

MOVED RECENTLY?  
Please write or call the Board's Office  
with your new address so that we can  
continue to keep you informed.

RETURN SERVICE REQUESTED

THE AMERICAN BOARD OF  
NEUROLOGICAL SURGERY  
SMITH TOWER SUITE 2139  
6550 FANNIN STREET  
HOUSTON, TEXAS 77030-2701  
(713) 441-6015  
E-MAIL: abns@tmb.tmc.edu



The fourteen Directors of the American Board of Neurological Surgery hope this *Newsletter* has been of interest to you. If you have any questions, advice, or comments, please write to the office or e-mail us at [abns@tmb.tmc.edu](mailto:abns@tmb.tmc.edu). Notices of change of address are always appreciated, and it is helpful to learn of change of status to retired since assessment statements are sent only to active practitioners. Diplomates overwhelmingly continue to support the Board's commitment to continuing improvement of the certification process and the search for an acceptable MOC process through the voluntary dues program. Thank you.

#### CURRENT DIRECTORS AND THEIR SPONSORING ORGANIZATIONS

*American Academy of Neurological Surgeons*  
Robert L. Martuza, MD

*American Association of Neurological Surgeons*  
M. Sean Grady, MD  
Hal L. Hankinson, MD  
A. John Popp, MD  
Warren R. Selman, MD

*American College of Surgeons*  
Paul C. McCormick, MD

*American Medical Association*  
Jon H. Robertson, MD  
(Will revert to the CNS in 2006)

#### *Congress of Neurological Surgeons*

Marc R. Mayberg, MD  
William F. Chandler, MD

#### *Neurosurgical Society of America*

Richard B. Morawetz, MD

#### *Society of Neurological Surgeons*

H. Hunt Batjer, MD  
Kim J. Burchiel, MD  
Ralph G. Dacey, Jr., MD  
Robert A. Solomon, MD

#### *Administrator*

Mary Louise Sanderson

## ARTHUR L. DAY, MD CHAIRMAN, 2003-2004

The Directors of the American Board of Neurological Surgery face increasing responsibilities and challenges as the business of certifying neurosurgeons becomes inextricably bound with the processes of education and competency assessment. In this Newsletter I want to report our progress, particularly in the area of Maintenance of Certification. Let me start by reviewing the most recent statistics pertinent to the Board's duties and functions.

#### *Resident Numbers and Neurosurgical Match*

There were 95 accredited neurosurgical residency programs in the United States during the 2003-2004 academic year. Eight hundred twenty-six residents were in training; 136 graduated in June 2003.

In January 2003 301 individuals registered with the Neurological Surgery Match. Two hundred fifty-two submitted rank lists, and 137 were matched. Over the past five years, the number of individuals registering for the Match has declined by 22%, but the number of rank lists submitted has decreased by only 2%.

#### *Primary Examination*

The Primary Examination is administered annually to neurosurgical trainees and neurosurgeons re-entering the certification process. The examination covers the breadth of our specialty's clinical and basic science curricula. It may be taken for self-assessment but must be taken and passed for credit prior to applying for oral examination and certification. For residents entering training after June 30, 1998, ABNS and Residency Review Committee for Neurological Surgery requirements specify that it must be passed while in residency in order to successfully complete training. Many Program Directors require trainees to pass it before progressing to chief resident.

The March 2003 Primary Examination was administered to 498 examinees. Two hundred fifteen took it for credit; the fail rate was 14%.

#### *Oral Examination*

Oral examinations, the final step in the certification process, are administered each spring and fall. Candidates must have graduated from accredited US or Canadian residency pro-

# ABNS NEWSLETTER

NUMBER 22

AMERICAN BOARD OF NEUROLOGICAL SURGERY

2004

#### NEUROLOGICAL SURGERY

is a discipline of medicine and that specialty of surgery that provides the operative and non-operative management (i.e. prevention, diagnosis, evaluation, treatment, critical care, and rehabilitation) of disorders of the central, peripheral, and autonomic nervous systems, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes that modify the function or activity of the nervous system, including the hypophysis; and the operative and non-operative management of pain. As such, Neurological Surgery encompasses the surgical, non-surgical, and stereotactic radiosurgical treatment of adult and pediatric patients with disorders of the nervous system: disorders of the brain, meninges, skull, and skull base, and their blood supply, including the surgical and endovascular treatment of disorders of the intracranial and extracranial vasculature supplying the brain and spinal cord; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column, including those that may require treatment by fusion, instrumentation or endovascular techniques; and disorders of the cranial and spinal nerves throughout their distribution.

The broad aim of the

#### AMERICAN BOARD OF NEUROLOGICAL SURGERY

is to encourage the study, improve the practice, elevate the standards, and advance the science of neurological surgery, and thereby to serve the cause of public health.

grams, hold unencumbered licenses and hospital privileges, demonstrate good professional standing as assessed by mentors and peers, and show satisfactory practice performance through review of a minimum of one year's inpatient cases.

In November 2002 90 candidates sat for oral examination with an 11% failure rate. In May 2003 90 individuals were examined with 8% failing. Candidate performance is scored independently by 6 examiners. Raw scores are fed into a computer program that adjusts for variations in examiner severity, thus maximizing the objectivity of the process. From the resulting statistics, Directors determine candidates' pass/fail status. Standardized questions are being tested for a portion of the examination.

Residents entering Canadian programs as of July 16, 1997 are ineligible for ABNS certification. Directors recently reviewed this policy with a representative of the Canadian Board. After extensive debate, no change was made.

Continued on page 2

## VOLKER K. H. SONNTAG, MD VICE-CHAIRMAN, 2003 - 2004

The American Board of Neurological Surgery is working to launch its MOC process in 2005. The American Board of Medical Specialists is reviewing the ABNS application for three of the four components of the program:

- Evidence of Professional Standing
- Evidence of Life-Long Learning and Self-Assessment
- Evidence of Cognitive Knowledge

Evidence of Performance in Practice is still being developed by most Boards, including the ABNS, and will be evaluated by the ABMS in 2005.

Directors have made several changes in the process that should streamline it for Diplomates. Initially, the cycle of requirements for Evidence of Professional Standing, Life-Long Learning and Self-Assessment, and Performance of

Continued on page 2

---

ARTHUR L. DAY, MD  
*Continued from page 1*

#### **Maintenance of Certification (MOC)**

The ABNS issued its first time-limited certificate in May 1999. Since then Directors have developed many of the components of its MOC program in preparation for meeting the requirements of the ABMS. Dr. Sonntag, chairman of the MOC Committee, did a spectacular job in leading this effort and setting the ABNS on solid footing to reach our goals with reasonable effort from Diplomates.

*Evidence of Professional Standing* will require an unrestricted licensure and some manner of evaluation by peers. *Cognitive Expertise* will be assessed with a secure, multiple choice examination that covers basic knowledge, as well as subspecialty specific information. Methodologies for demonstration of involvement in *Life Long Learning and Self-Assessment* will be fulfilled by periodic completion of the Self-Assessment in Neurological Surgery (SANS) program produced by the Congress of Neurological Surgeons. For *Continuing Education* the ABNS is working with the American Association of Neurological Surgeons to develop a program that will document fulfillment of 150 CME credits every three years. This corresponds to the requirements for membership in the AANS and CNS. *Practice Performance* will include an outcome analysis of key cases every three years (for instance, lumbar disk or AVM), plus submission of six months of practice data every ten years for a review similar to that required for initial certification.

#### **NeuroLog**

**NeuroLog** is an internet based, data collection tool developed by the ABNS to facilitate the gathering of practice information for primary certification and MOC, as well as RRC resident case log accumulation and site reviews. The system is highly secure, HIPAA compliant, and can be used from residency through the life of a practice.

I. *Primary Certification:* Candidates must submit a twelve month report of all inpatients. **NeuroLog** provides the necessary data fields to complete this requirement and incorporates an efficient online mechanism for review of the data by the Board.

2. *MOC:* While the exact criteria for practice data documentation as a component of MOC has yet to be defined, **NeuroLog** will be amended to meet the standards. Diplomates certified prior to 1999 (who are not required to enter the MOC process but are encouraged to do so) would be free to use **NeuroLog** for their own practice assessment. The system gathers demographics, as well as diagnostic, procedural, and outcome information, that should be useful for the specialty.
3. *Program Directors, Residents, and RRC:* **NeuroLog** has also been adapted for use by Program Directors to accumulate the data required by the RRC. It tracks the necessary elements for residents, fellows, and attending physicians to meet current documentation standards. The cataloging of operative data is streamlined and driven by a hierarchical “drill down” paradigm that yields both CPT codes and appropriate ABNS/RRC procedural categories. As an added advantage, residents can learn to use and understand the CPT coding structure.

#### **Revocation of Certification**

Directors have amended the Bylaws to provide more flexibility in disciplining Diplomates for licensure, practice, and ethical problems. In the past the Board’s only option was to take no action or to take the extreme measure of revoking a certificate. Now the ABNS may impose lesser sanctions when appropriate, such as suspension or probation. Cases are vetted by the Credentials Committee, which makes recommendation for action to Directors.

#### **Resident Duty Hours**

Being committed to the welfare of our residents and the safe delivery of care to patients, the ABNS, RRC, and Society of Neurological Surgeons have major concerns regarding the resident duty hours restrictions mandated by the Accreditation Council for Graduate Medical Education. There is serious concern that their lack of flexibility will adversely impact resident opportunities, expectations for continuity of care, overall operative experience, and development of essential neurosurgical discipline and professionalism. The ACGME rejected a proposal from the ABNS for a specialty wide exemption to the requirements. Recently, however, the ACGME and RRC have extended the

80 hour requirement to 88 hours for senior residents at programs that have obtained local approval and filed appropriate forms describing the educational value of such an extension and how resident fatigue will be monitored. The extensions are valid until the next RRC site review for the program.

#### **ABNS Directors**

The Advisory Council, which previously consisted of current officers and the last six past chairmen, has been expanded to include all Directors as they leave the Board. The change was made to keep the expertise of Directors within the ABNS for an extended period. The group meets at AANS and American Academy of Neurological Surgeons meetings for updates and to discuss issues, and add their experienced counsel on problems facing the organization.

At its spring 2003 meeting, Drs. David G. Piepgras and R. Michael Scott completed their six years of contributions and leadership on the ABNS and moved to the Advisory Council. Newly elected Directors were Drs. M. Sean Grady and Robert L. Martuza. New officers were Dr. Day, chairman; Dr. Sonntag, vice chairman, and Dr. Marc R. Mayberg, treasurer. Dr. Ralph G. Dacey, Jr. remains as secretary.

---

#### **VOLKER K. H. SONNTAG, MD**

*Continued from page 1*

*Practice* was on a two-year basis. In order to make these less onerous, the cycle has been lengthened to three years. Documentation of an unrestricted license to practice medicine will be reported every three years, and key cases will be submitted every three years. Initially, Diplomates were to be required to have evidence of completing 100 CMEs every two years, but that has been changed to 150 every three years. The ABNS is working with the AANS on tracking CMEs. Once Directors have decided what can be applied to fulfill the requirement, the AANS will track them. The AANS automatically tracks programs they sponsor or co-sponsor, and other credits will be accounted for as Diplomates send documentation to the AANS. The service will have no charge for AANS members, though a minimal fee will be assessed to non-members. With the help of the CNS, the ABNS will include the SANS program as one

of the components for *Life-Long Learning and Self-Assessment*. Diplomates will take it every three years.

The complete MOC process is based on a ten year cycle. The first nine years are on three year rotations as described. The tenth year will be dedicated to a cognitive examination. Dr. William F. Chandler is in the process of putting together the first MOC examination. A pilot test will be given in October 2005, and in 2007 the first examination will be available for Diplomates certified in 1999. Notwithstanding the ten-year time-frame, the examination may be taken as early as the seventh year of the cycle. During the final year, six months of practice data may also need to be logged for review.

Directors are exploring methods of evaluating Diplomate communication skills as a component of *Evidence of Performance in Practice*. Current and several former Directors and guest examiners participated in a pilot program administered by the ABMS to test their assessment tool and determine whether it could be used by the ABNS. It consisted of 25 patients answering, via the telephone or internet, 18 relatively simple questions on his or her neurosurgeon’s ability to communicate.

Directors are actively working to educate and communicate the MOC program to Diplomates. You should have received a general letter in March and might want to check the ABNS.org website where updates on MOC will be posted regularly. Neurosurgical organizations, societies, and program directors have been asked to help by allowing Directors to present the program to their members.

Directors believe that MOC should be educational and non-punitive, rewarding not only to participants, but also to patients. They hope all Diplomates will participate.

#### **MARC A. MAYBERG, MD TREASURER**

The financial status of the American Board of Neurological Surgery is solid due to substantial efforts by Dr. Day, the previous treasurer, who reorganized the ABNS financial structure and the office in Houston. The outmoded computer system was replaced so that, with a relatively small capital investment, the office now processes records, invoices, and correspondence in a more efficient manner. This has enabled a

reduction in office staff from three to two and is producing significant improvements in efficiency. In addition, the project has enabled accurate, real-time, financial accounting, which provides up-to-the-moment statements regarding account balances, revenues, and historical expense records. It has, thus, been possible to reduce funds sequestered in checking accounts and run the office on a budget-neutral basis throughout the year. An audit, instead of a review, was undertaken by the Board for the year 2001. This provided additional external oversight and an accurate analysis of revenue and expense categories. Another audit will be performed for 2004.

Using information derived from the improved fiscal analysis, Directors have matched the annual assessment of actively practicing Diplomates, Primary Examination fee, and candidate application and oral examination fees to the expenses for various activities. For 2004 Directors approved a fee of \$2,500 for oral examination but did not raise the \$420 fee for the Primary Examination. The application for oral examination fee was prorated to encourage submission of applications and practice data during the early years after residency since late submission is unusually time-consuming for office personnel and delays the processing of other applications. Fees approved for 2004 are: submission up to 36 months after residency \$500; 37 through 48 months \$750; and 49 through 60 months \$1,000. The annual assessment of actively practicing Diplomates remains at \$125.

The ABNS was able to maintain a budget-neutral status in 2003, although net income was negligible. Major expenses included payments to DataHarbor to develop **NeuroLog**. It is anticipated that expenses for office supplies and printing, postage and delivery, and payroll will decrease as utilization of electronic data transmission and a paperless office reduce dependence upon manual copying and mailing. Expense categories that have increased in recent years relate to insurance and professional fees for legal consultation, both of which are substantially due to the changing medical-legal environment. Rates based on volume discounts have been negotiated with selected vendors to decrease expenses for meetings.

The ABNS maintains a reserve invested in balanced funds, which over the past two

years has provided returns better than those achieved by a comparative index of the S&P 500. Although it has occasionally been necessary to withdraw from the reserves, no withdrawals were made in 2003.

Accurate fiduciary accounting has enabled Directors to plan for future projects, including MOC, which will be a major consideration for future budgets. Specific costs for the program are being calculated, although several aspects and their practical implementations remain under development. There is no question that MOC will necessitate additional costs and likely additional office personnel; however, it is anticipated that charges to Diplomates can be kept low.

#### **RALPH G. DACEY, JR., MD SECRETARY, 2000-2004**

Directors of the American Board of Neurological Surgery are often asked how they are selected. Briefly, six organizations sponsor Directors.

American Association of Neurological Surgeons	4
Society of Neurological Surgeons	4
Congress of Neurological Surgeons	3
American Academy of Neurological Surgeons	1
American College of Surgeons	1
Neurosurgical Society of America	1

Terms of Director, who serve for six years, are staggered so that each year two or three new individuals are appointed. About six months prior to the end of a Director’s term, the sponsoring organization submits a list of at least five neurosurgeons for consideration. These are sent to the fourteen current Directors for vote. The ABNS Nominating Committee-Directors, with input from the Advisory Council, makes up a slate, which Directors vote on at their May meeting. Selection is based on several factors, including the candidate’s interest in neurosurgical education, performance as a guest oral examiner, expertise the individual would bring to the Board, and maintaining a geographic balance and balance of academic versus private practice. All Directors serve without compensation. On the next page is a list of Directors with their sponsoring organization.