Chair Report
Linda G. Phillips, M.D.

It is a pleasure to congratulate and welcome the newest diplomates of The American Board of Plastic Surgery. Since the last newsletter, we have certified 180 new diplomates, listed later in this publication, for a total of 7,381 Board Certified plastic surgeons. This year the Board initiated an analytic scoring method to improve the oral examination’s validity and reliability and to provide a more equitable examination. Once more, I would like to thank the Directors and all of our oral examiners, and a special thanks to our Board office staff for all their time and hard work expended on this process.

This past year marked the transition from Recertification to the Maintenance of Certification Program in Plastic Surgery (MOC-PS) with administration of our first such examination in April 2007. The examination was received positively, both in terms of the content and process. Our goal is to provide an examination that is relevant and appropriate to the diplomate in practice for ten years. Our diplomates taking the Hand and Craniomaxillofacial modules all passed. For the Comprehensive and Cosmetic modules, the passing rates were 91.2% and 96.5% respectively. Special thanks are given to Drs. John W. Canady, Walter L. Erhardt, Jr., Vincent R. Hentz, Donald H. Lalonde, Thomas A. Mustoe, R. Barrett Noone, A. Michael Sadove and James M. Stuzin for their work in constructing the examination.

To assure that only clinically relevant questions are asked in the MOC examination, the entire Written Examination Committee and the Advisory Council members held a pool review in May in Coeur d’Alene, Idaho to “debride” all non-relevant questions from the pool. The Board continually seeks additional questions for the MOC-PS examination for all modules. An examination committee is being developed to work with the Board and Advisory Council members. Members will include plastic surgeons who are in practice for at least 10 years and who can focus on clinically relevant questions. The plastic surgery societies will be requested to nominate those individuals.

As we move forward with the Maintenance of Certification Program, the Board continues to work extensively with the plastic surgery societies to develop the MOC-PS program. Our common goal is to achieve a process for our diplomates that is user friendly while upholding our program requirements and goal of public protection. The Board welcomes your comments as we move evolve in Maintenance of Certification program.

Continued on page 2
The Maintenance of Certification Coordinating Council (MOCCC) is facilitated by Dr. R. Barrett Noone. This Council serves to coordinate the educational efforts that the plastic surgery specialty societies have offered their members to prepare for the various requirements of MOC-PS. The details of the MOCCC are provided in this newsletter. The first iteration of the ASPS MOC-PS CD study guide included a large compilation of questions. The second, due to be published in late January 2008, consists of clinically relevant questions that the MOC-PS Committee and Advisory Councils selected for the pool after debridement of the larger pool. The Board, coordinating with ASPS, is confident that the diplomates using this study tool will find it more user friendly in preparation for the April 2008 MOC-PS computer based examination.

The Residency Review Committee for Plastic Surgery (RRC-PS) is currently reviewing the plastic surgery residency training requirements. The RRC-PS chaired by Dr. Robert Havlik, has communicated those proposed programmatic requirement changes to the Board and the Association of Academic Chairmen of Plastic Surgery (AACPS). Dr. Havlik presented proposed changes to AACPS at both the Spring Coeur d’Alene, Idaho and the Fall Baltimore meetings. The Board has requested additional time for consideration of the sweeping changes proposed and to consider carefully the impact on the educational standards for certification. The Board will offer a forum for discussion with AACPS members and other interested individuals at the Annual Board meeting in Boston on Friday morning, April 4, 2008. The Accreditation Council for Graduate Medical Education (ACGME) has graciously postponed its adoption of the proposed changes until the completion of the Board deliberations. After that session, the Board will develop recommendations to the RRC-PS. The ultimate decision will be made by the RRC-PS, but the RRC has historically accepted comments from the American Board of Plastic Surgery as well as all interested stakeholders. The Board appreciates the significant efforts that Dr. Havlik and the RRC-PS Committee Members have made to communicate their proposed changes (see table insert) and to allow the ABPS to hear discussions from the interested program directors and other stakeholders. Clearly it is time for change in plastic surgery training requirements. Integrated programs were introduced in 1995; since the inception of training, the independent programs have included either two or three years of plastic surgery residency. Since 1937, the field of plastic surgery has greatly expanded and has become a separate entity with looser ties to general surgery, in particular. The directors of the Board are very close in agreement with the recommendations of the RRC-PS. Nevertheless, knowing the current difficulty of funding for Graduate Medical Education programs at various institutions around the country, the Board requested that we proceed cautiously, in order to protect our current 89 programs and, hopefully, expand the number of institutions at which there are residency programs in plastic surgery.

The American Board of Plastic Surgery, Inc. has worked in a dedicated, thoughtful manner throughout this past year to maintain our mission and responsibility for the public’s safety and best interest. The Board implemented several new programs and addressed important emerging issues, and will continue to serve as the body which maintains the highest standards of plastic surgery education, examination certification, and maintenance of certification.
The year 2007 unveiled exciting developments in the Board’s continuing effort to advance our technological abilities. The website was vastly improved to accommodate the launch of the seminal requirements for the Maintenance of Certification Program (MOC-PS).

The site will contain a profile for each diplomate to allow quick access to his or her progress through MOC-PS. The web-based format is the platform now for all examination applications and registration and the functionality continually evolves as we enhance our examination programs. The site offers a more portable mechanism for hosting of all documentation and provides 24/7 convenience to the diplomate, especially for examination registration and payment by credit card. The Board “went live” with the MOC-PS Program application in July 2007, and the process was extended past the August 31st deadline into September to accommodate all those adjusting to the new format. The Board waived all late fees for this inaugural year. A total of 365 candidates applied on the web for MOC-PS including a record number of 91 lifetime certificate holders. The Board’s website will be the source for all of the MOC-PS activities which will be required in years 3, 6 and 9 of the 10-year cycle. These activities will be in two parts: (1) Professional standing and (2) The Practice Assessment in Plastic Surgery (PA-PS) modules. Central to the application and the documentation of professional standing is the need for verification of the requirements from the diplomate. The professional standing requirements include a state medical license, photo identification with a driver’s license or passport, proof of membership in one of the sponsoring organizations of the Board, verification of hospital privileges, and documentation of 150 hours of CME credits acquired over a three year period and reported in years 3, 6 and 9. The Board selected the Portable Document Format (PDF), for example Adobe® PDF, as the method of submission of evidence for meeting these requirements. The diplomate scans a paper document such as the hospital privilege letter (as a picture file or to a PDF file) or prints a letter directly as a PDF file. The PDF file is then electronically transferred to the Board’s web-based application with a browse and upload function. Some of the “getting started” and time saving tips for production of the PDF files are listed in an accompanying box to this article.

The Board Office staff has been extremely helpful and available to all diplomates who were completing an application on-line for the first time. The staff triaged many calls and the diplomates were “walked through” the process of completing the inaugural application.

**ANALYTIC SCORING FOR THE ORAL EXAMINATION**

After two years of piloting an Analytic scoring method, the Board implemented this system at the November 2007 Oral Examination in Phoenix. Traditionally, the Oral Examination Committee and the Board utilized the Holistic grading system, whereby examiners submitted grades for the oral examination based on a global impression of the performance of the candidate. The Analytic grading system, beta-tested for the 2005 and 2006 examinations, is a criterion-referenced method that allows for more objective psychometric statistical evaluation of grading and provides more consistency in grading. The candidates continue to be graded on 17 cases, six each in Theory and Practice A and B, and five from the candidates’ own case reports.

The new grading system is based on four separate facets that compose the Oral Examination: (1) candidate ability, (2) examiner severity, (3) case difficulty and (4) clinical skill difficulty. The clinical skills measured include Diagnosis / Planning; Management / Treatment; Complications / Out-come and Clinical Judgment / Limitations for Theory and Practice A & B. The Case Report session is additionally graded for Safety, Ethics and Case Report Preparation. In the 2007 examination each candidate was graded independently by six examiners. In the multifaceted analysis, a total of 176 ratings were awarded to each candidate in the course of the examination.

The Board is of the opinion that the built-in consistency in this grading method will improve the overall process of the certification examination. The Analytic method provides an opportunity to “level the playing field” for the examinees when the examiners’ grades are adjusted for severity of the individual examiner, difficulty of the Theory and Practice cases and the clinical skills. In addition, it offers the candidate assurance that the grades are submitted in a more objective fashion. The limitation of this method is that the grading results are not available on-site at the examination, as they have been in the past. For the November 2007 Examination, the grades were communicated to the examinees on January 9, 2008.

**COORDINATION OF SOCIETIES IN MOC-PS**

Because the educational programs approved by the Board for completion of Part II of the MOC-PS Program are produced by the Societies in our specialty, the Board and Societies have been working together under the structure of the Maintenance of Certification Coordination Council (MOCCC). This group is comprised of the leadership of the societies involved in producing the courses and other

Continued on page 4
The ABMS website will have a separate notation for those who are active or not active clinically and participating in MOC-PS. Those who are active clinically but have limited surgical practices and do not perform any of the initial 20 tracer procedures will be listed internally only by the ABPS as “surgically inactive.” They will be eligible to participate in MOC-PS under the above program.

**PRACTICE ASSESSMENT: THE BASIS FOR PERFORMANCE IMPROVEMENT**

The Board’s new, revamped website will be the host for the Practice Assessment in Plastic Surgery program (PA-PS), the essential element of Part IV of Maintenance of Certification. In addition to Professional Standing and Lifelong Learning Continuing Medical Education activities, this element will be required in years 3, 6, and 9 of the ten year cycle. Beginning in 2008, PA-PS modules will be required for those diplomates who were certified in 1999, 2001, 2002, 2004 and 2005. The balance of diplomates who hold time-limited certificates will be phased in during 2009, 2010 and 2011 based on certification year. One of 20 tracer procedures will be selected by the diplomate. The diplomate then reviews his or her own patient records on 10 consecutive operations of the selected procedure completed within the past three years. The following data fields will be entered through the program on the website: Diagnosis, preoperative assessment, anesthesia, location of surgery and operating time, surgical treatment plan, and outcomes. At the completion of the data entry for the 10 cases, the diplomate will be directed to options for an educational program specific to that operation. This may be a course at a society meeting specifically designed for MOC-PS, a CME article published in Plastic and Reconstructive Surgery, or the diplomate may elect to participate in a patient safety module as produced by the ABMS or ASPS. A benchmarking report will also be viewable and printable so that the diplomate can compare his or her data with all others in this specialty reporting on the same operation. This entire program will give the plastic surgeon the opportunity to do an in-depth review of a specific operation, and to learn how others are doing it and what their results may be. An action plan for improvement is a part of the program. This robust activity has been in the planning process for a number of years and, although it creates a learning curve for all of us involved, the Board has every confidence that the diplomat will find the entire experience valuable to the improvement of practice. Information on the PA-PS program will be mailed to the applicable diplomates in March 2008. Timelines will be available in the physician profiles.

**RECOGNITION OF PARTICIPATION IN MOC-PS**

Those diplomates who have submitted an application for the MOC-PS and who are participating regularly in the process will be recognized on the website of the ABMS as participating in MOC-PS. These diplomates will also be allowed by the ABMS to display recognition of this participation through their office letterhead, business cards, websites, and other communication or marketing materials. A sample of the ABMS MOC™ Starmark logo is included in this newsletter. The ABMS began a new public awareness campaign this year to emphasize the importance of certification and MOC and to brand the ABMS name and the “power of 24 (specialty boards).”

Although the diplomates certified in 1995 and later are required to participate in MOC-PS, lifetime certificate holders certified before 1995 may voluntarily participate to receive the desired recognition. In addition, those with lifetime certificates may elect to participate in MOC-PS in the future, in lieu of proposed relicensure examinations in certain states, and for potential discounts from professional liability insurance carriers. The ABMS intends to promote the concept of Maintenance of Certification as a standard of physician quality in America to multiple agencies focused in the quality healthcare arena.

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**Continued from page 3**

Educational programs eligible for MOC-PS credit. Those represented on MOCCC include the leadership of ASPS, PSEF, ASAPS, ASMS, ASRM, and both Hand Surgery Organizations (AAHS, ASSH). This group held meetings in the past year in March in San Diego, in New York City in April and in Baltimore in October. Clear delineations of responsibilities for the MOC-PS program were established and the details of the instructional courses approved by the Board for MOC-PS were reviewed. Coordination of the data fields from the six month case list submission for module assignment in the MOC-PS examination was completed with information technology representatives from ASPS. This coordination will allow diplomates to electively donate data to the ASPS TOPS2 Program and be eligible to earn CME credit when they are finalizing their completed case lists for MOC-PS in July and August. The MOCCC plans to meet as a group semi-annually and by conference call whenever necessary.

**MOC AVAILABLE TO EVERYONE**

In an effort to allow full participation in the Maintenance of Certification Program, the Board has adopted a policy to address Physicians with Special Circumstances. Plastic surgeons who are not active clinically may participate in MOC-PS under this policy. Those physicians who are active in practice but do not have cases sufficient to fulfill the requirements for the practice assessment in plastic surgery modules may also participate under the special circumstances policy. Under this policy, the requirements listed elsewhere in this newsletter for MOC-PS activities in years 3, 6 and 9 would be completed, although the PA-PS module will be substituted by a patient safety module produced by the American Board of Medical Specialties (ABMS) or ASPS. Other societies may offer MOC-approved patient safety programs in the future. In addition, at the ten year interval, the physicians in the special category will be eligible to take the examination in the comprehensive module.
News from the Secretary-Treasurer  Bernard S. Alpert, M.D.

The American Board of Plastic Surgery, Inc. extends sincere appreciation to the following Directors for their dedicated service to the Board:

**Special Recognition**

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<td>Dallas, TX</td>
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**In Recognition**

The American Board of Plastic Surgery, Inc. gratefully acknowledges the contributions and commitment of those plastic surgeons who served as Question Writers for the Written Examination and Hand Examination and those who served as Examiners and Evaluators for the Oral Examination.

**2007 WRITTEN EXAMINATION**

**QUESTION WRITERS**

- Richard E. Brown
- Steven R. Buchman
- Michael G. Cedars
- James Chang
- Kevin C. Chung
- Mark A. Codner
- Lawrence B. Colen
- Nelson H. Goldberg
- Arun K. Gosain
- Robert J. Havlik
- William Y. Hoffman
- Robert J. Havlik
- Arun K. Gosain
- Nelson H. Goldberg
- Lawrence B. Colen
- Mark A. Codner
- Kevin C. Chung
- Mark A. Codner
- John J. Coleman
- III
- E. Dale Collins
- Vincent R. Hentz
- Clyde J. Ikeda
- David C. Kim
- L. Scott Levin
- John W. Sapp
- Douglas E. Sunde
- William M. Swartz
- Thomas A. Wiedrich
- Peter G. Cordeiro
- Bruce L. Cunningham
- Joseph J. Disa
- Gregory A. Dumanian
- Lester F. Elliott
- Eberhoiser
- Gregory R. D. Evans
- Julius W. Few, Jr.
- Jack A. Friedlander
- Roberta L. Gartside
- Kenna S. Given
- Nelson H. Goldberg
- Gayle M. Gordillo
- Arun K. Gosain
- Lawrence J. Gottlieb
- Bahman Guyuron
- Elizabeth J. Hal-Findlay
- Juliana E. Hansen
- Robert A. Hardesty
- Robert J. Havlik
- Vincent R. Hentz
- T. Roderick Hester, Jr.
- Larry H. Hollier, Jr.
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- Glenn W. Jeiks
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- Perry J. Johnson
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- William M. Kuizon Jr.
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- David L. Larson
- Mark D. Larson
- W. Thomas Lawrence
- W. P. Andrew Lee
- L. Scott Levin
- Victor L. Lewis, Jr.
- Kant Yuan-Kai Lin
- Joseph E. Losee
- Edward A. Luce
- Dennis J. Lynch
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- Robert L. McCauley
- Mary H. McGrath
- Michael F. McGuire
- Michael J. Miller
- Roger C. Mixter
- Raymond F. Morgan
- Robert X. Murphy, Jr.
- Thomas A. Mustoe
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- Robert C. Russell
- A. Michael Sadove
- Warren V. Schubert
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- William M. Swartz
- Seth R. Thaller
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- Allen L. Van Beek
- Henry C. Vasconez
- Nicholas B. Vedder
- Robert D. Wallace
- Robert L. Walton, Jr.
- Richard J. Warren
- James H. Wells
- Mark D. Wells
- S. Anthony Wolfe
- William A. Wooden
- N. John Youssif
- Jack C. Yu
- Richard J. Zienowicz
- James E. Zins
- Elvin G. Zook

**2007 HAND EXAMINATION**

**CONSULTANTS**

- Robert J. Havlik

**2007 ORAL EXAMINATION**

**EXAMINERS AND EVALUATORS**

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- Deborah S. Bash
- Elisabeth K. Beahm
- Michael L. Bentz
- Samuel J. Beran
- Steven J. Blackwell
- Gregory R. D. Evans
- John W. Canady
- Eugene C. Carroccia
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- Bala S. Chandrasekhar
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- Kevin C. Chung
- Mark A. Codner
- John J. Coleman, III
- E. Dale Collins

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Last Row – Jeffrey B. Matthews, M.D., W. P. Andrew Lee, M.D., William M. Swartz, M.D., Vincent R. Hentz, M.D., Gregory R. D. Evans, M.D., James H. Wells, M.D.

(Missing from the photo is Walter L. Erhardt, Jr., M.D.)
Dr. Bentz is Professor of Surgery, Pediatrics and Neurosurgery at the University of Wisconsin-Madison, where he serves as Chairman of the Division of Plastic Surgery and Vice Chairman of Clinical Affairs for the Department of Surgery. He graduated from Temple University School of Medicine, where he also completed a General Surgery Residency. Following a Research Fellowship and Plastic Surgery Residency at the University of Pittsburgh, he joined the Pitt faculty where he served as Residency Program Director until leaving for Wisconsin in 1999. His academic contributions include serving as editor of the textbook “Pediatric Plastic Surgery” and co-editor of the new textbook “Principles and Practice of Pediatric Plastic Surgery”. He has served as Chairman of the Plastic Surgery Section of the American Academy of Pediatrics, President of the American Association of Pediatric Plastic Surgeons, President of the Midwestern Association of Plastic Surgeons, as well as Member at Large of the Association of Academic Chairman of Plastic Surgery. He currently serves as Plastic Surgery Representative to the Resident Education Committee of the American College of Surgeons, and Trustee of the American Association of Plastic Surgeons. His clinical focus is on pediatric plastic surgery, and reconstructive plastic surgery in children and adults. Dr. Bentz has a significant interest in international plastic surgery clinical care and education in Nicaragua.

Dr. Brandt is the William G. Hamm Professor and Program Director at Washington University, St. Louis. He arrived at Washington University in 1999 after serving on the faculty at the University of Texas – Houston Medical School and as Clinical Faculty at the MD Anderson Cancer Center from 1993 to 1999. He received his medical degree from U.T. – Houston and then completed residencies in General Surgery at the University of Nebraska, Plastic Surgery at the University of Tennessee and a Hand and Microsurgery Fellowship at Washington University, St. Louis. Dr. Brandt is currently Secretary of the American Association for Hand Surgery, Treasurer of the American Society for Reconstructive Microsurgery and is Past President of the American Society for Peripheral Nerve. He serves on the Editorial Boards of Plastic and Reconstructive Surgery and the Journal of Reconstructive Microsurgery. His clinical interests include reconstructive microsurgery, breast reconstruction, hand and peripheral nerve reconstruction. He has run 13 marathons in the past five years and survived.

Dr. Matthews is the Board’s representative from the American Board of Surgery. He is the Dallas B. Phemister Professor and Chair, Department of Surgery, The University of Chicago. An honors graduate of Harvard College and Harvard Medical School, he completed residency training at Boston’s Beth Israel Hospital and a hepatobiliary surgery fellowship at the University of Bern, Switzerland. He served as Associate Professor of Surgery at Harvard Medical School and Chief, Division of General and Gastrointestinal Surgery at Beth Israel Deaconess Medical Center prior to becoming the Christian R. Holmes Professor and Chairman of the Department of Surgery at the University of Cincinnati, a position he held for five years. He specializes in pancreatic, hepatobiliary, and gastrointestinal surgery. He is certified in general surgery by the American Board of Surgery. He directs a research and training program supported by the National Institutes of Health (NIH) to study the fundamental biologic basis of surgical diseases of the gastrointestinal tract. He is author of over 150 original articles and scientific publications, and currently serves on the editorial boards of American Journal of Physiology, Annals of Surgery, Archives of Surgery, Journal of Gastrointestinal Surgery, Journal of Surgical Research, and Surgery.

Dr. Matthews is a Director of the American Board of Surgery. He is past-President of the Society of University Surgeons and past-Treasurer of the Society for Surgery of the Alimentary Tract. He is a member of the American Society for Clinical Investigation. He has served on NIH and Veteran’s Administration panels and recently chaired Scientific Review Committee C at the NIH.

Dr. Wells received his medical degree from the University of Texas Medical Branch, Galveston, in 1966. He completed General Surgery residency at Ochsner Foundation Hospital in New Orleans. He then served as Senior Medical Officer on the USS Midway during the final years of the Vietnam conflict, receiving two Naval Commendation medals. He completed his plastic surgery training at the University of Virginia in Charlottesville. Dr. Wells then joined the full time faculty at The Johns Hopkins Hospital in charge of the craniofacial program. He was a consultant to the Maryland Institute for Emergency Medicine and Co-Director of the Burn Unit at Baltimore City Hospital. Dr. Wells has been in private practice in Long Beach, California since 1979. He is currently Program Director at Long Beach Memorial Medical Center (LBMMC) for UCI rotating plastic surgery residents. He is on the Board of Directors at LBMMC and is Past President of the California Society of Plastic Surgeons and the American Society of Plastic Surgeons (ASPS). He established the “Patients of Courage” award during his ASPS presidency and has been honored by ASPS with a Presidential Citation for his role in developing young leaders. He served on the Advisory Council of the Board for six years and has been an oral examiner for the past 10 years.
## EXAMINATION STATISTICS

### WRITTEN EXAMINATION

#### Written Examination Failure Rates 1997-2007

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### ORAL EXAMINATION

#### Oral Examination Failure Rates 1997-2007

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<tr>
<td>1997</td>
<td>268</td>
<td>220</td>
<td>48</td>
<td>17.9%</td>
</tr>
<tr>
<td>1998</td>
<td>245</td>
<td>205</td>
<td>40</td>
<td>16.3%</td>
</tr>
<tr>
<td>M'99</td>
<td>215</td>
<td>188</td>
<td>27</td>
<td>12.6%</td>
</tr>
<tr>
<td>S'99</td>
<td>203</td>
<td>170</td>
<td>33</td>
<td>16.3%</td>
</tr>
<tr>
<td>2000</td>
<td>279</td>
<td>227</td>
<td>52</td>
<td>18.6%</td>
</tr>
<tr>
<td>2001</td>
<td>236</td>
<td>182</td>
<td>54</td>
<td>22.9%</td>
</tr>
<tr>
<td>2002</td>
<td>222</td>
<td>192</td>
<td>30</td>
<td>13.5%</td>
</tr>
<tr>
<td>2003</td>
<td>206</td>
<td>173</td>
<td>33</td>
<td>16.0%</td>
</tr>
<tr>
<td>2004</td>
<td>209</td>
<td>169</td>
<td>40</td>
<td>19.1%</td>
</tr>
<tr>
<td>2005</td>
<td>203</td>
<td>162</td>
<td>41</td>
<td>20.2%</td>
</tr>
<tr>
<td>2006</td>
<td>241</td>
<td>198</td>
<td>43</td>
<td>17.8%</td>
</tr>
<tr>
<td>2007</td>
<td>228</td>
<td>180</td>
<td>49</td>
<td>21.4%</td>
</tr>
</tbody>
</table>

### DIPLOMATES CERTIFIED OVER 10 YEARS

#### Diplomates 1997-2007

### RECERTIFICATION AND MOC-PS PROGRAM EXAMINATION

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Takers</th>
<th>Pass</th>
<th>Fail</th>
<th>%Fail</th>
<th>Total Takers LCH (Lifetime)</th>
<th>Total Takers TLC (Time-Limited)</th>
<th># LCH Fail</th>
<th>#TLC Fail</th>
<th>% Time Limited Fail of All Takers</th>
<th>with SOTH Sub-Cert</th>
<th>Total # Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>102</td>
<td>99</td>
<td>3</td>
<td>2.9%</td>
<td>20</td>
<td>82</td>
<td>1</td>
<td>2</td>
<td>2.0%</td>
<td>4</td>
<td>103</td>
</tr>
<tr>
<td>2004</td>
<td>122</td>
<td>118</td>
<td>4</td>
<td>3.3%</td>
<td>9</td>
<td>113</td>
<td>0</td>
<td>4</td>
<td>3.3%</td>
<td>11</td>
<td>129</td>
</tr>
<tr>
<td>2005</td>
<td>159</td>
<td>151</td>
<td>8</td>
<td>5.0%</td>
<td>3</td>
<td>156</td>
<td>0</td>
<td>8</td>
<td>5.0%</td>
<td>5</td>
<td>158</td>
</tr>
<tr>
<td>2006*</td>
<td>152</td>
<td>141</td>
<td>11</td>
<td>7.2%</td>
<td>2</td>
<td>151</td>
<td>0</td>
<td>11</td>
<td>7.2%</td>
<td>15</td>
<td>156</td>
</tr>
<tr>
<td>2007</td>
<td>216</td>
<td>204</td>
<td>12</td>
<td>5.6%</td>
<td>0</td>
<td>216</td>
<td>0</td>
<td>12</td>
<td>5.6%</td>
<td>20</td>
<td>224</td>
</tr>
<tr>
<td>ALL</td>
<td>751</td>
<td>713</td>
<td>38</td>
<td>5.8%</td>
<td>34</td>
<td>718</td>
<td>1</td>
<td>37</td>
<td>5.5%</td>
<td>55</td>
<td>768</td>
</tr>
</tbody>
</table>

*1 de-listed for ethics issues
EXAMINATION STATISTICS

CERTIFICATE IN THE SUBSPECIALTY OF SURGERY OF THE HAND - SOTH

![Certification in the Subspecialty of Surgery of the Hand Failure Rates]

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TAKERS</th>
<th>PASS</th>
<th>FAIL</th>
<th>% FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>37</td>
<td>24</td>
<td>13</td>
<td>35.1%</td>
</tr>
<tr>
<td>1997</td>
<td>28</td>
<td>22</td>
<td>6</td>
<td>21.4%</td>
</tr>
<tr>
<td>1998</td>
<td>17</td>
<td>13</td>
<td>4</td>
<td>23.5%</td>
</tr>
<tr>
<td>1999</td>
<td>22</td>
<td>21</td>
<td>1</td>
<td>4.5%</td>
</tr>
<tr>
<td>2000</td>
<td>39</td>
<td>38</td>
<td>1</td>
<td>2.6%</td>
</tr>
<tr>
<td>2001</td>
<td>19</td>
<td>15</td>
<td>4</td>
<td>21.1%</td>
</tr>
<tr>
<td>2002</td>
<td>17</td>
<td>13</td>
<td>4</td>
<td>23.5%</td>
</tr>
<tr>
<td>2003</td>
<td>13</td>
<td>11</td>
<td>2</td>
<td>15.4%</td>
</tr>
<tr>
<td>2004</td>
<td>18</td>
<td>15</td>
<td>3</td>
<td>16.7%</td>
</tr>
<tr>
<td>2005</td>
<td>13</td>
<td>9</td>
<td>4</td>
<td>30.8%</td>
</tr>
<tr>
<td>2006</td>
<td>11</td>
<td>10</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>2007</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>37.5%</td>
</tr>
</tbody>
</table>

CERTIFICATE OF RECERTIFICATION IN THE SUBSPECIALTY OF SURGERY OF THE HAND - SOTH

![Recertification in the Subspecialty of Surgery of the Hand Failure Rates]

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TAKERS</th>
<th>PASS</th>
<th>FAIL</th>
<th>% FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>11</td>
<td>10</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>1998</td>
<td>15</td>
<td>14</td>
<td>1</td>
<td>6.7%</td>
</tr>
<tr>
<td>1999</td>
<td>26</td>
<td>23</td>
<td>3</td>
<td>11.5%</td>
</tr>
<tr>
<td>2000</td>
<td>25</td>
<td>22</td>
<td>3</td>
<td>12.0%</td>
</tr>
<tr>
<td>2001</td>
<td>23</td>
<td>21</td>
<td>2</td>
<td>8.7%</td>
</tr>
<tr>
<td>2002</td>
<td>28</td>
<td>21</td>
<td>7</td>
<td>25.0%</td>
</tr>
<tr>
<td>2003</td>
<td>28</td>
<td>21</td>
<td>7</td>
<td>25.0%</td>
</tr>
<tr>
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<td>9</td>
<td>20.5%</td>
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<tr>
<td>2005</td>
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<td>13</td>
<td>9</td>
<td>40.9%</td>
</tr>
<tr>
<td>2006</td>
<td>24</td>
<td>19</td>
<td>5</td>
<td>20.8%</td>
</tr>
<tr>
<td>2007</td>
<td>32</td>
<td>24</td>
<td>8</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

2008 EXAMINATION DATES & LOCATIONS

**MOC-PS**
Computer Based Test – at Prometric Test Centers throughout the United States and Canada – April 1, 2008 through April 30, 2008

**Hand Surgery Examination and Hand Surgery Recertification Examination**
Computer Based Test - at Prometric Test Centers throughout the United States and Canada – August 2, 2008 to August 30, 2008

**Written Examination**
Computer Based Test – at Prometric Test Centers throughout the United States and Canada - Monday, October 20, 2008

**Oral Examination**
Thursday, Friday & Saturday, November 13, 14, 15, 2008 in Phoenix, Arizona

VISIT www.abplsurg.org
CONGRATULATIONS TO OUR NEW BOARD DIPLOMATES

The American Board of Plastic Surgery certified 180 diplomates in November 2007. Result letters were mailed on January 9, 2008. To date, the Board has certified 7,381 plastic surgeons.

Anthony Allan Admire
Nadia Shahbano Afridi
Siamak Agha-Mohammadi
David Andrew Altamira
Tanya Aya Atagi
Mark Steven Barlow
Donald Peter Baumann
Mary Susann Bedford
Ksenija Belisly
Joseph Christopher Berardi
Walter Lang Bernacki
Amardip Singh Bhuller
Matthew Joseph Bonanno
Gregory Howard Borschel
Brian Michael Braithwaite
Kevin Alan Brenner
Reuben Allen Bueno, Jr.
John Joseph Bulger
Anthony Mehdi Zacharek
Jennifer Newman Keagle
Hisham Mohamed Seify Abdel kader
Jason Adam Spector
Craig Allen Staebel
Matthew Howard Steele
Earl Stephenson, Jr.
Sarah Ann Fried
Chau Yu Tai
Kevin Tehrani
Umeng David Thao
John Michael Thomassen
James Thomas Thompson, II
Brian Patrick Thornton
Christopher Keoni Tiner
Jeffrey Andrew Umansky
John Ananda vanAalst
Stephen J. Vega
Devdas Wali
Stephen Michael Warren
Jonathan Seth Wilensky
Steven Harrison Williams
Randolph Wojcik, Jr.
Albert Suk Won Woo
Sean Anthony Wright
Liza C. G. Wu
Jeffrey Scott Yager
Anthony Mehdi Zacharek
Michael Zarrabi

Hampton Alexander Howell
Georgeanna Jane Huang
Kathy Huang
John Stewart Humphrey
Craig Arthur Hurst
Joshua B. Hyman
Casey Nathan Isem
Jason Michael Jack
Yerson Jaibaji
Colleen Jane Jambor
Sameer Subhash Jejurikar
Timothy Shane Johnson
Justin Michael Jones
Matthew Roy Kaufman
Fatema Rashid Kazmier
Jennifer Newman Keagle
Angela Margaret Keen
Marwan Khalifeh
Kenneth Kwanyoung Kim
Mary Tscho Kim
Steve Seog Kim
Ravi Veeramasuneni Kiran
Mark Anthony Knight
Ewa Dagmara Komorowska-Timek
Robert Charles Kratschmer, III
Shashidhar Kusuma
Jeffrey Raymond LaGrasso
Bruce Victor Lattjak
Hop Nguyen Le
Mimi Leong
Scott David Lifchez
Andrew Michael Lopman
Kimberly Kwei-Mei Lu
Joel Patrick Maier
David Woodbridge Mathes
Sarah Elizabeth McMillan
Ricardo Alberto Meade
John Clinton Merrick
Sarah Ann Mess
Wong Kyun Moon
David Erik Morris
Arian S. Mowla
Bradley Pierce Mudge
Michael William Nagy
Brad Nanigian
Adam Garrett Newman
Martin I. Newman
Trung David Duc Nguyen
Albert Kim Oh
Anise O. Okpaku
Robert Irwin Oliver, Jr.
Michael James Orseck
Kenneth John Ortiz
Srdjan Andrei Ostric
Deborah Pan
Gregory Charles Park
Wendy Lynne Parker
Ziv Mani Peled
Jason Kyle Potter
Rhoda Lynne Powell
Guillermo Quetell
Shahrad Rady Rahban
Heidi Regenass
Russell Roger Reid
Elan Resin
Thomas Jon Rishaw
Christine Hsu Rohde
Laurence Zalmon Rosenberg
Silvia Cristina Rotenberg
Samuel Jonathan Roy
Hakim Kassim Said
Gabriel Ellis Salloum
Alberto Sergio Santibanez-Gallerani
Bradley Kirk Schafer
Rodney Evan Schmelzer
Alexandra Kurland Schmidek
Tabitha Schmidt-Krings
Wesley Gordon Schooler
Matthew Ross Schulman
Hisham Mohamed Seify Abdel kader
Nathan Alexander Sewell
Sheel Sharma
Elizabeth Marie Sieczka
Steve Reyes Sigalove
Richard Simman
Sean Adam Simon
Jaromir Siama
Adrian Russell Smith
Steven Scott Smith
Mary Colleen Snyder
Ned Snyder, IV
Alfred Sofer
Jason Adam Spector
Craig Allen Staebel
Matthew Howard Steele
Earl Stephenson, Jr.
Joel Melford Stewart, Jr.
Chau Yu Tai
Kevin Tehrani
Umeng David Thao
John Michael Thomassen
James Thomas Thompson, II
Brian Patrick Thornton
Christopher Keoni Tiner
Jeffrey Andrew Umansky
John Ananda vanAalst
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Steven Harrison Williams
Randolph Wojcik, Jr.
Albert Suk Won Woo
Sean Anthony Wright
Liza C. G. Wu
Jeffrey Scott Yager
Anthony Mehdi Zacharek
Michael Zarrabi
CONGRATULATIONS TO OUR DIPLOMATES WHO PARTICIPATED IN THE MAINTENANCE OF CERTIFICATION PROGRAM (MOC-PS)

In April 2007, 204 diplomates successfully completed the first MOC-PS cognitive examination in addition to 20 diplomates using the Surgery of the Hand Examination or Surgery of the Hand Recertification Examination (SOTH) to complete the process. To date, 545 diplomates have been recertified including 55 via SOTH.

In 2007, The American Board of Plastic Surgery, Inc. certified 5 diplomates in SOTH and recertified 24 diplomates in SOTH. To date the Board has certified 592 diplomates and has recertified 226 diplomates in Hand Surgery.

CONGRATULATIONS To Our Diplomates who were Certified or Recertified in the Subspecialty of Surgery of the Hand (SOTH)

In 2007, The American Board of Plastic Surgery, Inc. certified 5 diplomates in SOTH and recertified 24 diplomates in SOTH. To date the Board has certified 592 diplomates and has recertified 226 diplomates in Hand Surgery.
The ABMS MOC™ Starmark demonstrates your commitment to lifelong learning and self-assessment in order to improve healthcare quality.

Log in to your Physician Profile, MOC-PS, tab on the ABPS website and review the ABMS usage guidelines carefully before downloading the logo and applying it to your practice website, letterhead or brochures.

It is important that Diplomates follow the general usage guidelines for the ABMS MOC™ Starmark exactly to maintain the integrity of the ABMS MOC™ program.

The goal of maintaining certification is to verify that the level of achievement demonstrated on the initial certification examination is being maintained over a period continually.

Diplomates certified in 1999 must complete the MOC-PS application, case list and CBT by 2009 to avoid loss of certification. If you have not yet completed the MOC-PS process in 2007 and have not submitted an application for the 2008 MOC-PS program, you MUST complete the program in 2009. Please put the deadlines listed below on your calendar for the April 2009 examination. Diplomates certified by the Board in 1999, 2000 and 2001 will be sent 2009 MOC-PS Application Material in March 2008. Lifetime certificate holders interested in the 2009 program can e-mail a request for the on-line process, including full name and address to peer@abplsurg.org.

Important 2009 MOC-PS Program Deadline Dates

**January 1, 2008 – June 30, 2008**

On-line case collection period – The Board’s clinical case log.

**March 2008**

Clinical Case Log available on-line

**April 30, 2008**

Deadline for requests of on-line Application Material

**July 1, 2008**

Application available on-line

**September 2, 2008 – On-line Applications finalized**

- Application Form completed and finalized through the Board’s website
- Clinical Case Log completed and finalized through the Board’s website
- Registration Fee of $500.00
- All other required documents

**November 30, 2008 – On-line Reply Forms**

- Application Approval Letters
- Examination Announcement Letters
- Module Assignment
- Reply Forms

**January 16, 2009 – Due On-line**

Reply Forms, Examination Fee of $1,000.00 and all other required documents

**March 2, 2009 – Mailed from Board Office**

Scheduling Permits (orange)

**April 1 – April 30, 2009**

MOC-PS Program Computer Based Test

**July 2009 – Mailed from Board Office**

Result Letters

**December 2009 – Certificates Mailed from Board Office**

Certificates mailed to Diplomates whose primary certificate expires in 2009 and who completed the MOC-PS Program

RevokeD Certificates

The Board continues to review and assess diplomates who have had sanctions, revocations, etc. of state medical licenses. In 2007, one ABPS certificate was revoked. *Two revocations are included that were not previously reported.


To date, a total of 58 certificates have been revoked.

**2008 Diplomate Dues and MOC-PS Annual Fee**

Enclosed is one of two forms: a 2008 Diplomate Dues Remittance Form for Lifetime Certificate Holders or the 2008 MOC-PS Annual Fee Remittance Form for Time Dated Certificate Holders.

The MOC-PS Fee is mandatory for diplomates with time-limited certificates who are participating in the MOC-PS Program. The Diplomate Dues of $200.00 is requested of lifetime certificate holders who elect not to participate in MOC-PS. The Board greatly appreciates the response from the 75% of our diplomates who have participated in the dues request since 1999.

Time-limited Certificate Holders – Log in to your physician profile to complete the form on-line and pay by credit card. You must use your username and password. If you have not already created a username and password, your username is your six digit board number which can be found on the remittance form. Your password is your last name (this is case sensitive, first letter should be capitalized, e.g., Smith.)

Lifetime Certificate Holders – Preferred method is by credit card, however, you may complete the form and forward a check for $200.00 made payable to The American Board of Plastic Surgery, Inc. and return to the Board Office by April 15, 2008.

The ongoing support of the Diplomate Dues request has been gratifying. The income from the dues has greatly assisted the Board in its operations and its mission, and has been especially helpful in defense of the standards represented by the ABPS certificate and in development of web-based procedures.

PDF Help

The Board Office recommends the following resources to our diplomates:

- Locate a copier that will scan to PDF format. Many copiers, scanners, and fax machines have this capability.
- Scan a letter or picture of a document (jpeg format) and upload it to www.pdfonline.com. At no charge, they will e-mail it to you as a PDF file.
- Convert paper documents offline to a PDF file and e-mail them to you. (You must have access to a copier that can produce a PDF). Save the PDFs to your desktop so you can browse and upload the file to the Board’s website.
- Those who receive faxes as digital fax images can "print to PDF" if available technology is present.
- Last resort – go to an Office Supply store with the paper documents and for a nominal fee, they can provide the individual PDF’s to you on a CD you can use to upload.

For technical support for upload functions for applications, reply forms or practice assessment (PA-PS) please contact Web Data Solutions at support@dataharborsolutions.com or at 312-944-0642 (M-F 9:00 am – 5:00 pm CST).