

American Board of Thoracic Surgery

ABTS Newsletter Spring 2006

American Board of Thoracic Surgery

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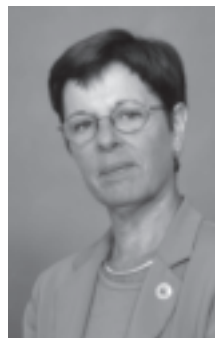
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Message From the Chair



This is a time of challenge and change for the specialty of cardiothoracic surgery. The American Board of Thoracic Surgery (ABTS) is working to meet the needs of our diplomates in this changing environment, respond to new American Board of Medical Specialties (ABMS) requirements, and continue to improve our process of certification. First and foremost, the ABTS must adhere to its mission: to protect the public by establishing and maintaining high standards in thoracic surgery through maintenance of qualifications for examination and procedures for certification and recertification. The Board works closely with the Residency Review Committee for Thoracic Surgery (RRC-TS) and the Thoracic Surgery Directors Association (TSDA) to coordinate and improve the training of residents to ready themselves for their practice. It is a great honor and responsibility to chair the ABTS, and I look forward to working with the Directors of the Board and fellow diplomates. It is my hope that this inaugural newsletter will be informative and helpful. Please feel free to forward questions and concerns to the Board office in Chicago (info@abts.org), and the next newsletter will feature some of these queries.

Maintenance of Certification (MOC)

In response to an initiative of the ABMS, the ABTS along with the 23 other medical certifying boards has begun the transition towards a Maintenance of Certification Program (MOC) to replace the current recertification process. Both the public and the government are demanding increasing documentation of MD education and credibility. The MOC plan must contain four components: 1) professional standing, 2) life-long learning and self-assessment, 3) cognitive expertise, and 4) evaluation of performance in practice. Much of the present recertification process is included in the above requirements. Each Board must evaluate its diplomates in six general competencies approved by the Assembly of the ABMS: 1) medical knowledge, 2) patient care, 3) interpersonal and communication skills, 4) professionalism, 5) practice-based learning and improvement, and 6) systems-based practice.

Certain changes to the present recertification process are being developed and studied to meet the new ABMS requirements. Diplomates must complete 150 hours of Category I CME over a five-year cycle (average of 30 hours annually). The addition of journal CME and new flexibility by the

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Maintenance of Certification (MOC) *continued*

ACCME should assist diplomates in reaching this goal. Once during each ten-year MOC cycle, the diplomates must take and pass a secure, written examination. It is the Board's intent that such an exam will be heavily weighted toward the diplomate's stated area of practice. The Board is working with the major societies to develop the platform whereby a "closed" SESATS will serve as the exam vehicle. Evaluation of performance in practice will include reference letters, peer/patient evaluation, and outcome data. Diplomates are strongly urged to participate in one or more of the recognized data banks.

Tools to assess the ABMS six competencies are being developed, and information will be forthcoming.

It is the Board's intention to make the MOC process revenue neutral and as painless as possible. The ABTS is working with CTSNet to develop an electronic diplomate portfolio to store data and facilitate selective sharing of that data.

It is anticipated that the implementation of MOC will begin in 2007. Time-limited certifications were first issued in 1976. The few individuals holding certificates issued prior to 1976 will be encouraged, but not required, to participate in MOC.

Programs Leading to Thoracic Surgery Certification

There have been important changes in the pathways leading to ABTS certification. These changes have increased the flexibility of programs to meet the requirements of certification and allow candidates more choices in training. The pathways include:

1. Successful completion of a full (5-year) general surgery residency approved by the Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada, followed by the successful completion of a 2 or 3-year ACGME-approved thoracic surgery residency. For residents who began their thoracic residency in July, 2003, or thereafter, American Board of Surgery (ABS) certification is optional.
2. Successful completion of an ACGME-approved categorical integrated 6-year thoracic surgery residency. To date, no institutions have applied for approval.
3. Successful completion of a Joint Training Program accredited by the RRC-Surgery and RRC-TS. This program (nicknamed the "four-three program") must be completed at the same institution and requires close cooperation between general surgery and thoracic surgery program directors. It leads to the possibility of certification by both the ABS and ABTS. Three programs have been approved to begin in July 2007, and it is expected that several more will be applying.

Inactive Status

Diplomates holding a valid ABTS certificate and who expect to be clinically inactive for a period of one year or more may apply for inactive status. Application must be made in writing to the Board, and approved in writing in advance of the granting of inactive status. Activities calling for such status might include, but not be limited to, academic sabbaticals, advanced studies, elected/appointed political offices, temporary disability from illness, or appointment to administration positions. For more information, visit the Board's web site at www.abts.org.

New Board Directors

At the 2005 fall meeting, the following individuals were elected to the Board:

George L. Hicks, Jr., MD
representing the TSDA
Bruce W. Lytle, MD
representing the AATS
Richard J. Shemin, MD
representing the ASA

Contacting the ABTS

This is your Board, and we are happy to answer queries, hear your opinions, and assist you in the various application processes.

Please address all communications to:

American Board of Thoracic Surgery
633 North St. Clair Street, Suite 2320
Chicago, IL 60611
Tel# 312-202-5900
Fax# 312-202-5960
E-mail: info@abts.org
Web Site: www.abts.org

New Case Requirements/ABTS Pathways

In response to current practice patterns and to insure high standards and adequate preparation for contemporary practice, the ABTS has established two primary pathways to certification with revised case requirements (Table 1). A Cardiothoracic Surgery Pathway and a General Thoracic Surgery Pathway have been established. The ABTS will continue to issue only one certificate regardless of the pathway completed by the resident. The resident, in discussion with the program director, will identify the pathway he/she pursues. The ABTS will then expect the resident to meet index case requirements. Each program will determine the pathways available and its capacity. The new case requirements will go into effect for residents starting in July 1, 2007. Special attention should be noted for the documentation of consultative experience in both pathways.

Table 1

CARDIOTHORACIC PATHWAY	CURRENT CASE REQUIREMENTS	GENERAL THORACIC PATHWAY
20 10 10	Congenital Heart Disease - 20 Primary - 10 First Assistant - 10	10
150 50 80 (15) 5 15	Adult Cardiac - 75 Acquired Valvular Heart - 20 Myocardial Revascularization - 40 Re-Operations - (5) Aorta - 0 Other - 15	75 20 40 (5) 0 15
50 30 20	Lung, Pluera, Chest Wall - 50 Pneumonectomy, lobectomy, segmentectomy - 30 Other - 20	100 50 50
5	Mediastinum (resection) - 7	10
15 10 0 5	Esophageal - 8 Resection - 4 Benign esophageal disease - 0 Other - 4	30 20 5 5
15	VATS - 10	30
255	Total	255
40 20 10 10 100 50 50	Endoscopy - 30 Bronchoscopy Esophagoscopy - 10 Mediastinoscopy Consultative Experience - 0 New Patients Follow-up	90 40 25 25 100 50 50

Certificate of Added Qualification in Congenital Heart Surgery

After much study, consultation with the RRC-TS and with other organizations, and input from the Congenital Heart Surgeons Society, the Board will be establishing a Certificate of Added Qualification in Congenital Cardiac Surgery. The educational program leading to application for this certificate must be 12 consecutive months exclusively devoted to congenital cardiac surgery in an ACGME-approved congenital cardiac surgery fellowship. The approved program requirements for this accredited fellowship are posted on the ABTS and RRC-TS web sites. The Board has appointed Dr. Edward Bove to chair a committee developing the written and oral examinations and application process for this new certificate. Approved institutions could begin a fellowship program by July, 2007.

2006 Certification Dates

Part II (Oral) Exam June 2-3, 2006

Application Deadline August 1, 2006

Part I (Written) Exam December 4, 2006

2006 Recertification Dates

Application Deadline May 10, 2006

SESATS Due To The Board October 2, 2006

Change of Address

Please notify the Board office of any change of address.
(Please type or print clearly)

Name: _____

Address: _____

City/State/Zip/Country: _____

E-mail address: _____

Telephone: _____

This is my Home address, Office address.

My new address is effective _____
Date

Retirement

Please notify the Board office if you
have retired.

I have retired effective

Date

You can send an e-mail message to
info@abts.org or mail/fax this form to:

American Board of Thoracic Surgery
633 North St. Clair Street, Suite 2320
Chicago, IL 60611
Fax: (312) 202-5960



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