

ABCERS NEWSLETTER

SPRING 2007



David J. Schoetz, Jr., MD
Executive Director
2007-2008

As the new Executive Director of the American Board of Colon and Rectal Surgery, it is an honor for me to serve the Board in this new and challenging role. More so, it is my pleasure to send this message, which for the first time in 20 years is being authored by someone other than Herand Abcarian.

When Dr. Abcarian first announced his intention to retire in 2005, the leadership transition was set in motion. The Board voted a succession plan designating me as the Associate Director, and I served in that capacity for almost two years. At the October 1, 2006 annual meeting, I officially assumed the duties of the Board's Executive Director (the sixth since 1949), and appropriately, Dr. Abcarian was elected as the Board's President. As I reflect on the two years I served as Associate



Herand Abcarian, MD
Executive Director
1986 - 2006

Director, I realize the enormity and the personal commitment the Executive Director's role carries. Clearly, the Board is indebted to Dr. Abcarian for his sage guidance during the last two decades, and as our specialty thrives today, we are grateful for his hard work and dedication. Fortunately he has a cell phone and a beeper and has assured me he will always be available for consultations and advice.

We also extend our gratitude to the Board's administrative staff. Irene Babcock, Kim Snape and Gina Laarkamp efficiently manage the routine tasks and responsibilities of the administrative office, and these days much is happening there.

To bring you up to date, here is a summary of some of recent actions and activities:

- Maintenance of Certification (MOC) – This concept is now a theoretical reality for all 24 member boards of the American Board of Medical Specialties. The MOC process is comprised of four key components and will require diplomates to show evidence of:
 1. Professional Standing
 2. Commitment to Lifelong-Learning and periodic Self-Assessment
 3. Cognitive Expertise
 4. Performance in Practice

Documentation in all four components will be required at specific intervals during a ten-year cycle in order for diplomates to maintain their certified status. Organization and tracking of the various components will be handled primarily through the Board office, which will present the staff with an enormous challenge. To meet these demands additional staff, technical support, and equipment will be needed.

- Central Question Bank – A proposal for development of a Central Question Bank as a joint venture between the American Board of Colon and Rectal Surgery and the American Society of Colon and Rectal Surgeons is being discussed. The concept is to provide a shared repository for the Board and Society where questions will be banked and maintained in a consistent and on-going manner for the following CME and/or Certification components:
 1. ABCRS Written Examination
 2. ABCRS Oral Examination
 3. ABCRS MOC Examination
 4. ASCRS Self-Assessment Examination
 5. ASCRS Core Subject Data

The Board believes a central question bank will eliminate duplication of efforts and provide the means for both groups to access uniform and highly structured questions that are appropriate for the respective needs of each organization.

- Dues Increase in 2007 - Beginning in 2007, dues (voluntary contributions) increased from \$150 to \$175. The Board voted to assess an increase in order to meet the demands of its growing work load and to keep examination fees as low as possible. Over the years, the Board has strived to keep increases at a minimum, and dues have not increased since 2002. The total percentage of voluntary contributions continues to exceed 80% annually, for which the Board is most grateful.
- Blue Ribbon Panel on Training and Certification - At the suggestion of the American Board of Colon and Rectal Surgery, a “Blue-Ribbon Panel” was formed to begin discussing the future direction of colorectal residency education. The Panel is chaired by Bruce G. Wolff, MD, and comprised of representatives from the following groups:
 - American Board of Colon & Rectal Surgery
 - American Society of Colon & Rectal Surgeons
 - Association of Program Directors for Colon & Rectal Surgery
 - Residency Review Committee

The panel members meet regularly to examine all aspects of colorectal training, but their basic goal is to develop and pilot new pathways to certification in colon and rectal surgery. This action was prompted by impending changes proposed by the American Board of Surgery, which will affect colorectal surgical training. Rather than take a “wait and see” approach, the Board is proactive and is investigating options to implement its own plan.

Another issue concerns the changing nature of the colon and rectal surgery practice. As the specialty evolves (with particular emphasis on laparoscopic surgery)*, it has become apparent that an effort must be made to examine our current training curriculum and question whether our present one-year colorectal training period is adequate.

*Schoetz DJ., Evolving Practice Patterns in Colon and Rectal Surgery, Journal of the American College of Surgeons, 2006;203:322-327