



## ABPS Newsletter to Diplomates April 2021

In the Public Trust

*"The mission of The American Board of Plastic Surgery, Inc. is to promote safe, ethical, efficacious plastic surgery to the public by maintaining high standards for the education, examination, certification and continuous certification of plastic surgeons as specialists and subspecialists."*

Included in this Newsletter is the Board's expressed appreciation for our diplomates who support the Board in its mission, examination updates with statistics, and contact information for the Board Office. Your input is welcome!

### Report from the Chair James C. Grotting, M.D.

When I was elected Chair of the American Board of Plastic Surgery, I considered it the highest honor of my career in Plastic Surgery. Little did I know as I started in my new role last May, 2020, that it would be the singular most extraordinary year in ABPS history! Whether you are in private practice, hospital-based, or a university-based plastic surgeon, you have been challenged to safely navigate your way through 2020 and 2021 as Covid-19 has ravaged our families, our practices, and our very existence. The world has been rocked and is now changed forever, and plastic surgeons have not been immune to these changes.



As I write this annual update, we are beginning to see some signs of light as vaccines are becoming available and medical practices are creating ways to operate safely amidst the myriad of regulations from both state and local governments. At times, hospital and institutional mandates have frankly challenged common sense. Throughout it all, your Board of Directors and ABPS office staff have been methodically trying to make life easier for you and your future colleagues going through the Board certification process. What follows summarizes a few of the accommodations we have made.

### The Written Examination

The Written Exam in 2020 was scheduled to be administered to graduating senior residents in May—our first attempt to make it easier for the graduating residents to focus on their new jobs or fellowships without having to prepare for the Written Exam in those first months after completing training. The pandemic sacked that plan

as testing centers were closed in May and many candidates were unable to travel. So we pivoted back to our traditional October date and by that time most candidates were able to schedule a test center appointment. We provided everyone the option of deferring the exam until May, 2021 for any reason at all and 56 candidates chose to delay taking the Written Exam. The 2021 Written Exam will be administered in May and all program directors have given the Board the names of the trainees who are eligible to take the Written Exam in the new time slot. The candidates who deferred from 2020 will also be taking the exam in May, 2021. I might add that the Board very thoroughly explored the idea of taking the Written Exam virtually but the adverse experiences by other boards with regards to security and proctors made it clear that a virtual Written Exam was not quite ready for prime time.

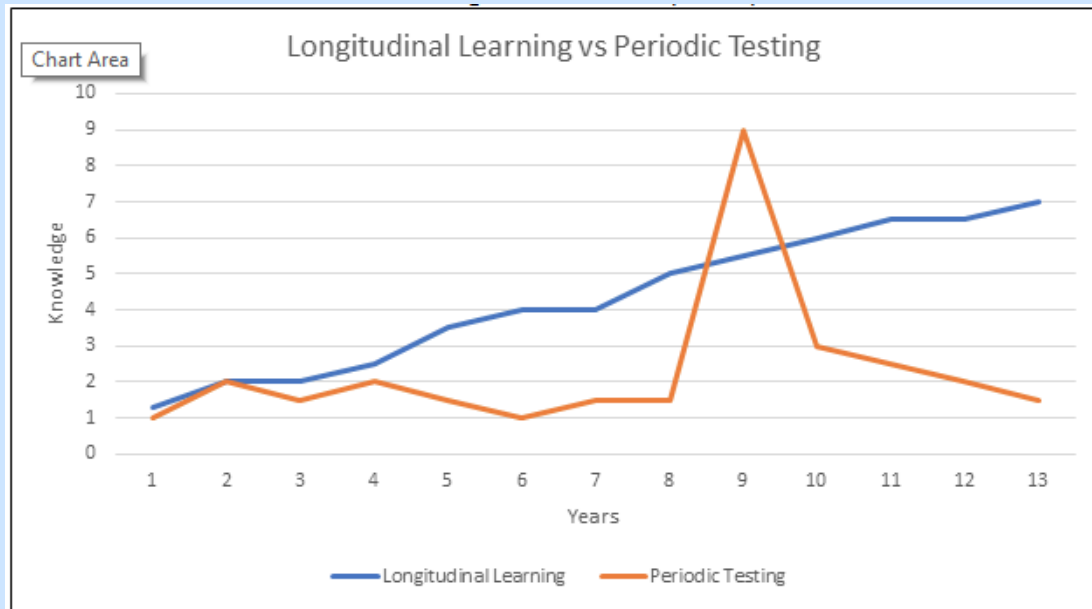
## **The Oral Examination**

I must say that administering the Oral Exam in 2020 confronted us with far and away the biggest challenges. We really couldn't make a firm decision to go virtual with the exam until early June. At that point, the oral exam committee organized a task force charged with figuring out all the logistics of how to administer a virtual exam that was as nearly equivalent to the in-person exam as possible. That involved choosing the best platform, training both candidates and examiner teams on how to use the platform, and keeping the exam secure. At the same time, we had to finalize the exam content and come up with a standby exam in case a candidate had a technical problem partway through, which would require a makeup exam with different unknowns. After weekly Zoom calls throughout the summer, the components were all in place. The committee then performed rehearsals with examiner teams to make sure each examiner could navigate the Zoom platform efficiently. Despite all the hurdles, I must say the oral exam was as close to equivalent to the in-person exam as it possibly could have been. In deference to the pandemic-created practice limitations for candidates in 2020, we lowered the number of required major cases needed to qualify to take the Oral Exam. We received largely positive feedback from candidates as well as examiners and have decided that the same virtual platform will be used for the November, 2021 exam. This decision was made due to the ongoing pandemic limitations. The Board has not yet made a determination (in-person vs. virtual) for the Oral Exam beyond 2021.

## **Continuous Certification**

As most of you know, the term Maintenance of Certification has been replaced with Continuous Certification (CC) to reflect the goal of this program which is to assist Diplomates in remaining current in knowledge and skills throughout their career. We should all be lifelong learners. We need to make certain that our Diplomates are staying on top of the new advancements and knowledge that can affect patient safety and outcomes. A good example is how to handle a patient with suspected BIA-ALCL or now what should be important considerations in patients who have had severe Covid-19 infections in the past that have affected pulmonary function. These are issues that very few of us faced in our residency training but are critical to our practices going forward. To that end, we have really tried to make CC relevant and less burdensome—in fact, it can be fun (almost!). Formerly, our diplomates were faced with taking a 200-item exam in a testing center every 10 years which required the purchase of a study guide, time spent “cramming” (never the best method of retaining knowledge), and spitting back the answers on the exam so that another ten years of certification could be gained. Good news! No more study guides, testing centers, or cramming! In fact, we don't want you to study anything so the Board can

evaluate your knowledge gaps at your baseline. Every April, you will receive a link to 30 questions that you can answer at your leisure, anywhere you want, on your own computer or mobile device. The format is that you will answer the question, then receive a rationale that includes the information necessary to answer the question, then you have a second opportunity to answer the question again based on what you just learned. Your score is based on your second answer, so it is difficult not to pass. This new format allows for immediate feedback regarding the rationale for the answer as well as links to relevant educational sources. We think that over time this active longitudinal learning method will elevate the whole “knowledge curve” of our specialty.



## Other new developments for CC

We decreased the requirement for practice improvement activities (Tracer Procedures) to twice per 10-year period. We also increased the different ways for completing the practice improvement requirement. These include participating in one of the society registries such as ASPS’ GRAFT or ASAPS’ Aesthetic Neural Network (ANN), designing and implementing a practice improvement project that might otherwise also be required for accreditation of an office operating room, or publishing a Quality Improvement project. We decreased the CME requirements to an average of 25 CME/year and no longer require you to belong to one of the national societies but, of course, we encourage you to stay connected to your colleagues through the societies. In addition to these improvements, the ABPS decreased Continuous Certification fees by 15%.

For many years we have heard from diplomates that you would like to have a way of promoting your ABPS certification to the public. We responded with the development of a new ABPS Diplomate logo which is available to you simply by downloading it from the Board’s website. We encourage you to use this new logo so that it becomes more meaningful to your patients and the public over time.



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of Plastic Surgery Inc.™**

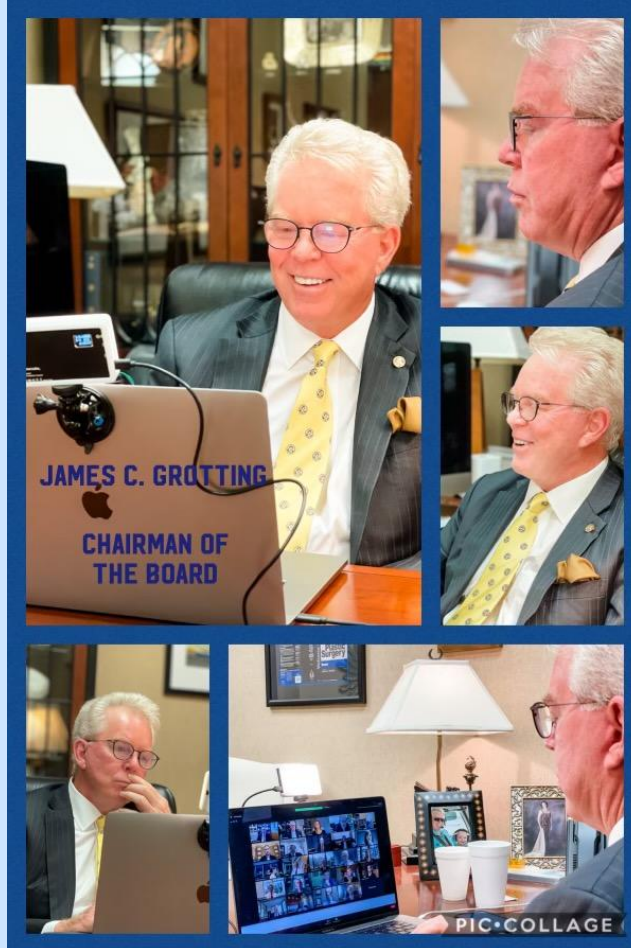
The Board is in the process of organizing a new standing committee of the Board entitled The Aesthetic Committee. Aesthetic Surgery is the one subspecialty area which is constantly under direct competition from numerous other specialties. Some 43% of you take the aesthetic module every year in the Continuous Certification program so it represents a huge part of what we do as a specialty. We want to protect it and improve training as well as explore ways in which we can stay out in front of the competition going forward. Look for more information on this exciting development in 2021.

In particular, I want to thank the Board office staff led by Melissa Karch who has been incredibly flexible, innovative, and creative as we have faced all of the challenges of the past year. Also, Keith Brandt, M.D. has been such a great partner to me and your Board's Executive Committee as we have had to adapt and carry out all of the important functions of the Board during a pandemic. We have all been in this fight together! Warriors all! Speaking of being committed and creative, I want to send a special "shout out" to all of our 2020 oral examiners who contributed their time and expertise using a virtual platform in a year that did not allow an in-person event.

As Spring 2021 unfolds, I join you in optimism that we are headed toward a much better year not only for plastic surgery but for the whole world. Rest assured that in the meantime, your board is doing everything in our power to keep your certification at the highest level of quality in all of medicine. We are privileged to be plastic surgeons. Young medical students are applying for our training programs in record numbers. Other specialties desire to do what we do. We are endeavoring to continually keep the bar at the highest level of excellence and keep us all proud to be ABPS board certified plastic surgeons. This has been the highest honor of my career in plastic surgery and I am so grateful to have had the opportunity to serve.

On behalf of the members of the oral exam committee and chair and co-chair, Dr.'s David H. Song and Peter J. Taub, we wish to express our deepest gratitude to the following volunteer oral examiners who contributed their time and expertise to administer the 2020 oral exam.

### **2020 Oral Board Examiners**



## *Chair of the ABPS during the Virtual Board Meeting*

**Peter J. Taub, M.D.**  
**Chair, Oral Examination Committee**

### **The First Virtual Oral Exam**

In 2020, the American Board of Plastic Surgery was forced to make a choice about the annual Oral Examination, usually held in-person in Phoenix. The exam could have been cancelled, delayed to an undetermined time, or held virtually. Since candidates had prepared and were eager to achieve Board certification, it was decided to administer the examination virtually. To carry this out, a detailed plan for a virtual examination had to be developed and instituted in a relatively short period of time. Numerous questions had to be answered relating to staffing, safety and technical feasibility. A Task Force of the Oral Examination committee met on a weekly basis to assign tasks and provide regular follow-up.

If candidates were not required to travel to Phoenix, the actual location of the examination had to be decided. It was decided that a fair and secure examination could be given anywhere and that in order to minimize risk from travel, each candidate and examiner would choose where they would take (give) the examination. It would have been difficult to create testing locations either within large cities or near large cities that was fair to all. The address of every candidate was reviewed and it was noted that some resided in more remote areas that would have required significant travel to get to a proctored testing location.

Zoom, which was becoming a fairly familiar means of communication for didactic lectures and grand rounds, was chosen as the virtual platform on account of

familiarity and reliability. Three specific features of Zoom would have to be mastered. Since the examination requires examiners and candidates reviewing images and text, the “Share screen” feature of Zoom would have to be used. In this way, both candidate and examiners could be looking at the same document of which the examination would be given. Importantly, Zoom still allows the examiners to see the candidate to minimize potential for dishonesty. To allow the candidates to peruse the cases for a short period of time prior to the start of the actual examination, the examiners would have to use the “Remote control” feature of Zoom. The “annotate” feature would allow any participant to draw, label, or highlight the screen.

The overriding theme was to keep the process simple and to minimize errors. Traditionally, there were two sessions of six unknown cases each, for a total of twelve during the examination and a single session of reviewing five of the candidates prepared casebooks. For the virtual version of the examination, it was decided to use a single session of eight unknown cases on Saturday and seven of the candidates’ cases on Sunday, five of the Board’s choosing and, for the first time, two that the candidates’ were able to choose. This was a response to post-examination surveys in which the candidates requested the opportunity to pick one or more of their own cases.

The schedule of the examination was tricky to arrange. Over 100 examiners would be required to administer the examination over two days to more than 200 candidates spread over six time zones. The candidates were divided by time zones into four groups of roughly fifty candidates. The first fifty would be from the Atlantic time zone, followed in order by the Midwest, Mountain, and Pacific. Once each of the examiner pairs administered an exam to one of the fifty candidates in the first time zone, they would upload their scores and move on to the next time zone. This would have to be synchronized just as it is done in Phoenix.

Security was a potential stumbling block. How could this be maximized if there were over 200 “testing locations?” It was decided that a visual “sweep” of the room would be performed at the start of the examination and repeated as necessary. Although not perfect, it gave the examiners an opportunity to visualize what the candidate saw around them. Perhaps the greatest deterrent was having the candidate attest to a statement of consequences drafted by the members of the Oral Examination committee. The statement read that if a candidate was found to be cheating on the examination, that candidate would not be permitted the opportunity to sit for a future examination and thus forfeit all possibility of board certification by the ABPS. In addition, the candidate’s name would be passed along to their state medical board informing the board of its findings and action. The committee felt that this was a risk almost no candidate was willing to take.

The Task Force sought advice from other qualifying boards in surgery that utilize and administer Oral Examinations. Similar to the ABPS, the Written Examination administered by the American Board of Surgery (ABS) and the American Board of Ophthalmology (ABO) both have an in-person oral component. Each examination is composed of several scenarios to which the candidate has to answer questions regarding the diagnosis, treatment, and management of complications. Neither utilize a review of the candidates’ own case books. The ABPS felt that they needed to administer the examination this year and not defer it to the following year since many candidates count on certification as they begin their careers. The Oral Examination committee decided to roll out their virtual examination to smaller numbers of candidates, which was felt to be more manageable and might serve as a learning tool for the greater proportion of test takers. To do this, they enlisted small cohorts of candidates who scored well on the written portion of the test since it could

be argued that they would do well on the oral portion with little conflict.

Checking the facility of examiner and each candidate was arguably the most important role. From the members of the Task Force alone, it was realized that people varied in terms of their on-line sophistication and connectivity. Learning to use the Zoom platform for an Oral Examination was one thing; making sure each of the 100-plus examiners and 200-plus candidates was another thing. To do this, the exact format of the examination had to be facile for the Task Force members so that they could assist the examiners and prepare the candidates. Each member was assigned roughly five examiner teams (ten examiners) to go over the format and flow of the examination during one or more Zoom rehearsals or “tech checks.” These proved to be extremely valuable for both the Oral Examination committee and the examiners and candidates.

Despite having a policy for a problematic examination, administration of the examination was uniformly successful. All 430 individual sessions were completed during the allotted time with no suspicions of security breaches. Examiners and candidates alike praised the format of the examination and the stability of the virtual platform. Small problems that arose were managed expeditiously.

On a post-examination Zoom session with the evaluators and a second with the senior and guest examiners, several themes arose. All participants praised the quality and execution of the examination. Many respected the time expended in the weeks and months in lead up to the examination to prepare for the virtual format. There was a split in the future of a virtual format. Some felt that the “horse is out of the barn” and the success this year proved that a virtual examination could be effective and safe. The costs to the candidates and to the Board are significantly lower, making a return to a live format not fiducially responsible. However, others lamented the loss of human interaction – interaction between the examiners and the Board, between the examiners and the candidates and between the examiners themselves. Senior examiners took pride in being able to mentor younger guest examiners. Some argued that without the physical trip to Phoenix, many would reconsider serving as examiners in the future. Others countered that the selection of being an examiner for the Board alone would suffice, since it is deemed an honor to be selected.

The decision to again hold the 2021 Oral Examination virtually was made on account of the ongoing pandemic and the uncertainty about the fall. The decision for 2021 however will not affect the decision moving forward. The Board remains committed to using the Oral Examination as a way to ensure public safety and confidence in member surgeons. Personally, I would like to congratulate the newest certificate holders, thank the examiners and board staff who put together a novel, successful examination in a very short period of time and look forward to again having personal interactions that define our specialty and set us apart.



***The Oral Exam Task Force supporting the November 2020 virtual exam from the Philadelphia Board Office***

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Keith E. Brandt, M.D. the ABPS Executive Director checking the weather app for Phoenix from the Virtual Oral Exam from the Board Office in Philadelphia

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## **New ABPS Dispute Resolution and Appeals Policy**

In early 2021, diplomates were presented with an agreement to the ABPS website



Terms & Conditions. By accepting the Terms and Conditions of the website, diplomates are also “opting in” to the revised ABPS Appeals Policy which is now entitled ABPS Dispute Resolution and Appeals Policy.

While the Board strives to maintain the highest standards for achieving ABPS certification, and applies the requirements equally to all potential candidates and diplomates, there are instances when an individual pursues the path to Appeal Board decisions. For the sake of transparency, below is a summary of the policy and the changes that were recently refined:

### **ABPS Mandatory Dispute Resolution and Appeals Policy**

Dispute Resolution Process

**Initial request:** Board Office response based on published ABPS requirements

**Special Consideration:** escalate to the full Board for review

**Reconsideration:** present new information to the Board for reconsideration of initial decision.

**Informal Appeal:** individual presents in-person or virtually to the appropriate Committee as defined by the Board. The appellant may present his/her case. The Committee has the right to interview the appellant. No legal counsel present for either party.

**Formal Appeal:** individual presents in-person or virtually to a panel of former Directors appointed by the Board. The appellant may present his/her case with legal counsel present. ABPS will be represented by the Executive Director.

**Mandatory Arbitration:** takes place in Philadelphia, Pennsylvania with a defined arbitrator. Governing law is that of the state of Pennsylvania. Arbitration administered by an independent impartial third party, JAMS. Confidentiality requirement and limited to individual claims. Acceptance of the Dispute Resolution and Appeals Policy includes waiver of class action. Arbitors are not empowered to award punitive damages. Both parties waive the right to recover such punitive or incidental damages. Arbitors may only award to the prevailing party, costs and attorney fees reasonably incurred in connection with the arbitration. The Board believes this policy equally protects both parties should a dispute arise.

Should diplomates have questions regarding this policy, please connect with the Board Office at [info@abplasticsurgery.org](mailto:info@abplasticsurgery.org).

## **American Board of Surgery (ABS) Surgical Critical Care certification**

**Diplomates from the ABPS and other ABMS surgical boards may apply for Surgical Critical Care certification provided they have completed an ACGME-accredited Surgical Critical Care fellowship and their primary board supports their application.**

**To apply, the candidate is required to provide ABS with a copy of their**

**ABMS primary certificate, the name of their Surgical Critical Care program and the year in which they completed fellowship training. If approved, they will be provided access to the application process.**

**If interested, please contact the ABS at 215-568-4000.**

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## **2020-2021 Officers of the Board**

James C. Grotting, M.D.  
Chair

David H. Song, M.D.  
Chair-Elect

Michael W. Neumeister, M.D.  
Vice-Chair

Debra J. Johnson, M.D.  
Secretary-Treasurer

Keith E. Brandt, M.D.  
Executive Director

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## **[View 2020-2021 Directors of the Board](#)**

## **[View list of current Advisory Council Members](#)**

### **Thank you**

The Board would like to acknowledge the Advisory Council members, Oral Examiners and Item Writers for their continued dedication, hard work and significant contributions throughout the year. These individuals are crucial to the development of the Written, Oral, Hand and Hand Recertification and Continuous Certification Examinations.

### **Congratulations to Our New Directors!**

In May 2020, the Board elected three new Directors who were nominated by one of the 20 Sponsoring Organizations of the Board. Drs. Alderman, Armstrong and Papay will serve from May 2020 to May 2026, unless elected as Chair. The Chair of the Board serves a 7-year term.

[Drs. Alderman, Armstrong and Papay's Bios](#)



**Amy K. Alderman, M.D.**  
Alpharetta, GA



**Milton B. Armstrong,  
M.D.**  
Charleston, SC



**Francis A. Papay, M.D.**  
Cleveland, OH

## **Special Recognition**

**Thank you to our past Chair of the Board,  
who completed his term of service in May 2020.**



**Paul S. Cederna, M.D.**  
**2013-2020**  
Ann Arbor, MI

Officer of the Board: Chair 2019-2020, Chair-Elect  
2018-2019, Vice-Chair 2017-2018

Committees: Continuous Certification Exam Chair,  
Oral Exam, Ethics, Credentials and Requirements,  
Budget and Finance

**Thank you to our Directors who completed  
their terms of service in May 2020**



**Lawrence B. Colen, M.D.**  
**2014-2020**  
Norfolk, VA



**Michael J. Miller, M.D.**  
**2014-2020**  
Gilbert, AZ

Officer of the Board: Secretary-  
Treasurer 2018-2020

Committees: Budget and Finance  
Chair, By-Laws Chair, Oral Exam,  
Ethics

Committees: Written Exam Chair,  
Budget and Finance, Continuous  
Certification, Credentials and  
Requirements

## **Attention: Program Directors** [View the Board's Personal Leave Policy](#)

### **2021 Examination Dates and Locations**

#### **Continuous Certification in Plastic Surgery Examination**

April 1, 2021 through April 30, 2021- Internet-Based Test

#### **Hand Surgery Recertification Examination**

April 1, 2021 through April 30, 2021 - Internet-Based Test

#### **Hand Surgery Examination**

August 3, 2021, Tuesday - Computer Based Test at Prometric Test Centers throughout the United States and Canada

#### **Written Examination**

May 11, 2021, Tuesday - Computer Based Test at Prometric Test Centers throughout the United States and Canada

#### **Oral Examination**

November 12, 13, 14, 2021, Friday, Saturday, Sunday - Virtual Exam

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### **2021 Potential Oral Examination Candidates**

The Board will review comments regarding the suitability of any candidate for certification. Please direct written comments on official letterhead, signed and received in the Board Office by June 1, 2021. If you are aware of a potential candidate omitted from this list, please send an email to [oral@abplasticsurgery.org](mailto:oral@abplasticsurgery.org).

2021 Oral Exam Potential  
Candidates

### **Congratulations to our New Board Diplomates**

The ABPS certified 192 diplomates in 2020.

To date, the ABPS has certified 9,858 plastic surgeons

## **To our Diplomates who Successfully Completed the Continuous Certification Examination**

In 2020, 399 diplomates successfully completed the Continuous Certification Examination. Diplomates who successfully complete all components of the Continuous Certification program within the 10-year cycle will be sent a new certificate in December before expiration of the existing certificate.

In addition, 18 diplomates used the Hand Surgery Recertification Examination to continue primary certification.

To date, 4,454 diplomates have participated in the Continuous Certification process including 310 via the Hand Surgery Examination.

2020 Continuous Certification and via Hand  
Exam

## **To our Diplomates who were Certified or Recertified in the Subspecialty of Hand Surgery**

In 2020, the ABPS certified 27 diplomates and recertified 26 diplomates in Hand Surgery.

To date, the ABPS has certified 862 diplomates and recertified 566 diplomates in Hand Surgery.

2020 Hand Exam and  
Recertification

## **[View 2020 Examination Statistics](#)**

### **REVOKED CERTIFICATES**

To date, a total of 97 certificates have been revoked. The Board revoked three certificates in 2020. Those revoked ABPS certificates are:

**George Thomas Craig, M.D. - CA**  
**Manish Raj Gupta, M.D. - OH**  
**Adam Bryant Smith, M.D. - IA**

### **SUSPENSION OF CERTIFICATION**

The Board reports certification status as “Suspended” based on State Medical Board sanctions resulting in a suspended medical license. The diplomate will be informed of this action by the Ethics Committee.

## **Thank You to Our Diplomates!**

The Board values each of our diplomates and appreciates your support in carrying out the Board’s mission to protect the public and to distinguish ourselves as safe, ethical, efficacious plastic surgeons who have met high standards in order to achieve board certification.

The Board actively communicates with our major plastic surgery societies, regional societies, and legislative bodies to maintain a presence and to communicate our mission.

## Board Staff

Melissa A. Karch, MBA  
Administrator

Maria K. D'Angelo  
Test Development Manager/Examination Editor

Gwen A. Hanuscin  
Written Examination and Projects Coordinator

Melissa M. Hill  
Oral Examination Coordinator

Stephanie L. Kash  
Continuous Certification Program and  
Hand Surgery Examination Coordinator

Cassandra Kosielowski  
Examination Associate

Sarah S. Praul  
Examination Associate

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All communication and inquiries should be directed to the Board Office by emailing [info@abplasticsurgery.org](mailto:info@abplasticsurgery.org).

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