

**MAINTENANCE OF CERTIFICATION  
IN  
THORACIC SURGERY  
BOOKLET OF INFORMATION  
2010**



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## **STATEMENT OF PURPOSE**

The American Board of Thoracic Surgery (ABTS) publishes this Booklet of Information for Diplomates and others who are interested in knowing the procedures and requirements for Maintenance of Certification (MOC) in thoracic surgery. The requirements listed in this MOC Booklet of Information apply only to Diplomates who plan to participate in the MOC process in 2010. The MOC Booklet is revised yearly.

## **BACKGROUND**

The Board of Thoracic Surgery was established in 1948 as an affiliate board of the American Board of Surgery. In 1971, the Board of Thoracic Surgery was recognized by the American Board of Medical Specialties (ABMS) as a primary board and changed its name to the American Board of Thoracic Surgery. In 1973, the ABMS recommended to its member boards that they develop programs and procedures for recertification. The ABTS issued its first time-limited certificates in 1976. Since that time, all Diplomates have been required to "recertify" every 10 years. The process of "recertification" has consisted of documentation of license and hospital privileges, submission of a "case list," confirmation of CME activities and completion of the SESATS (Self-Examination, Self-Assessment in Thoracic Surgery) exercise.

In response to public demands for greater accountability from specialty boards and more transparency in the credentialing process, the 24 member boards of the ABMS embarked on a MOC program. The goal of MOC for the ABTS is to facilitate lifelong learning and practice improvement among our Diplomates and give the public assurance that certified thoracic surgeons are maintaining high standards of clinical care. MOC replaced the ABTS recertification process in January 2008; therefore, Diplomates are now required to participate in MOC instead of the former recertification process in order to maintain and renew their certificate. More information about the ABTS MOC process can be found on the Board's web site at [www.abts.org](http://www.abts.org).

## **CORRESPONDENCE WITH THE BOARD**

Inquiries addressed to the ABTS may be referred to one or more committees of the Board. Replies to such letters of inquiry may, therefore, be delayed for several weeks. Please address all communications to the Board's Executive Director:

William A. Baumgartner, M.D.  
Executive Director  
American Board of Thoracic Surgery  
633 North Saint Clair Street, Suite 2320  
Chicago, IL 60611

## **MOC OVERVIEW**

In order to maintain a valid certificate, **all** Diplomates (life-time and time-limited certificate holders) whose status is Active or Inactive, including those certified prior to 1976, are required to participate in MOC. The ABTS MOC cycle is 10 years in length, with a benchmark at the 5<sup>th</sup> year that must be fulfilled. Below is a brief description of the 4 components of MOC that make up the 5-year and 10-year benchmarks.

### **Part I - Professional Standing**

Diplomates must hold a valid, unrestricted medical license in at least one state or jurisdiction in the United States, its territories or Canada.

### **Part II - Lifelong Learning and Self-Assessment**

Diplomates must participate in educational and self-assessment programs that meet specialty-specific standards that are set by the ABTS.

### **Part III - Cognitive Expertise**

Diplomates must demonstrate, through formalized examination, that they have the fundamental, practice-related and practice environment-related knowledge to provide quality care in thoracic surgery.

### **Part IV - Practice Performance Assessment**

Diplomates are evaluated in their clinical practice according to standards for patient care in thoracic surgery. Diplomates must demonstrate that they can assess the quality of care they provide compared to peers and national benchmarks and then apply the best evidence or consensus recommendations to improve that care using follow-up assessments.

## **CERTIFICATION STATUS**

The requirements for MOC depend on a Diplomat's certification status with the Board. The Board has the following 4 certification statuses for Diplomates:

**Certified-Active** – includes Diplomates who have successfully passed both Part I and II examinations and who are actively practicing cardiothoracic surgery. It also includes those Diplomates who are involved in direct or supervised cardiothoracic patient care, but whose practice does not include operative thoracic surgery (e.g., critical care, clinic or office practice, clinical research involving direct patient contact). Diplomates in this category are required to participate in all parts of MOC (i.e., Parts I-IV).

**Certified-Inactive** – includes Diplomates who have applied and been accepted for *inactive status*. This category includes Diplomates who have temporarily interrupted their clinical practice due to illness/injury, administrative positions, graduate studies, elected/appointed political office, etc. This category would include Diplomates who have direct or supervise patient care in a field other than thoracic surgery. Diplomates in this category are required to participate in all parts of MOC except Part IV (i.e., evaluation of performance in practice).

**Retired and/or Disabled** – includes Diplomates who are certified, but who have notified the Board of their retirement and/or disability and for whom return to active or inactive practice is unlikely. Retired and/or Disabled Diplomates are not required to participate in MOC. However, Diplomates in this category who anticipate return to medical practice should consider changing their status to Certified-Inactive and participate in MOC **before their certificate expires**.

**Not Certified** – includes Diplomates who have allowed their certificates to lapse and/or those whose certificates have been suspended or revoked. Diplomates who are no longer certified are not allowed to participate in MOC. Diplomates who hold lapsed certificates can only renew their certificate by retaking and passing the Qualifying (Part I) and Certifying (Part II) examinations.

Visit the Board's web site ([www.abts.org](http://www.abts.org)) for a full description of these categories. If you are not sure of your current status with the ABTS, feel free to contact the Board office.

### **5-YEAR BENCHMARK**

The ABTS will not be implementing the 5-year benchmark or milestone until 2012. Therefore, Diplomates whose 5-year benchmark falls in 2010 are not required to apply or participate in any MOC activities this year.

### **10-YEAR BENCHMARK**

The following requirements must be fulfilled by those Diplomates seeking renewal of their certificate in 2010:

#### **Part I - Professional Standing**

Diplomates must provide documentation of their currently valid, full and unrestricted license(s) to practice medicine. Diplomates must also provide documentation of privileges at a hospital(s) accredited by the JCAHO or other institutions judged acceptable by the Board in order to be considered Certified-Active.

Diplomates must hold a valid certificate issued by the ABTS at the time of their application for MOC. For those individuals who hold an invalid certificate, the only way to obtain a valid certificate is to take and pass the qualifying and certifying examinations.

#### **Part II - Lifelong Learning and Self-Assessment**

Diplomates must earn an average of 30 AMA Category 1 CME credits per year, since the start of MOC in January 2008. For the 2010 MOC process, Diplomates must have earned 90 Category I CME credits since January 1, 2008 through the date of their signed applications. Half of the CME credits (i.e., 45 hours) need to be in the broad category of cardiothoracic surgery. Diplomates will need to submit with their applications copies of the CME certificates issued by the sponsoring organization(s) of the CME activities.

The Board will accept CME credits for attending the annual meetings of the American Association for Thoracic Surgery, the Society of Thoracic Surgeons, the Southern Thoracic Surgical Association, the Western Thoracic Surgical Association, the Clinical Congress of the American College of Surgeons, and other national, regional or local meetings. Documentation of the CME from the respective organization earned from these meeting(s) will need to be submitted with the application.

The Board will also accept online courses provided they have been designated as Category I by an ACCME-accredited body and that there is appropriate documentation of the Diplomate's participation. In addition, the Annals of Thoracic Surgery and the Journal of Thoracic and Cardiovascular Surgery have at least one article per month online designated for CME credit.

The Board will only accept up to, but no more than, 12 hours annually of Morbidity & Mortality conferences from one institution and only if the awarding institution has ACCME-accreditation and has designated this activity as Category 1.

### **Part III - Cognitive Expertise**

#### **For Diplomates whose certificates expire in 2010 or 2011:**

Diplomates whose certificates expire in 2010 or 2011 must take and complete the Self-Education, Self-Assessment in Thoracic Surgery (SESATS) in 2010 after they have applied and been approved for MOC. Diplomates must complete all sections of SESATS regardless of their practice focus. Diplomates do not need to purchase or complete SESATS prior to making application for examination. SESATS will be made available to Diplomates after their MOC applications have been accepted. The deadline for completing SESATS is November 1, 2010.

The Board will determine which version of SESATS will be used in 2010 for MOC and will post this information on its web site ([www.abts.org](http://www.abts.org)). No other version of SESATS will be accepted for fulfillment of the Cognitive Expertise Component.

If a Diplomate has already completed the correct SESATS version prior to making application with the Board, the Diplomate has a choice of 1) applying the CME earned from taking SESATS towards Part II (Life-long Learning) and retaking SESATS to fulfill Part III (Cognitive Expertise), or 2) applying SESATS towards Part III and then earning the required CME credits from other source(s) for Part II. Essentially, completing SESATS early can only be applied towards one component of MOC, not two.

#### **For Diplomates whose certificates expire in 2012:**

Diplomates whose certificates expire in 2012 must take the secured, proctored MOC examination in order to fulfill Part III. Taking SESATS instead of taking the secured MOC exam is not an option for Diplomates whose certificates expire in 2012 or thereafter.

The MOC exam will be a multiple-choice question exam that covers all areas of thoracic surgery, including Adult Cardiac, Congenital Cardiac, General Thoracic, and Critical Care. Questions on the 2010 MOC exam will be based on SESATS IX.

The electronic MOC exam will be approximately 5 hours long and will be given at Pearson Professional Testing Centers, which are located throughout the United States and its territories. The MOC exam will be offered during a two-week period from September 13-25, 2010. Diplomates will have the opportunity to choose the date and location of their exam during those two weeks. Once a Diplomate's application has been approved, the Board will send information to the Diplomate on how to register for the secured exam with Pearson. The Board anticipates that most Diplomates will be able to take the MOC exam near their home or office. Diplomates are expected to be current with the Annual Fee in order to sit for the MOC exam.

Diplomates can take the MOC exam 2 years prior to the expiration on their certificates, which means Diplomates have up to 3 attempts to pass the exam. This means that if a certificate expires in 2012, a Diplomat may take the MOC exam in 2010, 2011 and/or 2012.

The results of the examination will be kept confidential and only the American Board of Thoracic Surgery and the Diplomate will receive them. If a Diplomate is not successful passing the exam before his/her certificate expires, the only way to renew the certificate is to then take and pass the qualifying and certifying exams (i.e., Parts I and II).

#### **Part IV - Evaluation of Performance in Practice**

Diplomates who want to maintain their Certified-Active Status must complete Part IV of MOC; however, Diplomates on Certified-Inactive Status do not need to complete this component.

**a. Case Summary** - Diplomates who are clinically active must complete a case summary of their **most recent** 100 major cases, but not to exceed one year. If a Diplomat has fewer than 100 cases in one year, he/she should list the cases he/she has and indicate the time period. If a Diplomat has more than 100 cases, he/she should only list the **most recent** 100 cases and indicate the time period.

Diplomates who are not operating, but who still have direct patient contact (critical care or office practice), should submit a log of their most recent 100 patients, but not to exceed a one-year time period.

**b. Outcome Database** - Diplomates must provide the name of the clinical outcome database that they use to improve their practice. If a Diplomat does not belong to an outcomes database, the Board requires Diplomates to participate in the free Professional Portfolio on CTSNet's web site ([www.ctsnet.org](http://www.ctsnet.org)).

Please note that this requirement will change in 2012. Starting in 2012, the Board will require all Active Diplomates to participate in a national, regional or state-mandated outcomes database approved by the Board. Currently, outcome databases that have been approved by the Board include: STS, Northern New England, California, Virginia, Pennsylvania, and New York. See the Board's web site at [www.abts.org](http://www.abts.org) for other approved databases.

#### **APPLICATION PROCESS**

Applications are automatically mailed to Diplomates who are eligible to participate in MOC each year. Applications can also be downloaded from the Board's web site at [www.abts.org](http://www.abts.org). Completed applications must be received in the Board office no later than March 1 for individuals wishing to register for the current year. Applications should be sent to:

American Board of Thoracic Surgery  
633 North Saint Clair Street, Suite 2320  
Chicago, IL 60611

An administrative fee of \$50 will be charged if the application contains errors or omissions. A \$250 late fee will be charged for any application postmarked after March 1 and received by April 15. No application will be accepted after April 15.

Following receipt of a completed application for MOC, including all the related information, the ABTS will notify the Diplomat that his/her application is complete and will inform him/her of the next steps in the process. Recertification by the American Board of Surgery (ABS) is not a prerequisite for entrance into the ABTS MOC process.

## **ANNUAL MAINTENANCE OF CERTIFICATION FEE**

An annual MOC Fee of \$250 is required of all Diplomates except those who are Retired and/or Disabled. The fee, which is cumulative, is not assessed to Diplomates in the year of their initial certification. The Board will not respond to inquiries about the Diplomate's certification status until the fee is paid each year. Diplomates must be current with their MOC Fee in order to participate in MOC process.

Other than the annual \$250 MOC Fee, there currently will be no additional charges to Diplomates applying for MOC in 2010. This includes those Diplomates who will be taking SESATS and those who are taking the secured exam for MOC.

## **CERTIFICATE**

The ABTS will issue MOC certificates valid for 10 years to Diplomates who have successfully completed the MOC process. Since Diplomates are allowed to participate in the 10-year benchmark up to 2 years before the expiration of their certificates, the new certificates will then be in force for 10 years from the date of the expiration of the previous certificates.

## **PUBLICATION OF MOC PARTICIPATION**

The ABTS will supply appropriate information to the ABMS for inclusion in the official Directory of Medical Specialists. The biographic entry will show MOC in thoracic surgery along with documentation of original certification(s).

## **APPEALS**

Diplomates who receive an unfavorable ruling regarding their applications from a committee of the Board may appeal such determination by mailing a notice of appeal to the office of the ABTS within 45 days of the date such ruling was mailed. A copy of the appeals procedure will be mailed to the candidate.

Diplomates who are in the MOC secured exam process may only request reconsideration regarding potential fraud, misconduct or irregularities. There is no appeal regarding the content of the examination, the sufficiency or accuracy of the answers given, scoring of the examination, nor any other matter. Any Diplomat who wishes to seek reconsideration on the basis of fraud, misconduct or irregularities may do so immediately upon conclusion of the MOC secured examination, and in any event no later than 7 days following the last MOC examination, request that the Board allow him or her to retake the examination.

## **CHEMICAL DEPENDENCY**

Diplomates who have a history of chemical dependency that has been reported to the Board and who submit documentation suitable to the Board that their dependency has been under control for a period of at least 2 years will be admitted to the MOC process.

For Diplomates who are already in the MOC process and develop a chemical dependency as reported to the Board, the process will be suspended until the Diplomat can provide documentation suitable to the Board that the condition has been under control for a period of 2 years. At that time, the Diplomat will be readmitted to the MOC process.

## **REVOCACTION OF MAINTENANCE OF CERTIFICATION CERTIFICATE**

A MOC certificate will not be issued, and any previously issued MOC certificate may be revoked by the Board if it shall determine that:

1. the candidate for MOC did not possess the required qualifications whether or not such deficiency was known to the Board or any Committee thereof prior to the issuance of the certificate,
2. the candidate for MOC made a material misstatement or withheld information in his/her application or any other misrepresentation to the Board or any Committee thereof, whether intentional or unintentional,
3. the candidate for MOC was convicted by a court of competent jurisdiction of any felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine.
4. the candidate for MOC had his/her license to practice medicine revoked or was disciplined or censured by any court or other body having proper jurisdiction and authority because of any act or omission arising from the practice of medicine, or
5. the candidate for MOC had a history of chemical dependency, or developed such during the MOC process, and failed to report the same to the Board.