

# American Board of Colon & Rectal Surgery Diplomate News

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November 2017

## *Bruce G. Wolff, MD, Executive Director*



2017 has been a very eventful year for our specialty and the Board. Indeed, it has been eventful for the surgical specialties. There has been some turmoil created by some of the 24 Boards that are members of the American Board of Medical Specialties (ABMS) over requirements for maintenance of certification. Indeed, some of our physician colleagues and various state medical societies have questioned the value of certification and have introduced bills in various state legislatures that would curtail the use of certification for hospital credentialing and for certain insurance company payment schedules. This has led the ABMS to create a commission on certification which will include all affected parties and will hopefully result in resolution in the perceived disparities and dissatisfaction with the continuing certification process which will continue.

Your Board has worked, and continues to work, to make the process of continuing certification as less intrusive and efficient as possible. To that end, we are participating in an ABMS project called CertLink™ which we hope Diplomates will find as an improvement and of greater value than the present ten-year exam for part III, and we will continue to try to find a reasonable path for practice improvement (part IV). It is hoped that we can arrange for some CME credit for successful completion of this new process as well.

The American Board of Surgery has approved our specialty's request to establish an integrated four-

plus-two-year training program for colon and rectal surgery which would result in double certification in both general surgery and colon and rectal surgery. The details of this have yet to be established, but hopefully there will be pilot programs in the near future. The five-plus-one traditional program will continue to be an option. This will hopefully lead to enhanced patient care through better trained and more experienced colon and rectal surgeons.

With the implementation of these changes, as well as other factors, the expenses of the Board have risen considerably. As I have mentioned in previous communication, this has resulted in our necessity for increasing dues and fees for the various exams and continuing certification. We have kept this increase as low as possible as our goal is to be revenue neutral and to ensure that the money collected goes only toward valid Board activities.

Last year we established a 501(c)(3) [foundation](#) as a part of our Board which is to be used for special projects, education, and developmental testing activities for the Board so that we can achieve financial stability in our certification process which has been in place for over 80 years. Board members have all contributed to the Foundation, and we would urge our Diplomates also to contribute to this vehicle. Donations are gratefully accepted through the Board office and are not taxable. There is a simple way to contribute appreciated securities as well.

Today there are various elements who feel they need to issue certificates or to provide very specialized certification for various elements of colon and rectal surgical practice such as MIS and robotics. The Board has worked very hard to discourage this

practice, and we would like to assure our Diplomates that when they have completed initial certification and are involved in continuing certification, they are already fully accredited with performing any of the procedures with any of the implements that fall within our sphere of practice and no further certification is necessary.

For this and other reasons, the American Society of Colon and Rectal Surgeons (ASCRS), the American Board of Colon and Rectal Surgery (ABCRS), the Residency Review Committee for Colon and Rectal Surgery (RRC) and the Association of Program Directors for Colon and Rectal Surgery (APDCRS) have worked to establish more frequent and greater communication in order to strengthen our specialty and to meet various challenges that are facing us. Please allow me to briefly review the structure of our specialty since there seems to be some confusion as to who does what. The ABCRS certifies individuals who are trained in Accreditation Council for Graduate Medical Education (ACGME) approved residency programs as certified colon and rectal surgeons. The Board also provides a structure for continuing certification. The ASCRS is the educational arm, including the

Educational Endowment Fund, as well as the Research Foundation for our specialty. It also deals with political issues that may arise and is our voice in various arenas. The RRC reviews programs, sets standards, and reviews programs to see that the standards are met for colon and rectal surgery residency programs. The APDCRS is responsible for the curriculum and works closely with the RRC to see that appropriate training standards are met and to implement various training modules as well as testing. We will continue to ensure that we speak with one voice and strive toward the goal of providing the best possible care of the colon and rectal surgery patient. We are a small, but very important element in surgical care in this country. Perhaps, because we are smaller and require double boarding, we contribute not only half the care for colon and rectal surgical problems in this country, but a great deal of general surgical care as well. Over the years we have gained respect and recognition, and we should be very proud of our place in the North American surgical spectrum.

*For more information on the ABCRS Foundation please visit <http://www.abcrs.org/abcrs-foundation/>*

## ***Jan Rakinic, MD, PRESIDENT***



It is an honor and privilege to serve as the President of the American Board of Colon and Rectal Surgery this year. Our specialty continues to face, and meet, challenges on many fronts.

There is renewed interest in changing the training paradigm for Colorectal

Surgery fellows, recognizing that both changes in disease management and technological advances have placed stress on our current training structure. The Board has been proactively collaborating with the Program Directors Association and the Colorectal Surgery Residency Review Committee

in assessing needed changes to training paradigms, considering procedure number reports versus a richer documentation of disease management, and examination procedures that are fair and validated to assess competency.

Merely prolonging time in training time would present a barrier to both potential trainees as well as training programs. Board representatives have been, and will continue to be, integral in discussions intended to create a pathway for General Surgery residents interested in pursuing a career in Colon and Rectal Surgery to gain more specialty exposure in their PGY 4 and 5 years. The focus will likely be shifted from reporting volumes of experience towards a structured and validated methodology to demonstrate diagnostic and therapeutic competency.

Moving from the traditional 5 + 1 colorectal training paradigm to a 4 + 2 structure would equip the trainee with the skills and knowledge to manage general surgical care and the ability to become Board Certified in General Surgery, while also providing additional highly specialized management of complex colorectal surgical diseases. This would represent a significant adjustment in both Colorectal Surgery training as well as General Surgery residency, and pursuit of this plan has been ongoing for some time. Representatives from the Program Directors, the Colorectal Surgery Residency Review Committee, and the American Board of Surgery are also involved in this undertaking. Central to this challenge is defining the components of specialty colorectal surgery needed for a resident to gain the requisite skills to successfully complete training in Colon and Rectal Surgery, and to successfully achieve certification in Colon and Rectal Surgery. The Board recognizes there will be much effort required to create this new structure, and will continue to work closely with our various partners to continue to assure a well-trained and validated colorectal surgical work force for the future.

Maintenance of Certification (MOC) is undoubtedly a concern for our Diplomates, given the recent publicity centering on practices of several other Boards, as well as efforts in a number of state legislatures to limit or disallow MOC status to be used in credentialing and hospital privileging. It remains the charge of your Board to provide our Diplomates with an MOC process that is consistent with the mission of our Board, our partner Boards, and the American Board of Medical Specialties; that is relevant to the surgical practice of our Diplomates; and that works to decrease the burden on our Diplomates. Your Board works every day to keep safe and relevant the prominence of our Diplomates as the acknowledged surgical specialists in diseases of the colon and rectum. In this regard, Board representatives have worked for the last seven years toward an on-line MOC assessment for our Diplomates. The program, which is a

continuous education initiative called CertLink™, is expanded upon below by Dr. Mahmoud, the Chair of the MOC Committee of the Board. CertLink™ will replace the ten-year exam taken at Pearson Vue; it can be accessed on your desktop or laptop computer or tablet, can be completed at a time and place of your choosing, and provides immediate feedback with referenced critiques.

Regarding the push in some states to limit the use of MOC status for credentialing and privileging, it is the stance of the Board that attaining and maintaining Board Certification signifies a specialist who is current and competent in the field. The combination of lifelong learning and validation of contemporary specialty knowledge is the hallmark of professionalism. The leadership of the Board continues to advocate on behalf of our Diplomates to maintain the relevance of the MOC process, while also minimizing the burden required to meet regulatory demands.

Our Board has been successful in meeting the challenges presented to us over the past several years. The administrative and executive team are strong advocates for the Diplomates, and provide excellent support and counsel to the Directors. The Directors of your Board are volunteer surgeons in practice who give of their time to support our specialty. We take our responsibility seriously, and serve in good faith. Our constituents are the many colorectal surgeons in practice, the residents in training whom we have the responsibility to examine, and as always, the patients we serve. I am confident that the current team, and future Directors, will continue to work together to advocate for strong, validated structures of board certification and maintenance of certification that will serve our colleagues seeking initial certification, our Diplomates in practice, and most importantly, our patients, and will continue to provide a national group of well trained and highly professional specialists in colorectal surgery.

## *Najjia Mahmoud, MD, MOC CHAIR*



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 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 who want physicians to document their ongoing competence and participation in performance improvement activities.

This year, at the American Society of Colon and Rectal Surgeons Annual Scientific Meeting in Seattle, the MOC Committee and Board was able to run focus groups specifically to elicit opinions, suggestions and reactions to the proposed new continuous education (continuous MOC) initiative called “CertLink™.” CertLink™ will replace the 10-year Part III MOC exam by continuously assessing knowledge over time on devices and computers at home and work in a more convenient setting than the Pearson Vue Testing Centers. Feedback from Diplomates was thoughtful, useful and helpful. The new continuous assessment cycle will run over a 5-year time period and replace the 3-year requirement. This will mirror the new and evolving American Board of Surgery MOC initiative and will include all parts of MOC including Part I, II, and IV. It is hoped that in the future, there will be alignment between certain requirements of the ABCRS and the ABS for those who are double boarded and those discussions are ongoing. The Part III requirement will be fulfilled

by answering questions on a quarterly basis for 4 years. The last year of the MOC cycle will be used as a break for some or make-up period for others depending on circumstances. Diplomates will be notified at the beginning of each quarter via email starting in January (the start of the cycle) that there are new questions in their CertLink™ “box”. These questions will be available for the entire quarter and be accompanied by detailed referenced explanations of the answers. Those scheduled for MOC in 2018 will need to take their exam at the Pearson Vue Testing Center. Those who are eligible to take the exam in 2019 have the option of taking it at Pearson Vue *or* enrolling in CertLink™. Diplomates who successfully passed their Oral Exam in September 2017 are the first cohort to be automatically enrolled into CertLink™ on January 1, 2018 and will start receiving questions the second quarter of 2018 (April). More details regarding the administration of the exam will be forthcoming.

### **Part II: Lifelong Learning and Self-Assessment (Every Five 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. That requirement will now be spread over five-years.

**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 self-assessment) Attestation** – Diplomates are required to attest (honor system) and document that a total of 90 CMEs have been obtained during the five-year cycle 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 for Part II and Part IV. The earliest we will accept documentation is Jan 1<sup>st</sup>. and the latest is Dec 31<sup>st</sup>. While no copies are needed at this time, we will audit a certain number of Diplomates for the accuracy of the data, so please save your records.

**Part III – (CertLink™) – Continuous Certification** will run in a five-year cycle. The MOC application is filled out prior to the year that you are recertifying (every five 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 Submit

Click on MOC

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

**Self-Assessment (SA) Attestation**—Click on Enter, Document Date and Name of Program. Scroll to the bottom of the page. Click on Submit.

- **Date:** Document 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 CMEs. If you have completed more than one self-assessment totaling 50 CMEs, document **Self-Assessment -Various** to describe the type of SA completed.

**CME Attestation:** Click on Enter, Type the amount (number only) of CMEs 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 of Performance in Practice (Five-Year cycle)**

requires ongoing participation in a local, regional or national **outcomes registry or quality assessment program**. Click on Enter. Type the Name of Hospital and Name of Program. Scroll to the bottom of the page. Click on Submit.

- **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 Fees** button. This will take you to the shopping cart to submit your payment via credit card. Be sure to choose **MOC Annual Fee \$500.00**. We do not accept credit card payments over the phone. A 3% charge will be applied to all credit card transactions. **Mail your check or money order to: American Board of Colon and Rectal Surgery -20600 Eureka Road, Suite 600 -Taylor, MI 48180.**

## **CHECK YOUR ABCRS CONTINUOUS CERTIFICATION 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** (Five-Year Cycle) to be completed by December 31, last year of cycle.
- **Part III** CertLink™ Five-year cycle
- **Annual MOC Fee** (Due by December 31)

### **Part I – Professional Standing**

**ABCRS MOC Part I** must be completed every five 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
  - 50 of the 90 CME must include Category I Self-Assessment activity.

**MOC Part II** now runs in five-year cycle. In order to complete Part II, and meet MOC requirements, you must document the number of CMEs obtained (90 required) during your five-year cycle and indicate the type of self-assessment CMEs (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—now called “CertLink™”)**

The **ABCRS Maintenance of Certification (Part III Cognitive Exam)** is required to recertify every five years. The MOC examination has been designed to assess Diplomates knowledge in all phases of colon and rectal surgery. Please see the detailed explanation of rolling enrollment in CertLink™ on the ABCRS website. Those scheduled for MOC in 2018 will need to take their exam at the Pearson Vue Testing Center. Those who are eligible to take the exam in 2019 have the option of taking it at Pearson Vue OR enrolling in CertLink™. Those Diplomates who sat for their exam in September 2017 successfully are the first cohort to be enrolled in CertLink™ and are automatically enrolled January 1, 2018 and will start receiving questions the second quarter of 2018 (April).

**The next MOC Exam is scheduled for May 9, 2018 at Pearson Vue for those who need to take it in 2018.**

### **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 \$500**

The \$500 (U.S) annual MOC fee is required for all Diplomates participating in the ABCRS-MOC process and must be paid by December 31<sup>st</sup> of each year in order to “Meet MOC Requirements” and avoid being at risk for 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.

## PEARSON VUE TESTING CENTERS



**FUTURE ABCRS  
MAINTENANCE OF CERTIFICATION  
DATE  
Wednesday, May 9, 2018**

### 2018 MOC Exam Information for those already enrolled

- \$750 MOC Exam Fee Due Feb. 15<sup>th</sup>
  - February 16<sup>th</sup> - May 8<sup>th</sup> incurs a \$200 late fee
- Pearson Vue Scheduling Feb. 16<sup>th</sup>-May 8<sup>th</sup>
  - You will receive an email at that time.
- ABCRS-MOC2018 Exam: May 9, 2018 at Pearson Vue Center

**PLEASE NOTE:** that your information **will not be sent** to Pearson Vue and you **will not be able to register** until your MOC **requirements have been met** and you have **paid all of your fees.**

**Make sure your profile is updated** with the correct **email address and home address.** See **page 6** of this Newsletter for instructions.

If you have any questions or concerns please contact Melina Mann at [mmann@abcrs.org](mailto:mmann@abcrs.org) or 734-282-9400

### CONTINUOUS CERTIFICATION COMMITTEE MEMBERS

**Najjia Mahmoud, MD**  
Continuous Certification Committee Chair

#### Board Members

*Elisa Birnbaum, MD*  
*M. Shane McNevin, MD*  
*Jan Rakinic, MD*  
*Harry Papaconstantinou, MD*

#### Non-Board Members

*W. Brian Perry, MD*  
*Eric Weiss, MD*

### ABCRS Executive Staff Phone (734) 282-9400

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*Kim M. Snape*  
*Examination Coordinator*  
[ksnape@abcrs.org](mailto:ksnape@abcrs.org)

## *Glenn Ault, MD, MEd, Written Exam Chair*



The American Board of Colon and Rectal Surgery and its Written Examination Committee under the direction of Glenn Ault, MD, MEd, is responsible for creating the annual Written (qualifying) Examination. The exam is prepared from questions developed by experienced colon

and rectal surgeons who submit their items for review by the committee. If selected, these questions enter the written exam pool for use on the examination. It is surprisingly difficult to write good exam items and only two in five questions submitted make it through the rigorous editorial process into the written examination pool.

Soliciting questions from Diplomates for use on the examination is the principal method the Board has to replenish the question pool and to ensure a high quality written examination. In addition to Diplomates who submit questions for consideration, the [Written Examination Committee](#) has 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. All members of the subcommittee are Diplomates of the Board. It is typical that each subcommittee member writes five to seven questions annually. Currently the subcommittee is in the process of reviewing the entire question pool to ensure relevance in reflecting today's colon and rectal surgery practice.

Question are submitted through a secure on-line database. A manual entitled [Instructions for Question Writers](#) is available to assist in the activity. As it is difficult to write high quality examination items, authors are strongly encouraged to read this manual thoroughly to avoid common mistakes in writing and submitting their items. In addition, it is extremely valuable to

attend the Question Writing Workshop held annually during the American Society of Colon and Rectal Surgeons Annual Scientific Meeting. Once questions are submitted they undergo a meticulous review and editing process that can take up to one year. Group leaders review and revise each question prior to holding a webinar during which the entire group reviews and edits the items. Questions then undergo final review at the written examination committee meetings held twice yearly in conjunction with the ABCRS meeting.

At the end of the review process, approximately 45% of the questions are added to the written examination pool after significant review. In addition, 10% are added to the MOC or CARSITE question pool and 45% are not accepted and are often returned to the author with editorial comments from the committee for revision and re-submission. If you are interested in writing questions for the board, please feel free to contact Kim Snape at [ksnape@abcrs.org](mailto:ksnape@abcrs.org).

### **PEARSON VUE TESTING CENTERS**



**FUTURE ABCRS  
WRITTEN EXAM DATE**

➤ **Wednesday, March 21, 2018**

### **Question Writing:**

**Do You Know How to Write the  
Perfect Exam Question?**

**Saturday, May 19, 2018 1:00 – 4:00 pm  
ASCRS Annual Scientific Meeting  
Nashville, TN**

**BOARD CERTIFIED COLON AND RECTAL SURGEONS**  
As of November 10, 2017

<b>TOTAL DIPLOMATES 2392</b>	<b>MALE</b>	<b>%</b>	<b>FEMALE</b>	<b>%</b>	<b>ALL</b>	<b>%</b>
<b>Active U.S.</b>	1409	58.90	423	17.68	1832	76.59
<b>Active International</b>	176	7.36	35	1.46	211	8.82
<b>Retired U.S.</b>	256	10.70	9	0.38	265	11.08
<b>Retired International</b>	20	0.84	0	0.00	20	0.84
<b>Revoked/Expired</b>	54	2.26	10	0.00	64	2.68
<b>Total</b>	1915	80.06	477	19.94	2392	100

**American Board of  
Colon & Rectal  
Surgery**  
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*Springfield, Illinois*

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# 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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Administrative Staff:

Melina Mann, MOC Coordinator

Chris Merkel, Office Manager

Kim Snape, Examination Coordinator

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