

# American Board of Colon & Rectal Surgery Diplomate News

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August 2015

## *David J. Schoetz, Jr., MD, Executive Director*



It has been some time since the American Board of Colon and Rectal Surgery published a newsletter. Since then, there have been a number of developments both at our Board and within the Board movement itself. I would like to take this opportunity to highlight some of them for you.

The certification process continues to rely on the qualifying (written) examination. Under the current leadership of Dr. Tracy Hull, using a process developed by Dr. Tom Read, we are able to rotate half of the questions every year. This is done through a subcommittee process; questions are reviewed, improved where possible and admitted to the question Bank. Every year at the ASCRS meeting there is a symposium for question writers and others who wish to learn and improve their skills. Participation in question writing is one way that an individual can demonstrate their desire to participate in the certification process.

The oral examination, under the leadership of Dr. Charles Whitlow, has also been substantially rewritten. Again, enough new questions are submitted and edited on an annual basis to allow rotation of the questions such that morning and afternoon sessions are completely different from one another. The Board has also recently changed its grading system and we will be providing pass/fail information to all examinees. With the expansion of training programs, the number of examinees annually is approaching, and in some instances exceeding, 100 candidates; this requires a considerable number of examiners.

Assessment of technical skill is a relatively recent and exciting development. In a joint project, funded predominantly by the American Society of Colon and Rectal Surgeons but also including the Program Directors Association and the Board, the COSATS examination has been shown to be educationally valid and technically feasible. The Society continues to explore alternate ways to assess technical skills. While the Board is fully supportive of the concept of summative technical assessment, there remain sufficient questions to continue to explore a number of different avenues. We are also of the belief that incorporation of assessment of technical skills into the Maintenance of Certification and credentialing process may hold greater promise in the future.

Maintenance of Certification (MOC) has been and continues to be the most controversial aspect of Board certification. It is very difficult to argue with the concepts of continuous learning and practice improvement; these have been the cornerstones of professionalism since long before the Board movement. Our Board's general philosophy has been to be as inclusive as possible with both part II and part IV. Because of the challenge of MOC, we have divided the responsibilities among board members into two committees; one is charged with dealing with the specifics of the process of MOC under the leadership of Dr. Jan Rakinic. The other committee, under the leadership of Dr. Don Buie, is responsible for the examination itself. In general, performance of our diplomates on the recertification examination, which focuses on practical clinical questions, has been excellent. Nevertheless, we are exploring ways to modify the examination experience to provide a more consistent evaluation process and hopefully to replace the examination as it presently is administered.

The Board office continues to be in Taylor, Michigan; we are blessed with an extraordinarily talented and dedicated small group of individuals. For the first time, a representative of the office of the American Board of Colon and Rectal Surgery was present at the Society meeting in Boston. Having spent some time with Gina Laarkamp at different points of the week, I believe that the experience for the diplomates was constructive and positive. We will discuss making this an annual event.

our services and modestly expand our office. We have an investment strategic plan that aspires to having 1.5 to 2 years operating expenses in reserve; there is still some way to go to make this happen. At the suggestion of Dr. Bruce Wolff, the Associate Executive Director, we are in the process of creating a 501c3 Foundation in order to be able to elicit tax-exempt donations to support our educational missions. It is our ultimate hope that MOC fees can be reduced and even eliminated.

As the smallest of the 24 member boards of the ABMS, we do struggle with being able to have sufficient money in reserve to continue to provide the highest quality support for our diplomates. The previous voluntary donations have been replaced with MOC fees, which have allowed us to update

***PEARSON VUE TESTING CENTERS***



***FUTURE ABCRS  
MAINTENANCE OF CERTIFICATION DATE***

***➤ Thursday, May 12, 2016***

## *Anthony J. Senagore, MD, MS, MBA, PRESIDENT*

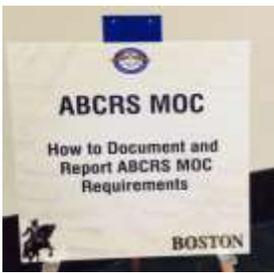


It has been an honor and a privilege to serve as the ABCRS President this past year. The Board continues to evolve as we face considerable pressures which alter our residency training programs, the certification process, and the maintenance of certification. The continued advancement of technology has forced our residency training programs to develop strategies for procedural training in image guided, endoscopic, laparoscopic, robotic assisted, and open surgery across the breadth of diseases managed by a competent and board certified colorectal surgeons. As disease management has transformed and the available contact hours for trainees has been constrained, the Board finds itself in the position of having to more aggressively collaborate with the Program Directors Association, and the Colorectal Surgery Residency Review Committee in the assessment of needed changes in procedural volumes, training paradigms, and ultimately testing procedures to validate competency. In conjunction with several surgical societies and the American Board of Surgery, we have engaged in preliminary discussions aimed at more efficiently using the continuum of surgical training from general to specialty training. The focus will likely be shifted from volumes of experience towards a structured and validated methodology of diagnostic and therapeutic competency. This process may well transition from the past 5+1 colorectal training paradigm to a 4+2 structure. This new structure would provide an opportunity to provide a trainee with the requisite skills to provide general surgical care of the common illnesses in this field, while also providing highly specialized management of complex colorectal surgical diseases. While there are many challenges required to make this

transition, a concept of precisely defining the body of “core” general surgery and the components of specialty colorectal surgery capable of matching training opportunities for a resident to the requisite skills required to match surgical practice of the dual board certified colorectal surgeon. The Board will have much work to create this new structure, while working closely with our various partners to assure a well trained and validated surgical work force for the future.

I am sure many of the diplomates are aware of the concerns related to the maintenance of certification (MOC) process. Our Board has taken a measured approach, as discussed above, under the leadership of Drs. Rakinic and Buie. The consistent goal of the Directors and the Executive Director has been to provide an MOC framework consistent with the mission of our partner Boards and the American Board of Medical Specialties which is also relevant to surgical practice of our diplomates. The combination of life-long learning and intermittent validation of contemporary knowledge is the hallmark of professionalism. This process has been designed to be both valid and minimally intrusive for our diplomates. The leadership of the Board continues to advocate on our behalf to maintain the relevance of this process, while also attempting to minimize the burden required to meet the regulatory demands.

The Board is well positioned for the future. The administrative and executive team are strong advocates for the diplomates and provide excellent support and counsel to the Directors. The Directors take their responsibilities very seriously. I am very confident that the current team and yet to be named future Directors will continue to create a structure of board certification and maintenance of certification which will serve our colleagues seeking initial certification, the diplomates, and most importantly our patients to assure a strong and vibrant group of colorectal surgical specialists.



# ABCRS MOC

By Gina Laarkamp, MOC Coordinator

The American Board of Colon and Rectal Surgery (ABCRS) is a Member Board of the American Board of Medical Specialties (ABMS). As such, the ABCRS is required to abide by the Maintenance of Certification (MOC) Standards developed by the ABMS. The ABCRS is well aware of the burden and pressures facing its busy diplomates and has created a program that is reasonable and flexible. The ABCRS believes it is important for its MOC requirements to be as relevant and meaningful as possible. We have tried to make our MOC requirements reasonable and yet also acceptable to the ABMS and those outside of the organizations that want physicians to document their ongoing competence and participation in performance improvement activities.

I had the pleasure this year to attend the American Society of Colon and Rectal Surgeons annual scientific meeting in Boston, MA. The ABCRS and ASCRS agreed it is essential to have board representation present to help answer questions that a member may have regarding MOC requirements and documentation. I met and spoke to numerous ABCRS members at my booth and there seemed to be quite a bit of confusion regarding the continuing medical education credits (CME). The Online Evaluation/CME Credit Claim Instructions included in the ASCRS registration material listed CME sessions and maximum credit hours. The same question was asked to me over and over again, "How do I obtain MOC credits?" We need to get away from the concept of "MOC Credit" – all CME activities count. **ALL CME credits received from the ASCRS meeting is eligible for ABCRS MOC.** All sessions that contained a written or electronic question-answer exercise qualify for self-assessment activity and is accepted for ABCRS MOC.

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**Part II: Lifelong Learning and Self-Assessment (Every Three-Years)** In order to complete Part II, and meet ABCRS MOC requirements, ABCRS currently requires that 50 of the 90 Category I CME hours completed over a three-year MOC cycle include a self-

**assessment activity.** A self-assessment activity is a written or electronic question-answer exercise.

**Self-Assessment (50 total required) Attestation** - Diplomates are required to attest (honor system) and document the type of self-assessment activity(s) they completed inside of their ABCRS MOC Profile.

**CME (90 total required / including the 50 SA) Attestation** – Diplomates are required to attest (honor system) and document that a total of 90 CME have been obtained during the three-year cycle (including the 50 CME required for self-assessment) activity by simply typing 90 inside their personal ABCRS MOC Profile.

## HOW TO DOCUMENT YOUR CURRENT MOC REQUIREMENTS

A personal MOC profile / timetable has been created for you which represents your ABCRS MOC components and requirements. The yellow boxes under the columns (year) represent action needed.

**Yellow boxes signify action needed, green signifies requirement is complete.** All MOC forms that need to be filled out for Part I of ABCRS MOC and returned to the board office are located in your personal MOC profile. We allow self-attestation (no copies needed) for Part II and Part IV. The earliest we will accept documentation is Jan 1 and the latest is Dec 31.

ABCRS accepts self-attestation for Part II and Part IV, however, we will audit a certain number of diplomates for the accuracy of the data. **Part III – Cognitive Exam (Recertify)** run in ten-year cycles and we offer registration two years prior to certificate expiration. The MOC application is filled out prior to the year that you are recertifying (every ten years).

### How to Log in to your MOC profile and document your ABCRS MOC Requirements

ABCRS WEBSITE [www.abcrs.org](http://www.abcrs.org)

Click on Login

Enter your Username and Password

Click on MOC

### **Part I - Professional Standing (Three-year cycle)**

**Medical License**—Submit a copy to the board office via fax email or us mail.

**Chief of Staff Evaluation**—Print, Chief of Staff of similar official fills out the form, signs and submits to board office.

**Documentation Hospital Privileges**—Print, fill out, Chief of staff or similar official signs and submits to board office.

### **Part II—Lifelong Learning & Self-Assessment (Three-year cycle)**

**Self-Assessment (SA) Attestation**—Click on Enter

**Date:** Enter the date that you completed your SA activity. If you have completed more than one self-assessment, enter the date of the most recent SA completed.

**Name of Program:** Document the description of the self-assessment you have completed to obtain 50 CME's. If you have completed more than one self-assessment totaling 50 CME's, document Self-Assessment -Various to describe the type of SA completed.

**CME Attestation** -Click on Enter, Type the amount (number only) of CME's you have completed, (90) required. Click on Submit *-Copies of the CME certificates and SA activity that you have documented inside of your MOC profile are not required at this time, however the information is subject to audit to assure its validity and reliability.*

### **Part IV - Evaluation in Performance Practice (Three-Year cycle)**

requires ongoing participation in a local, regional or national **outcomes registry or quality assessment program**. Click on Enter.

**Name of Hospital**—Type the name of the hospital in which you have participated in the registry such as SCIP, NSQIP, or ACS Specific Case Log System.

**Name of Program**—Type the name of the PIP registry that you have completed or are currently participating in. Visit our website for a complete listing of accepted vehicles. See MOC –Part IV.

**Annual MOC Fee—paying with a credit card?** Click on the **Pay** button. This will take you to the shopping cart to submit your payment via credit card. Be sure to choose **MOC Annual Fee \$300.00**. We do not accept credit card payments over the phone. **Mail your check or money order to: American Board of Colon and Rectal Surgery -20600 Eureka Road, Suite 600 -Taylor, MI 48180.**

#### **MOC COMMITTEE MEMBERS**

**Anthony Senagore, MD**  
Examination Committee Chair  
Parma, Ohio

**Donald Buie, MD, Chair**  
Written Component Sub-Committee  
Calgary, AB

*Board Member*  
*Eric Dozois, MD*  
*Rochester, Minnesota*

*Non-Board Members*  
*Matthew Mutch, MD*      *Eric Weiss, MD*  
*St. Louis, Missouri*      *Weston, Florida*

**Jan Rakinic, MD, Chair**  
Procedural Component Sub-Committee  
Springfield, Illinois

*Board Member*  
*Elisa Birnbaum, MD*  
*St. Louis, Missouri*

*Non-Board Member*  
*Harry Papaconstantinou, MD*  
*Temple, Texas*

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## CHECK YOUR ABCRS MOC STATUS / PROFILE ON OUR WEBSITE

The American Board of Colon and Rectal Surgery website is available online to diplomates. You can access your MOC Profile, view requirements, and download instructions to document your MOC requirements. New tools and information are added frequently, so we encourage you to visit the site periodically to learn new developments and to check on your MOC status. In particular, we ask that you verify your current email address and personal information so we can keep the line of communication open.

Here's how to access your personal ABCRS Profile and MOC status page:

- Login to: [www.abcrs.org](http://www.abcrs.org)
- Click on Login
- Enter your Username and Password
- Click on Submit
- Click on MOC (to view and document your MOC requirements)
- Click on Profile (to update your ABCRS contact information)
- Click on Financial (to view your payment history and print receipts)
- Click on Forms (to view & print your MOC and Certification Status)



### *ABCRS MOC Requirements*

- **Part I, II, and IV** (Three-Year Cycle) to be completed by December 31, last year of cycle.
- **Part III** (Ten-Year Cycle) – Recertify
- **Annual MOC Fee** (Due by December 31)

#### Part I – Professional Standing

**ABCRS MOC Part I** must be completed every three years. You will need to submit three pieces of documentation to complete.

- 1.) **Verification of Full Licensure** - Submit a copy of your medical license to the board office.
- 2.) **Chief of Staff Evaluation** – Form is located inside of your MOC Profile. Print, and have your Chief of Staff or Chief of Surgery sign and mail to the Board office.
- 3.) **Documentation of Hospital Privileges** - Form is located inside of your MOC Profile. Print, and have your Chief of Staff or Chief of Surgery sign and mail to the Board office.

- **Part II – Life-Long Learning & Self-Assessment**

Completion of 90 CME (including self-assessment activity)

- Completion of Self-Assessment CME (minimum 50)

**MOC Part II** runs in three-year cycles. In order to complete Part II, and meet MOC requirements, you must document the amount of CME obtained (90 required) during your three-year cycle and indicate the type of self-assessment CME (minimum 50) that you have completed. Detailed instructions are listed on our website at [www.abcrs.org](http://www.abcrs.org) **Maintenance of Certification-Part II.**

#### Part III (Cognitive Exam)

The **ABCRS Maintenance of Certification (Part III Cognitive Exam)** is required to recertify every ten years. The MOC examination has been designed to assess diplomates knowledge in all phases of colon and rectal surgery and is offered once a year (in May) at Pearson Vue Testing Center. **The next MOC Exam is scheduled for May 12, 2016**

#### Part IV – Evaluation of Performance in Practice

**Part IV of ABCRS MOC** requires ongoing participation in a local, regional or national **outcomes registry or quality assessment program.**

#### Annual MOC Fee \$300

The \$300 (U.S) annual MOC fee is required for all diplomates participating in the ABCRS-MOC process and must be by December 31<sup>st</sup> of each year in order to “Meet MOC Requirements” and avoid being at risk losing your ABCRS certification.

Detailed instructions on how to document your MOC requirements are listed on our website and inside of your personal MOC profile by clicking on the title of the requirement.

## ***WRITTEN EXAMINATION QUESTION REVIEWING PROCESS***

The American Board of Colon and Rectal Surgery under the direction of Dr. Tracy Hull is responsible for creating the annual high stakes Written Examination. Each year, experienced colon and rectal surgeons prepare test items for the ABCRS Written Examination Pool. Soliciting questions from Diplomates is the principal method the Board has to replenish the question pool and ensure a high quality written examination. In addition to volunteer question writers, the [Written Examination Committee](#) formed a subcommittee of Associate Members with the intent of nurturing a core group of skilled question writers. The subcommittee consists of six groups with each group containing five question writers and one group leader. The entire committee is headed by the Written Examination Chair. Each subcommittee member writes seven to ten questions annually.

Questions are submitted through a secure on-line database. A manual titled [Instructions for Question Writers](#) is available to assist in the activity. In addition, question writers are encouraged to attend a Question Writing Workshop held annually during the American Society of Colon and Rectal Surgeons Annual Scientific Meeting. Once questions are submitted they go through approximately a year-long review process. Group Leaders review and revised each question prior to holding a webinar during which the entire group reviews and edits the items. Questions are then reviewed at a person-to-person meeting of the Written Examination Subcommittee Meeting.

At the end of the review process, approximately 48% of the questions are added to the written examination pool. In addition, 10% are added to the MOC or CARSITE pool and 42% are not accepted.

### ***PEARSON VUE TESTING CENTERS***



***FUTURE ABCRS  
WRITTEN EXAM DATE***

➤ ***Wednesday, March 16, 2016***

**BOARD CERTIFIED COLON AND RECTAL SURGEONS**  
**As of June , 2015**

<b>TOTAL DIPLOMATES 2143</b>	<b>MALE</b>	<b>%</b>	<b>FEMALE</b>	<b>%</b>	<b>ALL</b>	<b>%</b>
<b>Active U.S.</b>	1321	61.61	337	15.72	1658	77.33
<b>Active International</b>	137	6.39	19	0.89	156	7.28
<b>Retired U.S.</b>	242	11.29	8	0.37	250	11.66
<b>Retired International</b>	21	0.98	0	0.00	21	0.98
<b>Revoked/Expired</b>	49	2.29	9	0.00	58	2.75
<b>Total</b>	1770	82.56%	373	17.40%	2143	100%

# American Board of Colon & Rectal Surgery

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Anthony Senagore, MD  
*Parma, Ohio*

President-Elect  
W. Donald Buie, MD  
*Calgary, Alberta Canada*

Executive Director  
David J. Schoetz, Jr., MD  
*Burlington, Massachusetts*

*Associate Executive Director*  
Bruce Wolf, MD  
*Rochester, Minnesota*

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*Los Angeles, California*

Elisa H. Birnbaum, MD  
*St. Louis, Missouri*

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*Burlington, Vermont*

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*Rochester, Minnesota*

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*McPherson, Kansas*

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*Chicago, Illinois*

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*Weston, Florida*

# American Board of Colon & Rectal Surgery

## *Board Membership*

*There are now 16 members in the following categories:*

- 6 ABCRS - *American Board of Colon & Rectal Surgery*
- 1 ABCRS - *Executive Director*
- 4 ASCRS - *American Society of Colon & Rectal Surgeons*
- 2 ACS - *American College of Surgeons*
- 1 ABS - *American Board of Surgery*
- 2 APDCRS - *Association of Program Directors for Colon & Rectal Surgery*

*Board members normally serve two four-year terms*

## American Board of Colon and Rectal Surgery

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Loretta Haag, Administrative Assistant

Gina Laarkamp, MOC Coordinator

Chris Merkel, Office Manager

Kim Snape, Examination Coordinator



*A Member Board of the American Board of Medical Specialties*