomates must earn the entire 240 CME and 40 SAE credits during their 10-year MOC cycle.
- c. Evidence of Cognitive Expertise will be confirmed through an ABOS MOC/Recertification Assessment Pathway.
- d. Evaluation of Performance in Practice will be performed through:
 - Review of Diplomate’s Case List (see Section III, A).
 - Participation in the ABOS peer review process.
4. A Diplomate must complete the MOC requirements before he/she is eligible to apply for an ABOS MOC/Recertification Assessment Pathway.
5. For more information on satisfying the Maintenance of Certification requirements, go to the ABOS’s website, www.abos.org. Diplomates are responsible for checking the website periodically, including the Diplomate’s Password-Protected Portal, to ensure that the ABOS has accurate contact information and to keep up-to-date of the requirements and deadlines to maintain ABOS Board Certification.

D. Participating in MOC

The following describes how and when a Diplomate is designated as “Participating in MOC”:

1. Upon the award of initial certification or recertification: Diplomate’s designation on ABOS’s website is **“Participating in MOC: Yes”**.
2. Submit a minimum of 120 orthopaedic-related Category 1 Continuing Medical Education (CME) credits which have been earned since the beginning of your then current MOC Cycle, of which at least 20 credits are from scored and recorded Self-Assessment Examinations (SAE) or ABOS-approved practice improvement activities, by the end of the third calendar year of the 10-year MOC cycle: Diplomate’s designation on ABOS’s website is **“Participating in MOC: Yes”** for the remainder of the cycle.

3. If a Diplomate fails to submit a minimum of 120 orthopaedic-related Category 1 Continuing Medical Education (CME) credits, of which at least 20 credits are from scored and recorded Self-Assessment Examinations (SAE) or ABOS-approved practice improvement activities, by the end of the third calendar year of the 10-year MOC cycle: Diplomate's designation on ABOS's website is **"Participating in MOC: No"**.
4. Once Diplomate submits a minimum of 120 orthopaedic-related Category 1 Continuing Medical Education (CME) credits, of which at least 20 credits are from scored and recorded Self-Assessment Examinations (SAE) or ABOS-approved practice improvement activities designation on ABOS's website will be changed to **"Participating in MOC: Yes"**.
5. Once a Diplomate meets all other requirements and passes their recertification examination the Diplomate's designation on ABOS's website will remain **"Participating in MOC: Yes"** and the Diplomate's new 10-year certification cycle will begin at #1 of this section.

E. Certificate Revocation

At its discretion, the ABOS may revoke a Certificate for due cause, 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 ABOS or any committee thereof prior to the examination or at the time of issuance of the certificate, as the case may be.
2. The Diplomate made an intentional and material misrepresentation or withheld information in the application to either part of the examination or in any other representation to the ABOS or any Committee thereof or engaged in the unauthorized or misleading use of the ABOS's name or logo implying Board endorsement of the Diplomate and his/her practice.
3. The Diplomate made a misrepresentation to the board or any third party as to his or her status as a Diplomate of the ABOS.
4. The Diplomate engaged in irregular behavior in connection with an examination of the ABOS (as described under Irregular Behavior), whether or not such behavior had an effect on the performance of the candidate on an examination.
5. The Diplomate was convicted by a court of competent jurisdiction of a felony or misdemeanor involving moral turpitude and, in the opinion of the ABOS, having a material relationship to the practice of medicine.
6. 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.

7. The Diplomate has failed to comply with the terms and conditions of the ABOS’s Maintenance of Certification (MOC) process and the Maintenance of Certification Agreement.

Certification may be subject to a ABOS Credentials Committee review prior to the expiration of the Diplomate’s ten-year period of certification where the ABOS Credentials Committee concludes that such review is necessary for an adequate evaluation of whether a Diplomate’s practice adheres to the accepted professional standards and has satisfactorily adhered to the MOC Professional Standing requirements. The ABOS Credentials Committee may take action against Certification up to and including termination of the Certification, prior to the expiration of the ten-year term based on the results of its review.

A Diplomate may appeal the revocation of his or her certificate(s) pursuant to the procedures set forth in the ABOS Appeals document which can be found at www.abos.org.

III. ABOS MOC/RECERTIFICATION ASSESSMENT PATHWAYS

Examination	Item Breakdown	Time	Examination Fee
Computer-Based General Recertification	150 General items	3 sections 60 minutes each section 15 minutes of break time	\$1040
Computer-Based Spine – Practice Profiled	150 Spine items	3 sections 60 minutes each section 15 minutes of break time	\$1040
Computer-Based Adult Reconstruction – Practice Profiled	150 Adult Recon items	3 sections 60 minutes each section 15 minutes of break time	\$1040
Computer-Based Trauma – Practice Profiled	150 Trauma items	3 sections 60 minutes each section 15 minutes of break time	\$1040
Computer-Based Pediatric – Practice Profiled	150 Pediatric items	3 sections 60 minutes each section 15 minutes of break time	\$1040
Computer-Based Foot/Ankle – Practice Profiled	150 Foot/ankle items	3 sections 60 minutes each section 15 minutes of break time	\$1040
Computer-Based Shoulder and Elbow – Practice Profiled	150 Shoulder/elbow items	3 sections 60 minutes each section 15 minutes of break time	\$1040
Computer-Based Orthopaedic Sports Medicine –Practice Profiled	150 Sports items	3 sections 60 minutes each section 15 minutes of break time	\$1040

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Computer-Based Surgery of the Hand – Practice Profiled	150 Hand items	3 sections 60 minutes each section 15 minutes of break time	\$1040
Computer-Based Combined Sports	150 Sports Items	3 sections 60 minutes each section 15 minutes of break time	\$1400
Computer-Based Combined Hand	150 Hand Items	3 sections 60 minutes each section 15 minutes of break time	\$1400
Oral Practice-Based	12 selected cases	4 sections 25 minutes each section 5 minutes between each section	\$1350
Oral Combined Sports	12 selected cases	4 sections 25 minutes each section 5 minutes between each section	\$1750
Oral Combined Hand	12 selected cases	4 sections 25 minutes each section 5 minutes between each section	\$1750

Application fee for all MOC/Recertification Pathways: \$1075

Late fee: \$350

Applications available January 1

The dates and places for the MOC/Recertification examinations and the deadlines for submission of applications and fees are listed on the American Board of Orthopaedic Surgery website (www.abos.org). Examination dates may be changed at the discretion of the ABOS.

Deadline: December 1 of the year preceding the examination, by 4 pm ET. If December 1 is a weekend, the deadline is the Monday after. If a Diplomate wishes to submit the required documents and late fee of \$350, it must be finalized online before December 15 by 4:00 pm ET. If December 15 is a weekend, the deadline is the Monday after. No applications will be accepted after the final deadline. Late fees are non-refundable.

Diplomates must indicate on the application which oral or computer examination they will be taking. Once the application has been finalized, the chosen examination pathway may not be changed for the current year’s administration of MOC/recertification examinations.

If a Diplomate has a Subspecialty Certification in Surgery of the Hand or Orthopaedic Sports Medicine, then the Diplomate must take the corresponding combined recertification examination to maintain the Diplomate’s Subspecialty Certification, as well as, the primary certification beyond the current period of certification. If a Diplomate has both Subspecialty Certifications, then the Diplomate must take one Combined Recertification Examination and one Practice-Profiled Recertification Examination.

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 November 13, 2018.

A. General Requirements

To maintain his/her ABOS Board Certification, a Diplomate must:

1. Execute the Attestation to Participate in MOC.
2. Complete and submit online all of the MOC requirements (CMEs and SAEs, Case List, Application, and fees) for his/her certificate expiration year for one of ABOS's MOC/Recertification Assessment Pathways. A Diplomate, whose certificate has expired, or will expire before their recertification examination, will be required to take an Oral Examination to regain certification. (See Section III.D.)
3. Case List collection begins on January 1st of the calendar year that you plan to submit your Recertification Application, which are due by December 1. The ABOS recommends that you do this in Year 7 of your 10-year MOC Cycle, but can be done in Year 8 or 9 as well. Recertification Candidates, for any ABOS MOC/Recertification Assessment Pathway, will begin collecting with the first surgical case of the calendar year and collect all consecutive surgical cases in that year up to the point where the Recertification Candidate reaches 75 cases. The Candidate stops collecting cases either after collecting 75 cases or has collected all cases in that calendar year. A minimum of 35 cases is required in order for the Recertification Candidate to sit for the Recertification Examination of their choice.
 - i) Diplomates who do not perform 75 surgical cases in a calendar year will need to enter all cases for that calendar year.
 - ii) Those who have fewer than 35 surgical cases in a calendar year can submit surgical cases from the case collection year and retroactively add surgical cases from the previous calendar year. Surgical cases should be collected consecutively backwards until the Diplomate reaches the 35 surgical case minimum.
 - iii) Those Diplomates who need to add cases retroactively from the previous year to reach the 35 case number will be required to take an Oral Recertification Examination.
 - iv) Diplomates who are unable to submit 35 surgical cases within the two-year timeframe will be required to sit for an ABOS Computer-Based Examination. These Diplomates would then be listed as **“Certified through a Non-Operative Pathway”** on www.abos.org.
4. For purposes of these requirements, the primary operating surgeon is the responsible surgeon for the key and critical portions of the procedure. It is recognized that certain complex, multidisciplinary procedures lend themselves to multiple different procedures on different regions of the body. Under these circumstances, there may be more than one primary surgeon participating in the operation.
5. Possess a current, full, and unrestricted license to practice medicine in accordance with Section B. below.

6. Successfully complete the ABOS Peer Review Process and be declared eligible by the ABOS Credentials Committee. More information on the ABOS Peer Review Process can be found at www.abos.org
7. Successfully complete one of the ABOS's MOC/Recertification Assessment Pathways for which he/she has been declared eligible.
8. It is the responsibility of all Diplomates to notify the ABOS office of any change of name, mailing and email address, practice association, or hospital affiliation when they change.
9. If a Diplomate changes practice location or practice association or acquires new hospital staff affiliations, new references will be required by the ABOS.
10. A Diplomate is also required to notify the ABOS 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 Diplomate'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 applicable medical licensing authority or on a voluntary basis).
11. The decision of the ABOS Credentials Committee is posted online to a Diplomate's Password Protected Portal found on the ABOS website (www.abos.org) no later than 60 days prior to the examination date.

B. License Requirement

A Diplomate must possess a current, full, and unrestricted license to practice medicine. A Diplomate may be rendered ineligible for any part of the MOC/Recertification examination by limitation, suspension, or termination of any right associated with the practice of medicine in any state, province, or country ("jurisdiction") 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, in lieu of disciplinary action, while under investigation for same; or suspension of license; provided that a Diplomate shall not be disqualified solely on the basis of a limitation, suspension, termination, or voluntary surrender of a license in any jurisdiction where the Diplomate does not practice, and where the action of such jurisdiction is based upon and derivative of a prior disciplinary action of/taken by another jurisdiction and the Diplomate has cleared any such prior disciplinary action and/or has had his or her full and unrestricted license to practice restored in all jurisdictions in which the Diplomate is practicing and provided further that any jurisdiction granting the Diplomate a full and unrestricted license was made aware of and took into account any outstanding disciplinary restrictions and/or license restrictions in other jurisdictions in granting such full and unrestricted license. 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 a Diplomate from taking a MOC/Recertification examination.

C. Computer-Based Assessment Pathways

All examination questions are written by task forces based on current orthopaedic knowledge for each content area. All ABOS computer-based examinations are administered at Prometric Testing Centers in the United States, the United States' territories, and Canada. Diplomates may schedule their examination from available dates and times at these sites once they receive their scheduling permit.

D. Oral MOC/Recertification Examinations

The Diplomate will begin collecting with the first surgical case of the calendar year and continue to a maximum of 75 consecutive surgical cases. No more than 75 cases need to be entered. The collection period is two years prior to the examination. Candidates who do not have 75 surgical cases in a calendar year will need to enter all the cases they have done. A minimum of 35 cases is required. Those who have fewer than 35 surgical cases in a calendar year can submit surgical cases from the case collection year and retroactively add surgical cases from the previous calendar year. Surgical cases should be collected consecutively backwards until the Diplomate reaches the 35 surgical case minimum. The ABOS will choose 12 of these cases for the candidate to present at the examination and all pertinent materials for those cases must be presented. The examination is approximately two hours, divided into four 25 minute periods with two examiners in each period. Examiners ask questions on the cases presented and on the candidate's case lists. Specific skills that are evaluated are data gathering, diagnosis and interpretive skills, treatment plan, technical skill, outcomes, and applied knowledge.

a. Case Collection:

- i. Cases are collected via the Scribe program which is accessible through the ABOS website (www.abos.org), by the Diplomate logging into their Password Protected Portal with the Diplomate's Username and Password.
- ii. All cases must be collected from each hospital, surgery center, and office at which the applicant has operated during the collection period. If the Diplomate performed no cases during the case collection period, a letter from the hospital, surgery center, or office must verify this fact. The letter must be uploaded into Scribe for each location where no cases were performed during the collection period.
- iii. A Diplomate must perform a minimum of 35 cases during the collection period to be considered engaged in the practice of operative surgery. Those applying for the Combined Hand Oral Examination must include at least 20 hand surgical cases. Those applying for the Combined Sports Oral Examination must include at least 20 sports medicine surgical cases.
- iv. Once all cases have been entered and completed the Diplomate will print the case lists by location. No changes can be made to the case lists after they have been finalized. Each complete case list must then be certified by the director of medical records and signed in front of a witness. This signed, certified page

must be uploaded into the Scribe system with each corresponding case list in order for your Scribe case list to be complete.

Note: Before you begin, you may view a layout of the case list data collection sheet by clicking on the Maintenance of Certification link found on www.abos.org and then clicking on Case Lists.

b. 12 Selected Cases and Document/Image Upload:

- i. The ABOS will select 12 cases from the Diplomate's Case List for presentation at the examination. The 12 selected cases will be posted online in April of the examination year.
- ii. The Diplomate must then upload to Scribe the pertinent images, including arthroscopic prints, and records that he/she wants to display for each case at his/her examination. After this date, no additions, deletions, or changes can be made. NO images or arthroscopic prints or records may be brought to the examination.
- iii. Detailed information on the materials that Diplomates are required to upload will be available with the 12 selected cases.

c. Case List Records Requirements

- i. All relevant images, arthroscopic pictures, arthroscopic videos, and records for the Diplomate's 12 selected cases must be uploaded into the Scribe program. Diplomates are required to execute a HIPAA Privacy Rule Business Associate Agreement to upload all the records. Once all records have been entered, the Diplomate must finalize (after which no changes can be made), and pay the examination fee by credit card. This process must be completed by the deadline in order to sit for the Oral Recertification Examination. Diplomates will receive more information on the requirements when they receive the list of 12 selected cases.
- ii. Failure to have sufficient uploaded materials for presentation of the 12 selected cases to enable examiners to evaluate the cases may result in the disqualification of the Diplomate, termination of the Diplomate's participation in the examination, or the withholding and cancellation of results.
- iii. HIPAA Compliance:
 1. All materials required for the examination, including all images, records and notes must be unaltered copies of the original materials, and in English.
 2. To comply with the HIPAA Privacy Rule, a Diplomate must either:

- a. obtain patient consent to share the patient's Protected Healthcare Information with the ABOS and ABOS Oral Examiners for the purposes of recertification, in accordance with the procedure for, and the attestation of, patient consent set out on the ABOS's website at www.abos.org, or
- b. delete from all images and records a patient's Protected Health Information as follows:
 - Patient name
 - Patient addresses
 - Patient telephone numbers
 - Patient fax numbers
 - Patient e-mail addresses
 - Patient Social Security numbers
 - Health plan beneficiary numbers
 - Biometric identifiers
 - Full face photographs and comparable images
 - Any other unique identifying characteristic

Diplomates choosing to obtain written patient consent for all materials uploaded for the examination:

- do not need to remove any identifiers
 - must attest that they have obtained written patient consent for these materials, after uploading is complete. The ABOS does not utilize a template patient consent form. It is the Diplomate's responsibility to utilize an appropriate written patient consent form per your practice/facilities requirements.
3. Do not remove these identifiers from the records you upload to present at the examination:
 - Patient ID number
 - Medical record number
 - Birth date
 - Medical device identifiers
 - Serial numbers

E. Oral Examination Scoring Rubric

Case Evaluations

	3 Above Expected Level	2 Expected Level	1 Below Expected Level	0 Unacceptable
Data Gathering	Records all pertinent history. Records a complete physical examination. Uses and interprets basic and advanced imaging and other diagnostic studies appropriately. Records are complete and unique to the patient treated	Records adequate history. Records an adequate physical examination. Adequate use and interpretation of basic and advanced imaging and other diagnostic studies. Records are adequate and unique to the patient treated	Records cursory history. Records an insufficient physical examination. Insufficient use and interpretation of basic and advanced imaging and other diagnostic studies. Records are incomplete	Records insufficient history. Records an inaccurate and/or insufficient physical examination. Unacceptable use and interpretation of basic and advanced imaging and other diagnostic studies. Records are inaccurate and/or grossly deficient
Diagnosis and Interpretive Skills	Synthesis of information gathered is complete Formation of comprehensive differential diagnosis Accurate integration of information to form the correct diagnosis	Synthesis of information gathered is adequate Formation of adequate differential diagnosis Adequate integration of information to form the correct diagnosis	Synthesis of information gathered is sometimes insufficient Formation of differential diagnosis is incomplete but not incorrect Inadequate integration to form the correct and complete diagnosis	Synthesis of information gathered is unacceptable Formation of inaccurate differential diagnosis Poor integration of information and/or formation of incorrect diagnosis
Treatment Plan	Formation of appropriate non-surgical treatment plan Formation of appropriate surgical treatment plan Candidate obtains appropriate informed consent	Formation of adequate non-surgical treatment plan Formation of adequate surgical treatment plan Candidate obtains adequate informed consent	Formation of non surgical treatment plan is incomplete Formation of incomplete surgical treatment plan Candidate obtains incomplete informed consent	Formation of unacceptable non-surgical treatment plan Formation of unacceptable surgical treatment plan Candidate obtains inappropriate informed consent
Technical Skill	Pre-operative planning is comprehensive Execution of the procedure is thorough and appropriate Post-operative management is thorough and appropriate	Pre-operative planning is adequate Execution of the procedure is adequate Post-operative management is adequate	Pre-operative planning is incomplete but what is presented is appropriate Execution of the procedure is inadequate Post-operative management is inadequate	Pre-operative planning is unacceptable Execution of the procedure is unacceptable Post-operative management is unacceptable
Outcomes	Records appropriate patient satisfaction with care Records appropriate objective measures of patient recovery at follow-up Records appropriate attempt to maintain continuity of care	Mostly records appropriate patient satisfaction with care Mostly records appropriate objective measures of patient recovery at follow-up Records adequate attempt to maintain continuity of care	Records sub-optimal patient satisfaction with care Records sub-optimal objective measures of patient recovery at follow-up Continuity of care is incomplete	Records unacceptable patient satisfaction with care Records unacceptable objective measures of patient recovery at follow-up Does not attempt to maintain continuity of care
Applied Knowledge	The candidate has appropriate knowledge of best practices of orthopaedic conditions, diagnostic methods, treatment alternatives, outcomes, systems based practice and evidence based medicine	The candidate has generally adequate knowledge best practices of orthopaedic conditions, diagnostic methods, treatment alternatives, outcomes, systems based practice and evidence based medicine	The candidate has incomplete knowledge of best practices orthopaedic conditions, diagnostic methods, treatment alternatives, outcomes, systems based practice and evidence based medicine	The candidate has an unacceptable lack of knowledge concerning best practices orthopaedic conditions, diagnostic methods, treatment alternatives, outcomes, systems based practice and evidence based medicine

Global Evaluations

	3 Above Expected Level	2 Expected Level	1 Below Expected Level	0 Unacceptable
Surgical Indications	Appropriate, consistent use of accepted non-surgical treatment alternatives. The rationales for the procedures are appropriately described. Procedures chosen are consistently optimal and well supported.	Mostly uses accepted non-surgical treatment alternatives The rationales for the procedures are usually appropriately described. Procedures chosen are generally well supported.	Inconsistent use of accepted non-surgical treatment alternatives Insufficient rationale for some of the procedures described. Procedures chosen are sometimes sub-optimal or not well supported.	Inappropriate use of non-surgical treatment alternatives. The rationales for the procedures are poorly described. Procedures chosen are sub-optimal and unsupported.
Surgical Complications	Prompt identification of complications. Nature and frequency of the complications described expected for procedures described. Appropriate management of complications.	Usually identifies complications in a timely manner. Nature and frequency of the complications described mostly expected. Mostly appropriate management of complications described.	Identification of complications is delayed Nature and frequency of the complications described are higher than expected Sometimes sub-optimal management of complications.	Identification of complications is delayed or overlooked. Nature and frequency of the complications are severe and avoidable. Inappropriate management of complications.
Ethics and Professionalism	The candidate uniformly provides safe, ethical, compassionate, confidential and professional care	The candidate mostly provides safe, ethical, compassionate, confidential and professional care	The candidate inconsistently provides safe, ethical, compassionate, confidential and professional care	The candidate does not provide safe, ethical, compassionate, confidential and professional care

F. Credentials Committee Directed Pathway

1. A Diplomate may be restricted as to the available assessment options by determination of the ABOS Credentials Committee. In particular, the ABOS Credentials Committee may direct a Diplomate, as a condition of approval to recertify, to take a specific ABOS MOC/Recertification Assessment Pathway to achieve an adequate evaluation of the Diplomate, including where:
 - a. There has been a limitation, suspension, termination, or voluntary surrender while under investigation of the Diplomate's medical license or any right associated with the practice of medicine in any state, province, or country during the Diplomate's most recent period of certification;
 - b. There has been a denial, limitation, suspension, termination, or resignation, at the request of a hospital, of all or any portion of a Diplomate's surgical staff privileges based on patient care issues during the Diplomate's most recent period of certification;
 - c. A case list review, peer review, or practice site visit report has identified significant questions as to whether a Diplomate's practice demonstrates professional competence and adherence to acceptable professional standards such that the ABOS Credentials Committee determines that an oral examination is necessary for an adequate evaluation of the Diplomate's practice;
 - d. The Diplomate's certificate has expired.
2. The direction by the ABOS Credentials Committee that a Diplomate take a specific ABOS MOC/Recertification Assessment Pathway as a condition of approval is subject to appeal pursuant to the separate ABOS Appeals document, which can be found on www.abos.org.
3. If a Diplomate cannot provide a 24-month Case List containing at least 35 operative cases, the Diplomate will be required to take a Computer-Based Examination. Diplomates in this situation will be listed as **"Certified through a Non-Operative Pathway."** (See additional information in Section III,A.)
4. A Diplomate is required to notify the ABOS when he or she ceases active operative orthopaedic practice, as defined in these Rules and Procedures, and within six (6) months of resuming active operative orthopaedic practice and obtaining surgical privileges.
5. A Diplomate who has recertified or regained their ABOS Board Certification through a Non-Operative Pathway and subsequently returns to active surgical practice may be directed by the ABOS Credentials Committee to apply for and pass one of the ABOS's MOC/Recertification Assessment Pathways.

IV.
ADA ACCOMODATIONS AND IMPAIRED PHYSICIANS

A. ADA Accommodations

A Diplomate requesting an accommodation in the administration of a MOC/Recertification computer examination must submit the completed accommodation request form found online at www.abos.org and required documentation with the application by the application deadline.

B. Chemical Dependency

A Diplomate who, within three years of his or her application, to sit for a MOC/Recertification examination, has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered a non-disciplinary rehabilitation, or diversionary program for chemical dependency authorized by the applicable medical licensing authority will be required to present evidence to the ABOS Credentials Committee that he or she (1) has successfully completed the authorized rehabilitation or diversionary program or (2) is successfully enrolled in such a program or is successfully enrolled in or completed a private treatment program and presents attestations from the responsible program administrators and physicians demonstrating, to the satisfaction of the ABOS, that the Diplomate has been free of chemical dependency for a period sufficient to establish that the Diplomate is not currently using illegal drugs and/or that the use of illegal drugs or other substance abuse is not an on-going problem. This documentation must accompany the completed application form.

C. Mental and Physical Condition

Diplomates who have a mental or physical condition that could affect their ability to practice orthopaedic surgery will be required to submit medical evidence from the appropriate physicians, treatment centers, and hospitals demonstrating to the ABOS that the impairment does not compromise their ability to render safe and effective care to their patients.

V.
FALSIFIED INFORMATION AND IRREGULAR BEHAVIOR

- A.** If it is determined that a Diplomate (i) has falsified information on the application form, case list or the materials submitted in connection with the cases presented for oral examination, including patient records or images, (ii) has failed to report complications, (iii) altered his or her surgical practice during the case collection period to manipulate the type of cases presented on the case list in a manner designed to hinder the ABOS's evaluation of the candidate's practice, (iv) has failed to provide material information to the ABOS and/or (v) has misrepresented his or her status with the ABOS to any third party, the Diplomate may be declared ineligible for the MOC/recertification examination and the Diplomate may be required to wait up to three years before being allowed to file a new application.

- B.** Diplomates 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 ABOS in return for any right, privilege, or benefit which is not usually granted by the ABOS 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 Diplomates during the test. This prohibition includes any transfer of information between the Diplomate 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 Diplomate during the examination.
 4. Allowing another Diplomate to view one's answers or otherwise assisting another Diplomate 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 ABOS and must be left in the room at the end of the examination.
- D.** Diplomates should also understand that the ABOS may or may not require a Diplomate 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 Diplomate's personal involvement in such activities.

VI. CREDENTIALS DECISIONS

A. Determining Admission to Examination

1. The ABOS Credentials Committee meets at least once each year to consider applications for the ABOS MOC/Recertification Assessment Pathways. At this meeting, a decision will be made to approve admission to the next examination, to deny admission, or to defer the decision for further evaluation and/or to request additional information.
2. Diplomates have up to three chances to recertify their ABOS Board Certificate(s). They may complete an ABOS MOC/Recertification Assessment Pathway in year 8, 9, or 10 of their 10-year MOC cycle.
3. A decision approving admission to an ABOS MOC/Recertification Assessment Pathways applies only until the next available assessment and does not carry over from one assessment until the next. The ABOS Credentials Committee will make a decision as to the need for a new application, new peer review, and a new case list for each ABOS MOC/Recertification Assessment Pathway.

B. Deferral of Admission to Examination

1. A decision on a Diplomate's admission to an ABOS MOC/Recertification Assessment Pathway may be deferred if information received by the ABOS 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 may be deferred for a second year to enable representatives of the ABOS to conduct a site visit, or the Committee may require the Diplomate to take a specific ABOS MOC/Recertification Assessment Pathway.
2. A denial, reduction, restriction, suspension, termination, or resignation at the request of a hospital of all or any portion of a Diplomate's surgical and/or staff privileges, or pending action to do so, will normally result in a deferral until such action is finally resolved and the Diplomate's practice has stabilized sufficiently for it to be evaluated. A change in location, type of hospital practice, and/or practice association may also result in deferral.
3. A deferral of not more than two consecutive years is not viewed by the ABOS as an adverse action; thus, no appeal from a decision of the ABOS Credentials Committee is permitted unless a Diplomate has been denied admission or has been deferred for more than two consecutive years. A Diplomate's period of certification shall be extended for any deferral period imposed by the ABOS Credentials Committee.

C. Site Visit

Representatives of the ABOS may visit the site of a Diplomate's practice if the ABOS Credentials Committee believes that this is necessary for adequate evaluation of the Diplomate's practice.

D. Appeal of Admission Decision

A Diplomate 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 the separate ABOS Appeals document.

E. Mid Cycle Review

A Certification may be subject to a Credentials Committee review prior to the expiration of the 10-year period of certification where the Credentials Committee concludes that such review is necessary for an adequate evaluation of whether a Diplomate's practice adheres to acceptance professional standards and of your satisfaction of the MOC Professional Standing requirements. The Credentials Committee may take action against certification, up to and including termination of the certification, prior to the expiration of the 10-year term based on the results of its review.

F. Certificate Re-entry (for those no longer certified)

Should the circumstances that resulted in the revocation, surrender, or expiration of the Diplomate's certificate be corrected, the former Diplomate may seek to regain certification by meeting all then current certification and MOC requirements. To regain certification, a Diplomate whose certification has expired or has been revoked must sit for and pass the Oral recertification examination, unless the Diplomate is not in active surgical practice. See III.A.

1. A Diplomate who is in active surgical practice and whose certification has expired or been revoked must complete a MOC/Recertification Application, meet the current CME/SAE requirements, provide a surgical case list, and must sit for and pass the Oral Recertification Examination.
2. If a Diplomate whose certification has expired or been revoked is also not in active surgical practice but is actively seeing patients, then that Diplomate must complete an application, meet the current CME/SAE requirements, provide a non-operative case list, and sit for a computer-based examination. After successful completion of this process, the Diplomate would then be listed as "**Certified through a Non-Operative Pathway**" on www.abos.org.
3. If a Diplomate whose certification has expired or been revoked is not in active surgical practice and is no longer actively seeing patients, then that Diplomate must complete an application, meet the CME/SAE requirements, provide supportive references, and must sit for the computer-based examination. After successful completion of this process, the Diplomate would then be listed as "**Certified through a Non-Operative Pathway**" on www.abos.org.
4. Any Diplomate who recertifies or regains their certification through the non-operative pathway and subsequently returns to active surgical practice must notify the ABOS within 18 months of resuming active operative practice. See Section III.A for additional information.