



American Board of Surgery Update

Association of Residency Coordinators in Surgery
Seattle – April 23, 2015

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Topics

- New Requirements
- QE/CE
- Programs Access to Results
- Resident Tracking
- ABSITE
- Prior ABS Approval



250 Cases by end of PGY 2

- **Effective:** residents starting in 2014-2015
- RRC-Surgery will track using their case log system and *provide reports annually* to programs; summary reports to ABS
- Must be completed in two consecutive residency years ending with PGY 2
- Applicable for all trainees seeking general surgery certification



250 Cases continued....

- 200 cases in defined categories, including endoscopies and E-codes
- 50 “other” cases can include:
 - Incision and drainage procedures
 - Central venous access procedures
 - Arterial lines
 - Tube thoracostomy
 - Other minor procedures not for major credit
- Residents enter **ALL** cases as usual



FEC

- With the 2018 QE, applicants must have completed the FEC curriculum. It is expected that by
 - End of PGY 3, residents will have completed levels 1, 2, and 3 of curriculum
 - End of PGY 4/start of PGY 5, residents will have completed levels 4 and 5
 - Successful completion of Fundamentals of Endoscopic Surgery™
 - Must have FES certification to apply to QE





Qualifying Exam (QE) & Certifying Exam (CE)



Admissibility to QE & CE

- Limit for initial certification: no more than 7yrs
- Begins **immediately** upon completion of training, **not** when application is approved
- 4 opportunities in 4 years to pass QE
- 3 opportunities in 3 years to pass CE
 - Year limit is absolute
 - If successful on QE in less than 4 years, unused opportunities cannot be applied toward CE



QE Application – key points

- **Must be signed** by program director.
- GME section: list of all rotations/leave time
- Include copy of ACGME Op Report
 - 150 chief cases
 - 750 cases in 5 years
 - 25 surgical critical care patient management
 - 25 teaching assistant cases
 - Transplant cases or rotations



...key points continued

- Flexible Rotations approval letter, if applicable
- ACLS, ATLS® & FLS certification
 - Certification does not need be active/current
 - ATLS® History Report – not acceptable
- Resident Assessments
 - 2 operative and 2 clinical assessments
 - Note: 6 operative/clinical for 2016 applications
 - Assessment forms are not submitted to ABS



Non-clinical time

- Is **any** time away from clinical, such as:
 - Vacation
 - Meetings, conferences, presentations
 - Interviews
 - Early departure for fellowship
 - Must plan for end of year – talk with your current chiefs
 - None of the above counts towards the 48 weeks of full time clinical training



Training Time

- 48 wks of full-time clinical activity each year
 - For flexibility, 48 weeks may be averaged:
 - First three years must total: 144 weeks
 - Last two years must total: 96 weeks
 - Residents with a medical leave (46 wks):
 - 142 weeks in first three years
 - 94 weeks in last two years



Accommodations on QE

- Accommodations on ABSITE does not guarantee accommodations on QE
- Must submit formal request with supporting documentation
- Deadline: May 1, 2015
- Reviewed by an outside consultant
- Written notification of decision



Application Deadline

- Complete: **when all hard copy materials are received** - regardless of online submission
 - Application must be received at the ABS by end of day May 1; *not postmarked by*
 - Meeting deadline refers to when application is **received** in the office **not** when application is processed
 - Applications received: May 2 – June 1: late fee of \$200 will be charged (total fee: \$600)



Processing of Applications

- Earlier application is received & approved = ability to register for exam & select exam center
 - As it gets closer to exam date; may need to travel to a more distant exam center
- May take 3-4 weeks to process due to volume
- Cannot confirm receipt of application materials
 - Track with carrier or check status online
- Incomplete application: *not approved* until all materials are received



2016 QE

- Exam date – **July 19, 2016**
- Many fellowships have agreed in principle to move start date to August 1
 - Actual fellowship start date: determined by the individual programs
- Effort to ensure residents meet training requirements and to ease stress of transition to fellowship/practice



Earlier and earlier....

- Programs:
 - Roster verification of 2014-2015
 - Request for 2015-2016 roster
- Residents:
 - Begin process of obtaining full & unrestricted medical license prior to completion of residency
 - Underestimate time needed to obtain license
- Application process; mailing of QE packets
- Deadline for submission of application



CE – Certifying Oral Exam

- Must have **full and unrestricted medical license**
- CE selection is made once QE results are available
 - Registered only with possession of full and unrestricted medical license & payment of fee
 - *Exam may fill before obtaining license and/or paying the exam fee*



Licensure

- License: current, full and unrestricted
- Temporary, limited or educational licenses are **NOT** acceptable, **even if pursuing advanced training or fellowship**
- For CE: **absolute** requirement, ***regardless of how soon*** after completion of residency the oral exam is taken
- Encourage residents to apply now!
- License is not required for QE





A Program's Access to Exam Results





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FEB. 11, 2015

[New ABS Website](#)

JAN. 20, 2015

[MOC Three-Year](#)

JAN. 15, 2015

[VSITE Content](#)

DEC. 22, 2014

[ABS Newsletter Now](#)





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About Certification

Becoming Certified

The ABS considers surgical board certification to be based upon a process of education, evaluation and examination. Individuals who believe they meet the ABS' educational, ethical and experience requirements may begin the certification process by applying for admission to the requisite examinations.

The online application process for ABS examinations opens each year in early spring, at which time a link to the application process will be listed under each specialty in this section and under the log-in area (My Records). Surgeons must meet the application requirements currently in effect.

Once submitted, the application is reviewed by the ABS and, if approved, the applicant is granted a number of opportunities to take and pass the required examinations for certification in that specialty. Upon successful completion of the examination process, the candidate is deemed certified by the ABS in the specialty.

See also [About ABS Certification](#) under For the Public.

Certifications Offered

The ABS offers board certification in general surgery (also called just "surgery"), vascular surgery, pediatric surgery, surgical critical care, complex general surgical oncology, surgery of the hand, and hospice and palliative medicine.

Some specialties require two exams for board certification—a qualifying and a certifying exam. For others, only a certifying exam is required. If both a qualifying and certifying exam are required, the qualifying exam will



ABSITE Results

- A program can **only access ABSITE** results on our website
 - Available online **for a limited time**
 - Save the program and individual reports to your records
- ***ABS does not forward results to anyone:*** residents, other programs, RRC
 - Encourage your residents to save report to their files – ABS does not keep copies!



QE and CE Results

- Programs **cannot** access QE & CE results for former residents
 - Accessed **only** by a resident's personal log-in
 - Performance reports **emailed** twice annually to PD and PC (not on website)
 - 5-year Summary Report – July/August
 - Annual Report – after the QE





Resident Tracking



ABS Roster

- **Not** a list of who is taking the ABSITE
- A record of all residents (categorical & prelim) in your program for a given academic year
- Roster Verification of year completed annually
 - Did each resident satisfactorily complete year?
 - Is resident continuing onto next clinical level, going into research or fellowship?



ABS Roster continued...

- Transitioning to a resident tracking tool
 - Flexible Endoscopy Curriculum
 - Resident Assessments
 - 250 cases by end of PGY 2
 - Other milestones as they come into play
- Used for QE notifications for chief residents
- Accuracy in reporting of resident data





ABSITE



ABSITE

- Minimal technical issues reported with the 2015 exam
- ID # = 5 unique numbers assigned by ITS when profile is created and last 4 of SSN provided by examinee
- 2016 ABSITE – Friday, January 29 to Tuesday, February 2, 2016
- Fee remains \$70 per exam



ABSITE

- Continues to be a *formative* evaluation tool to assess residents' progress
- Program director's discretion on who takes the exam
 - Faculty; individuals not affiliated with a program, visiting residents, etc.
- New Examinee Profile: **solely provides the ABS examinee data to prepare the results/reports**



ABSITE – Exam Irregularities

- Aware that:
 - ABSITE questions (old/current) are in circulation
 - Instances when proctors leave room
 - Use of smart phones/other electronic devices
 - More than “looking” at another’s exam
 - Communication during breaks, during the exam or within the exam window
- Possible further action against programs where security breaches occur
 - Results withheld for named examinees



ABSITE – Data Forensics

- Responses for each examinee compared to responses of all other examinees – within and across programs
- Similar answer patterns ($p < 1/\text{million}$)
 - New vs. used questions
 - Response time
 - Performance
 - Other response anomalies
 - Item visits
 - Easy questions: wrong; hard questions: right



ABSITE – future considerations

- Possible “pre-registration process”
 - Plan ahead; last minute changes/additions would no longer be possible
- Or “post-exam confirmation”
- Help with missing results; payment
- May divide exam into sections
 - Each section is for a set amount of time
 - Unable to go back to review questions once section is completed





Special Circumstances Requiring Prior ABS Approval



Special Circumstances

- International Rotations
- Flexible Rotations
- Six Year Option
- Extended Medical/Maternity Leave
- Credit for Foreign Training/J-1 VISA
- Completion of PGY 3 year
- Anything out of the norm



Prior ABS Approval

- Requests must be a formal letter from the program director (not an email)
 - Will **not** accept requests from residents
- Failure to obtain prior ABS approval may result in a refusal to admit individual to the certification process
- Approval must be included with application



International Rotations

- For international rotations to be credited towards ABS requirements:
 - Request must be co-signed by program director and DIO; include justification for credit
 - International rotations not permitted at PGY 1 and PGY 5 levels



Flexible Rotations

- Customize up to 12 months of training in last 36 months
- No more than 6 months permitted in one year
- Reassign up to 6 months of chief to PGY-4, if necessary (RRC approval required)
- All other ABS requirements must be met (chief year spent in content areas of surgery)



- Requests must be co-signed by program director and DIO and include a block diagram

Example of Block Diagram

Resident, PGY Level, Specialty of Interest	Flexible Rotations	In lieu of:
Jane Smith, PGY-4, Transplant	Transplant Surgery (3 months)	Thoracic (1 month) Endocrine/Oncology (2 months)
Aaron Jones, PGY-5, Surgical Oncology	Colorectal Surgery (2 months)	MIS (1 month) Trauma Surgery (1 month)
Kate Walsh, PGY-5, Pediatric Surgery	HPB Surgery (1 month) Neonatal ICU (1 month)	Critical Care (1 month) VA Surgery (1 month)



Leave – Six-Year Option

- Complete 5 clinical years over 6 academic years
 - Medical/maternity, volunteerism, visa issues, family leave, etc.
 - Training must be completed in a single program and at program's discretion
 - May take up to 12 months off



Medical/Maternity Leave

- A resident's personal medical condition; ***not*** leave time to care for others
 - Reminder – 48 weeks can be averaged
- If medical leave exceeds limit (46 weeks), need a plan for making up the time
 - Extending residency beyond June
 - Using less vacation time in future years
 - Six year option may be appropriate alternative



Credit for Foreign Training

- Request after 6-month period of observation
 - All supporting documentation
 - Completion of the ABSITE
- 1 year of credit - awarded by the executive director
- More than 1 year – must be approved
Credentials Committee (meets in Jan./June)
- Credit is not transferrable to another program



J-1 Visa

- Letter of support needed from ABS if individual is:
 - Enrolled in research or in a non-standard fellowship that is not preapproved; see www.ecfm.org for list of programs
 - All supporting documentation a must
- Applicants to QE and CE that require extension to complete exams



Completion of PGY 3

- Three years at PGY 1 and 2 levels **does not** replace completion of PGY 3 year
- Cannot complete three years at PGY 1 & 2 levels and be promoted to PGY 4
- Caution should be used when promoting residents to advanced levels without prior ABS approval



Thank you!

