

Neurosurgery Certification in Member Societies of the World Federation of Neurosurgical Societies (WFNS). The Americas

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INTRODUCTION: This article aims to objectively compare the complexity and diversity of the certification process in neurologic surgery in member societies of the World Federation of Neurosurgical Societies.

METHODS: This study centers on the certification processes in the geographic regions of North, South, and Central America. It presents a subgroup analysis based on the responses provided to a 13-item survey. The data received were analyzed and three Regional Complexity Scores (RCSs) were designed. To compare national board experience, eligibility requirements to access the certification process, and the degree to which exams were obligatory, an RCS–Organizational score was created (RCS-O, 20 points maximum). To analyze the complexity of the examination, an RCS–Components score was designed (RCS-C, 20 points maximum). The sum of both is presented as the Global RCS (RCS-G) score. In addition, a descriptive summary of the certification process for each responding society is also provided.

RESULTS: On the basis of the data provided by the RCS system, the United States and Brazil seem to have the most developed certification processes in the American continent (20 points each), followed by Canada (18 points) and Mexico (17 points).

CONCLUSION: The experience from these leading countries should be of value and reference to other countries, allowing future improvement within the region.

Peer-Review Article

INTRODUCTION

The overall purpose of this work, inclusive for both North and Latin American countries, is to unfold the achievements made in the arena of certification in the American continent. The North American region, within the structure of the World Federation of Neurosurgical Societies (WFNS), includes the United States and Canada via their affiliated member societies. Thanks to the foundations provided by North American pioneers Harvey Cushing and Wilder Penfield (both highly influenced by Sir William Osler) and Canadian Kenneth McKenzie, these two countries share strong and common roots in the origin of the specialty (14).

The American Board of Neurological Surgery (ABNS) was founded in 1940. Although accreditation of residency programs was initially the responsibility of the residency review committee created in 1953, the assessment of competency remained the responsibility of the board (7). The activities of the residency review committee are nowadays overseen by the Accreditation

Key words

- Latin America
- Neurosurgery certification
- Neurosurgery training
- North America
- WFNS

Abbreviations and Acronyms

ACGME: American Council for Graduate Medical Education
AMB: Brazilian Medical Association
BSN: Brazilian Society of Neurosurgery
CAN: National Accreditation Committee–Brazil
CBT: Computer-based testing
CME: Continuing medical education
CONACEM: Committee for national certification of medical specialties–Mexico
LCME: Liaison Committee on Medical Education

MCQs: Multiple choice questions

MEQs: Modified essay questions

MOC: Maintenance of certification

NBME: National Board of Medical Examiners

NS-year: Neurosurgery—year of postgraduate training

OSCE: Objective Structured Clinical skills Examination

RCPSC: Royal College of Physicians and Surgeons of Canada

SANS: Self-Assessment in Neurological Surgery

US/USA: United States

USMLE: United States Medical Licensing Examinations

VRS: Valid Responding Societies

WFNS: World Federation of Neurosurgical Societies



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Council for Graduate Medical Education (ACGME), formerly known as the Liaison Council, ultimately responsible for the accreditation of residency programs in all specialties (1, 18). Examiners are board-certified members who receive specific guidelines prior to the task involved, for both the oral and written components of the ABNS certification (6).

Historically, one of the areas of emphasis of the ABNS has been the period of independent performance outside the controlled environment of residency. This has been achieved by measurement of the process and outcome of patient care (practice data) in both certification and maintenance of certification (17, 22). As we will see, this continues to be one of the pillars of the North American certification process.

Following suit upon the creation of the ABNS, Canada and Mexico later developed their own certification boards in the North American geographical region. The Royal College of Physicians and Surgeons of Canada was founded in 1929. Its Neurosurgical Specialty Committee is devoted to conducting examinations and assessment of training programs, and the first examinations were conducted in 1932. The first candidate to pass the Neurosurgical Fellowship Examination, which would after 1962 become the standard certification, was Claude Bertrand in 1947 (28). The attrition rate in the Fellowship Examinations have been historically high (26). However, as discussed in this work, this trend may be changing in recent years.

The Mexican Society of Neurological Surgery was founded in 1954. The Mexican Board of Neurological Surgery (Consejo Mexicano de Cirugía Neurológica) was founded in 1965 with the intention of providing a certification body. At that time, the certificate was given without examination. As described by Gomez-Mendez in 1977, “[the Mexican Board] was inspired by the American Board of Neurological Surgery, the constitution, rules, and regulations of which we almost literally adopted” (11). Despite its geographic location in North America, for purposes of organization and because of its membership within the Latin American Federation of Neurosurgical Societies (LAFNS), Mexico will be included in the Latin American section of this study.

The Brazilian Society of Neurosurgery (BSN) was founded in 1957 in Brussels and became affiliated with the WFNS in 1959 (13). It was one of the first societies in that country to require

examinations for the title of specialists, which began in 1972. Since 1982, taking the examination has not been compulsory for private practice or for the care of social security patients in Brazil (20). Despite the fact that it remains noncompulsory for practice, it can be seen how the BSN is encouraging changes in this situation at the present time.

In 1958, the Chilean Society of Neurosurgery (Sociedad de Neurocirugía de Chile) was established. Chile is also a member of the WFNS and the Latin American Federation of Neurosurgical Societies (21). Neurosurgery in Honduras took its first steps in the 1960s with the foundation of the first neurosurgical service at the Instituto Hondureño del Seguro Social, led by Drs Rafael Molina-Castro and Carlos Mena-Díaz (9).

The Colombian Neurological Society was founded in 1962, becoming affiliated with the WFNS in 1966. Since 1978, the title of specialist could be obtained through training in a certified program accredited by the Colombian Association of Medical Schools and after 1 year of practice in rural areas (12). Through our survey, we have received notification of recent law projects aimed at advancing the quality assurance in specialized training.

MATERIAL AND METHODS

This study analyzes in detail the certification process in two geographic regions: North America (Canada, United States) and Latin America. We provide here a subgroup analysis based on the responses provided to the 13-item survey sent in Part I of this study (Appendix 1). This survey was sent to 2 of the 6 existing North American societies and to all 15 Latin American member societies of the WFNS. Subcontinental or academy member societies were not included to avoid redundancy. The list of societies that responded is included in Table 1.

The data received were analyzed and three Regional Complexity Scores (RCS) were constructed. To compare national board experience and the complexity of eligibility requirements to access the certification process, an RCS–Organizational (RCS-O) score was designed. To compare the complexity of the examinations, an RCS–Components (RCS-C) score was designed. The sum of both forms a Global RCS (RCS-G) score. The grading system for each category is presented in Table 2.

Table 1. List of Society Responders to the Survey

North America (2)	1. American Board of Neurological Surgery (ABNS)	United States (1)
	2. Canadian Neurosurgical Society (through the Royal College of Physicians and Surgeons of Canada [RCPS])	Canada (1)
Latin America (8)	1. Caribbean Association of Neurological Surgeons (CANS)	Affiliated sovereign states of the Caribbean territory (13)
	2. Sociedade Brasileira de Neurocirurgia (SBN)	Brazil (1)
	3. Chilean Society of Neurosurgery	Chile (1)
	4. Colombian Association of Neurosurgery	Colombia (1)
	5. Costa Rican Association of Neurosurgery Society	Costa Rica (1)
	6. Neurosurgical Society of Honduras	Honduras (1)
	7. Mexican Board of Neurological Surgery (Consejo Mexicano de Cirugía Neurológica)	Mexico (1)
	8. Uruguayan Society of Neurosurgery	Uruguay (1)

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