Forks in the Road

The Assessment of Surgeons from the American Board of Surgery Perspective

Jo Buyske, MD[a,b]

KEYWORDS

• Assessment • Certification • Maintenance of certification • Diplomate
• Surgical resident • Re-entry • Boot camp

KEY POINTS

- The American Board of Surgery (ABS) serves both the public and the profession.
- Certification is the culmination of multiple assessments beginning during residency. Some assessments can be embedded in residency as part of a continuum of learning and assessment.
- Continued learning and assessment after formal training is completed are critical to ensure the quality of the profession and to enhance the public trust.

The ABS exists to protect the public and enhance the profession. The original ABS Booklet of Information from 1937 includes the following explanation: "This (the formation of the ABS) is to be done for the protection of the public and the good of the specialty." The ABS works to fulfill this charge by assessing surgeons with the best tools available. Assessment of surgeons, similar to the field of surgery itself, is something that changes over time…New tools, new techniques, and new understanding emerge.

There are 4 distinct periods of learning during the career of a surgeon. The first period is in medical school, during the core surgery clerkship and during the fourth year. Ideally, during this period, basic knowledge and some early skills and judgment are acquired so that the first-day resident is prepared to suture a wound, tie a knot, place a bladder catheter, or answer a call about a postoperative patient. Historically, the ABS has had no role in the medical school portion of surgical training.

The second period is during surgical residency. Until recently, the role of the ABS during residency has been limited. In conjunction with the Residency Review Committee for Surgery (RRC-S) of the Accreditation Council for Graduate Medical Education (ACGME), the ABS sets training standards for surgical residency. The ACGME

Disclosure: Full-time salaried employee of the American Board of Surgery.

[a] American Board of Surgery, 1617 John F. Kennedy Boulevard, Suite 860, Philadelphia, PA 19103, USA; [b] University of Pennsylvania School of Medicine, 3400 Spruce Street, Philadelphia, PA 19104, USA
E-mail address: jbuyske@absurgery.org

Surg Clin N Am 96 (2016) 139–146
http://dx.doi.org/10.1016/j.suc.2015.09.010 **surgical.theclinics.com**
0039-6109/16/$ – see front matter

accredits programs that adhere to these standards; the ABS certifies individuals who successfully complete these programs and successfully pass the Qualifying Examination and Certifying Examination of the ABS. Ideally, during residency trainees acquire the skills necessary to practice independently or to pursue further training in a specialty.

The third period, which most but not all surgeons undertake, is postresidency (or, in the case of surgical critical care, during residency) fellowship. During fellowship training, a particular skill or knowledge set is honed. Some fellowships culminate in ABS or other American Board of Medical Specialties (ABMS) assessment and, if successful, certification. Others function outside of the ACGME/ABS axis and serve as additional training under other independent organizations. Ideally, fellowship training allows for mastery of a subspecialty of general surgery.

The fourth period is the longest and is the period from the end of formal training until retirement. During this period, both knowledge and skills continue to develop. Ideally the practicing surgeon also keeps abreast of changing information and technology and adapts their practice to accommodate new information. The role of the ABS during this phase of a surgical lifetime has evolved from nothing prior to 1976 to Maintenance of Certification (MOC) beginning in 2005.

HISTORY

Initially, the ABS focused exclusively on one point in time: the moment when a surgeon had completed training and was poised to begin practice. The first period of learning, medical school, was left to medical schools, with no oversight or interaction with the boards. The years of residency, likewise, were spent out of sight of the ABS, other than that they occurred in programs where the standards had been developed with the ABS as a lead in defining those standards.

The ABS interaction with surgeons began at the end of residency, when an applicant makes contact with the board for the first time by applying for formal assessment, ideally culminating in certification. The assessment consisted of 3 parts: an application testifying to the details and experience acquired in training; part I, a written or qualifying examination; and part II, an oral or certifying examination. Originally there was also a practical component of Part II, consisting of an observed operation and witnessed patient examinations, among other things, but the use of live patients was discontinued in the 1950s. Certification was for life: once the process demonstrated adequate training (application), knowledge (the written examination), and judgment (the oral examination), a surgeon was certified. Those who were certified were free to practice and to carry that certificate for life.

TIME-LIMITED CERTIFICATES AND RECERTIFICATION

More recently, the ABS has concerned itself with the continuum of training across the lifetime of a surgeon. The first step toward this was the institution of time-limited certificates. As early as 1940, the Commission on Graduate Medical Education made the argument that the explosive growth in medical knowledge made point-in-time, lifetime certification insufficient to assure current knowledge and practice. The American Board of Family Practice (later the American Board of Family Medicine) was the first to adopt time-limited certification, in 1970. The ABS quickly followed suit, becoming the second board to require time-limited certificates, in 1976 (with an initial foray into that arena with time-limited certificates in pediatric surgery in 1973).

Subsequent experience with requirements for recertification have validated the need for time-limited certificates. It quickly became apparent, as suspected, that