Changes in the American Board of Surgery

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DISCLOSURE

Financial
No COI

Professional
No COI
Outline

- ABS Structure & Its Relationship to the VSB & Other Regulatory Organizations
- MOC → LLL Program
- Residency Redesign/Evaluations
- Strategic Planning
The ABS

ABS includes representation from 39 surgical societies, plus 3 at-large directors and 1 public member; Surgeons in Practice & MOC

Vascular Surgery has 2 seats on ABS: APDVS & SVS Nominees

Approximately 31,000 Diplomates with current ABS certificates

92% are meeting MOC requirements
ABS Leadership: 2017-2018

Mary Klingensmith, Chair
Dr. Spence Taylor, Vice Chair
Dr. K. Craig Kent, Vice Chair-Elect

Current Focus:

- Elimination of MOC and Development of LLL Program
- Strategic Planning
- Improving surgery training to better prepare graduating residents for practice
ABS Leadership: 2018-2019

Dr. Spence Taylor, Chair

Dr. K. Craig Kent, Vice Chair
New Executive Director

● Dr. Frank Lewis retired in 2017
  ○ ACGME Director

● Following an extensive national search, Dr. Jo Buyske named new ED
  ○ Previously Associate Executive Director and Director of Evaluation
  ○ Still clinically active
  ○ Assumed Executive Director role Sept. 1
ABS Support of VSB

- Approved 50% Expansion in VSB Membership
- Supported Approval of Independent Independent 2-Year Fellowships @ RRC-S // ACGME
- Supported Reduction of Core Surgery Rotations from 24 to 18 Months in 0+5 Residencies: No longer Dependent
- Supported VSB Challenge to ABMS Focused Practice for Neuroendovascular Surgery
ABS Mission & Associated Organizations

- To conduct examinations of acceptable candidates who seek certification or maintenance of certification by the board
- To issue certificates to all candidates meeting the board's requirements and satisfactorily completing its prescribed examinations
- To improve and broaden the opportunities for the graduate education and training of surgeons

Umbrella organization
For 24 member Boards

- RRC: Develops and enforces the training program requirements for all ACGME accredited surgery residencies in the United States
- APDVS: Addresses the educational, regulatory, and financial issues which impact on vascular surgical education.
- The Match: Provides an orderly and fair mechanism for matching the preferences of applicants for U.S. residency positions
The ABS, VSB & ABMS have **nothing** to do with:

- The NMRP match
- Vascular surgical reimbursement
- Hospital credentials
- Local specialty politics/turf wars
- Residency program accreditation
- Branding
“A Separate Board—Why Not?”
VSB-ABS Operations

- VSB-ABS is the Largest Specialty Board
- VSB-ABS Full Autonomy to Determine VS Examinations & Certification: ABS Approval NOT Necessary
- VSB-ABS Only Specialty Board with its Own Executive Director
- 13 Staff Members of the ABS Support VSB-ABS Activities
ABS- Active Diplomate Numbers

ABS: 30,799
VS: 3,173
GS & VS: 2,038 (65%)

ABIM: 250,727
Cardiovascular Disease: 29,633
INDEPENDENT VSB: Influence & Expenses?

**Influence**

- ABMS: Some Policy Votes are **Proportional**
  - ABS (31,000): Largest Surgical Board
  - Top Third of All ABMS Boards
  - Independent VSB (3,200): 3rd Smallest ABMS Board

  *Colon/Rectal Surgery and Medical Genetics*  

**Expenses**

- Independent VSB: No Economies of Scale:
  - Colon/Rectal Surgery & Medical Genetics
  - 3X Certification Costs of VSB
Why LLL = Continuous Certification?

● Establishes a **national standard** for maintaining knowledge and skill in surgical practice

● Documents the **ongoing commitment** of surgeons to

  "Check Certification" feature on ABS website receives hundreds of visits per day

care quality debate, using surgeon-developed metrics and reporting methods = **SELF REGULATION**

● **Patients want it**
General Surgery: Educational Model & Scoring

The new general surgery assessment is...

100% ONLINE
- 40 questions total: 20 core surgery, 20 practice-related
- Use your own computer to access
- Take it at a time and place of your choosing

OPEN BOOK
- Two weeks to complete once started
- Save and continue when convenient
- Topics and references will be provided in advance

INTERACTIVE
- Two chances to answer questions correctly
- Receive immediate feedback and results
- Must be passed every other year; 80% correct required
Reduction in CME and Self-Assessment

- Once diplomates pass their first general surgery assessment, the CME and self-assessment requirement will change to:
  - 125 CME credits over 5 years
  - NO SELF ASSESSMENT REQUIRED
- CME must be related to your practice – no other limitation on subject matter
- CME completed for state board requirements qualifies
Pathway for Lapsed Diplomates

- New pathway for lapsed general surgery certificate holders to regain ABS certification using the new assessment

- This pathway will only be available for three years: 2018, 2019 and 2020

- After 2020, passing a secure exam will be required

- See ABS website for more details
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
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Resident Training: EPAs

PILOT PROGRAM: 5 EPAs / 20 PROGRAMS

EPA 1: Evaluate and manage a patient with an inguinal hernia

EPA 2: Evaluate a patient with right lower quadrant pain and manage appendicitis

EPA 3: Evaluate and manage a patient with gallbladder disease

EPA 4: Provide general surgical consultation to other health care providers

EPA 5: Evaluation and initial management of a patient presenting with blunt or penetrating trauma
Strategic Planning

Planning Process Overview
Why Are We Here?

Purpose

Following the recent leadership transition, undertake a comprehensive strategic planning process that identifies and maps out strategies to address key issues, evaluates the current organization and the potential need for redesign, and develops a long-term plan of action for the next one to five years.

1. Governance
2. Relationships
3. Infrastructure
QUESTIONS?