

American Board of Surgery



New Continuous Certification Program



Vision Statement of the ABS

Unify surgery in the
pursuit of excellence in
patient care.

Mission Statement of the ABS

The American Board of Surgery serves the public and the specialty of surgery by providing leadership in surgical education and practice, by promoting excellence through rigorous evaluation and examination, and by promoting the highest standards for professionalism, lifelong learning, and the continuous certification of surgeons in practice.

Why Continuous Certification?

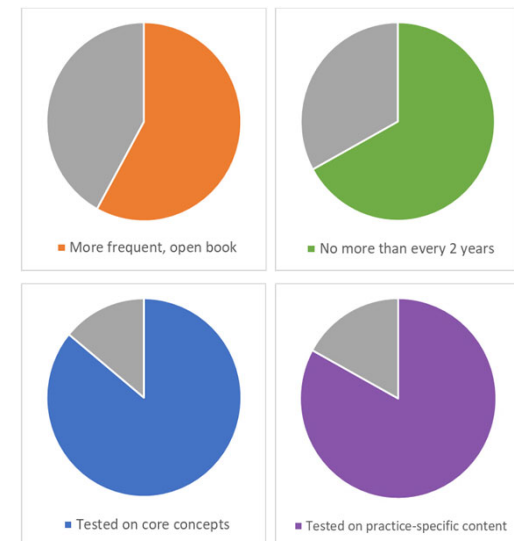
- ABS recognized that maintaining certification needed to be **more convenient** and **more reflective** of a surgeon's daily practice
- Establishes a **national standard** for maintaining knowledge and skill in surgical practice
- Documents the **ongoing commitment** of surgeons to professionalism, lifelong learning, and quality patient care
- Upholds board certification as a standard of quality **defined by the surgical community**
- Gives the surgical community a **proactive position** in the health care quality debate, using surgeon-developed metrics and reporting methods

New Assessment Process

- **New assessment process now available** for general surgery, vascular surgery, pediatric surgery, and surgical critical care
- Each ABS component board determines the content for their specialty, with input from diplomates and societies
- Diplomates with expiring certificates will use new process to continue their certification
- Diplomates who maintain multiple certificates will pay a reduced fee for the additional certificates once enrolled in the program for those specialties

New Assessment Process

- Designed to address diplomate concerns regarding the traditional exam
- Survey sent in August 2017 to all diplomates to better understand what would be most helpful: content, frequency, etc.
- **August 2017 Survey Results:**
 - **58%** prefer a more frequent, open book, lower-stakes assessments to the 10-year model
 - **67%** would like to complete the assessment no more frequently than every two years
 - Are strongly in favor of being tested on both core surgery concepts (**86%**) and practice-specific content (**83%**)

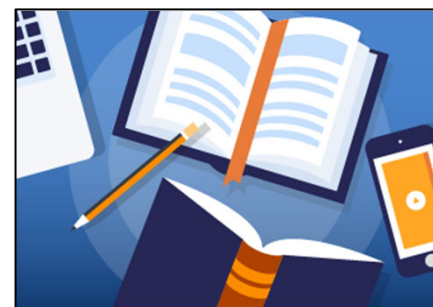


Continuous Certification Assessments

- All assessments have **40 questions** presented in random order
 - General surgery:
 - 20 questions on core surgical principles
 - 20 questions from practice-related area of diplomate's choosing
 - Vascular surgery, pediatric surgery and surgical critical care:
 - These assessments are not modular for 2019
- Content focuses on important changes in surgical practice
- Topic areas will evolve based on changes in the field of vascular surgery in addition to feedback from diplomates and surgical societies
- Questions written by community (including rural) and academic surgeons

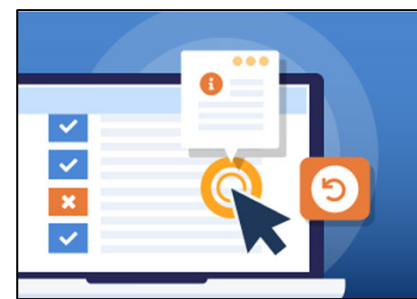
Educational Format

- Assessments have an educational format:
 - Open book
 - No time limit per question
 - Immediate learner feedback – view correct/incorrect with rationales
- Take on own computer or mobile device in your home or office – **no testing center!**
- References and a list of topics for each assessment are published on ABS website prior to the start of the assessment window each summer



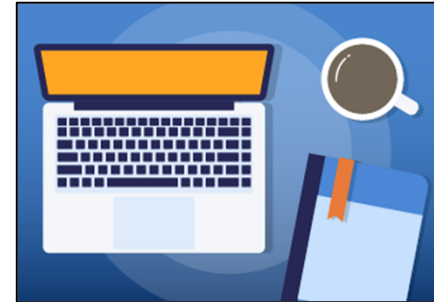
Scoring

- **Second attempt** to answer incorrect questions may be offered at end of assessment
- **Immediate results** based on overall score (correct answers from 1st + 2nd attempts)
- Must attain a total score of **80%** (32 questions correct) after the two attempts to pass the assessment
 - A score of at least **40%** (16 questions correct) must be achieved on the first attempt to qualify for a second attempt



Timing

- Must pass one assessment **every other year**
- **Time Limits**
 - Two weeks to complete assessment once started
 - Can save results at any point and return later
 - If unsuccessful, can retake the assessment the following year (grace year)
 - If unsuccessful in grace year, must pass a secure exam



New Assessment Enrollment

**All current ABS certificates are valid
until expiration date**

- All new diplomates (certified in 2018-2019 or thereafter) are automatically enrolled in the Continuous Certification Program

Timeline for 2019

- **All 2019 Assessments**

- Registration: Available until Nov. 4
- Assessment window: Sept. 6 – Nov. 4



- The last day to begin your assessment to ensure you have the full two weeks is **Monday, Oct. 21**
 - You may still begin the assessment after this date, but the assessment will close at 11:59 p.m. on Monday, Nov. 4

Other Program Requirements

- **CME and self assessment** - 150 credits of Category 1 CME relevant to your practice over five years / 50 must include self-assessment
 - Changes to 125 credits with **no self-assessment required** when diplomates pass their first Continuous Certification Assessment
- Full and unrestricted **medical license**
- Hospital or surgical center **privileges**
- Two **reference forms** submitted every five years
- Participation in a **practice improvement** program
- **Operative log** submitted every 10 years
- See ABS website for full details about each requirement

Annual Fee

- Annual fee covers ongoing development of all aspects of the ABS Continuous Certification Program:
 - Diplomate status tracking
 - Public reporting of diplomate status
 - Self-service features like the CME Repository, with transfer of CME credits from ACS, SAGES, ASMBS and SSO
 - One assessment every other year
 - New web-based delivery platform
- Begins upon enrollment in new program

Diplomates with 10-Year Certificates

- Diplomates who hold an active ABS certificate but have not yet enrolled in the Continuous Certification Program must be up to date on all ongoing requirements to maintain their certification, *except for the annual fee and biennial assessment*
- This includes:
 - **CME and self assessment**
 - Full and unrestricted **medical license**
 - Hospital or surgical center **privileges**
 - Two **reference forms** submitted every five years
 - Participation in a **practice improvement** program
 - **Operative log** submitted every 10 years

Diplomates with 10-Year Certificates

- Diplomates do not need to register for their first Continuous Certification Assessment until the year in which their current certificate expires
 - E.g., if your certificate has an expiration date of Dec. 31, 2024, you will need to register for the 2024 Continuous Certification Assessment in that specialty to remain certified
- Upon registration for the first assessment and enrollment in the program, an annual fee will be due
 - This fee is annual and you will receive a payment reminder every year. Discounted fees will be applied for diplomates who maintain multiple certificates.
- Diplomates may also enroll in the Continuous Certification Program prior to certificate expiration if they choose, by registering for an assessment

Updating Your Status

- Diplomates are encouraged to maintain all of their information (e.g., privileges, CME, etc.) on an ongoing basis
- Check your status and submit information anytime by logging into the ABS website

My Continuous Certification <small>MORE INFO</small>	
View Status	MEETING REQUIREMENTS ✓
Surgeon Profile	NOT YET COMPLETED ⚠
Training	NOT YET COMPLETED ⚠
Professional Activities and Privileges	NOT YET COMPLETED ⚠
CME Repository	MEETING REQUIREMENTS ✓
Medical License	VALID LICENSE ON FILE ✓
Fee	NO FEE REQUIRED ✓
Reference Forms	NOT YET AVAILABLE ⚠

Continuous Certification

- Once enrolled in new assessment, a diplomate's certification status will be contingent on passing the assessment every other year, as well as meeting other program requirements
- ***Why?***
 - Reflects rapid change in surgical knowledge and practice
 - More modern process of ongoing education and assessment
 - Provides greater assurance to patients that ABS-certified surgeons are staying up to date

2018 General Surgery Assessment

Module-Selection Summary

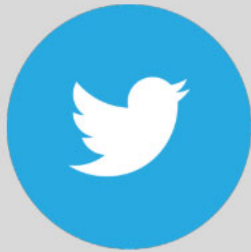
Name	# People
Comprehensive GS	544
Breast	356
Alimentary	523
Abdomen	743
Total	2,166

Result Summary

Exam Progress	Pass	Fail	All
Comprehensive GS	535	9	544
Breast	353	3	356
Alimentary	521	2	523
Abdomen	736	7	743
Total	2,145	21	2,166

** Data as of Feb. 2019*

Assessment Feedback – Twitter



“Thank you to @AmBdSurg for your #continuouscertification program! This @ASBrS member took the exam that was relevant to my practice. @BuyskeJ Thank you for your leadership! My patients and family thank you too. #lessstress #timesaved #grateful #happy”

“Just finished my Continuous Certification exam on my free time at #NESS! Woohoo!!”

“American Board of Surgery continuous certification completed. It was much better than the previous test. I was able to brush up on areas that are not part of my current practice so it was worthwhile. I hope surgical critical care is the same in 2019. Thanks @AmBdSurg”

“The ABS has done a great job with the recertification process. Proud of our surgery leadership. It was a worthwhile process. Access to all the references was great! Thx @AmBdSurg”

Assessment Feedback – ACS Communities

“I want to thank Dr. Buyske, the ABS staff and Directors for having the foresight and courage to lead us Fellows into a new era of learning to maintain our professional standing. Many of our colleagues had harsh words and letters for you, that were cruel. You listened and made additional changes to accommodate those in a 10 year cycle.”

“..The inevitable question will be whether it makes me a better surgeon. For me, even as exposed to so much high grade information because of my Board position, the answer is yes. It won't make me a technically better surgeon, but knowledge of when, whether and why to operate always reduces the chance of wandering into a surgical misadventure. Some of these topics are evolving and it certainly alerted me to those areas which I might have missed or not completely understood otherwise..”

“It was a good learning experience and definitely worth my time and energy. I passed and I learned something! So glad our voices were heard.”

“RELIEF! It's all good. GREAT JOB BY THE BOARD! This test meets all the goals for which everyone is looking. My time (late at night after the kids go to bed), NO time away from practice, NO lost money in practice, NO expensive prep course, NO travel time or costs. Reasonable appropriate questions that were interesting and applicable (I'm colorectal and chose "Alimentary Tract") I passed. Still board certified! It was much less painful than previous. Thank you!”

Assessment Feedback – ACS Communities

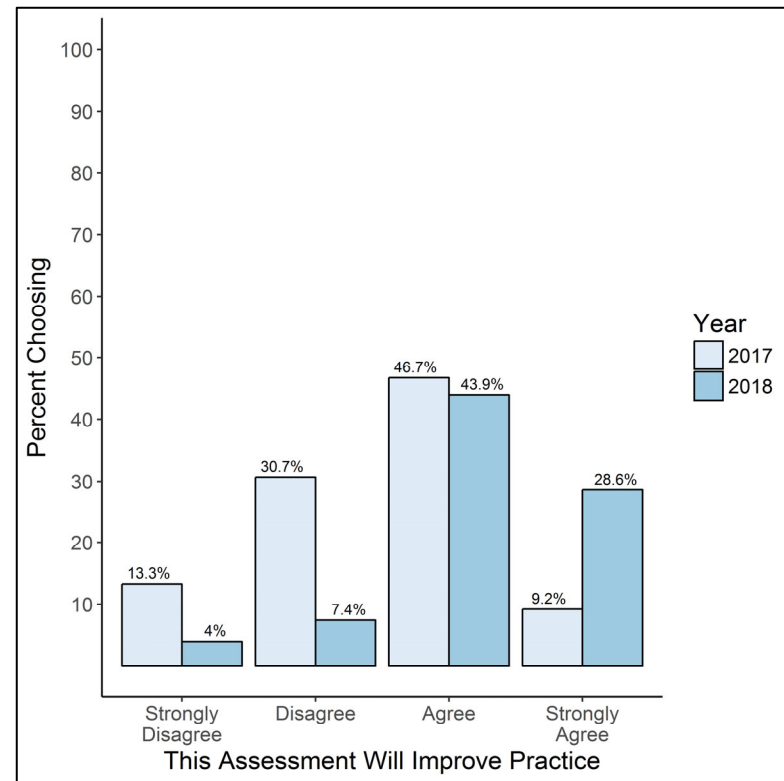
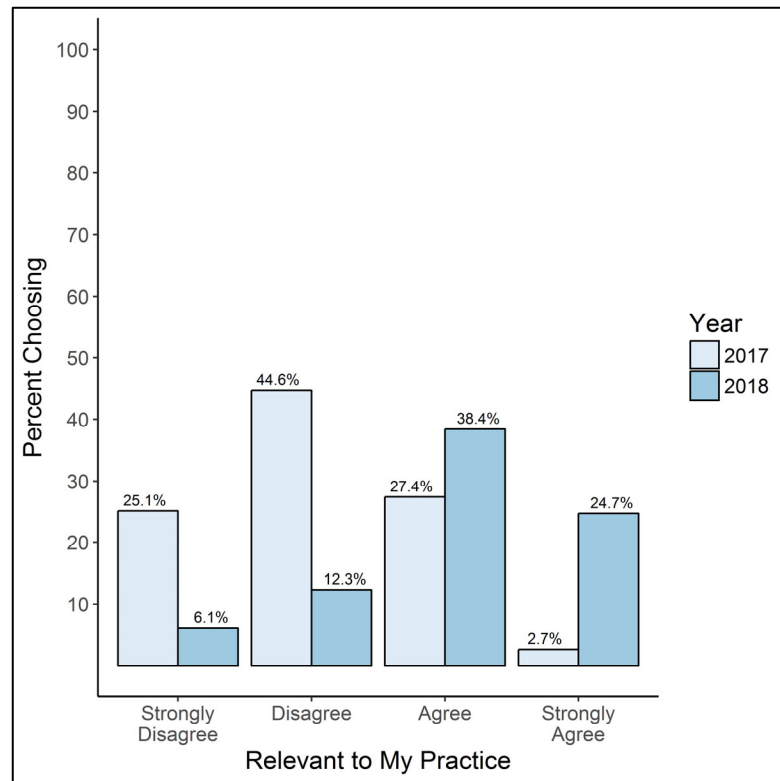
“A positive learning experience. Some notable points.

1. I was able to take the test while on call.
2. The 40 test questions (20 core general surgery, 20 breast) were fair and very current.
3. It was easy to sign in and take the test. A quick video explains the process.
4. The test took me 4 hours to complete. I am a slow test taker and looked up information ("open book") while taking the test and studied the answer explanations, which were excellent. Immediate feedback was appreciated. Once you sign in you have two weeks to complete the test.
5. I learned pertinent information from this process which I can use in my practice.
6. I enjoyed taking this test, a positive learning experience...and I passed... Thanks ABS for a job very well done.”

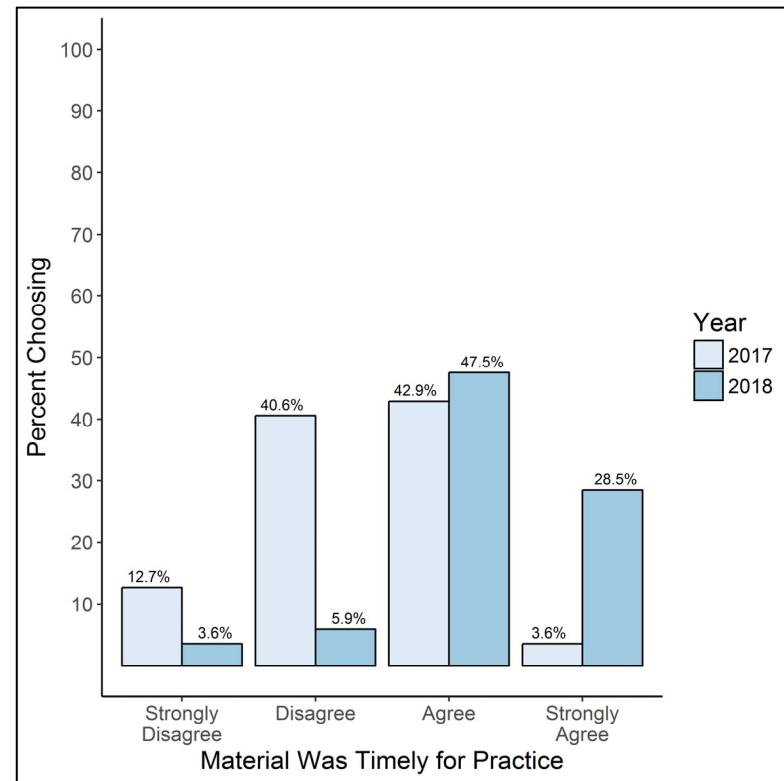
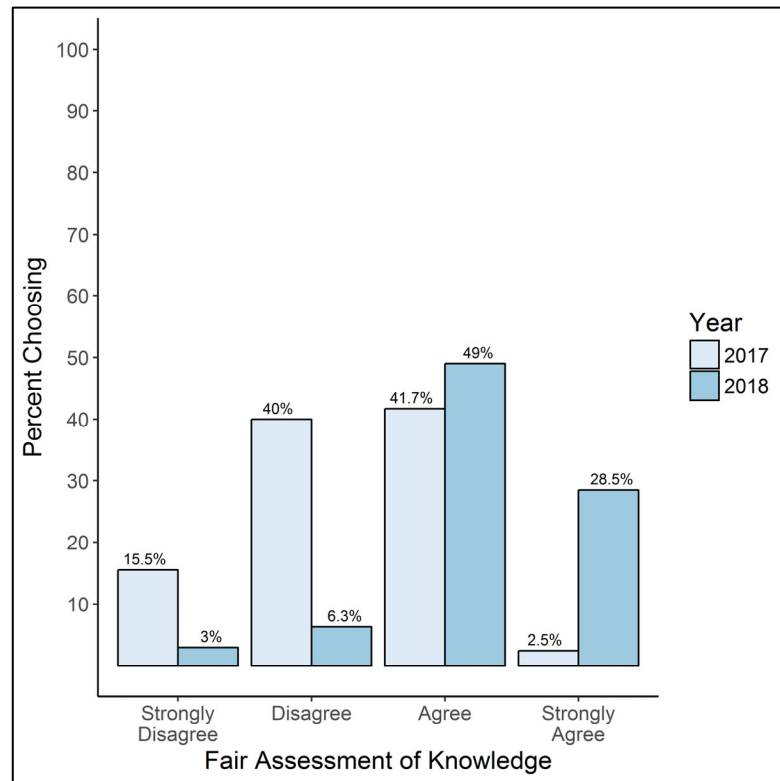
“In my opinion, the focus of this new format is on learning and highlighting relevant information rather than just testing. This recertification process was a learning experience, not just a testing process. Very well done and much appreciated.”

Just finished the recertification process and test. I found it very straight forward and THANK YOU for no gotcha questions!!

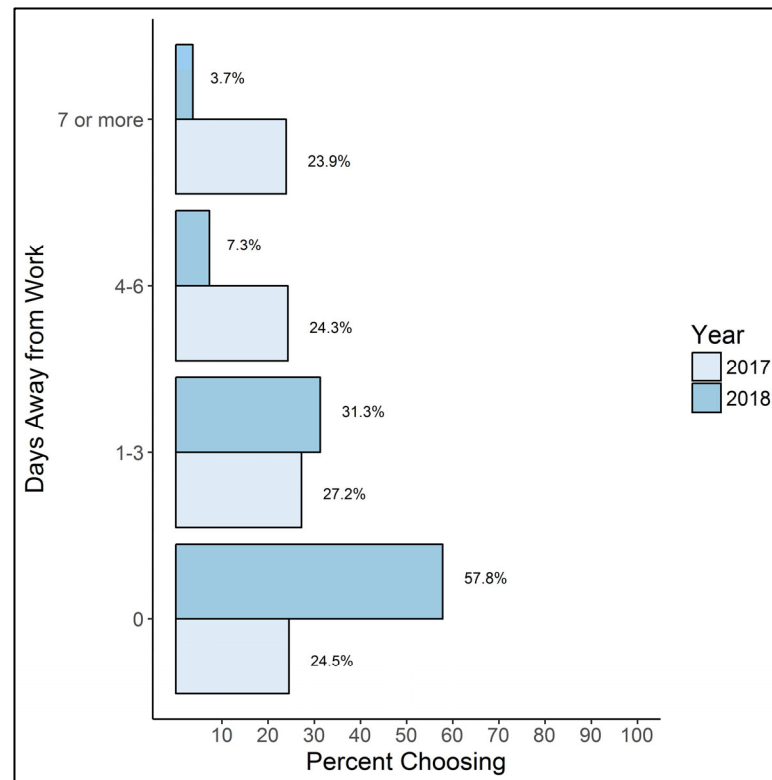
Assessment Feedback – Diplomate Surveys



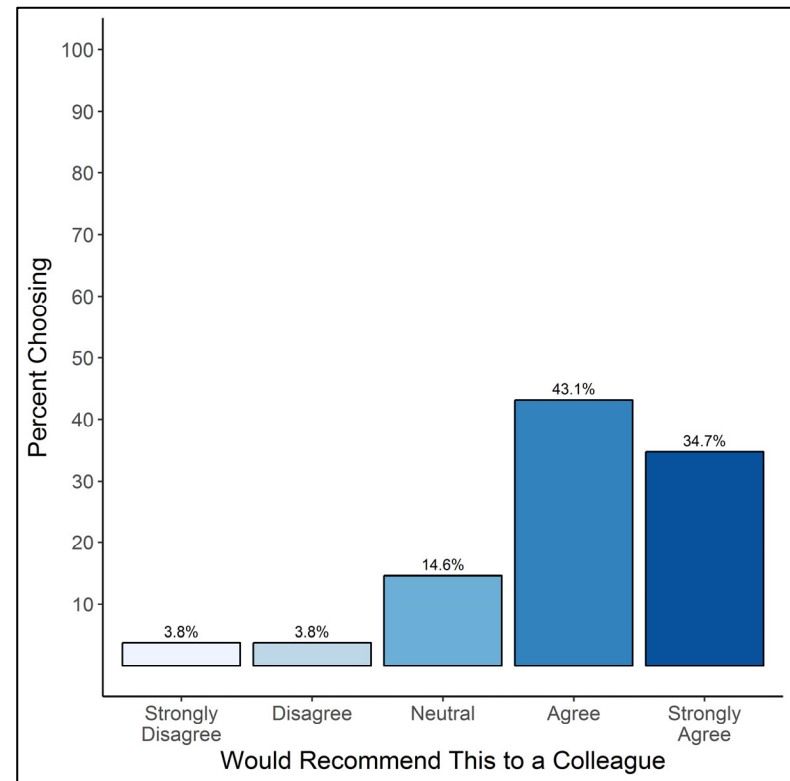
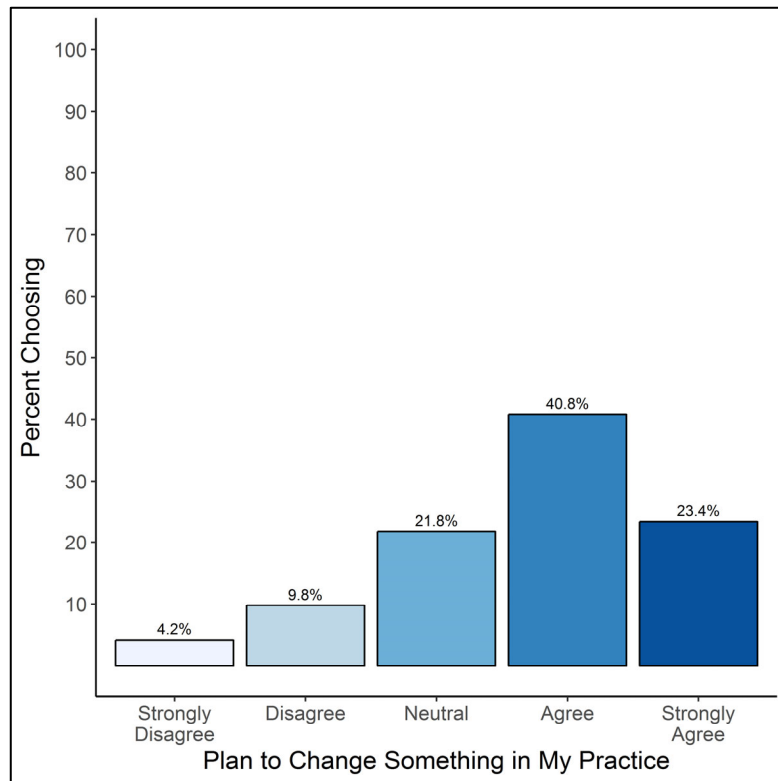
Assessment Feedback – Diplomate Surveys



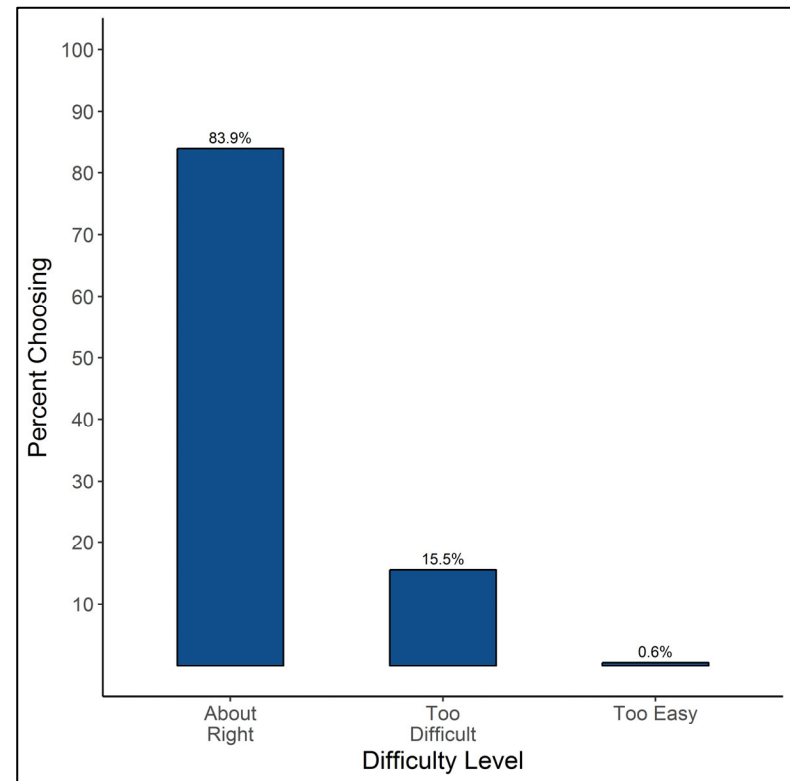
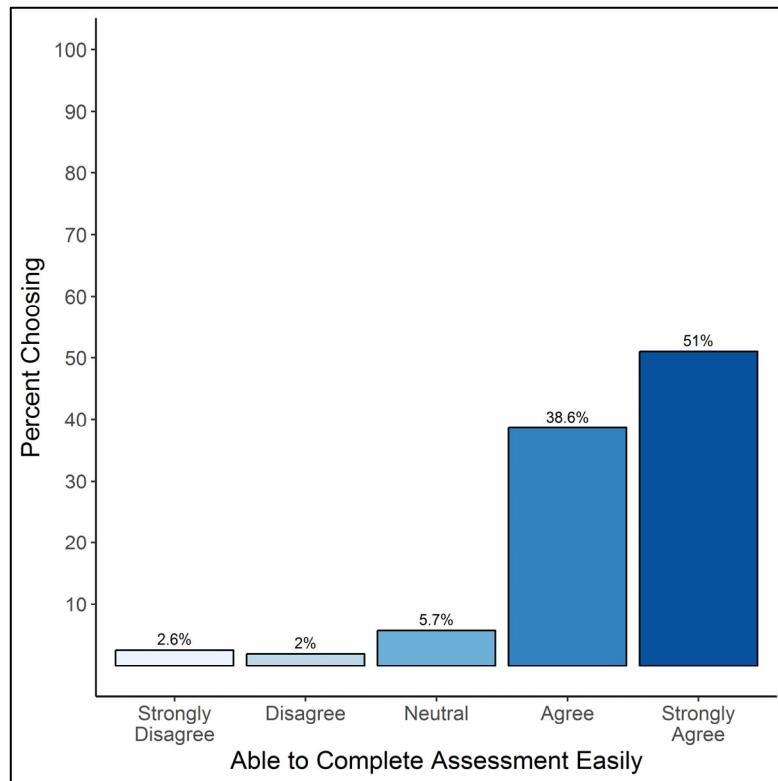
Assessment Feedback – Diplomate Surveys



Assessment Feedback – Diplomate Surveys



Assessment Feedback – Diplomate Surveys



Additional Info and Tips for Success

- Diplomates have typically spent ~40% less time to complete both attempts of this new assessment than it took to complete the traditional recertification exam at a testing center
- It has taken an average of just over three hours from start to finish, including study time and reading the provided references
- Be sure to use the references!
 - While taking the assessment, ABS recommends opening a second browser window with the reference list, so you may use the list as you complete the assessment
 - Many are available open-source

Pathways for Lapsed Diplomates

- Special time-limited pathway for lapsed certificate holders to regain ABS certification using the new assessment
 - Pathways available for diplomates with lapsed general surgery, vascular surgery, pediatric surgery and surgical critical care certificates
- Must pass assessment 5 years in a row, as well as meet other program requirements
- You must enter the pathway in one of **three years**:
 - Enter general surgery pathway 2018, 2019 or 2020
 - Enter vascular, pediatric and SCC pathways 2019, 2020 or 2021
- After final year of pathway entrance, passing a secure exam will be required to regain certification

Advantages of New Assessment Program

- Evaluates knowledge and judgment that is **more relevant** to a diplomate's daily practice
- Structured to **highlight education** with emphasis on changes in contemporary practice
- **More convenience** and flexibility
- **Less need** to prepare, less anxiety to take
- **Cost and time savings** – no travel or time away from practice
- Maintains focus on **improving patient care**

Future Plans

- Beyond these efforts, the ABS will continue to work to make Continuous Certification more **convenient** and **beneficial** for diplomates
- Goal is a **flexible process** that supports diplomates and values their time and resources, while upholding our commitment to patients to maintain high standards
- Diplomates will be kept updated and surveyed regularly – *more feedback opportunities coming soon!*

Research Letter

September 18, 2018

Association Between Maintaining Certification in General Surgery and Loss-of-License Actions

Andrew T. Jones, PhD¹; Jason P. Kopp, PhD¹; Mark A. Malangoni, MD¹

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JAMA. 2018;320(11):1195-1196. doi:10.1001/jama.2018.9550

Time-limited board certification was implemented to ensure that physicians maintain competence.¹ Maintaining board certification typically requires examination preparation and compliance with other requirements; however, the evidence linking maintenance of certification with outcomes has been mixed.¹⁻⁵

Recertification Exam Performance in General Surgery is Associated With Subsequent Loss of License Actions

Jones, Andrew T., PhD; Kopp, Jason P., PhD; Malangoni, Mark A., MD

Annals of Surgery: April 23, 2019 - Volume Publish Ahead of Print - Issue - p

doi: 10.1097/SLA.0000000000003330

Original Article: PDF Only

Abstract

Author Information

Article Metrics

Objectives: To measure associations between first-time performance on the American Board of Surgery (ABS) recertification exam with subsequent state medical licensing board disciplinary actions.

Background: Time-limited board certification has been criticized as unnecessary. Few studies have examined the relationship between recertification exam performance and outcomes.

Methods: Retrospective analysis of loss-of-license action rates for general surgeons who were initially certified by the ABS from 1976 to 2005 and attempted to take a surgery recertification exam. Disciplinary actions from 1976 to 2016 were obtained from the Disciplinary Action Notification System through the American Board of Medical Specialties.

Results: A total of 14,169 general surgeons attempted to pass the surgery recertification exam. The rate of loss-of-license actions was significantly higher for surgeons who failed their first exam attempt [incidence rate 3.41, 95% confidence interval (CI) 2.27–4.56] than those who passed on their first attempt (incidence rate .01, 95% CI 0.87–1.14). A Cox proportional-hazards regression model found that the adjusted hazard rate for loss-of-license actions for surgeons who failed their first recertification exam were significantly higher than those who passed their first attempt after adjusting for multiple surgeon characteristics (adjusted hazard rate 2.98, 95% CI 1.85–4.81).

Conclusions: Failing the first recertification exam attempt was associated with a greater rate of subsequent loss-of-license actions. These results suggest that demonstrating sufficient surgical knowledge is a significant predictor of future loss-of-license actions.

Thank You

Questions?

*Feedback and questions may also be directed to **cc@absurgery.org***