

Board Update

American Board of Surgery

March 2020

1. Meeting

The American Board of Surgery (ABS) met for board meetings under the direction of chair K. Craig Kent, M.D., at the Sofitel Hotel Philadelphia in Philadelphia, PA in November 2019, and at the JW Marriott Phoenix Desert Ridge Resort in Phoenix, AZ in January 2020.

2. Continuous Certification Program

The Continuous Certification Assessments (CCAs) in pediatric surgery, vascular surgery, and surgical critical care were offered to diplomates for the first time from Sept. 6 – Nov. 4, 2019, with the assessment for general surgery offered for the second time. Across all specialties, there were a total of 2,519 examinees in 2019.

The assessments for these specialties will be available again in fall 2020, with Complex General Surgical Oncology beginning in 2021. Accommodations regarding timelines for the 2020 assessment window will be made for diplomates who have been affected by the COVID-19 pandemic.

3. Hardship Modifications to Training Requirements Due to COVID-19

In recognition of the evolving COVID-19 situation, the ABS has made the following global recommendations and changes across specialties in regards to surgical training requirements:

- Non-voluntary offsite time that is used for clinical or educational purposes can be counted as clinical time. The types of activities done in this time should be documented by the program.
- The ABS will accept 44 weeks of clinical time (including the non-voluntary time) for the 2019-20 academic year, without the need for pre-approval, permission or explanation. This represents approximately a 10% decrease in time requirements.
- For those specialties with case requirements, the ABS will accept a similar 10% decrease in total cases without the need for further documentation.
- Program directors are entrusted, as they always are, to make a decision about the readiness of the resident for independent practice. If a resident falls below the 90% mark for cases or the 44 week mark for time in training, and the PD nevertheless endorses them as ready for independent practice, the ABS will seek a more detailed supporting statement. This might include information from the CCC, milestones achievements, entrustment through EPAs, ITE scores, evidence of leadership during this crisis, or other information.
- Residents should assess their own progress towards the standard requirements in terms of rotations, cases, and specialty specific requirements. Residents should make a remediation proposal for gaps, and share with their PDs.
- The QE applications (and CE application for SCC) are being modified to be all online, and to allow for these variances.

In addition, the ABS has canceled the April 2020 General Surgery Certifying Exam as well as the May 2020 Vascular Surgery Certifying Exam. We are looking to the fall as a possible time frame to reschedule these oral exams, and additional information will be sent to program directors and candidates when a decision has been made.

4. Entrustable Professional Activities (EPAs)

The ABS is now in the final year of our EPA pilot. The two-year pilot began in July 2018 with participation from 28 community and academic programs across the country. This pilot has allowed ABS to investigate the use of EPAs in general surgery residency as a way to move toward competency-based education, and we are excited to share our findings with the community.

5. Journal Articles on the Importance of Board Certification

A recent study conducted by ABS and published in JAMA Surgery links initial certification to risk of receiving severe disciplinary actions against medical licenses. In this retrospective analysis, researchers studied severe license action rates for surgeons who attempted ABS certification, based on certification status and examination performance. Results showed that the incidence of severe license actions was significantly greater for surgeons who attempted and failed to obtain certification than surgeons who were certified, indicating that obtaining board certification is associated with a lower rate of receiving severe license actions from a state medical board.

This study's findings support the conclusions made in two other recent ABS studies. The first of which, also published in JAMA Surgery, found that surgeons who allow their certification to lapse or do not recertify have a higher likelihood of a subsequent loss of license action. This was the first study that linked an association of maintaining continuous certification in general surgery with an important practice-related outcome.

The second study, published in Annals of Surgery, found a direct association between recertification examination performance in general surgery and subsequent loss of license actions.

Together, these studies provide supporting evidence that board certification can be viewed as a marker of surgeon quality and professionalism.

6. New Council Members

Four new council members were elected at the ABS January meeting:

- Amy N. Hildreth, M.D. -Southeastern Surgical Congress
- Harry T. Papaconstantinou, M.D. - American Board of Colon and Rectal Surgery
- Aurora D. Pryor, M.D. - Society of American Gastrointestinal and Endoscopic Surgeons
- Carla M. Pugh, M.D. - American Surgical Association

These councilors will each serve a six-year term, beginning in June 2020.

7. Alternative Pathway to Certification for Internationally Trained Surgeons

The ABMS Board of Directors has approved the ABS Alternative Pathway to Initial Certification for International-trained Medical Graduates. ABS is operationalizing the application process, and hopes to be able to accept applications from qualified surgeons in summer/fall 2020.

Respectfully submitted,

Jo Buyske, M.D.

ABS Chief Executive Officer and President