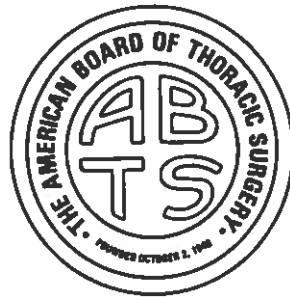


**MAINTENANCE OF CERTIFICATION
IN
CONGENITAL CARDIAC SURGERY**

**BOOKLET OF INFORMATION
2016**



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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 congenital cardiac surgery (CHS MOC). The CHS MOC Booklet of Information 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 the name changed 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. In the past, the process of “recertification” has consisted of documentation of license and hospital privileges, submission of a “case list” or case summary, confirmation of CME activities, and completion of the SESATS (Self-Examination, Self-Assessment in Thoracic Surgery) program. 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 Maintenance of Certification. The goal of MOC for the ABTS is to facilitate lifelong learning and practice improvement among our Diplomates and to give the public assurance that certified congenital cardiac surgeons are maintaining high standards of clinical care. MOC replaced the ABTS recertification process in January, 2008 for primary certification; therefore, all 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.

Subspecialty certification in Congenital Cardiac Surgery was approved in 2007. The first certificates were issued in 2009. All congenital cardiac surgery subspecialty certificates are time-limited, and Diplomates are required to participate in the CHS MOC process.

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:

David A. Fullerton, M.D.
Executive Director
American Board of Thoracic Surgery
633 North Saint Clair Street, Suite 2320
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MOC OVERVIEW

In order to maintain a valid subspecialty certificate in congenital cardiac surgery, all Diplomates whose status is Active or Inactive, are required to participate in MOC. The full ABTS MOC cycle is 10 years, with “benchmarks” or “milestones” at the 5th and 10th years that must be fulfilled. A brief description of the 4 components of MOC that make up the 5-year and 10-year milestones follows:

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 / Performance Improvement

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

CERTIFICATION STATUS

Congenital cardiac surgery subspecialty certificate-holders **MUST** maintain primary certification, including participation in MOC, by the American Board of Thoracic Surgery in addition to subspecialty certification in congenital cardiac surgery. The Board has the following 4 certification statuses for Diplomates:

Certified-Active – includes Diplomates who have successfully passed Part I (written) and, for Diplomates trained since 2008, Part II (oral) congenital cardiac surgery examinations and who are actively practicing congenital cardiac surgery. Diplomates in this category are required to participate in all parts of MOC (i.e., Parts I-IV). Diplomates who are Certified-Active are expected to pay the annual dues.

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, Diplomates participating in administrative positions, graduate studies, elected/appointed political office, etc. The Certified-Inactive status includes those Diplomates who are involved in direct

or supervised congenital cardiac surgery patient care, but whose practice does not include operative congenital cardiac surgery (e.g., critical care, clinic or office practice, clinical research involving direct patient contact). Diplomates who have direct or supervise patient care in a field other than congenital cardiac surgery. Diplomates in this category are required to participate in all parts of MOC except Part IV (i.e., evaluation of performance in practice). For additional information please refer to the Board's Inactive Status Policy. Diplomates who are Certified-Inactive are expected to pay the annual dues. Diplomates who are Certified-Inactive in Congenital cardiac surgery may be Certified-Active with the ABTS primary Board certification.

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 the certificate expires**. Diplomates who are Retired and/or Disabled do not pay annual dues. Diplomates choosing to return to “active” status after more than 12 months as “Retired and/or Disabled” must petition the ABTS credentials committee, and may be required to undergo additional training. Diplomates who are “Retired/Disabled” from the practice of congenital cardiac surgery may be “Certified Active” or “Certified Inactive” with primary ABTS certification.

Not Certified – includes Diplomates who have allowed their certificates to lapse and/or those whose certificates have been suspended or revoked. Diplomates with lapsed, suspended or revoked certificates are referred to as “not certified” without further clarification. Diplomates who are no longer certified are not allowed to participate in MOC. A valid primary certificate in thoracic surgery is required to maintain valid certification in the congenital cardiac surgery subspecialty. Diplomates who are “Not Certified” in congenital cardiac surgery may be “Certified Active” or “Certified Inactive” with primary ABTS certification.

Diplomates whose congenital cardiac surgery subspecialty certificate has lapsed can only renew their subspecialty certificate by retaking and passing the Qualifying (Part I) and Certifying (Part II) congenital cardiac surgery examinations. Diplomates whose primary ABTS certificate has lapsed can only renew their certificate by retaking and passing the Qualifying (Part I) and Certifying (Part II) examinations, followed by retaking and passing the Qualifying (Part I) and Certifying (Part II) congenital cardiac surgery examinations.

The “Not Certified” category also includes all individuals who have not taken and/or not passed both Part I and II of the ABTS primary certification examinations and/or the congenital cardiac surgery qualifying and/or certification exams. See the Booklets of Information for Board eligibility information.

Visit the Board's web site (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 MILESTONE

The ABTS requires holders of subspecialty certification in congenital cardiac surgery to meet the 5-year congenital cardiac surgery MOC milestone. All holders of the subspecialty certification are required to also meet 5-year milestones for primary certification by the American Board of Thoracic Surgery. See the ABTS MOC Booklet of Information at www.abts.org for a full description of those activities.

Requirements that must be met at the specifically 5-year milestone of the congenital cardiac surgery certificate are:

Part I – Professional Standing

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

Diplomates must hold valid primary and subspecialty certificates issued by the ABTS at the time of their application for the MOC 5-year milestone.

Part II - Lifelong Learning and Self-Assessment

Diplomates must earn an average of 30 AMA Category 1 CME credits per year since January 2013. For the 2016 5-year milestone, Diplomates must have earned 90 Category I CME credits since January 1, 2013 through the date of their signed application. At least half of the CME credits (i.e., 45 hours) must be specifically identified in clinical congenital cardiac surgery and half of the CME credits may be in the broad category of cardiothoracic surgery. Copies of the CME certificates issued by the sponsoring organization(s) must be provided. See Appendix I. Applicants in 2017 will be required to have earned 120 Category I CME credits since January 1, 2013; applicants in 2018 will be required to have earned 150 Category I CME credits since January 1, 2013 through the date of their signed application

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) must be submitted with the application. In order to meet the congenital CME requirement, the documentation must be the "official" CME report that specifically identifies the congenital portion. Contact the organization for the official report.

The Board will also accept online courses (such as SESATS) provided they have been designated as Category I by an ACCME-accredited body and that there is appropriate documentation of the Diplomate's participation. The online courses must be in clinical medicine (not, for example, malpractice insurance courses). In addition, the Board will only accept up to, but no more than, 10 hours annually credits for journal articles. 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 accept up to, but no more than, 10 hours annually for conferences at the primary institution, including Morbidity & Mortality, echo conference, grand rounds, etc. from one institution only if the awarding institution has ACCME-accreditation and has designated this activity as Category 1.

CME activities for the CHS-MOC process always count toward satisfying the ABTS primary certificate MOC CME requirements.

Part IV – Practice Performance Assessment

Diplomates must submit a log of all major cases performed during the one calendar year immediately preceding the 5-year milestone application (for example, May 2015-April 2016), which must meet the following case requirements:

Case Requirements – 5-Year Milestone

To maintain active certification status, Diplomates are required to provide evidence of having performed or directly supervised at least 75 congenital cardiac surgeries in patients 18 years of age or younger, or re-operation of prior congenital cardiac surgery on patients of any age during the 12 month period immediately preceding the application.

Practice Quality Improvement – To maintain certification and to fulfill Part IV requirements, ABTS Diplomates must complete at least 1 Practice Quality Improvement (PQI) project within the 2 years prior to the 5- and 10-Year CHS-MOC Milestones. Various pathways will allow Diplomates to meet these requirements: Individual, group, or institutional PQI projects. Refer to this web site for additional information: <http://abts-testing.phyreup.com/>. There are specific requirements you must fulfill in order to receive MOC IV credit so please read the web site information carefully.

An acceptable PQI project for primary certification will satisfy the requirements for both primary and subspecialty certification.

Application Process for the 5-Year Milestone

Diplomates who are eligible to participate in the MOC 5-year milestone will be automatically notified by email, which will include the appropriate application. The application can be printed from the Board's web site at www.abts.org. The 2016 application period is May 1, 2016-August 5, 2016. The deadline for submitting the 5-year milestone application is August 5, 2016. Applications must be received (not postmarked), in the Board office, by August 5, 2016. Diplomates must be in good standing with the ABTS and are expected to be current with the ABTS annual fees in order to participate in the CHS-MOC process.

An administrative fee of \$50 will be charged if the application for the 5-year milestone contains errors or omissions and requires additional information. A \$300 late fee will be assessed for any congenital cardiac surgery 5-year milestone application received after August 5, 2016. No application for the 2016 CHS-MOC 5-year Milestone will be accepted after September 2, 2016. The \$300 late fee will be applied to each year that the applicant does not complete the process, and is cumulative and separate from any fees associated with ABTS annual dues and/or the primary certificate MOC process. Diplomates who have not completed the 5-year milestone of MOC for congenital cardiac surgery by year 9 of their certification will not be allowed to participate in the Year 10 "recertification" process. The 5- and 10-Year Milestones can not be completed in the same year.

Applicants will mail the completed application for the MOC 5-year milestone, including all the related support documents and information, to the ABTS via standard US mail or other standard carrier (UPS, FedEx). Following receipt of the application, the ABTS will notify the Diplomat that his/her application requires additional information, or is complete. Applications will be reviewed by the ABTS and by the Executive Director. The Board will mail a letter to approved applicants stating that the Diplomat is "meeting the requirements of CHS-MOC." and this information will be transmitted to the American Board of Medical Specialties. The Board does not issue a new certificate upon completion of the 5-year milestone.

10-YEAR MILESTONE

The following requirements must be fulfilled by those Diplomates seeking renewal of their congenital cardiac surgery subspecialty certificate. Activities of the 10-year Milestone for primary certification by the American Board of Thoracic Surgery do not satisfy this requirement for congenital cardiac surgery.

Part I – Professional Standing

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

Diplomates must hold valid primary and subspecialty certificates issued by the ABTS at the time of their application for the MOC 5-year milestone.

Part II - Lifelong Learning and Self-Assessment

Diplomates must earn an average of 30 AMA Category 1 CME credits per year since January 2014. For the 2017 10-year milestone (available for certification that expires in 2019), Diplomates must have earned 120 Category I CME credits since January 1, 2014 through the date of their signed application. At least half of the CME credits (i.e., 60 hours) must be specifically identified in congenital cardiac surgery and half of the CME credits may be in the broad category of cardiothoracic surgery. Copies of the CME certificates issued by the sponsoring organization(s) must be provided. See Appendix I. Applicants in 2018 will be required to have earned 150 Category I CME credits since January 1, 2014 through the date of their signed application, and applicants in 2019 will be required to have earned 180 Category I CME credits since January 1, 2014 through the date of their signed application

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) must be submitted with the application. In order to meet the congenital CME requirement, the documentation must be the “official” CME report that specifically identifies the congenital portion. Contact the organization for the official report.

The Board will also accept online courses (such as SESATS) provided they have been designated as Category I by an ACCME-accredited body and that there is appropriate documentation of the Diplomate’s participation. The online courses must be in clinical medicine (not, for example, malpractice insurance courses). In addition, the Board will only accept up to, but no more than, 10 hours annually credits for journal articles. 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 accept up to, but no more than, 10 hours annually for conferences at the primary institution, including Morbidity & Mortality, echo conference, grand

rounds, etc. from one institution only if the awarding institution has ACCME-accreditation and has designated this activity as Category 1.

CME activities for the CHS-MOC process always count toward satisfying the ABTS primary certificate MOC CME requirements.

Part IV - Evaluation of Performance in Practice

Diplomates who wish to maintain Certified-Active status must complete Part IV of MOC. Diplomates holding Certified-Inactive status do not need to complete this component.

Case Logs - To maintain active certification status, Diplomates are required to provide evidence of having performed or directly supervised at least 75 congenital cardiac surgeries in patients 18 years of age or younger, or re-operation of prior congenital cardiac surgery on patients of any age during the 12 month period immediately preceding the application. Diplomates must submit a log of all major cases performed during the one calendar year immediately preceding the 10-year milestone application.

Practice Quality Improvement – To maintain certification and to fulfill Part IV requirements, ABTS Diplomates must complete at least 1 Practice Quality Improvement (PQI) project within the 2 years prior to the 5- and 10-Year CHS-MOC Milestones. Various pathways will allow Diplomates to meet these requirements: Individual, group, or institutional PQI projects. Refer to this web site for additional information: <http://abts-testing.phyreup.com/>. There are specific requirements you must fulfill in order to receive MOC IV credit so please read the web site information carefully. An acceptable PQI project for primary certification will satisfy the requirements for both primary and subspecialty certification.

Evaluation Letters – Two evaluation letters are required. One must be from a designated institutional official (Medical Director, Department Chair, Dean) and one from a colleague. The Board reserves the right to and will randomly audit and request additional letters of references from referring physicians, colleagues, staff and patients.

Application Process for the 10-Year Milestone

Diplomates who are eligible to participate in the CHS-MOC 10-year milestone will be notified automatically by email, which will include the appropriate application. Candidates may apply up to 2 years in advance of the expiration of their certification, and must apply by the final year of their certificate.

An administrative fee of \$50 will be charged if the application contains errors or omissions and requires additional information. A \$300 late fee will be assessed for any congenital cardiac surgery 10-year milestone application received after the deadline. The \$300 late fee will be applied to each year that the applicant does not complete the process, and is cumulative and separate from any fees associated with ABTS annual dues and/or the primary certificate MOC process. Diplomates who have not completed the 5-year milestone of MOC for congenital cardiac surgery by year 9 of their certification are allowed to participate in the Year 10 "recertification" process. The 5- and 10-Year Milestones can not be completed in the same year.

Applicants will mail the completed application, including all the related support documents and information, to the ABTS via standard US mail. Following receipt of the application, the ABTS will notify the Diplomate that his/her application requires additional information, or is complete. Applications will be reviewed by the ABTS and by the Executive Director. The Board will mail a letter to approved applicants stating that the Diplomate is "meeting the requirements of CHS-MOC." and this information will be transmitted to the American Board of Medical Specialties. The Board does not issue a new certificate upon completion of the 5-year milestone.

Fee for 10-year Milestone Examination

Candidates for the 10-year Milestone examination in congenital cardiac surgery will pay a \$125 exam fee to take the CHS MOC exam. Candidates who do not appear for their scheduled examination or who cancel less than 4 weeks prior to the examination will forfeit the examination fee.

Certificate for 10-year Milestone

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

INFORMATON FOR ALL CONGENITAL CARDIAC SUBSPECIALTY 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 'participating in MOC in congenital cardiac surgery' along with documentation of original certification(s).

ANNUAL DUES

Payment of the ABTS annual dues (\$275 in 2016) is required of all Diplomates except those who are Retired and/or Disabled. A late fee of \$25 is assessed to each year's dues paid after the due date. The late fees are cumulative. Diplomates must be current with their ABTS Annual Dues in order for the Board to respond to inquiries about the Diplomate's certification status, and for the Diplomate to participate in MOC process. It is the responsibility of the Diplomate to notify the Board in writing of any change of address or other contact information.

APPEALS

Diplomates who receive an unfavorable ruling regarding their MOC application 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 initially mailed to the Diplomate. A copy of the appeals procedure will be provided to the candidate.

Diplomates who are in the MOC 10-Year Milestone examination process may only request reconsideration for reasons of 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 Diplomate who wishes to seek reconsideration on the basis of fraud, misconduct or irregularities may do so immediately upon conclusion of the examination, and in any event no later than 7 days following the last MOC examination date, 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 Diplomate can provide documentation suitable to the Board that the condition has been under control for a period of 2 years. At that time, the Diplomate will be readmitted to the MOC process.

REVOCAION OF CERTIFICATION

An ABTS Congenital Cardiac Surgery MOC 10-year milestone certificate will not be issued, and any previously issued 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.