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

New Board Officers and Directors
At the 2017 Fall Meeting, Dr. Bryan F. Meyers (St. Louis, MO) became the Chair of the Board and will serve in this role for the next two years. Dr. Joe. B. Putnam, Jr. (Jacksonville, FL) was elected to be the Vice Chair of the Board and will serve in this role for the next two years. Dr. Yolonda L. Colson (Boston, MA) was appointed to be the Board’s Examination Chair and will serve in this role for the next three years.

In addition, the following thoracic surgeons were elected to be new Board Directors and will each serve six-year terms:

  Carl L. Backer, MD (Chicago, IL)
  Malcolm M. DeCamp, Jr. (Chicago, IL)
  Jennifer S. Lawton (Baltimore, MD)
  John D. Mitchell (Aurora, CO)
  Jennifer C. Romano (Ann Arbor, MI)
  Thoralf M. Sundt, III (Boston, MA)

New Mission Statement
The American Board of Thoracic Surgery (ABTS) adopted a new Mission Statement that has a stronger emphasis on service to the public, its Diplomates and future candidates. Below is the new ABTS Mission Statement:

  “The American Board of Thoracic Surgery serves the public by promoting excellence in practice through rigorous evaluation and examination, providing leadership in education, and ensuring high standards for professionalism, lifelong learning and certification.”

New Synchronization of the Subspecialty Certificate to the Primary Certificate
The ABTS has implemented a plan that will synchronize the valid through date on the congenital cardiac surgery subspecialty certificate with the Diplomate’s primary certificate. The goal is for the two certificates to have the same valid through dates, which will allow a Diplomate to maintain both certificates at one time. Details of the synchronization plan have been sent to those Diplomates affected by this change.

MOC Part III Exam Format
The ABTS received approval from the American Board of Medical Specialties (ABMS) to continue to offer its Maintenance of Certification (MOC) Exam in a Mastery Learning format using SESATS questions. Instead of taking the exam at a Pearson Testing Center, Diplomates enrolled in the 10-year MOC process will take the exam on their home or
office computers provided that it has Internet-capability. The new MOC Exam format will be specialty specific (Adult Cardiac, General Thoracic, Cardiothoracic, and Congenital) and consists of approximately 100 questions. The goal of this new exam format is to provide a learning opportunity using judgement and decision-making as well as knowledge.

**Renewal Policy for Diplomates who hold Lapse Certificates**
The ABTS changed its policy regarding the renewal of a lapsed certificate. Previously, Diplomates who held an invalid certificate had to take and pass the Part I (Qualifying) and Part II (Certifying) Examinations in order to obtain a valid certificate. Effective immediately, Diplomates whose certificates expired in 2010 or after can renew their certificate by coming in to compliance with MOC, including submitting an application, paying all dues and late fees, and taking and passing the MOC Exam. Diplomates then need to take and pass the Part II (Certifying) Exam. Diplomates whose certificate expired before 2010 will still need to take and pass Part I and II exams.

**SESATS XII (12)**
SESATS XII (12) is currently under development by the ABTS and is scheduled to be released next month. Similar to SESATS XI (11), SESATS 12 will be a web-based, self-assessment education tool that will cover all areas of thoracic surgery, including adult and congenital cardiac, general thoracic and critical care. Diplomates can earn up to 70 CME hours for taking SESATS 12.

**Pathways to Certification**
Eligibility to enter the ABTS’ 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.

With regards to single accreditation, the ABTS’ policy is to accept osteopathic residents provided they had three years (PGY 3-5) in a general surgery residency that was accredited by the ACGME followed by a two or three year thoracic surgery residency accredited by the ACGME.

**New Operative Case Requirements for Residents**
Residents who start their thoracic surgery training on or after July 1, 2017 will now have a new set of operative case requirements. The new operative requirements, which will affect both traditional and integrated residents, will now include TAVR and will emphasize future skills needed for the specialty. Preliminary case numbers for the integrated residents will remain the same; however, there will now be more flexibility in the areas from which the cases will count. For additional details, please visit the ABTS web site at www.abts.org.

**Examinations**
The Board administered the Part II (Oral) Examination to 130 individuals on June 9-10, 2017. The pass rate for the examination was 84%. The next Oral Exam will be held on June 8-9, 2018 in Chicago.
The 2016 Part I (Written) Exam was administered on December 12, 2016. The pass rate for the exam was 86%. The 2017 Written Exam will be held on December 11, 2017.

**Congenital Cardiac Surgery Subspecialty Certificate**

The Congenital Cardiac Surgery Oral Exam was administered on June 8, 2017 for the fellows who were successful on the Qualifying Exam. The pass rate for the exam was 75%. The next Oral Exam will be held on June 7, 2018.

The 2016 Congenital Cardiac Surgery Written Exam was held on November 21, 2016. The pass rate for the exam was 67%. The next Congenital Cardiac Surgery Written Exam will be held on December 4, 2017.