

DIPLOMATE

The ABOS

President

Richard J. Haynes, M.D.

Vice President

Christopher D. Harner, M.D.

President-Elect

Randall E. Marcus, M.D.

Secretary

James N. Weinstein, D.O., M.S.

Treasurer

David F. Martin, M.D.

Directors

Jeffrey O. Anglen, M.D.

Daniel J. Berry, M.D.

Marybeth Ezaki, M.D.

Harry N. Herkowitz, M.D.

Shepard R. Hurwitz, M.D.

James R. Kasser, M.D.

John G. Seiler, III, M.D.

Public Member Director

E. Thomas Sullivan, J.D.

Senior Directors

John J. Callaghan, M.D.

Richard E. Grant, M.D.

James V. Luck, Jr., M.D.

Randy N. Rosier, M.D., Ph.D.

Peter J. Stern, M.D.

Marc F. Swiontkowski, M.D.

Executive Director

G. Paul DeRosa, M.D.

PRESIDENT'S REPORT

It is a wonderful privilege and pleasure to serve as the American Board of Orthopaedic Surgery President during its 74th year. The ABOS has continued as a voluntary, nonprofit, autonomous organization that exists to serve the best interests of the public and of the medical profession. For this purpose, the Board reviews the credentials and practices of voluntary candidates and issues certificates as appropriate.

The purpose of the ABOS has indeed changed very little since 1934. The directors of the American Board of Orthopaedic Surgery are elected from the diplomates of the Board who are nominated by the American Orthopaedic Association, the American Medical Association, and the American Academy of Orthopaedic Surgeons. The directors serve without salary.

This year we have elected two distinguished orthopaedic surgeons as Directors Elect of the ABOS. Judith Baumhauer, MD of Rochester, New York is Professor of Orthopaedic Surgery at the University of Rochester School of Medicine and Dentistry. She has served on the Board of Directors of the American Orthopaedic Foot and Ankle Society and is a graduate of the AAOS Leadership Fellows Program.

Michelle James, MD of Sacramento, California is Chief of Staff of the Shriners Hospital of Northern California. She is an Oral Examiner for the American Board of Orthopaedic Surgery and is a graduate of the AAOS Leadership Fellows Program.

As the ABOS has continued to respond to the needs of the public as well as its diplomates we have evolved from Lifetime Certificates to Time Limited Certificates in 1986. In response to public expectations we have now entered the era of Maintenance of Certification. This evolution began in 1998 as an effort of the American Board of Medical Specialties (ABMS). As an ABMS Board, the ABOS has participated in the deliberations and decisions to move from Recertification to Maintenance of Certification (MOC).

All of the Boards have participated with the multiple organizations that have endorsed the focus on the six competencies deemed necessary for physician specialists and the four component categories that have been adopted.



RICHARD J. HAYNES, M.D.

The six competencies are Patient Care, Medical Knowledge, Practice-Based learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems-Based practice. These competencies are important to the resident evaluation process required by the Accreditation Council of Graduate Medical Education (ACGME) and have been an important part of the ABOS peer review

that you have all participated in for at least the last 20 years. The six competencies represent descriptions of what almost all orthopaedists believe are necessary orthopaedic skills.

The four Component Categories that have been required and adopted by all ABMS Boards are Professional Standing, Lifelong Learning and Self-Assessment, Cognitive Expertise and Practice Performance Assessment. In the remainder of my report I will attempt to describe the requirements of these Component Categories, what you are already doing and what are new requirements. I will use as my example the process for those with Time Limited ABOS Certificates expiring in 2010.

Professional Standing: This requirement is unchanged. Diplomates must hold a full, unrestricted license to practice in all states and jurisdictions in which he/she holds a license.

Lifetime Learning and Self-Assessment: This is an area of significant change. For Recertification the applicant needed 120 credits of Category I orthopaedic surgery relevant Continuing Medical Education during the three-year period immediately prior to the year of filing an application for the examination. The credits needed to be documented by the issuing body or agency.

(Continued on page 13)

CONTENTS

President's Report	1
Maintenance of Certification	2-3
Recertification	4
Credentials Committee	5
Subspecialty Certification	6
Residency Review Committee	7
Subspecialty Certification	8
Part I Written	9
Part II Oral	10
Part II Candidates	11-13
Important Reminders	14

MAINTENANCE OF CERTIFICATION COMMITTEE REPORT

MARYBETH EZAKI, M.D. AND G. PAUL DeROSA, M.D.



Initial Board Certification and Recertification are built upon education, peer review, continuing medical education and a secure examination. Both are, and always have been, a voluntary process.

Renewal of Board Certification for all medical specialists in this country is evolving into the Maintenance of Certification process (MOC). This article will address

the reasons for these changes and what the American Board of Orthopaedic Surgeons (ABOS) is doing to bring the Orthopaedic Profession on board for MOC.

The ABOS is the certifying body for the medical specialty of Orthopaedic Surgery. The ABOS was founded in 1934 to set standards for resident education, and to credential, test, and certify proficiency in Orthopaedic Surgery. The mission of the ABOS is to serve the public and to serve the medical profession. The "Board" is a group of volunteer individuals who have been nominated by one of three organizations, the American Orthopaedic Association, the American Medical Association, and the American Academy of Orthopaedic Surgery. Two new directors are elected each year to serve for a term of ten years.

The ABOS, in turn, is a member of the American Board of Medical Specialties (ABMS), the mother Board comprised of twenty-four member boards representing all the specialties of medical practice. ABMS member boards are recognized as the legitimate certifying Boards for American medicine.

During the past decade the public, the government and non-government organizations have pushed for reforms in American medicine. An ABMS task force defined Six Core Competencies that describe the competent physician (Professionalism, Communication skills and Cultural Competence, Patient care, Practice-based learning and improvement, Systems-based practice, and Medical knowledge).

Consumer and watchdog groups then led a push to evaluate physicians accordingly. The Specialty Boards, working with the American Board of Medical Specialties, defined Four Components that could be evaluated by the certifying Boards during a recertification cycle. The ABMS member boards approved the transition to the MOC process. The individual Boards are moving toward a MOC cycle that evaluates these Four Components on a continuing basis.

These Four Components are:

- I. Evidence of Professional Standing
- II. Commitment to Life-long Learning and Self-Assessment
- III. Evidence of Cognitive Knowledge
- IV. Evidence of Performance in Practice



The ABMS member boards have collectively agreed that the start date for implementing the MOC process will be no later than 2016. Programs will be in place and the process will be moving forward at that time.

MOC will begin with the ABOS Diplomate whose Board Certification expires in 2010. These diplomates have already been notified by the ABOS. Diplomates whose certi-

icates expire in 2011 will receive notification from the ABOS soon. Initial requirements for MOC will include the inclusion of 20 credits of AMA Category I CME as a scored self-assessment exam in the 120 hours of required CME prior to application. A Case list will also be required as part of Credentialing and Performance in Practice. Additional requirements will be implemented as programs and data management systems are developed to include the other components to assess the competent physician.

What will this mean for the orthopaedic surgeon?

The ABOS has worked with a task force of the AAOS to communicate the rationale for and the goals of MOC and to find solutions that meet the requirements for MOC that are acceptable to Orthopaedic surgeons.

■ Evidence of Professional Standing:

- The Credentialing process and verification of licensure will remain largely the same as for Recertification.
- A stringent system of peer review will continue.
- Diplomates will submit a case list from their practice, either a cumulative three month sequential list, or seventy-five cases, whichever is fewer, for the written or computer based options, and a six month case list for the Oral Examination.

■ Evidence of Life-long learning:

- R.C. Wilbur said "The doctor who stops learning, goes backwards." Degradation of knowledge is a recognized occurrence if a physician does not actively try to keep up as the specialty moves forward.
- Continuing Medical Education (CME) is an ongoing part of MOC. The ABOS will require documentation of CME and Self-Assessment on an ongoing basis.
- When MOC is fully implemented, two three-year cycles of CME and Self-Assessment will be required prior to application for the recertification examination.
- Diplomates whose certificates expire in 2010 through 2016 will be participating in a transitional MOC process. Prior to application for the recertification examination, a minimum of 120 Category I credits of CME are required.

- Included in the 120 credits must be a minimum of 20 Category I credits from a scored Self-assessment Exam (SAE). The SAE must be a formal test of 10 credits or more such as the SAEs in general or subspecialty orthopaedic topics, from the AAOS or the Specialty Societies. These must be returned and formally scored by the issuing CME provider
- CME should be topically related to Orthopaedic Surgery, but may include those credits required by State Medical Boards for licensure.
- CME and SAE must be reported directly to the ABOS by the Diplomate

■ Evidence of Cognitive Knowledge

- Knowledge does not guarantee competence, but without knowledge there can be no competence.
- A secure recertification examination, either Written, Computer-based testing (CBT) or the Oral Exam, is required to fulfill this Component of MOC.
- Practice-profiled examinations in spine surgery, sports medicine and adult reconstruction are available for orthopaedic surgeons who have sub-specialty interest. These tests will include 80 core orthopaedic questions.
- The Hand CAQ examination, with the 80 core orthopaedic questions, is also a valid means to fulfill this requirement.

■ Evidence of Performance in Practice

- This is the hardest Component to evaluate and the intention of evaluation of Performance in Practice (PIP) is a quality improvement model, meant to allow the diplomate to compare his/her own practice with other orthopaedic surgeons regionally and nationally.
- Peer Review will also serve to confirm Performance in Practice.
- The Orthopaedic surgeon who chooses the Oral recertification pathway will fulfill this Component by participating in the Oral examination process.

- Case list submission will ask the Diplomate to do a “look back” for documentation of best practices appropriate to the practice. These will evolve as the best practices are better defined.
- Patient surveys are being developed by the ABMS and others and may later be required as a means to fulfill this Component.
- Patient Safety modules are also in development phase to allow a non-operative orthopaedic surgeon to fulfill this Component.
- Wherever possible, the ABOS will incorporate instruments that are required by other agencies and give credit for MOC Part IV

When will this affect us?

MOC is here. If you have a time limit on your Board Certification, you will be part of the MOC program. The ABOS is working with ABMS and other parties with a stake in Physician Certification. The State Medical Boards are already looking at programs for Maintenance of Licensure (MOL). Hopefully a carefully maintained Board Certificate will satisfy your state board for licensure renewal. Hospitals are receiving instructions from JACHO for evaluating physicians for the Six Core Competencies.

There are many details that have yet to be worked out. At this point you should keep yourself informed by checking the ABOS website frequently for updates. As soon as it is possible for you to register for the MOC tracking, you should provide information about yourself and certification status, and keep checking for updates about the requirements to maintain your certification.

As a Profession, we have the unspoken contract with society to regulate ourselves. If we fail as a profession, we may find ourselves in the situation where outside organizations or governmental bodies take on this role. We must not lose our status as a Profession for we will then be relegated to that of a mere trade.

MAINTENANCE OF CERTIFICATION
FOR DIPLOMATES OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY WITH CERTIFICATES EXPIRING IN 2010 or 2011
who want to take the

2009 Examination

MOC Computer Examination Pathway

CONTINUING MEDICAL EDUCATION & SELF-ASSESSMENT EXAMS		CASE LIST		APPLICATION		EXAMINATION	
<i>taken in</i>	<i>due</i>	<i>during</i>	<i>due</i>	<i>available</i>	<i>due</i>	<i>exam fee due</i>	<i>in</i>
2005-2007	12/15/07	2007	12/15/07	1/15/08	5/1/08	12/15/08	2009

MOC Oral Examination Pathway

CONTINUING MEDICAL EDUCATION & SELF-ASSESSMENT EXAMS		APPLICATION		CASE LIST		EXAMINATION	
<i>taken in</i>	<i>due</i>	<i>available</i>	<i>due</i>	<i>during</i>	<i>due</i>	<i>exam fee due</i>	<i>in</i>
2005-2007	12/15/07	1/15/08	5/1/08	2007-2008	12/15/08	12/15/08	2009

RECERTIFICATION EXAMINATION COMMITTEE REPORT

RANDY N. ROSIER, M.D., CHAIRMAN



The ABOS offers multiple pathways for recertification of ABOS diplomates, in an effort to minimize inconvenience, and to accommodate candidate examination format preferences and practice profiles. The computerized General Recertification Examination has been offered for over a decade, and replaced the equivalent written examination as it was phased out to improve cost

effectiveness. The computerized examinations, by utilizing a large number of widely geographically distributed testing sites, provide the convenience of multiple site and time options, minimizing travel and time away from practice for candidates. The wide national distribution of the Prometric testing sites ensures that essentially all candidates can take the exam within 50 miles of home. The computerized General Recertification Examination has been by far the most popular option selected by candidates over the past 9 years. Other examination formats include the Oral Recertification Examination, through which candidates can elect to be examined on cases from their own practices, and the computerized Practice Profiled Examinations. The Practice Profiled Examinations are offered in Sports Medicine, Adult Reconstructive Surgery, Spine Surgery, and Hand Surgery, and like the computerized General Examination, enhance convenience for the candidates, while helping to control examination costs. The Practice Profiled Examinations in Adult Reconstructive Surgery, Sports Medicine, and Spine Surgery, and Hand Surgery include a majority of specialty-specific questions, though approximately 40% of the examination questions on these examinations pertain to basic general orthopaedic knowledge.

The American Board of Orthopaedic Surgery has defined the requirements of the new Maintenance of Certification program as it is now being phased in. Maintenance of Certification will replace the current Recertification program moving forward (see related article on Maintenance of Certification in this issue of the Diplomate). A standing committee consisting of representatives

of both the American Academy of Orthopaedic Surgeons and the American Board of Orthopaedic Surgery continues to refine some remaining details of the Maintenance of Certification program.

The total number of candidates taking recertification examinations in 2006 was 1,115. A majority of candidates, 624, selected the computerized General Recertification Examination, and of these 600 passed the examination (96%). Of the 101 candidates recertifying through the Adult Reconstructive Practice Profiled Examination pathway, 96 passed (95%). 128 candidates selected the computerized examination in Sports Medicine, and 85 candidates the computerized examination in Spine Surgery, of whom 126 (98%) and 82 (96%) passed, respectively. The Hand Recertification Examination was administered to 92 applicants, of whom 91 (99%) passed the examination. Finally, 85 candidates selected the practice-based Oral Recertification Examination, and 79 of these candidates passed. The 93% passing rate of the Oral Recertification Examination pathway was once again the

(Recertification Report Continued on page 13)

2008 SCHEDULE RECERTIFICATION EXAMINATIONS

Application Deadline: May 1, 2007*

General and Practice Profiled Examinations in Adult Reconstruction, Sports Medicine, & Surgery of the Spine:
March 1 thru April 30, 2008
at Prometric Testing Centers, Nationwide

Oral Recertification Examinations: *July 14, 2008*
at the Palmer House Hilton, Chicago

Combined Hand Examination: *To Be Determined*

* *Diplomates with certificates expiring in 2010 must have completed the MOC requirements in order to apply.*

Recertification Examinations Statistics

	2002		2003		2004		2005		2006	
Examinees	683		693		740		1070		1115	
Passes	666	98%	684	99%	728	98%	1041	97%	1074	96%
Fails	17	2%	9	1%	12	2%	29	3%	41	4%

CREDENTIALS COMMITTEE REPORT

RICHARD J. HAYNES, M.D.



It has been my pleasure to Chair the American Board of Orthopaedic Surgery Credentials Committee for the last 5 years. I have completed my tenure at our last meeting in October 2006. The new chair of the Credentials Committee is Daniel Berry, MD of the Mayo Clinic.

The role of the Credentials Committee has become more obvious as the ABOS has moved from Recertification to Maintenance of Certification. As discussed in my President's Report two of the four components of Maintenance of Certification are currently the charges of the Credentials Committee. **The current Recertification requirements are currently meeting a significant portion of two of these requirements: Professional Standing and Practice Performance Assessment.**

The Directors of the ABOS have charged the Credentials Committee with assessing the applicants professional competence and adherence to acceptable ethical and professional standards.

Professional Standing: This requirement is unchanged. Diplomates must hold a full, unrestricted license to practice in all states and jurisdictions in which he/she holds a license.

Practice Performance Assessment: For over twenty years the ABOS has utilized peer review to assess its diplomates practice performance. This will remain unchanged and is based on the six competencies. This experience is presented later in this report.

The success of the ABOS credentialing process is dependent upon the ABOS diplomates participation in the candidate evaluation process. The candidate has waived the right to take action for information provided in good faith. The candidate evaluation process provides the basis for **Practice Performance Assessment.**

The additional requirement for **Practice Performance Assessment** that has been added for those with certificates expiring in 2010 and thereafter is the presentation of a three month case list (or 75 cases). The Credentials Committee will utilize these case lists to assist in Practice Performance Assessment. The ABOS has a long history of case list presentation and evaluation for the required six month case list for the Part II examinations. Those who have participated in the Oral Examination Pathway for Recertification have also participated in case list presentation and evaluation. What is new is the requirement for all participating in Maintenance of Certification to present a case list even those utilizing the Computer Based Examination Pathway.

It is important to understand two considerations. First the change from Recertification to Maintenance of Certification has endorsed the Professional Standing and Practice Performance Assessment standards that the ABOS has utilized in the past. For those with certificates expiring in 2010-2012 the additional requirement is the three month case list.

During its October 2006 meeting the Credentials Committee reviewed 19 (1.9%) of the 1000 recertification applicants and invited 991 applicants to the 2007 Recertification process. Seven Candidates admission was deferred, and two applicants were given the option of a site visit or participating in the oral examination pathway. The Credentials Committee also reviewed nine active certificate holders whose medical license had been revoked or encumbered with final licensure actions. The ABOS Certificate was revoked for five individuals and sustained one prior revocation. The names of individuals whose ABOS Certificates have been revoked since the 2006 ABOS Diplomate are published in this ABOS Diplomate.

Last year the ABOS reviewed its experience with peer review and the six competencies. It should be noted that the eleven peer review questions are all based on the six competencies. The current ABOS peer review process includes candidate evaluation of Medical Knowledge (1 question), Patient Care (3 questions), Practice Based Learning and Improvement (1 question), Communication & Interpersonal Skills (1 question), Professionalism (4 questions), and Systems-Based Practice (1 question).

We reviewed 197,375 responses from over 15,000 ABOS diplomates who participated in the 2005 peer review evaluation of Recertification Candidates. There were 251 unsatisfactory responses and 1,214 marginal responses. The competency represented by these unsatisfactory or marginal responses were:

Professionalism (Responsibility)	1.07%
Communication & Interpersonal Skills	1.06%
Patient Care (Surgical Skills)	0.97%
Practice-Based Learn. & Improve.	0.59%
Systems-Based Practice	0.56%
Medical Knowledge	0.34%

Although the vast majority of orthopaedic surgeons are evaluated by their peers as excellent or satisfactory, we have learned that professionalism and interpersonal skills and communication as well as surgical skills are the competencies that most commonly result in failure to admit a candidate for the Recertification Cognitive Examinations.

The active participation of ABOS Diplomates has allowed the ABOS and its Credentials Committee to address its charge of assessing the applicant's professional competence and adherence to acceptable ethical and professional standards.

SUBSPECIALTY CERTIFICATE IN SURGERY OF THE HAND EXAMINATION REPORT

PETER J. STERN, M.D.



All of the examinees took a computer-based examination that was administered through local Prometric Testing Centers during August and September 2006. This was the fourth year that examinations were administered by computer.

CERTIFICATION EXAMINATION: A total of 58 examinees took the 2006 certification examination including 11 registered by the American

Board of Orthopaedic Surgery (ABOS), 1 by the American Board of Plastic Surgery (ABPS), and 4 by the American Board of Surgery (ABS). There were 56 first-time takers and 2 reexaminees. This compares with 87 individuals who took the exam in 2005, 88 in 2004, and 65 in 2003. Thirty-five percent of the candidates practiced exclusively hand surgery and in 81% at least 75% of the individual's practice was hand surgery.

There were 150 items of which 45% were new. Two items were deleted from the final scoring because of poor psychometric performance. Psychometric characteristics including reliability coefficient and standard error of measurement were acceptable and were similar to prior years. The average score for the entire group was 78% correct. Scores ranged from 51%-92% correct.

Oversight of both the Certification and Recertification Examinations is accomplished by the Joint Committee on Surgery of the Hand which consists of directors from all 3 Boards. A passing score of 64% correct was selected and compares with: 63% in 2005, 66% in 2004 and 2003, and 65% in 2002 and 2001.

The overall failure rate was 1.7% (one candidate) compared to 6.9% in 2005, to 4.5% in 2004, 6.2% in 2003, 8% in 2002, and 4.2% in 2001. A total of 57 examinees passed and 1 failed the examination.

Since the examination's inception in 1989, 2359 Diplomates have certified in Surgery of the Hand (1545 ABOS Diplomates, 555 ABPS, and 259 ABS Diplomates).

Failure rates by Board were:

- ABOS – 46 examinees – 0%
- ABPS - 11 examinees – 9% (1 failed)
- ABS – 4 examinees - 0%

HAND RECERTIFICATION: A total of 36 examinees took the recertification examination; 1 from the American Board of Orthopaedic Surgery, 24 from the American Board of Plastic Surgery, and 11 from the American Board of Surgery. There were 26 first time takers and 10 reexaminees. As with the certifying exam, a computer-based test was administered at Prometric computer testing centers. The exam content was identical to the Certification Exam. The average percent correct for the total group was 77% which was similar to years prior to 2004. A passing score of 62% correct was chosen and was consistent with passing scores from previous years (62% to 65% correct). Overall 30/36 (83%) passed the exam including the 1 ABOS Diplomate. To date, 1151 Diplomates have take this exam and 1066 have passed (7.4% failure rate).

Finally, it should be noted that the number of ABOS examinees sitting for this exam has decreased considerably since the inception of the combined hand and general orthopaedic recertification examination in 2004.

COMBINED HAND AND GENERAL ORTHOPAEDIC RECERTIFICATION: Beginning with 2004 candidates with both a 10-year time limited ABOS certificate and a 10-year time limited hand surgery certificate were required to take an exam consisting of 80 General orthopaedic items and 150 hand recertification items for a total of 230 items in order to maintain both ABOS and Hand Surgery certification. Two items were identified as being defective and were deleted prior to scoring leaving 228 items to score.

This year, a total of 91 ABOS Diplomates took the computer based combined General Orthopaedic and Hand Recertification exam. The mean percent correct for the entire exam was 79.5%.

(Subspecialty Certification Continued on page 13)

CAQ in Hand Surgery Examination Statistics

	2002	2003	2004	2005	2006
Examinees	57	50	65	70	46
Passes	55 96%	48 96%	64 98%	68 97%	46 100%
Fails	2 4%	2 4%	1 2%	2 3%	0 0%

Recertification CAQ in Hand Surgery Examination Statistics

	2002	2003	2004	2005	2006
Examinees	20	23	20	11	1
Passes	19 95%	20 87%	20 100%	9 82%	1 100%
Fails	1 5%	3 13%	0 0%	2 18%	0 0%

Combined Hand Recertification Examination Statistics

	2004	2005	2006
Examinees	56	88	92
Passes	56 100%	85 97%	91 99%
Fails	0 0%	3 3%	1 1%

2008 SCHEDULE CAQ IN SURGERY OF THE HAND

CAQ Hand Certification
CAQ Hand Recertification
Applications Available: *November 1, 2007*
Application Deadline: *February 1, 2008*
Examination: *To Be Determined*

GRADUATE MEDICAL EDUCATION REPORT

RICHARD E. GRANT, M.D.



The Residency Review Committee for Orthopaedic Surgery convened at the Ventana Canyon Resort in Tucson Arizona on January 12-13, 2007. Members present included Steven A. Albanese, M.D., Terence D. Peabody, M.D., and Dempsey S. Springfield, M.D. representing the American Academy of Orthopedic Surgeons.

The American Board of Orthopedic Surgery was represented by G. Paul

DeRosa, M.D. ex-officio, Richard E. Grant, M.D., Richard J. Haynes, M.D., and Peter J. Stern, M.D., RRC Vice Chair.

Jason H. Calhoun, M.D., the RRC Chair, and Michael J. Goldberg, M.D., and David M. Lichtman, M.D. represented the Council on Medical Education for the American Medical Association. Finally, the current resident member present of the RRC is Captain Jose J. Miranda, M.D., MPH, who is an active duty Captain with the Army at the Eisenhower Medical Center.

The Accreditation Council for Graduate Medical Education was represented by Steven P. Nestler, Ph.D., our RRC Executive Director for the Orthopaedic Committee. He was joined by Mr. Billy Hart, the RRC Accreditation Administrator and William W. Robertson, Jr., M.D., of the field staff.

Dr. Jason Calhoun called the meeting to order and welcomed a visitor, Dr. Alexander, who led the group through their new requirements for the Competency Development Course. Dr. Alexander conducted two exercises for the group designed to increase our awareness of the inadequacy of the current process for evaluating programs in the area of the ACGME general competencies. The RRC agreed that changes should be made to both the program requirements and the program information form. Additionally, the Orthopaedic RRC agreed that we should continue to strive for more constructive and precise mechanisms of providing insightful criticisms to orthopaedic programs seeking to achieve compliance with the recent ACGME competency requirements.

The minutes of the previous meeting of June 24-25, 2006 were read, approved, and corrected. During the meeting in Tucson, the committee reviewed 43 residencies and 55 fellowships. The resulting actions will be summarized at the conclusion of this report. We also addressed the issue of orthopaedic program leadership changes.

Dr. DeRosa reported on recent ABOS activities and emphasized the following issues:

1. The American Board of Orthopaedic Surgery web site has been redesigned.
2. The application for ABOS certification is now exclusively on line.
3. Recertification continues to evolve into maintenance of certification.

Finally, Dr. DeRosa noted that Dr. Daniel Berry, one of our directors from the Mayo Clinic, has been appointed as the new chairman of the Credentials Committee replacing Dr. Richard Haynes.

Dr. DeRosa also reported on the National Resident Matching Program and mentioned that he was recently appointed as the president of the NRMP. The NRMP-Jung lawsuit has been dismissed. Medical Matching programs are exempt from antitrust laws.

Dr. Steven Nestler recounted the recent activities of the Accreditation Council of Graduate Medical Education for the committee. He reiterated the ACGME stance on our SSV Project and the results of a recent appeal by the Ft. Wayne, Indiana Orthopaedic Residency Program.

A lengthy discussion ensued addressing the issues of Orthopaedic residency program requirements. The Orthopaedic Committee reviewed the comments relevant to the proposed revisions of the fellowship requirements. In response, the committee amended the Hand Surgery requirements so that specific elective rotations have been deleted from reporting requirements. Alternatively, the committee decided to issue a statement indicating that elective rotations and related disciplines are permitted but must be designed to enhance fellowship education in the required areas of hand surgery.

We then discussed our pilot projects including our efforts to reduce the clerical burdens of one year fellowships. Reporting requirements will be redesigned following approval of the revisions within the context of common program requirements.

Our committee reviewed reports from the resident's case log system and agreed that the case log information should be shared with programs through the spring ACGME newsletter. The case log subcommittee will utilize current reports as they prepare their white paper discussion on collection methods and analysis of operative data. The subcommittee will use this information as they review the cumulative performance of selected residency programs on ABOS certification exams and annual in training examinations. A program information form questionnaire will be added to achieve more effective monitoring of the existent case log system. The current case log manual will be modified to ensure data entry consistent with CMS guidelines.

Dr. Jose Miranda has completed his term as a resident member of the RRC Orthopaedic Committee. Dr. Miranda was presented with a plaque celebrating his hard work and dedication to residency education. He will be succeeded by Dr. Reese, an orthopedic resident from UC Irvine. Dr. Reese will attend AGME-RRC orientation in February of 2007 and will sit for her first RRC meeting in June of 2007. Future meetings projected for the committee include June 9-10, 2007 in Chicago, January 11-12, 2008 in Ft. Lauderdale, Florida, and June 13-14, 2008 in Chicago, Illinois.

(Graduate Medical Education continued on page 8)

SUBSPECIALTY CERTIFICATE IN SPORTS MEDICINE REPORT

CHRISTOPHER D. HARNER, M.D.



Over the past year, the ABOS has gone through the final stages of completing the Subspecialty Certification Exam in Orthopaedic Sports Medicine. The ABOS Question Writing Task Force (24 individuals) met at the National Board of Medical Examiners (NBME) in Philadelphia to complete its work on writing and editing questions. In September, the Field Test Task Force (16 different individuals)

met at the NBME to further refine and select the questions that would reflect the body of knowledge in Orthopaedic Sports Medicine (approximately 450 questions were approved). In November, the ABOS Written Examination Committee (6 Directors and the Executive Director) completed the final 200 question examination. Throughout this process, the item content has been based off the Orthopaedic Sports Medicine Fellowship Curriculum. Content allocation for the examination is as follows:

- General principles (5%) (research, study design, statistics, ethics, professionalism)
- Medical aspects of Sports Medicine (20%)
- Musculoskeletal (75%)
 - Upper extremity (30%)
 - Lower extremity (40%)
 - Spine (5%)

Dates for the examination have been set for Friday, November 9 and Saturday, November 10, 2007. These will be given at Prometric centers around the country. Rules and Procedures to sit the examination can be obtained by calling (919) 929-7103 or going to the website, www.abos.org. The ABOS is greatly appreciative of the efforts of the men and women who dedicated their time and expertise to this process.

2008 SCHEDULE SUBSPECIALTY CERTIFICATE IN ORTHOPAEDIC SPORTS MEDICINE

Applications Available: *August, 2007*
Application Deadline: *February 1, 2008*
Examination: *November, 2008*
at Prometric Testing Centers, Nationwide

(Graduate Medical Education Report, continued from page 8)

RRC for Orthopedic Surgery 1/13/07 Accreditation Data

Proposed Adverse Reactions:

1. Proposed withhold accreditation (application stage) three residencies, one fellowship (FA1, HS1, SM2, TR1).
2. Proposed probation five residencies, three fellowships (HS1, PO).
3. Proposed to withdraw accreditation one fellowship (AR), one (SM).

Confirmed Adverse Reactions:

1. Probation - two residencies. Accreditation withheld - one residency sports medicine.

Non-Adverse Actions:

1. Continued initial accreditation - one fellowship (AR)
2. Continued fellowship accreditations - eight (AR), six (HS), three (PO), one (SS), seven (SM), two (TR).

Increase Request with Site Visit Approved:

1. Two residencies - two (HS), one (SS), one (MO). Increase of resident complement request was denied or deferred - three residencies. Increase request reconsideration approved - two residencies, one fellowship (AR).
2. Increase request without site visit approved - one (HS). Denied or deferred without site visit - two (HS). Resultant net increase in number of approved positions - residencies five per year - two (AR), three (HS), one (SS), and one (MO).

Site Visit Cycles:

1. One year, two residencies.
2. Two years, two residencies.
3. Three years, four residencies.
4. Four years, nine residencies.
5. Five years, eleven residencies.

Number of orthopedic residency programs reviewed, 43. Number of fellowships reviewed, 55, including : Twelve Adult Reconstruction, zero Foot & Ankle, thirteen Hand Surgery, five Pediatric Orthopaedics, one Spine Surgery, nineteen Sports Medicine, three Trauma), two Musculoskeletal Oncology.

WRITTEN EXAMINATION REPORT

RANDY E. MARCUS, M.D.



Evaluating the initial competence and qualifications of orthopaedic surgeons is part of the mission of the American Board of Orthopaedic Surgery (ABOS). In serving the best interests of the public and the medical profession, the ABOS Written Examination Committee (Drs. Marcus, Anglen, Berry, Callaghan, Ezaki, Harner, Haynes, Herkowitz, Hurwitz, Kasser, Martin, Rosier, Stern, Swiontkowski

and Weinstein) is charged with producing the best possible examination to fairly and accurately evaluate the competence of candidates for certification.

The 2006 Written Certification Examination was created through the work of over 70 orthopaedic surgeons practicing throughout the United States who represent all subspecialties of orthopaedic surgery. The examination's production began over two years ago in the summer of 2004, when the Question-Writing Task Force members were given their question-writing assignments. Eight more steps followed: 1) These questions were submitted to the National Board of Medical Examiners (NBME) in December 2004 for editing and review for any technical flaws. 2) The questions were then categorized by content: adult trauma, rehab, adult disease, basic applied science, pediatric trauma and pediatric disease. 3) In April 2005, the Question-Writing Task Force met in Philadelphia to review all of the questions. 4) The NBME reedited the questions and entered them into the item library. 5) In November 2005, the Field Test Task Force met in Chicago to review all questions. 6) The NBME assembled the exam, based on the ABOS content domains and valid question psychometrics. 7) In February 2006, the ABOS Written Examination Committee met and decided on final item selections. 8) In March 2006, the Chairman of the Written Examination Committee and the Executive Director reviewed the final page proofs and gave final approval to the examination.

The Written Certification Examination was administered to 741 examinees on July 9, 2006 in Chicago. The NBME subsequently performed its key validation process and, in consultation with the ABOS Written Examination Committee, deleted any defective items from the examination scoring. In August 2006, the NBME presented the final examination scoring and test psychometrics to the American Board of Orthopaedic Surgery Written Examination Committee, who set the passing standard. This standard is based on the results of an item-by-item analysis and a compromise standard setting exercise performed by the surgeons who are members of the Standard Setting Task Force. The ABOS notified the candidates of the results in September.

Of the 741 examinees, 646 took the examination for the first time and 95 were repeaters. The 2006 examination consisted of 321 items, but six items were deleted in the key validation process, so 315 items contributed to the total score.

The passing standard for the 2006 examination was set at 1.13 logits. This is based on the Rasch bank scale which allows for variations in test difficulty as well as variations in the proficiency of examinees from year to year. This standard was equivalent to a percent correct score of 67%, with an overall passing rate for all examinees of 87.3%. The passing standard was scaled to a mean standard score of 200 with a standard deviation of 20. The Rasch bank passing score of 1.13 logits corresponds to a standard score of 170.

The passing rate for United States and Canadian medical-school-graduate first-time examinees was 93.8%; and, for international medical student graduates taking the exam for the first time, 84.6%. Of those examinees repeating the exam, the passing rate for United States and Canadian medical school graduates was 44.9%; for international medical student graduates, 33.3%.

Test psychometrics revealed that the mean point biserial discrimination was 0.16, which means that the questions discriminated well between those who obtained high scores and those with low scores. The KR_{20} internal consistency reliability coefficient, the measure of how much an examinee's score would vary across repeated testing with different questions on the same content, was 0.90. The standard error of measurement calculated from this KR_{20} coefficient and scaled to the standard score of 200 was 9 standard score points. Therefore, an examinee's true proficiency is ± 9 standard score points if given repeated testing on the same content with different questions.

The psychometrics of the 2006 written examination reveal that the Written Examination Committee of the ABOS was successful in producing a valid examination that fairly and accurately evaluated candidates for certification as competent by the ABOS. The quality of this examination is due to the commitment of time and energy by all of the orthopaedic surgeons who participated in creating the 2006 written examination. On behalf of the ABOS, I would like to thank all of the members of the Question-Writing, Field Test and Standard Setting Task Forces, as well as the members of the Written Examination Committee.

PART I WRITTEN EXAMINATION STATISTICS

	2002	2003	2004	2005	2006
Examinees	805	760	737	703	741
Passes	637 79%	628 83%	645 88%	590 84%	647 87%
Fails	168 21%	132 17%	92 12%	113 16%	94 13%

2008 SCHEDULE PART I WRITTEN EXAMINATION

Applications Available: *December 1, 2007*
 Application Deadline: *February 15, 2008*
 Examination: *July 18, 2008*
 Hyatt Regency, Chicago

ORAL EXAMINATION REPORT

JOHN J. CALLAGHAN, M.D.



The Part II Oral Examination of the ABOS was administered in Chicago July 26-28, 2006, to 656 candidates who had previously passed the Part I Written Examination and had been in practice for a minimum of 22 months. Overall, 593 (90%) passed the examination. 63 candidates (10%) failed the examination. This compares with a passing rate of 93% in 2005, 85% in 2004, 92% in 2003,

89% in 2002, 86% in 2001, 90% in 2000 and 1999, 91% in 1998, and 89% in 1995-1997.

The Part II Oral Examination is a practice-based examination. The candidate is asked to present up to ten cases selected from his practice based on a six month computerized case list. The total number of operative cases for the 656 candidates was 85,956 (an approximate average of 131 surgeries per candidate over a six month period). The case list submitted to the Board is reviewed by Directors of the Board and selected oral examiners to identify twelve potential cases for the examination. The internet-based data collection system (SCRIBE) has been functioning well for three years and simplifies the collection of cases for the candidates. Starting in 2002, the candidates were instructed to use the CPT codes that they used for billing of these surgeries in their entry of cases on the SCRIBE system.

The examination is one hour and forty-five minutes in length divided into three 35-minute segments with a five-minute break in between each segment. During each segment, the candidate is examined by two examiners who are matched to the candidates for areas of stated expertise. For example, if a candidate identifies his special area of practice as spine surgery, at least one of the two

examiners is a practicing orthopaedist who dedicates a significant part of his or her practice to spine surgery. The examiners are provided the complete case list as well as graphic analysis of the candidate's practice profile and complications.

The decision on pass/fail is based on the candidate's performance as assessed independently by the six examiners without any caucus of the examiners. For each presented case, the candidate is graded on data gathering, diagnosis and interpretive skills, treatment, plan, technical skills, outcomes, and ethics and professionalism. At the conclusion of each segment, the examiners grade the candidate's handling of surgical complications. Each candidate therefore receives approximately 100 to 130 grades which are averaged and adjusted based on the known severity or leniency of the examiners.

A number of changes have been introduced for the oral examinations over the last 4 to 5 years. The Oral Examination Committee worked with a number of consultants to develop improved definition and assessment techniques for ethics and professionalism. A large number of new examiners are being recruited and educational methods are being developed to enhance the training of the oral examiners. Directors of the Board sit in on the examinations as observers and evaluate the examiners' performance. The Committee is working on more useful ways to provide feedback to the examiners on how to improve their testing methods. In addition the Oral Examination Committee is working to assure HIPPA compliance while making the process as least onerous as possible and to incorporate the use of digital images used by many of the candidates.

Unlike the Part I Written Examination which tests exclusively orthopaedic knowledge, the Part II Oral Examination tests the application of knowledge, diagnostic acumen, surgical techniques, outcomes, and ethics and professionalism. Practice-based oral examinations thus more accurately reflect a practitioner's competence and will remain an essential part of future certifying examinations. The Oral Examination Committee is trying to incorporate all of the six core competencies outlined by the ACGME to include communication/interpersonal skills, professionalism, ethics, patient care, knowledge, systems-based practice, and practice-based learning and improvement.

Two years ago, the Board voted to provide to the residency programs and candidates the rating definitions for the various categories by which candidates will be evaluated and graded. These will be made available to the candidates who are taking the examination and have been given to all program and residency directors. These can be obtained from your residency or program director or from the Board office. Finally, the committee is working to more clearly outline criteria for evaluating each skill that is graded during the oral examination process.

PART II ORAL EXAMINATION STATISTICS

	2002	2003	2004	2005	2006
Examinees	707	615	698	697	656
Passes	631 89%	563 92%	594 85%	645 93%	593 90%
Fails	76 11%	52 8%	104 15%	52 7%	63 10%

2008 SCHEDULE PART II ORAL EXAMINATION

Applications Available: *June 1, 2007*
 Application Deadline: *October 31, 2007*
 Examinations: *July 15-17, 2008*
 at the Palmer House Hilton, Chicago

ATTENTION DIPLOMATES ... We need your help!!!

The following pages list candidates for Part II of the certifying examination for 2007. In an attempt to enlarge our peer review of candidates, we ask that you review this list and submit comments on persons whom you know, in regard to their competence to sit for the exam.

Good faith comments, in the process of peer review, are privileged and provide a focus for the credentials committee review.

Please address your information to the attention of the Credentials Committee at ABOS, 400 Silver Cedar Court, Chapel Hill, NC 27514.

MILITARY Bell, Stephen Josh Brito, Jorge Luis Colquhoun, Scott Alan Dromsky, David Michael Hall, Christopher Streckert Knetsche, Robert Paul Sylvia, Frederic Roger Talerico, Marcus Gregory Vining, Neil Carroll Walker, Shaka Walker Whitaker, Derek Casper	Dickson, Troy Starr Donahue, Joseph Patrick Donnelly, Joseph Robert Dowbak, John Max Dragoo, Jason Louis Ellison, Bruce Emanuel Gaur, Alok Giza, Eric Gomez, Arturo Gould, Mark Thomas Greene, Hunter Scott Gullahorn, Leslie Joan Hajjaliloo, Farhad John Hankins, Stephen Michael Harness, Neil Gregory Harrell, Jill Lindsay Hartman, Andrew Philip Hatch, George Hild, Brian Duane Hodge, Duncan Kirk Huddleston, James Irvin Huffman, Jason Thomas Johnson, Toby Reid Jones, David Bradley Jung, Kenneth Sik-Gen Kantor, Jeffrey Alan Kelly, Matthew Patrick Khan, Imran Ahmad Kim, Janeth Francis Lee, Steven Sungho Lee, Yu-Po Limpisvasti, Orr Low, Kyle Masters, Gregory William Melamed, Hooman Meir Mermer, Matthew John Miraliakbar, Hamid Reza Muller, Mark Stephen Myer, Jonathan Joseph Nadel, Kevin Alan Nguyen, Bob Huy Northrop, Gregory Doner Orisek, Philip Jacob Park, Dennis Park, Maxwell C. Patel, Rajan Mahendra Payman, Khodam-Rad Phillips, Thomas Joseph Porter, Steven Joseph Raiszadeh, Ramin Raven, Raymond Benjamin Rogers, Tiffany Rudin, Brian David Safanda, John Francis Sasaura, Paul Mitsukazu Schoeb, James Scott Shah, Bindesh Anil Shapiro, Todd Adam Shepherd, Eric Ford Shin, Steven Soohwan Snibbe, Jason Cameron Swarm, Dawn Leigh Switlick, Daniel Norman	Thomas, Walter Alain Thunder, Richard Michael Tontz, William Logan Turk, Joseph Peter Velyvis, John Henry Viess, Stephen Robert Watkins, Robert Green Yao, Jeffrey Yu, Jack Yu, Rebecca Shirley Zahiri, Christopher Arjang Ziv, Eli Tomer	Gasner, Kurt Andrew Goldberg, Steven Scott Gordon, Michael Justin Gower, Joseph Thomas Herrera, Mauricio Fernando Hess, Samuel Jonathan Hommen, Jan Pieter Hurbanis, Matthew David Jackson, Jose Francisco Laudicina, Laurence Robert Martin, Jeffrey William Matos, Ricardo Luis Minnich, John Martin Oberste, David Jason Ostrander, Roger Vincent Page, Steven Michael Piza-Ramos, Pedro Antonio Prokopis, Peter Matthew Puckett, Brett Christopher Sama, Nicholas Schapiro, Barry Edward Strauss, Joseph Edwin Tankson, Cedric Jerome Tavassoli, Jeff Jafar Toumbis, Constantine Andreas Van Dyke, Travis Boyd Youngblood, Scot Alan	ILLINOIS Anderson, David Martin Barnhart, Brett Michael Bendre, Anup Ashok Bergandi, Jason Alan Brnovacki, George Corteen, Darren Patric DeLeon, Serafin Evans, Douglas Alden Fullop, Julko Edward Ghate, Raju Suresh Havenhill, Timothy Glen Hoepfner, Peter Eric Humphreys, Aaron Gary Hurford, Robert Kenneth McCall, Brian Richard McDonough, Edward Barry Menzel, Kyle Alden Muhammad, Kermit Simrel Murphy, Brian Andrew Psaradellis, Telly Schafer, David Andrew Seeds, James Robert Singh, Kern Sladek, Edward Harold Sliva, Christopher David Steinke, Brian Douglas
ALABAMA Claytor, Brian Scott Johnson, Lloyd Lemak, David George Moore, Judson Burke Seldomridge, John A Alexander		COLORADO Bierbrauer, David Mark Christensen, Colleen McBratney Dhupar, Scott Kailash Eickmann, Thomas Harold Greenhow, Robert James Hugate, Ronald R. Loucks, David Craig Nagamani, Kevin Karthik Pater, Timothy Jerome Paterson, Andrew James Resig, Scott Gregory Shank, John R Stanley, Scott Kenneth		
ALASKA Bozarth, Gordon Rickter Innes, David Scott Kommesser, Marc Joseph		CONNECTICUT Alleyne, Kenneth Rupert Awad, John Nagi Bomback, David Aaron Brady, Robert Lee Ennis, Francis Anthony Henshaw, D. Ross Jambor, Clinton Armin Johnson, David Alan Llewellyn Kennon, Robert Edward Kumar, Sanjay Lahav, Amit Richo, Gary Wijesekera, Shirvinda Anusha Williams, Vincent John		
ARIZONA Anderson, Brett Carl Appel, Andrew Joshua Brown, John A. Chhabra, Anikar Chou, Kent H Dixon, Timothy Burt Greene, David Lawrence Hawkins, James Stanley Jeong, Gerard Kyo Mack, Jonathan Eberhard Mangan, Douglas Bradford Randall, Amber Louise Rhorer, Anthony Sampson Rose, Daniel Todd Seidel, Matthew John Shrader, Michael Wade Song, Edward W Untch, Christopher Michael Vu, Louis Pak-Shun Warner, Kristin Kay Weinstein, Craig Hollis Zeiller, Steven Charles		DELAWARE Andrisani, Damian Michael	GEORGIA Albritton, Mark James Bowman, Christopher Scott Brooks, Jackie Kevin Cavalier, Ralph Dalton, John Francis Fabregas, Jorge Amelio Hanna, Mark Wesley Jeffords, Paul Raymond Jimenez, Miguel Alexander Johnson, Christopher McLaurin Lahiji, Ashkan Lin, Ki-Hon McKoy, Brodie Edens Rader, Dale Kantrice Sasser, Thomas Michael Schlatterer, Daniel Robert Smith, Vinson Albert Swaringen, Jennifer Cherise Ward, Marc Edward Williams, Sharrona Sherree	INDIANA Bicos, James Crichlow, Renn Jerome Krepps, Brett Thomas LeGrand, Aaron Jon Malinzak, Robert Andrew Meneghini, Robert Michael Olvey, Scott Preston Sandlin, Jesse Lee Thome, Marcus Ali Walz, Brent Michael Weiss, Molly Ann
CALIFORNIA Ahn, Anthony Kyu-Won Billings, Annette Bittar, Tarek Youssef Burdi, Michael Dominick Burns, Joseph Philip Carlisle, Elliot Ryan Cepkinian, Vahan Chen, Gary You-Gang Chen, Jack Chen, Vincent Wing-Shun Cortes, Zenia Esther Cunningham, Torin Jay		DISTRICT OF COLUMBIA Andersen, Romney Christian Onyike, Ahamefule Elemuwa		IOWA Lomax, Leonard David Munjal, Sandeep Smucker, Joseph Douglas
		FLORIDA Albright, Jay C Atkinson, Todd Sterling Beharrie, Andrew Wayne Berkowitz, Mario Moises Bradley, Timothy Michael Bridges, Mark Wilson Chapman, Cary Cowin, David J Danko, Aileen Marie Donshik, Jon David Farino, Gregory Charles		KANSAS Durnigan, Ronald Matthew Goin, Scott Gordon Jackson, Adrian Peter Pappademos, Paul Constantine Parmar, Prem Thompson, Jon Christian
				KENTUCKY Buecker, Peter Jonathan Casnellie, Michael Thomas Glueck, Dane Andrew McClung, Glen Alan Nawab, Akbar Poepping, Thomas Patrick Spelich, Mark Andrew Robbe, Frederick
				IDAHO King, Jonathan Sanford Miller, Jennifer Rawlings Spelich, Mark Andrew Weight, Mark Anthony

Salamon, Michael Louis
Smith, Adam Michael
Stodghill, Burton Newman

LOUISIANA

Barton, Richard Shane
Blanchard, Gordon Michael
Bruce, Erik Jude
Cenac, Christopher Everette
DeLapp, John David
Frentz, Bryan Gary
Haddad, Charles George
Mccarthy, Kevin Patrick
Montgomery, Scott Charles
Osborne, John Charles
Wilson, Frederic B.
Yerger, Edward Scott

MAINE

Adey, Lauren Parkhill
Parisien, Robert Carl

MARYLAND

Blam, Oren Gil
Buchalter, David Philip
Cannova, Christopher John
Carr, Benjamin Nathaniel
Dunn, Jonathan Henry
Moinfar, Amir Reza
Nesbitt, Kristin Suzanne
Osgood, Greg Michael
Osman, Saidi Goto
O'Toole, Robert Vincent
Raffo, Christopher Stephen
Slabaugh, Mark Andrew
Zlotolow, Dan Ariel
Zornitzer, Matthew Howard

MASSACHUSETTS

Chapman, Andrew Whyte
Czarnecki, Joseph John
Earp, Brandon Elizabeth
Haisman, Jung Mi Lee
Kwon, Brian
Mithoefer, Kai
O'Brien, Todd McMichael
O'Holleran, James Douglas
Rozental, Tamara Diana

MICHIGAN

Bak, Sean Francis
Chilvers, Margaret Mary
Claybrooks, Roderick
Dew, Timothy Y
Henry, Julie Lynn
Jabara, Michael Robert-Fayze
Kopera, Matthew Herbert
Lenters, Tim Ryan
Little, Bryan
Patel, Nilesh Maganbhai
Phillips, Thomas Frederick
Pinto, Jeffrey Scott
Sobol, Gregory Victor
Telehowski, Paul Matthew
Veale, Michael Raymond
Weiss, David Brian
Zeni, Ferras

MINNESOTA

Anderson, David Ryan
Anseth, Scott Duane
Baker, Daniel Lloyd
Bohn-Kietzer, Deborah Colleen
Braman, Jonathan Patrick
Hebert, Michael Bradley
Kansara, Devanshu Velji
Klapach, Aimee Sue
Labadie, David Franklin
Larson, Darren Fred
Marston, Scott
McCarty, Leroy Pearce
Meisterling, Michael Robert
Palkert, Diane Marie
Pena, Fernando Alberto
Sems, Stephen Andrew
Su, Edward Tzuen-Chien
Walsh, Michael Richard
Yoon, Patrick

MISSISSIPPI

Humpherys, Brian Edward
Mehrle, Robert Kersey
Porter, Scott Edward
Richardson, David Reynolds
Robbins, Craig Andrew

MISSOURI

Craighead, Jonathan Michael
Crist, Brett Duane
Della Rocca, Gregory John
Dressander, Jeffrey Alan
Duncan, William Hayward
Hoernschemeyer, Daniel
Holtkamp, Kelly
Ipsen, Brian Jacob
Jachna, Jody Todd
Noonan, Timothy Michael
Oda, Jon Edward
Rothrock, Christopher Robert
Spitzfaden, Andrew Charles
Thomas, Frank V
Trease, Corey Alan
White, Richard Alexander

MONTANA

Schmidt, Guy Robert

NEBRASKA

Bruggeman, Nicholas Benjamin
Koch, Douglas Alan
Mahalek, James Michael
Reed, Lori Kay

NEW HAMPSHIRE

Klingler, Lance Jeffrey
Parsons, Ira Manning
Webb, Gavin Robert

NEW JERSEY

Abrutyn, David Alan
Bernardini, Brad Joseph
Betsy, Michael
Cozzarelli, James Francis
Faust, Alfred Francis
Johnson, Keith Patrick
Katt, Brian Matthew
Levin, Rafael

Liporace, Frank Anthony
Lopez, David Vincent
Nguyen, Hoan-Vu Tran
Ragland, Raymond
Sagebien, Carlos Alberto
Shah, Asit K
Simmerano, Rocco Anthony
Stankovits, Lawrence Matthew
Thacker, Sunil Rajan
Willis, Andrew Albert

NEW MEXICO

Oldham, Jacob Blaine
Reid, John Barlow
Sacoman, Damen Michael

NEVADA

Althausen, Peter Leonid
Malcarney, Hilary Lynn
Nielson, Jason Howard
Stewart, David Grant
Uppal, Renny Ravinder-Singh

NEW YORK

Afsar-Keshmiri, Armin
Agulnick, Marc Adam
Aierstok, Mark Douglas
Alexander, Daniel
Barzideh, Omid Samuel
DeLaMora, Sergai
DeWal, Hargovind Singh
Flik, Kyle Rudiger
Fragomen, Austin Thomas
Geller, Jeffrey Albert
Gonya, Gary Andrew
Hale, James J
Herzog, John Christopher
Inzerillo, V. Christopher
Kang, Lana
Kim, Allis Christine
Kim, Sun Jin
Kleinman, Yehuda Emanuel
Lee, Edward Won
Levine, Pamela Melissa
Martin, Linda Ann
Mayman, David Jacob
Mcgrath, Timothy Vincent
Michalko, Karl Bernard
Moulton, Andrew W.
Nanavati, Vipul
Neuman, David Torten
Nicholson, James Joseph
Oh, Chong Keo
Parsons, Bradford Owen
Price, Eric Mitchell
Rasquinha, Vijay Jude
Rosas, Kevin Edward
Seneviratne, Aruna M.
Setter, Kevin J
Tejwani, Nirmal
Tuckman, David Viktor
Vigna, Franco Edward
Wright, Kevin Earl
Wu, Karen
Youm, Thomas

NORTH CAROLINA

Blackman, Christopher Yates
Casey, Virginia Fishburne
Catterson, Christofer Clair
Chiavetta, John Bryan
Erdin, Robert Alexander
Ferguson, Cristin Martha
Frueh, Walter William
Haley, Chad Allen
Handy, Michael Harvey
Howe, David Jefferson
Jarrett, Samuel David
Judd, Daniel Burke
Li, Zhongyu John
Lim, Moe Ren-Ping
Logel, Kevin John
Mathur, Sameer
McClurg, Joel C.
McKenna, Matthew John
Musante, David Benjamin
Satterfield, William Harper
Singh, Hardayal
Snead, James Walter
Springer, Bryan Donald
Temple, John David
Thompson, David Allen
Tuttle, Harrison Gray

OHIO

Adamczyk, Mark John
AL-Quaimi, Mohammad Jassem
Anderson, James Robert
Argo, David Brent
Asghar, Ferhan Ali
Bishop, Julie Young
Brinkis, Edmund Zigmus
Cassinelli, Ezequiel Hernan
Codsi, Michael Joseph
Copeland, Steven Christian
D'Onofrio, Mark Michael
Durrani, A. Atiq
Flanigan, David Clint
Fleming, James Edward
Foad, Mohab Baher
Fumich, Frank Edward
Handler-Matasar, Sheryl Robyn
Hoskins, Jeffrey Scott
Jones, Morgan Herancourt
Miller, Steven Michael
Miskovsky, Shana Nicole
Patel, Samir Mahesh
Petrocy, Pamela Joan
Rohmiller, Michael Thomas
Seth, Ajay Kumar
Thompson, Ian Martin

OKLAHOMA

Cumming, Jeffrey Clayton
Halko, Gregory Edward
Swenning, Todd Allen
Thomas, Richard Doyle

OREGON

Button, Gavin John
Frome, Britton Ann
Goldsmith, Seth
Ha, Chae Greg
McAtee, Scott James
Moore, Joel August
Murphy, Kevin James

Schweitzer, Timothy Paul
Tavakolian, Jason Darius

PENNSYLVANIA

Abboud, Joseph Albert
Brahmabhatt, Shyam Narendra
Brislin, Kenneth
Bustillo, Jorge
Carrigan, Robert Boyd
Chin, Kingsley Richard
Cush, Gerard John
Delullo, James A
Fluhme, Derrick Joseph
Getz, Charles Lonnie
Hampers, Douglas Anthony
Huffman, George Russell
Lee, Joonyung
Lee, Sue Yun
Maish, David R
Manning, Christopher Matthew
Nechleba, Jeffrey Anthony
Olsen, Hans Peter
Raley, Thomas John
Rehman, Saqib
Rosenfeld, Jonathan Frederick
Sethuraman, Venkat
Thomas, Derek James

PUERTO RICO

Otero-Lopez, Antonio M.
Reina, Ricardo Jesus
Valentin, Richard

RHODE ISLAND

Breen, Christopher John
Risinger, Randall Jay

SOUTH CAROLINA

Brown, William Scott
Cordas, Daniel Isadore
Gill, Sanjittpal Singh
Hewitt, John David
Sewards, Joseph Milo
Shirley, Brayton Robert
Siffri, Paul Charles
Triepel, Caroline Rogers

SOUTH DAKOTA

Baumgarten, Keith Michael
Haft, Geoffrey Frederick
Kensinger, Daniel Ryan
Meis, Ryan Christopher
Watts, Jonathan David

TENNESSEE

Beaver, Richard Leigh
Brady, Paul Christopher
Calhoun, Douglas Newton
Elmes, Cornelis Millard
Gardocki, Raymond Joseph
Glenn, Ronald Edward
Pesut, Tracy Anne
Renfree, Timothy John
Saenz, Jay Michael
Vissers, Christian Frank
Willers, Jeffrey Donald
Yu, James Robert

TEXAS

Allen, Scott Dennis
Banerjee, Rahul
Battle, Jacob Richard
Bosita, Renato Victor
Conflitti, Joseph Michael
Dhawan, Aman
Elders, Gregory Jay
George, Michael Samir
Greer, Erin Kent
Grimes, Jerry Speight
Haynes, David Edward
Hester, David A.
Hurt, Joel Harborth
Jenne, Joel Wayne
Johnson, Keith R.
Josey, Robert A
Kadoko, Robert Gonza
Kent, Michael Dale
Koganti, Anil Kumar
Leahy, Michael James
Lee, Kenneth Jiann-Hung
Manderson, Michael Scott

Meincke-Reza, Jeffrey Wayne
Noack, John McKay
Phelps, Jeffrey Bradford
Quinby, Jonathan Scott
Randolph, Donald Appleby
Roux, Marcus Anderson
Rust, Stace Staglik
Sabonghy, Eric Peter
Sanders, Mark Seltzer
Santos, Erick Manuel
Shaw, Timothy Shane
Tubb, Creighton Collins
Ursone, Richard Louis
Warner, Meredith Ann
Wasserman, Matthew William
Won, Douglas Sung
Worrel, Daniel Aaron

UTAH

Aoki, Stephen Kenji
Bess, Robert Shay
Clawson, Junius Jackson
Cooper, Andrew deMontmollin
Higginbotham, Thomas Olavi

Larsen, Mitchell Williams
Leitze, Zachary Robert
Richards, Ryan A

VERMONT

Mullins, Eric Ronald
Nofziger, Matthew Jacob

VIRGINIA

Aram, Anthony Nguyen
Bravo, Cesar Jose
Caldwell, Paul Estil
Clifford, David Michael
Crowl, Adam Christopher
Esteban, Ramon A.C.
Felder, David Arthur
Hagy, Mark Lindsay
Hull, Jason Ray
Kalluri, Prakasam
Kim, John Jungkyum
Lambert, Edward William
Malekzadeh, Alireza Stephen
Manke, Chad Richard
Marqueen, Timothy John

Mierisch, Cay Michael
Osborne, Tommy Taylor
Parker, David Andrew
Perez, Barbaro Jesus
Roach, Christopher James
Siddiqui, Faisal Ahmed
Willis, Mark Catesby Jr.

WASHINGTON

Arakal, Rajesh George
Birchard, Keith Ray
Bluman, Eric Michael
Bransford, Richard Jackson
Degenfelder, Paul Sinclair
Falicov, Alexis
Gardiner, James Raymond
Gramstad, Gregory Dean
Han, Michael Young
Howlett, Andrew Thomas
George
Hsu, Jim Chun-Jen
Katolik, Leonid Iwan
Madsen, Robin Lynn
Mani, Usha Shanthini

Manoso, Mark William
McAdam, Michael Kevin
Roh, Jeffrey Seung
Thompson, Jason Hoyt
Weil, Wayne Mitchell
Young, Andrea June

WEST VIRGINIA

Patel, Rajesh Vitthal

WISCONSIN

Abuzzahab, Faruk Said
Bowers, James Ronald
Franta, Amy Katherine
Herr, Mark James
Hodgson, Mark Emory
Maskala, Kristen Lucy
Moe, Craig Edward
Perlewitz, Thomas John
Pifel, Eric Bruce

WYOMING

Edwards, John Zener
Huang, Robert Po-Chen
Weiser, Lori Gail

(President's Report Continued from page 1)

For those applying for the 2010 Examination the requirement has been expanded to require that at least 20 of the 120 credits be **Scored Self-Assessment Credits**. Each of the self-assessment examinations must be 10 or more credits and cannot be scored "fast track" or "score as you go". The AAOS, ASSH, AOSSM, and JBJS offer qualifying self-assessment examinations.

Cognitive Expertise: This remains unchanged with the diplomate having the option of the Computer Examination Pathway or the Oral Examination Pathway.

Practice Performance Assessment: This is the second area of significant change. For over twenty years the ABOS has utilized peer review to assess its diplomates practice performance. This will remain unchanged and is based on the six competencies. **The new requirement is the three month (or 75 cases) case list.** This case list will be utilized by the Credentials Committee to assess practice performance.

The ABOS has yet to finalize the additional changes that will apply to certificates expiring in 2013 and beyond. A second component of Continuing Medical Education will be utilized earlier in the ten year cycle. Being considered are Patient Safety and Patient Evaluation surveys as additional requirements in the Practice Assessment Component that may satisfy the yet to be determined Federal Pay for Performance standards.

(Recertification Report Continued from page 4)

lowest of all the examination pathways. Overall passing rates were slightly lower for most of the computerized examinations this year in comparison to past years, and slightly higher for the Oral Recertification Examination.

The Oral Recertification Examination will be administered on July 10, 2007, at the Palmer House Hilton in Chicago. The computerized Practice Profiled Examinations in Sports Medicine, Adult Reconstructive Surgery, and Spine Surgery will be offered at Prometrics testing centers throughout the U.S. from March 1 through April 30, 2007. The computerized recertification in Hand Surgery will be offered at Prometrics testing centers from August 4 through September 1, 2007.

Candidates for recertification should apply as soon as they are eligible to do so, to give themselves the maximum number of chances to pass the examination within the 10-year window of the certification period. The deadline for applications for recertification through any of the available examination pathways is May 1st of the year preceding the examination, which for applicants for examination 2008, would be May 1, 2007.

(Subspecialty Certification Continued from page 6)

For the 80 General Orthopaedic items the mean percent correct was 82.3% (73% correct in 2005, 79% in 2004). The mean percent correct for the 148 hand recertification hand items was 77% which was consistent with previous years. The standard setting data was then reviewed by conference call by the ABOS Committee on Recertification and psychometricians from the ABS and National Board of Medical Examiners. A passing level of 62% correct was set. This resulted in 2 failures for the combined recertification exam.

IMPORTANT REMINDERS!

IMPORTANT INFORMATION FOR ALL DIPLOMATES

If your ABOS Certificate expires in or prior to 2009, has already expired, or is a lifetime certificate
May 1, 2008 is your deadline to apply to take one of the recertification examinations in 2009. After that time, all Diplomates wishing to recertify will be required to go through the Maintenance of Certification process for Recertification.

If your ABOS Certificate expires in 2010 or after
You must complete the MOC process in the year prior to application. If your certificate expires in 2010 or 2011, see the grid on page 3 for the requirements to take the 2009 examination.

More information about MOC and Recertification can be obtained by going to our website at www.abos.org and clicking on the Diplomates tab.

CONTACT US:

The American Board of Orthopaedic Surgery
400 Silver Cedar Court
Chapel Hill, NC 27514
Phone: 919-929-7103
Fax: 919-942-8988
or visit our website: www.abos.org

REVOKED CERTIFICATES

To date, the American Board of Orthopaedic Surgery has revoked the certificates of 35 Diplomates.
Listed below are the most recent certificate revocations.

Former Diplomate	Last Known City/State	Year Revoked
Mark M. Benson, M.D.	Wauwatosa, Wisconsin	2005
Allen Chapin Chamberlin, M.D.	New York, New York	2006
James Rutherford Cole, M.D.	Englewood, New Jersey	2005
Richard Bruce Hawkins, M.D.	Boston, Massachusetts	2005
Douglas R. Howard, M.D.	Wakefield, Massachusetts	2006
M. Ibrahim Khan, M.D.	Beverly Hills, California	2007
Sidney S. Loxley, M.D.	Chesapeake, Virginia	2006
David L. Mackey, M.D.	Winter Park, Florida	2007
Mumtaz I. Malik, M.D.	Elizabethtown, Kentucky	2006
Robert S. Schull, M.D.	Palm Beach, Florida	2006