

**American Board of Thoracic Surgery Report  
to the  
Thoracic Surgery Directors Association**

**New Residency Operative Requirements**

The American Board of Thoracic Surgery (ABTS) has approved new case index requirements for thoracic surgery residents who start their training on or after July 1, 2012. The new case index requirements will be posted on the Board's web site in February 2012.

**New 6-Year Integrated Residency Operative Requirements**

The ABTS has endorsed the operative requirements set forth by the ACGME's Residency Review Committee for Thoracic Surgery (RRC-TS) for residents in a 6-year Integrated Residency. The new operative requirements will go into affect for residents starting 6-year integrated residencies on July 1, 2011 or after. Residents of 6-year programs that started before July 1, 2011 will be governed by current case requirements. These requirements can be found on the Board's web site.

**New Operative Case Logs System**

Due to delays in the development of the ACGME Operative logs for thoracic surgery, the ABTS has postponed implementing the switch from CTSNet to ACGME logs. Residents starting on or after July 1, 2012 will now be required to use the ACGME logs. Residents who started their training before that date should continue to use the CTSNet Operative Logs.

**New Thoracic Surgery Curriculum**

The American Board of Thoracic Surgery (ABTS) has created and endorsed a new thoracic surgery curriculum that outlines what the well trained thoracic resident should know upon completion of his/her training. The thoracic surgery curriculum can be found on the Board's web site at [www.abts.org](http://www.abts.org).

**Board Web Site**

The Board will be creating a new interactive web site and portal for our Diplomates, Residents and the public. The new web site will allow Diplomates and Residents to apply for exams, track and submit data for Maintenance of Certification, in addition to offering verification of certification for the public. It is anticipated that most of the features will be up and running within a year.

**SESATS X (10) is Available**

SESATS X (Self-education, Self-assessment in Thoracic Surgery) is now available in a downloadable format at [www.sesats.org](http://www.sesats.org). SESATS X contains almost 400 questions, critiques and readings covering all areas of thoracic surgery. The Board is currently in the process of developing individual SESATS X modules (adult cardiac, general thoracic, congenital and critical care) that will be able to be purchased separately. The modules should be available by winter 2012.

### **Pathways to Certification**

Eligibility to enter the American Board of Thoracic Surgery's certification process may be achieved by completing one of four training pathways and fulfillment of the other requirements. Details about each pathway can be found on the Board's web site.

### **Cardiothoracic Critical Care Emphasis**

The ABTS recognizes cardiothoracic critical care as one of the four basic components of thoracic surgery along with adult cardiac surgery, general thoracic surgery and congenital heart surgery. As such, cardiothoracic critical care will be emphasized on the qualifying, certifying and Maintenance of Certification examinations. The Board is working with the American Board of Surgery to develop cardiothoracic critical care fellowships that lead to subspecialty certification. The Board also supports the development of educational materials and courses in critical care appropriate for cardiothoracic surgical trainees and ABTS Diplomates.

### **Maintenance of Certification**

In response to an initiative by the American Board of Medical Specialties, the ABTS implemented its Maintenance of Certification® (MOC) in January 2008. To date, approximately 1,170 Diplomates have successfully participated in the MOC program, which now includes passing a secured exam.

Starting in 2012, the ABTS will be rolling out the 5-year MOC Milestone. Diplomates in their fifth year of their 10-year certificate cycle will be expected to complete MOC Parts I-III. This includes documentation of privileges and licensure, completion of 150 Category 1 CMEs over the last 5 years, and completion of SESATS. Additional information about the 5-year Milestone can be found on the Board's web site.

All Diplomates who are currently practicing, including those who hold life-time certificates, are expected to participate in Parts I-IV of the MOC program. In addition, Diplomates who hold Inactive Status are expected to participate in Parts I-III.

Diplomates must hold a valid, unrestricted ABTS certificate to enter the MOC process. The only pathway for renewal of a lapsed certificate is to retake and pass the qualifying and certifying examinations.

### **Examinations**

The Board administered the Part II (Oral) Examination to 141 individuals on June 3-4, 2011. The pass rate for the examination was 66%. The next Oral Exam will be held on June 8-9, 2012 in Chicago.

The 2011 Part I (Written) Exam was administered on November 21 to 113 candidates. The pass rate for the exam was 86.8%. The next Written Exam will be held on November 19, 2012.

### **Congenital Cardiac Surgery Subspecialty Certificate**

The 2011 Congenital Cardiac Surgery Part I (Written) Exam was administered on November 21 to 37 candidates. The pass rate for the exam has not yet been determined. The next Congenital Cardiac Surgery Written Exam will be held on November 2012.

The Congenital Cardiac Surgery Oral Exam was administered on June 2, 2011 for the fellows who were successful on the Qualifying Exam. The pass rate was 100%. The next Oral Exam will be held on June 7, 2012.

### **Applications for Certification**

The deadline for submitting applications for the 2012 certification cycle is August 15, 2012. All requirements must be fulfilled at the time the application is submitted.

### **New Board Officers and Director**

At the 2011 Fall Board Meeting, Dr. Richard J. Shemin (Los Angeles, CA) was elected to be the Vice Chair. The following thoracic surgeons were elected to be Directors of the American Board of Thoracic Surgery:

- George J. Magovern, Jr., MD, representing the Thoracic Surgery Directors Association;
- Robert S. D. Higgins, MD, representing the American Surgical Association; and
- James S. Tweddell, MD, representing the American Association for Thoracic Surgery.