

## DIPLOMATE

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## President's Report

The certification of Orthopaedic Surgeons is a core mission of the ABOS. Over the past several years we have worked to refine the certification examination process. In 2009 we converted from a written to computer based Part I exam. This format has continued to function well and is convenient for the examinees. More recently we have focused a great deal of effort on the oral Part II and recertification exams.



Stephen Albanese, MD

The year 2011 marked a transition from hard copy to digital images for use during the exam. We made this change after careful study and a test run with actual examiners and Diplomates who had recently successfully completed the exam. Although there was great anticipation before we made the change, the transition worked well and is preferred by the vast majority of the candidates.

The next step in the process was a transition to digital records. Most physicians' offices and hospitals now utilize electronic medical records. In the past, candidates were required to print multiple copies of large volumes of records, organize them and bring them to Chicago to be utilized for the exam. Candidates were arriving with suitcases full of records. It was our opinion that changing to a digital format would in the end, be more convenient. It also presented an opportunity to standardize what candidates were required to have available for the exam. Once again, we did extensive testing before implementing the change. The oral exams completed in July 2014 were the first that utilized all digital records and images. In general, the transition worked well and it appears that it makes the examination process more efficient. Constructive feedback from examiners and candidates will result in modifications to improve the process.

There were changes made to the structure of the oral exam itself. Candidates are now examined by 4 panels consisting of 2 examiners in each panel. This was an increase from the 3 panel format utilized for the past several years. The examiner rotation between panels was also increased. These changes were a result of our ongoing efforts to maintain high validity of the oral examination process.

The ABOS continues to look for ways to enhance the value of maintenance of certification (MOC). We have worked with orthopaedic specialty societies to develop performance improvement modules (PIM's) that can now be utilized for MOC part II self assessment credit. There will also be options to utilize approved portfolio projects and registries for MOC self assessment credit. Currently 93.7% of Diplomates with time limited certificates are participating in MOC. The number of lifetime certificate holders participating remains low and is currently at 6.1%.

The American Board of Orthopaedic Surgery works to serve the best interest of the public, its Diplomates and the medical profession. This could not be accomplished without the many volunteers who devote an enormous amount of time to ABOS activities. The written and oral exams would not be possible without their contributions. The willingness of volunteers to participate is truly remarkable. I also wish to thank Shep Hurwitz, the Chapel Hill staff and my fellow Directors for their continued efforts throughout the year.

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### Letter from the Executive Director

The American Board of Orthopaedic Surgery will be offering diplomates the opportunity to recertify in the subspecialty areas of Surgery of the Hand and Sports Medicine via an Oral Exam starting in 2015. These Recertifying Exams may be taken as stand-alone tests for those with time-unlimited certificates and as the combined Orthopaedic-Subspecialty Recertification. Please go to the [abos.org](http://abos.org) website to learn the procedure and timeline for application for these new Recertifying Exams.

The Oral Exams are given in July as part of the Oral Exam sessions in Chicago, unlike the computer-based Recertification Exams that are given in the fall. The Oral Subspecialty Exams will follow the same format that is used on other Oral Exams. The ABOS chooses 12 cases for presentation and the Diplomate is examined by eight examiners. Results from the exams will be available at the end of August. If a Diplomate does not pass the Oral Exam, he or she may take the computer-based Recertifying Exam the following year, provided the primary Orthopaedic Certification is still valid. Any Diplomates with an expired certificate must take and pass an Oral Exam to regain their certification if they are in the operative practice of Orthopaedics. Those surgeons not performing surgery or with a very low volume of surgery may not qualify to take an Oral Exam and thus must take the computer-based Recertification Exam to recertify.

For upcoming applications for any of the ABOS Recertifying Exams you will find an invitation to participate in a survey about the online application process. This survey will be available early in 2015 and will include a space for comments.

Sincerely-

Shepard Hurwitz, Executive Director



## 2014 RECERTIFICATION EXAMINATION REPORT

JAMES E. CARPENTER, MD, CHAIR

Since 1986 the ABOS has issued only time-limited certificates to diplomates who have successfully earned certification by completing the initial Part I and Part II Examinations and requirements. These certificates are limited to 10 years; continuing certification requires the documentation of professional standing, participation in educational programs, and core orthopaedic knowledge. In 2010 this transitioned into the ABOS Maintenance of Certification (MOC) program. A secure examination has always been a requirement of recertification. This Recertification Examination is designed to confirm a diplomate's knowledge of important clinical concepts in Orthopaedics. Currently the examination can be taken as a Written (computer-based) Examination or as an Oral Examination.

The Written Examination can be taken as a General Orthopaedic Examination or a Subspecialty-Focused Examination in Spine or Adult Reconstruction. Examinees may choose any of these three options. Furthermore, holders of subspecialty certification in either Hand or Sports Medicine can take an examination focused in that subspecialty and become recertified for both Orthopaedics and their respective subspecialty. Each of these examinations includes 80 core General Orthopaedic questions in addition 120 Subspecialty-Focused questions (except for the Hand examination, which has more questions). The Oral Examination follows the same structure as the Part II Examination and is similarly based on a diplomate's own cases. It is given in Chicago on a different day and scored separately from the Part II Examination.

Diplomates are allowed to take these examinations if they are meeting the requirements of the ABOS MOC process, including successful completion of required CME (two 3-year periods of 120 hours which include Self-Assessment Examinations), rigorous peer review, and review of a 3-month list of cases (6 months for the Oral Examination). Minor changes to the MOC process will be phased in beginning in 2017 and will be posted on the ABOS website ([abos.org](http://abos.org)) as they occur. The Recertification Examination can be taken in years 8, 9, and 10 of the 10-year MOC program. In a case where a diplomate fails an examination, that examination (Written or Oral) can be repeated the following year. If a diplomate in the operative practice of Orthopaedics does not pass the examination by the end of the 10-year certification period, a re-entry process must be followed that requires taking the Oral Recertification Examination.

### Recertification Examination Results

| March-April 2014 Recertification Examination Results |       |           |         |
|--|-------|-----------|---------|
| Examination  | Total | Passed    | Failed  |
| General Clinical                                     | 752   | 738 (98%) | 14 (2%) |
| Adult Reconstruction                                 | 132   | 127 (96%) | 5 (4%)  |
| Surgery of the Spine                                 | 156   | 146 (94%) | 10 (6%) |

## MOC COMMITTEE REPORT

Participation in Maintenance of Certification (MOC) for Diplomates of the American Board of Orthopaedic Surgery (ABOS) is undergoing change and improvement, with the goal of simplifying the process by which orthopaedic surgeons can fulfill their requirements. In addition, credit is now given for work being done in safety, quality, and professionalism at the local level, in specialty society participation, or in other work such as with regional or state societies. The ABOS MOC program is set upon a 10-year timeline for each individual Diplomate that includes two 3-year CME cycles and one high stakes examination at the end of the 10-year timeline.

The ABOS MOC program incorporates all six ABMS/ACGME Core Competencies: Practice-Based Learning & Improvement; Patient Care & Procedural Skills; Systems-based Practice; Medical Knowledge; Interpersonal & Communication Skills; and Professionalism. There are four components of MOC, as follows:

**Part I: Professionalism and Professional standing** – The American Board of Medical Specialties (ABMS) requires a member board such as ABOS to identify and convey professionalism expectations to its diplomates and incorporate professionalism, learning, and assessment activities into its program for MOC. ABOS Diplomates can meet this requirement through the established credentialing and peer review process that is completed when application is made to take the Oral or Written board examination.

**Part II: Lifelong learning and self-assessment** – Part II is performed in 3-year cycles by completion of 120 CME credits, of which 20 must be scored and recorded self-assessment (SAE) credits in each 3-year cycle of the 10-year MOC timeline. The ABOS has expanded options to obtain SAE credit to include the following options: 1) taking a standard SAE test approved by the ABOS, 2) participation in a performance-in-practice activity such as a practice-improvement module (PIM), 3) sustained participation in an ABOS-approved orthopaedic registry with documentation of feedback from the registry and planned practice improvement based upon the feedback report, 4) participation in other ABOS-approved quality improvement programs performed in a local hospital system or through the “Portfolio Program” 5) participation in the MOC process as a question writer, a member of the field test task force, a site visitor, or an oral examiner.

**Part II: Patient Safety** – ABMS requires each member board to integrate patient safety into MOC. ABOS Diplomates will meet this requirement by providing attestation of having completed a patient safety activity within year 3 cycles of the 10-year MOC timeline (examples of patient safety activities include American Association of Orthopaedic Surgery (AAOS) safety CME modules or local hospital and health system compliance activities).

**Part III: Assessment of Knowledge, Judgment, and Skills** – ABOS will continue to require the high stakes Oral or Written examination once in each 10-year timeline.

**Part IV: Improvement in Medical Practice** - Submission of the case list is required when application is made to take the Oral or Written board examination. This, combined with Diplomate review of the analysis and benchmarking of the case list provided by the ABOS, in addition to the peer review process incorporated in credentialing review (Part I) by the ABOS, will constitute successful completion of Part IV of the ABOS MOC process.

## MAINTENANCE OF CERTIFICATION

To sum up, the ABOS MOC process has been improved in the following ways: the options for receiving MOC credit have expanded, ABOS is doing more internally with information submitted in the case list to provide feedback to Diplomates, and patient safety is being handled by attestation. Through these improvements, the goal of the ABOS is that Diplomates will be able to focus more on patient care while receiving MOC credit for work being done in their day-to-day practice, in the hospital and health system setting, and in their professional society interactions.

## EXAM STATISTICS

| 2014 Exam Statistics |       |           |
|----------------------|-------|-----------|
| Examination          | Total | Passed    |
| Oral Recertification | 146   | 114 (78%) |
| Part I               | 866   | 744 (86%) |
| Part II              | 769   | 712 (93%) |



**ABOS Board of Directors**