

DIPLOMATE

PRESIDENT'S REPORT

The Mission of the American Board of Orthopaedic Surgery is:

"... to serve the best interests of the public and of the medical profession by establishing educational standards for orthopaedic residents and by evaluation of the initial and continuing qualifications and knowledge of orthopaedic surgeons."



Judith Baumhauer, MD

Twenty years ago this entailed a valid, robust, written examination for initial certification and recertification and conducting a practice-based oral examination through the help of literally hundreds of dedicated volunteer orthopaedic surgeons as question writers, oral examiners, peer test takers, and Directors of the Board. While these activities still form a cornerstone of our mission, the activities at the ABOS have become increasingly diversified to keep up with the changing times.

With educational standards being under the guidance of the ABOS, the orthopaedic internship year requirements were changed in the winter of 2012 to meet increasing technologic and procedural demands of the profession. Embedded within this internship year change was the requirement of a surgical simulation training program led by Dr. Larry Marsh, Chair of the ABOS Task Force. Working together, the American Orthopaedic Association (AOA), Council of Orthopaedic Residency Directors (CORD), American Academy of Orthopaedic Surgeons (AAOS), Orthopaedic Residency Review Committee (RRC), and the ABOS formulated a 17-module curriculum. These PowerPoint and video modules are dedicated to help teach surgical techniques required of our residents in providing orthopaedic care of our patients. These modules are housed on the ABOS website as a free resource for residency program directors and faculty use.

While most of us are familiar with the CME credits required for part II of the MOC (maintenance of certification) initiative, Part IV of MOC has been evolving. Dr. Tad Vail, Chair of the MOC Committee, along with many other members of the ABOS Board of Directors, has worked to expand the opportunities for obtaining credit for the many professional practice improvement initiatives we perform for our hospitals,

offices, and communities. The ABOS is one of 24 member boards housed within the American Board of Medical Specialties (ABMS). The ABMS works to assist the member boards in establishing requirements for MOC. While the ABOS MOC requirements will remain the same until after 2017, there will be opportunities to choose self-directed programs based on practice improvement needs by surgeons. In 2015 there will be two additional courses, a Patient Safety module and a Communication module, available for CME credit. .

The Oral Boards have consisted of case-based evaluation of orthopaedic care. In the past 2 years, the ABOS has successfully made the transition to electronic radiographs and media. The Oral Examination Committee, led by Drs. Larry Marsh (Chair) and Dr. Stephen Albanese (Past Chair), are beta testing a paperless examination process. Although this may be a few years away, it is coming and we are optimistic that it will streamline the process and make it less expensive for our diplomates.

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MAINTENANCE OF CERTIFICATION REPORT

THOMAS PARKER VAIL, MD, CHAIR



The goal of Maintenance of Certification (MOC) through the American Board of Orthopaedic Surgery is to provide an efficient process designed to document that ABOS-certified orthopaedic specialists maintain the necessary competencies to provide quality patient care. ABOS diplomates may sign up for MOC by simply pushing a

button on the ABOS web site (www.abos.org).

The ABOS MOC cycle occurs over a period of 10 years, and includes four parts. The four parts meet all of the requirements set forth by the American Board of Medical Specialties. Part I is defined as “Evidence of Professional Standing” (unrestricted State medical license, unrestricted surgical privileges, peer review – professionalism and behavior). Part II is “Evidence of Lifelong Learning” (120 CME credits, of which 20 are self-assessment scored and recorded activities). Part III is “Evidence of Cognitive Expertise” (a secure examination given in a testing center or a practice-based oral examination). Part IV is “Evidence of Performance in Practice” (case lists and peer review).

The MOC committee has worked diligently to expand the menu of options for self-assessment and practice improvement credit. Moreover, the specialty of orthopaedic surgery leads the field of medicine in providing high quality opportunities for continuous improvement and lifelong learning. Credit for this success is due to the tireless work of physician educators, professional organizations, and individual surgeons in our field who provide a multitude of programs directed at quality improvement. Orthopaedic surgeons participate in many such quality and safety programs at the local, regional, and specialty society level. It is the goal of ABOS to include qualified programs of self-assessment and performance in practice as part of a menu of options in MOC.

Recent examples of expansion of options within MOC include the addition of practice improvement

modules (PIM) and self-assessment activities administered by specialty societies, the American Academy of Orthopaedic Surgery (AAOS), and regional societies. A PIM is essentially a closed-loop cycle of practice review, focused education, and re-review with the goal being to institute positive change in practice through review and education. Currently, PIMS are being developed by a number of subspecialty groups and the AAOS, including topics such as carpal tunnel release, distal radius fracture, hammertoe treatment, spinal conditions, management of arthritis, and treatment of supracondylar humerus fractures in children. Other activities that are being developed for performance in practice credit include registry participation, safety modules, and patient-reported outcome tools.

To support the successful expansion of MOC options for those diplomates needing MOC, considerable infrastructure upgrades have been prioritized in the past year. These upgrades include full-time information technology support in the ABOS office, and a full-time MOC staff specialist (Brenda Kulp, bkulp@abos.org). The internal expertise is complemented by an improved online infrastructure with a completely remodeled web site designed to facilitate both signing up for MOC and entering data required along the way to document participation.

Why participate in MOC? MOC is part of the recertification process for time-limited certificate holders. Any diplomate participating in MOC, whether a time-limited or time-unlimited certificate holder, will be designated as participating in MOC on the ABOS web site. The MOC program is voluntary at this time. Participation in MOC does not change certification status for lifetime certificate holders. However, many lifetime certificate holders will likely need or want to enter the MOC process, and they will be able to do so in the same manner as time-limited certificate holders by signing an MOC agreement, activating a computer account with the ABOS, and starting a 10-year cycle.

MAINTENANCE OF CERTIFICATION

FOR DIPLOMATES OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY WHO WISH TO TAKE THE EXAM IN 2015

MOC Computer Examination Pathway

CONTINUING MEDICAL EDUCATION & SELF-ASSESSMENT EXAMS		CASE LIST		APPLICATION		EXAM YEAR	
taken in	due	during	due	available	due	exam fee due	in
2011-2013	5/1/2014	2013	5/1/2014	11/1/2013	5/1/2014	12/15/2014	2015
120 credits of Category 1 Orthopaedic CME, including 20 or more SCORED & RECORDED self assessment exam credits. Each SAE must be 10+ credits. The AAOS, ASSH, AOSSM, JBJS, CNS, NYSSOS & WOA offer SAE that qualify.	CME credits must be entered into the CME Summary at abos.org. The Summary must be printed and certificates or transcripts from the issuing bodies must be attached to the Summary and mailed to the Board Office at the time of application.	3 month surgical case list (limit 75) performed in hospitals and surgery centers during 3 consecutive months within the year indicated.	Case list must be entered at abos.org, then finalized & printed. Printed case list must then be signed by the medical records director, notarized & mailed to the Board office at the time of application.	Application accessible at abos.org to Diplomates who have completed the MOC requirements. (CME, SAE and 3 month case list are finalized & documents have been received in the Board office.)	Application must be completed, then finalized and app/MOC fee paid online. Documents required to be mailed in: 1. CME summary, 2. Notarized case list, 3. Application documents.	After the Credentials Committee meets, candidates receive their acceptance to sit letters at the end of October. They must then go online and pay the exam fee at abos.org.	Exam options: 1) <i>General</i> 2) <i>Adult Recon</i> 3) <i>Spine Surgery</i> 4) <i>Combined Hand</i> (holders of hand subspecialty cert) 5) <i>Combined Sports</i> (holders of sports subspecialty cert).

MOC Oral Examination Pathway

CONTINUING MEDICAL EDUCATION & SELF-ASSESSMENT EXAMS		CASE LIST		APPLICATION		EXAM YEAR	
taken in	due	during	due	available	due	exam fee due	in
2011-2013	5/1/2014	2013 - 2014	5/1/2014	11/1/2013	5/1/2014	12/15/2014	2015
120 credits of Category 1 Orthopaedic CME, including 20 or more SCORED & RECORDED self assessment exam credits. Each SAE must be 10+ credits. The AAOS, ASSH, AOSSM, JBJS, CNS, NYSSOS & WOA offer SAE that qualify.	CME credits must be entered into the CME Summary at abos.org. The Summary must be printed and certificates or transcripts from the issuing bodies must be attached to the Summary and mailed to the Board Office at the time of application.	6 month surgical case list performed in hospitals and surgery centers during 6 consecutive months within the years indicated.	Case list must be entered at abos.org, then finalized & printed. Printed case list must then be signed by the medical records director, notarized & mailed to the Board office at the time of application.	Application accessible at abos.org to Diplomates who have completed the MOC requirements. (CME, SAE and 3 month case list are finalized & documents have been received in the Board office.)	Application must be completed, then finalized and app/MOC fee paid online. Documents required to be mailed in: 1. CME summary, 2. Notarized case list, 3. Application documents.	After the Credentials Committee meets, candidates receive their acceptance to sit letters in October. They must then go online and pay the exam fee at abos.org.	Candidates receive their list of selected cases in April, and must then upload the pertinent images & arthroscopic prints for the selected cases online. All other required case materials will be brought to the exam for presentation.

*Diplomates whose certificates expire before they complete the MOC requirements will be required to take the Oral Examination Pathway.

2013 MOC RECERTIFICATION EXAMINATIONS

Combined Hand Examination
September 9-21, 2013
at Prometric Testing Centers, Nationwide

Combined Sports Examination
October 24-November 7, 2013
at Prometric Testing Centers, Nationwide

2014 MOC RECERTIFICATION EXAMINATIONS

General/Adult Reconstruction/Surgery of the Spine
Examinations
March 1 thru April 30, 2014
at Prometric Testing Centers, Nationwide

Oral Recertification Examination
July 14, 2014
at the Palmer House Hilton, Chicago

Combined Hand Examination
September 8-20, 2014
at Prometric Testing Centers, Nationwide

Combined Sports Examination
October 17- 30, 2014
at Prometric Testing Centers, Nationwide

Recertification

RECERTIFICATION EXAMINATION REPORT

JAMES E. CARPENTER, MD, CHAIR



The Recertification Examinations are a part of the ABOS Maintenance of Certification (MOC) program. Diplomates are allowed to sit for these exams only after 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. Although the exam comes

as a last step in the MOC timeline, it is considered Part 3 of the MOC program (as defined by the American Board of Medical Specialties) and demonstrates cognitive expertise in a unique body of knowledge. Candidates who successfully complete the prerequisites listed above may elect to make an application in years 7, 8, or 9 of the 10-year MOC program. For those who choose the Written Exam pathway, the options for exams include a General Exam, a Spine Surgery-focused Exam or an Adult Reconstruction-focused Exam. For those who hold Subspecialty Certification (SSC) in Surgery of the Hand or in Orthopaedic Sports Medicine in addition to their ABOS Certification, Written Recertification Exams in those focused areas allow for recertification in both Orthopaedic Surgery as well as the subspecialty area (Surgery of the Hand or Sports Medicine SSC). Diplomates who do not have SSC in Surgery of the Hand or Sports Medicine are not permitted to take exams focused in these areas.

The General Exam consists of 200 questions covering general clinical information all orthopaedists should know regardless of their practice profile. The subspecialty-focused exams in Spine Surgery, Adult Reconstruction, and Sports Medicine consist of 120 questions from the respective subspecialty and 80 core general orthopaedic questions shared across all exams. The Surgery of the Hand Recertification Exam consists of 175 specialty questions as well as the 80 core general orthopaedic questions. The exams are given through Prometric testing centers available throughout the country. Passing rates are established through a rigorous standard-setting process. This process is based on equating across exams year to year as well as standard-setting exercises performed with practicing orthopaedists from a range of practice types.

Recertification Examination Results

Examinations	Pass	Fail	Total
2013 General	651	11	662
2013 Adult Reconstructive	123	5	128
2013 Spine Surgery	141	10	151
2012 Combined Surgery of the Hand	109	1	110
2012 Combined Sports Medicine	145	4	149
2012 Oral Recertification	105	29	134

The Oral Exam pathway is an option for recertification in place of a Written Exam. Using a structure similar to the Part II Oral Certification Exam, recertification candidates who have completed the qualification process are examined on 10 of their cases selected for presentation by the ABOS. Cases are presented to three panels of examiners, sessions lasting 35 minutes each, and each case is scored independently. There are no standard cases, and only an examinee's cases are discussed. Panels are typically available in subspecialty areas of Hand, Shoulder, Spine, Trauma, Foot, Adult Reconstruction, Tumor, Pediatric Orthopaedics, Sports Medicine and General Orthopaedics. This test option is often used by diplomates who have highly specialized practices. **It is important to note that from 2013 forward any recertification candidate who fails either the written or oral recertification exam must take the Oral Examination pathway to be recertified.**

The results from the most recent exams are listed in the table below. The Sports Medicine, Surgery of the Hand, and Oral Exams are from the summer and fall of 2012, while the General, Spine Surgery, and Adult Reconstruction Exams are from the spring of 2013. For these most recent Written Exams, the failure rate was 1.7% for the General Examination (651 pass, 11 fail), 3.9% for the Adult Reconstruction Examination (123 pass, 5 fail), and 6.6% for the Surgery of the Spine Examination (141 pass, 10 fail). For the combined Recertification Exams the failure rate was 1% for Surgery of the Hand and 3% for Sports Medicine. For the Oral Recertification Exam, the failure rate was 22% overall. For additional information please go to www.abos.org.

Letter from the Executive Director

This year, the American Board of Orthopaedic Surgery (ABOS) is initiating a second edition of *The Diplomate*. Each summer there will be a presentation of the results from the computer-based recertification exams held in March and April. There will also be updates from the ABOS President - this year Dr. Judy Baumhauer - and featuring select activities such as our Maintenance of Certification (MOC) process and subspecialty certification.

For those diplomates of ABOS who maintain an active portfolio account with the American Academy of Orthopaedic Surgeons (AAOS), you may now electronically transfer your CME credits and self-assessment exam credits from the AAOS to your ABOS account for purposes of completing MOC requirements. And ABOS has developed a process that will allow us to accept CME certificates from non-AAOS sources by scanning and uploading them to their ABOS dashboard. This has enabled us to end the practice of sending those CME certificates via U.S. Postal Service mail.

The ABOS will be working to simplify the MOC application process and will continue to encourage time-limited and time-unlimited (the “grandfathers”) certificate holders to register for and participate in MOC. This September, ABOS will be posting on its website and will provide information to the ABMS the status of diplomates in the MOC process. For time-unlimited certificate holders, the listing will be “not required,” unless that individual has registered for MOC participation. For time-limited certificate holders, the ABOS website will state “meeting the requirements of MOC” for those who indeed are participating in the CME, self-assessment, and case list requirements. Those diplomates with time-limited certificates who have not registered for MOC or who have not fulfilled the requirements will be listed as “not meeting MOC requirements” on our website. Finally, the ABOS is not responsible for local issues with licensing boards, hospitals, or health systems or insurers who are asking about an ABOS diplomate’s MOC status. The ABOS stands ready to assist any diplomate with issues arising concerning participation in our MOC process, and we encourage diplomates to email or call our office in Chapel Hill with any questions.

Sincerely-

Shepard Hurwitz, Executive Director

