



American Board of Neurological Surgery update

KARI BERGMANN
SUSAN BUTTERBAUGH

www.abns.org



Mission

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 serve the cause of public health.



Diplomates

- 8,851 total diplomates (1940)
- 6,474 active diplomates
 - 2,557 time-unlimited
 - 3,917 10-year renewable
- 118 ACGME training programs
 - 1,660 Neurosurgery residents

ABNS Administration



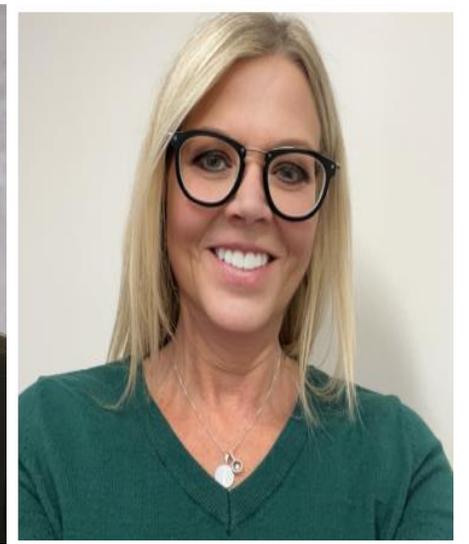
Leann Lepa
CAST
Administrator



James Kester
Systems Administrator



Faith Aranguren
RFP Administrator



Pam Needham
CC Administrator



Kari Bollerman
ABPNS Administrator



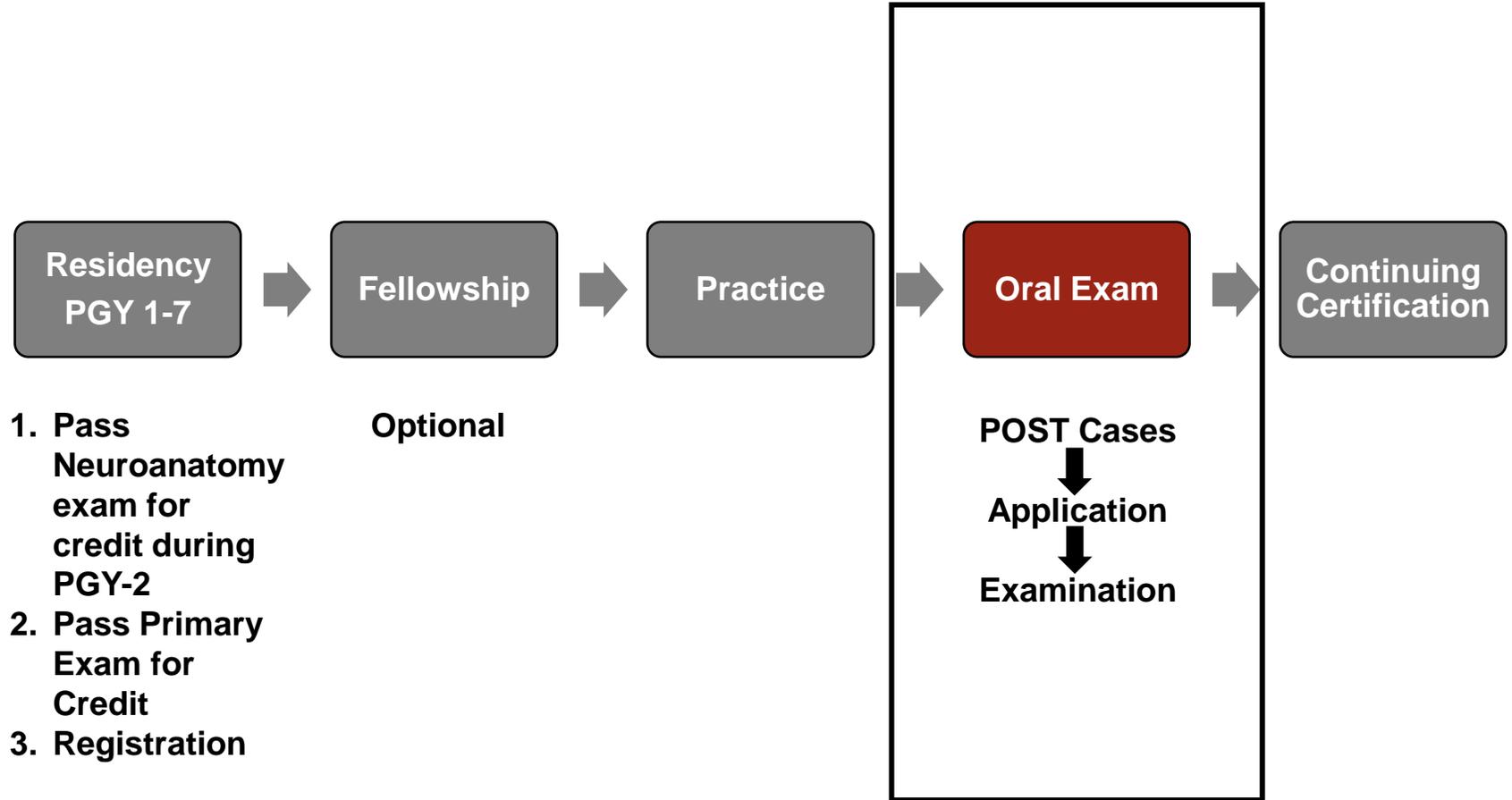
Susan Butterbaugh
Certification
Administrator



Kari Bergmann
Operations & Residency
Administrator



Path to certification

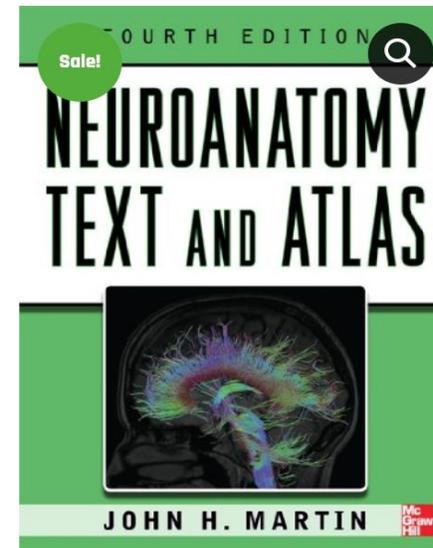
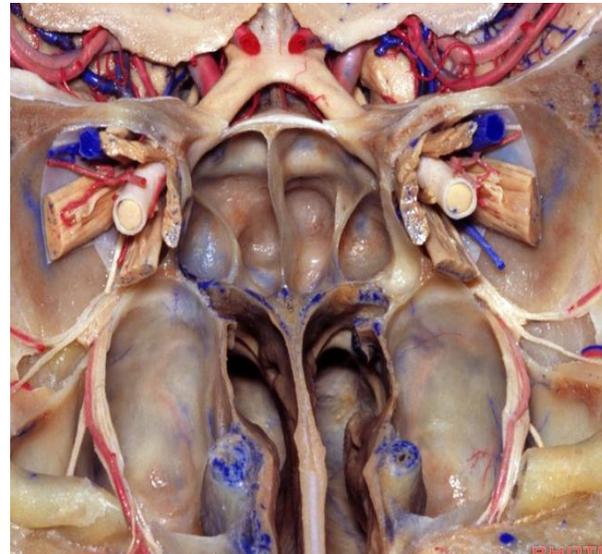
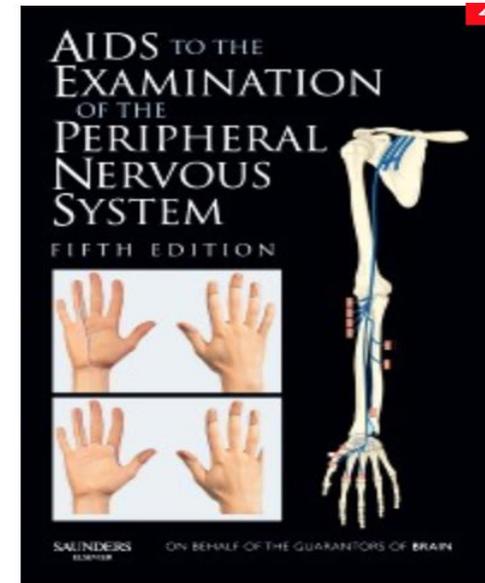


Neuroanatomy Exam

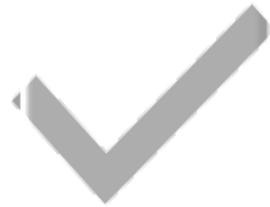
MASTERY EXAM

- 100 Questions
- 90% = Mastery
- 4 Attempts to Master
- Remediation with program if not mastered by May 31
 - Re-register and try again

• After July 1, 2025, residents must master neuroanatomy before taking the primary exam for credit



Neuroanatomy Examination



Neuroanatomy exam mastery is recommended by the end of PGY-2



Designed for clinical relevance



After July 1, 2025, mastery required before taking primary examination for credit



Thank you to AANS for sponsoring website used by all neurosurgical residents

A large commercial airplane is shown from a low angle, positioned on a runway. The aircraft's wings, engines, and tail are visible. The background is a bright, hazy sky. A solid red horizontal bar runs across the bottom of the image.

**Primary Exam
is now a Mastery Exam**

Primary Exam Features



Secure	<ul style="list-style-type: none">■ No technical or security issues
Evolving	<ul style="list-style-type: none">■ 249 new questions vetted
Relevant	<ul style="list-style-type: none">■ Monitoring of questions for relevance
Quality	<ul style="list-style-type: none">■ 133/249 questions accepted■ Questions rejected: not clinically relevant, factoid, poorly written
Continuous Reassessment	<ul style="list-style-type: none">■ Rigorous quality control before and after exam■ Post examination evaluation of question performance results in elimination of another 5-15 questions

Primary Exam



2024

- 884 examinees
 - 252 credit
 - 632 self-assessment
- Credit candidate fail rate was 2.9% (N = 6)
- Minimum passing (% correct) = 78%
 - 72% in 2023
- After release of question stems, test scores are not directly comparable to prior years due to new standard settings

Primary Exam

Exam Evolution

- Standard setting performed periodically for next several years.
- Passing scores evolve with standard setting
- Residents **MUST** pass the written examination for credit prior to Chief Resident Year whether that year is PGY-6 or PGY-7 (as of July 1, 2023)



Fellowships

ABNS recognizes enfolded fellowships completed in PGY-7 after Chief Residency in the PGY-6 year

Two Exceptions:

- Neurocritical care: enfolded fellowships may be taken before Chief Resident year
- CNS endovascular training: initial training experience in the angiography may occur prior to the Chief Resident year.
 - Year 2 of CNS endovascular interventional training must occur after the Chief Resident year
- A fellowship may be required for ABMS Recognition of Focused Practice
 - See individual Recognition of Focused Practice requirements



Tracking Towards Certification



Registration

Activate Key Login

 The American Board of Neurological Surgery®
Member Board of the American Board of Medical Specialties

ABOUT ▾ EXAM SCHEDULE FIND A NEUROSURGEON CERTIFICATION ▾ CONTINUOUS CERTIFICATION ▾ ABNS FEES ▾ LEARNING TOOLS AND EXAMS CATALOG 🔍 🏠

Application Deadlines

<input type="checkbox"/> 2016	December 31, 2020
<input type="checkbox"/> 2017*	December 31, 2020
<input type="checkbox"/> 2018	December 31, 2021
<input type="checkbox"/> 2019	December 31, 2022
<input type="checkbox"/> 2020	December 31, 2023
<input type="checkbox"/> 2021	December 31, 2023

Registration must occur before completion of residency training to be Board Eligible

★ Once candidates have finished logging practice data they should submit it to the ABNS board and begin work on the application for oral examination and certification. The online application provides candidates with a centralized application portal where they can submit their application, upload supporting materials including the business associate agreement (link below), make credit card payment, request reference letters and check on the status of their application at any time. The new online system will streamline the application process and expedite ABNS credential committee review.

- [Application for oral examination and certification](#)

The business associate agreement should be downloaded, completed and uploaded with

New features are being added to MyABNS! If you experience any issues, please email us at support@abnslearning.com or call our support team at 1-855-494-5033.

ABNS POST

Pactice and Outcomes of Surgical Therapies

- Started March 2018
- Case Log: 125 consecutive cases
- Enter 10 cases within 6 months of training completion:
"tracking towards Certification" i.e. Board Eligible



[Activate Key](#) [Login](#)



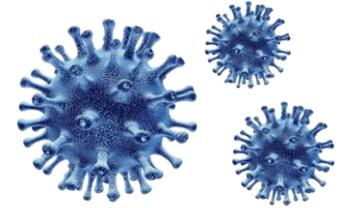
The American Board of Neurological Surgery®
Member Board of the American Board of Medical Specialties

[ABOUT](#) [EXAM SCHEDULE](#) [FIND A NEUROSURGEON](#) [CERTIFICATION](#) [CONTINUOUS CERTIFICATION](#) [ABNS FEES](#) [LEARNING TOOLS AND EXAMS CATALOG](#) [SEARCH](#) [LOCK](#)

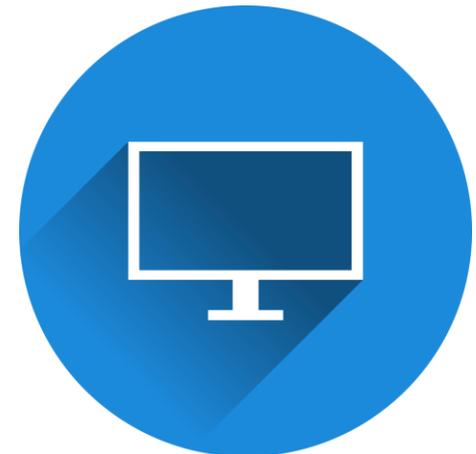
ABNS Post

Oral Examination

Administered virtually since November 2020



- Examinees virtual
- Directors on site
- Examiners on site
- New Guest Examiner development program
- Observers



ABNS POST

Pactice and
Outcomes of
Surgical
Therapies



Data collected

- Candidate
- NPI number
- Training program
- Written boards scores
- Fellowship/Subspecialty
- Practice type
- Practice location
- ABNS POST case content
- Oral boards results

ABNS POST

Pactice and
Outcomes of
Surgical
Therapies



Potential analytics

- **Diplomate demographic trends**
- **Training-related**
- **Quality-related**
- **Subspecialty-related**
- **Management improvement**
- **POST-related improvements**

ABNS POST

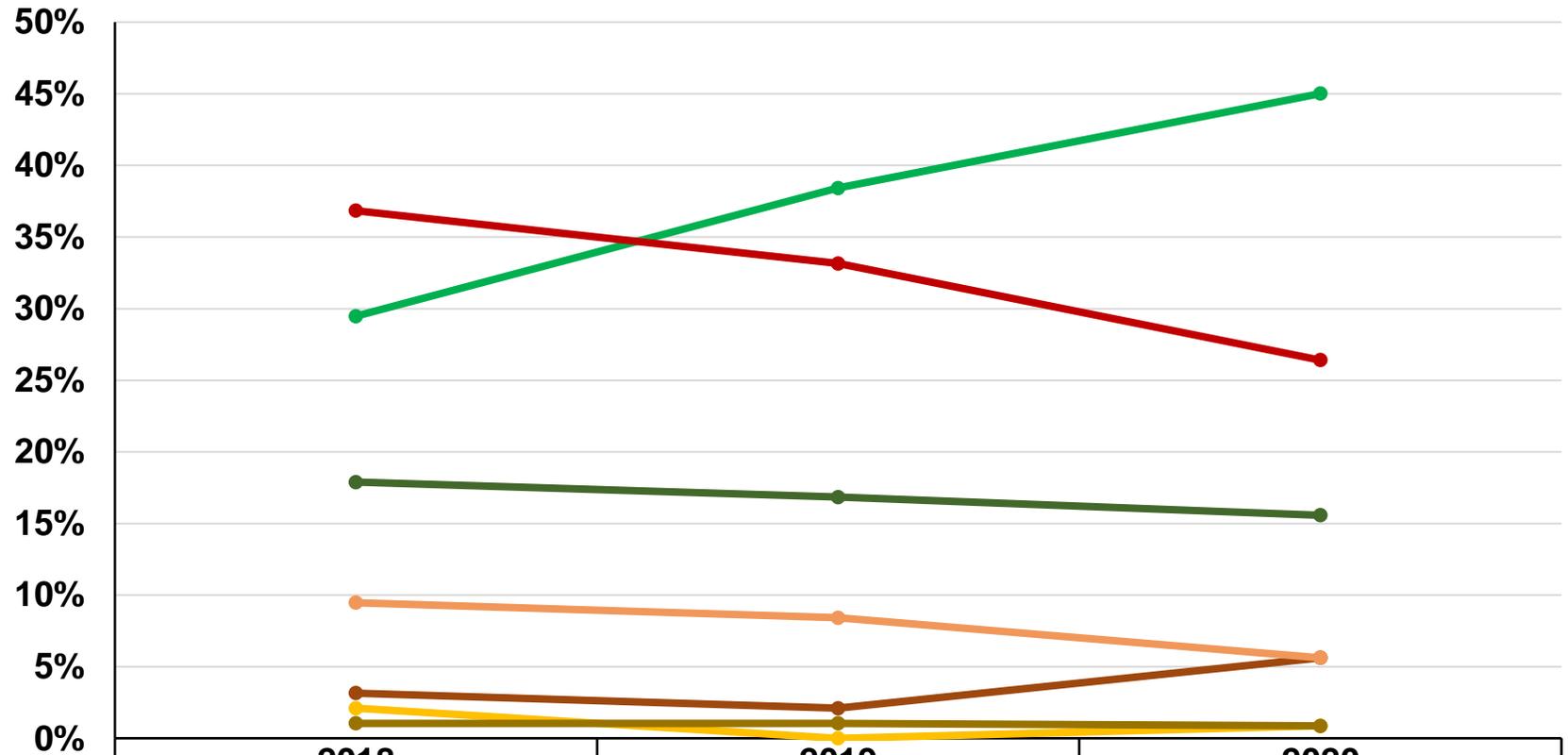
Pactice and Outcomes of Surgical Therapies



Current status

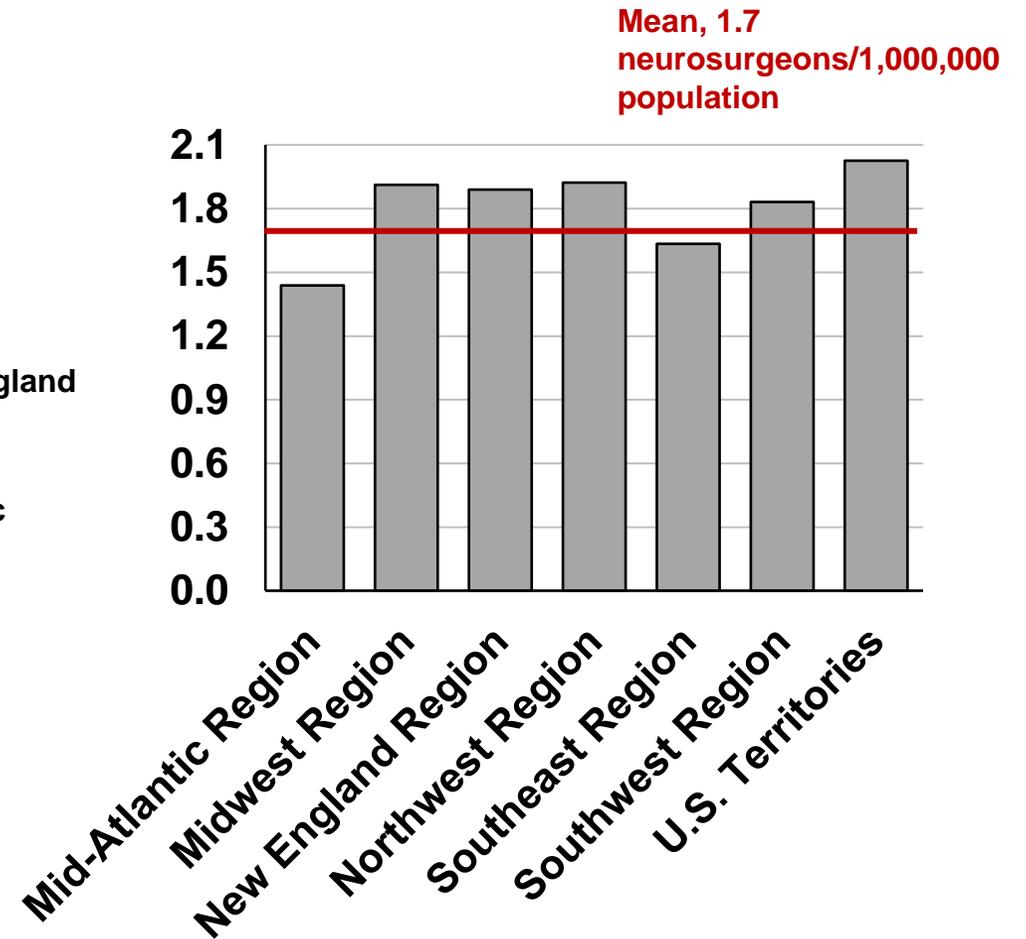
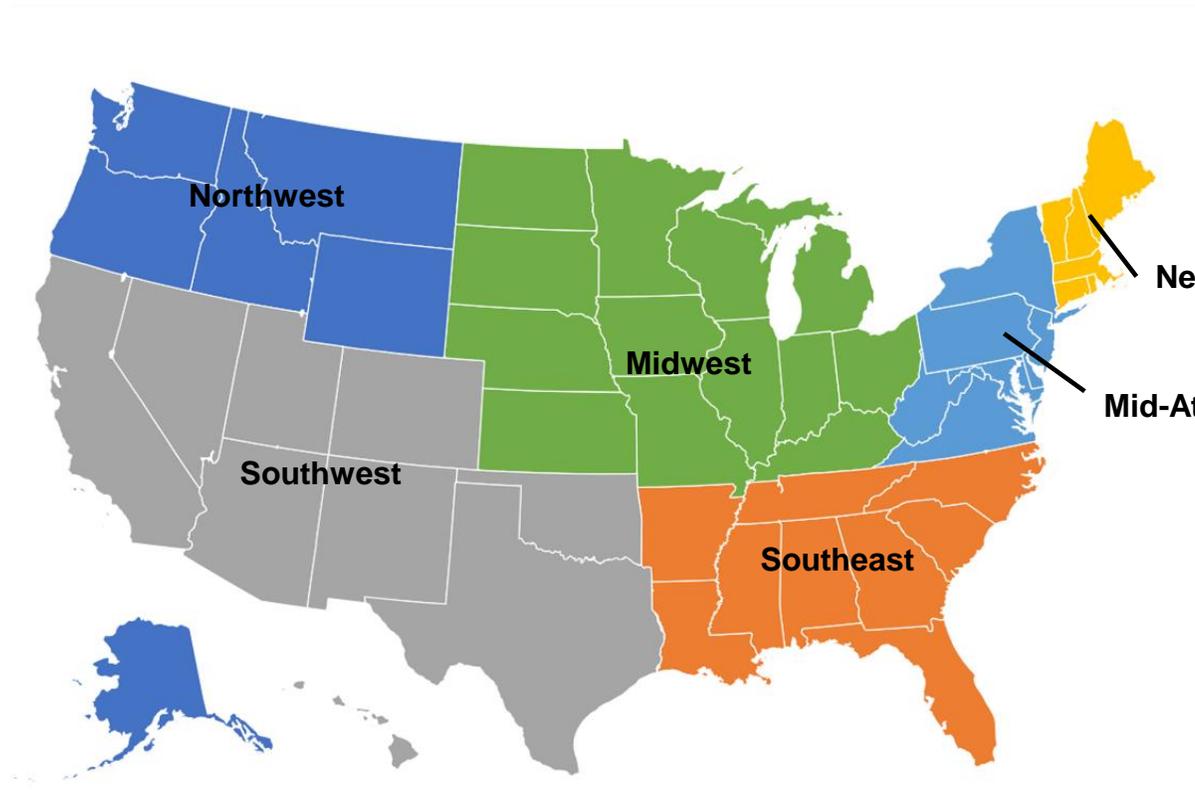
- **70,913 adult cases in POST**
 - 29,166 Cranial cases (41%)
 - 39,592 Spinal cases (56%)
 - 1,274 Peripheral nerve cases (2%)
 - 738 Other cases (1%)
- **11,621 pediatric cases in POST**
 - 9,118 Cranial cases (79%)
 - 2,320 Spinal cases (20%)
 - 135 Other cases (1%)
 - 48 Peripheral nerve cases (0.5%)

Candidate Practice

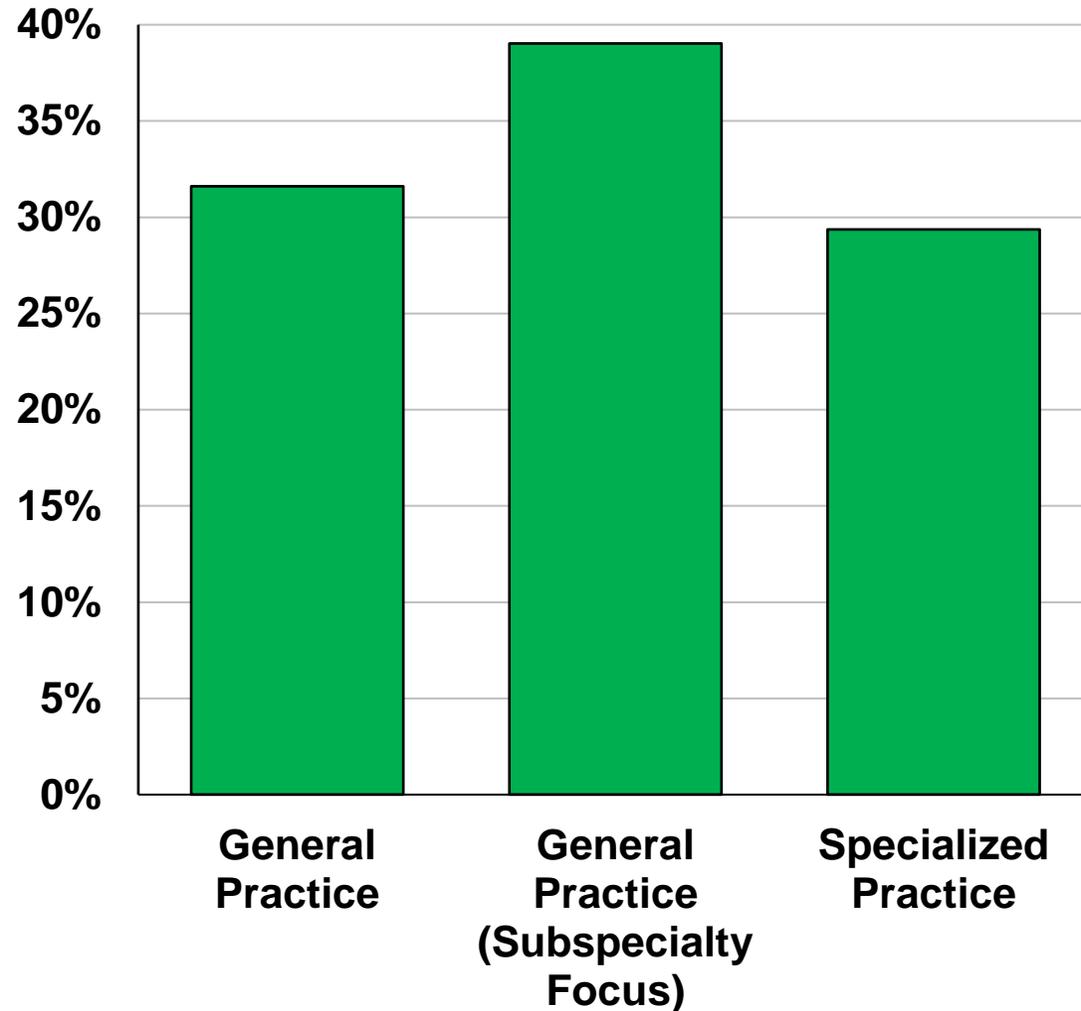


	2018	2019	2020
Full-time academic	29%	38%	45%
Government non-military	2%	0%	1%
Hospital employed	37%	33%	26%
Military	3%	2%	6%
Other	1%	1%	1%
Private practice- independent	18%	17%	16%
Private practice with academic affiliation	9%	8%	6%

Neurosurgeon Geographic Density



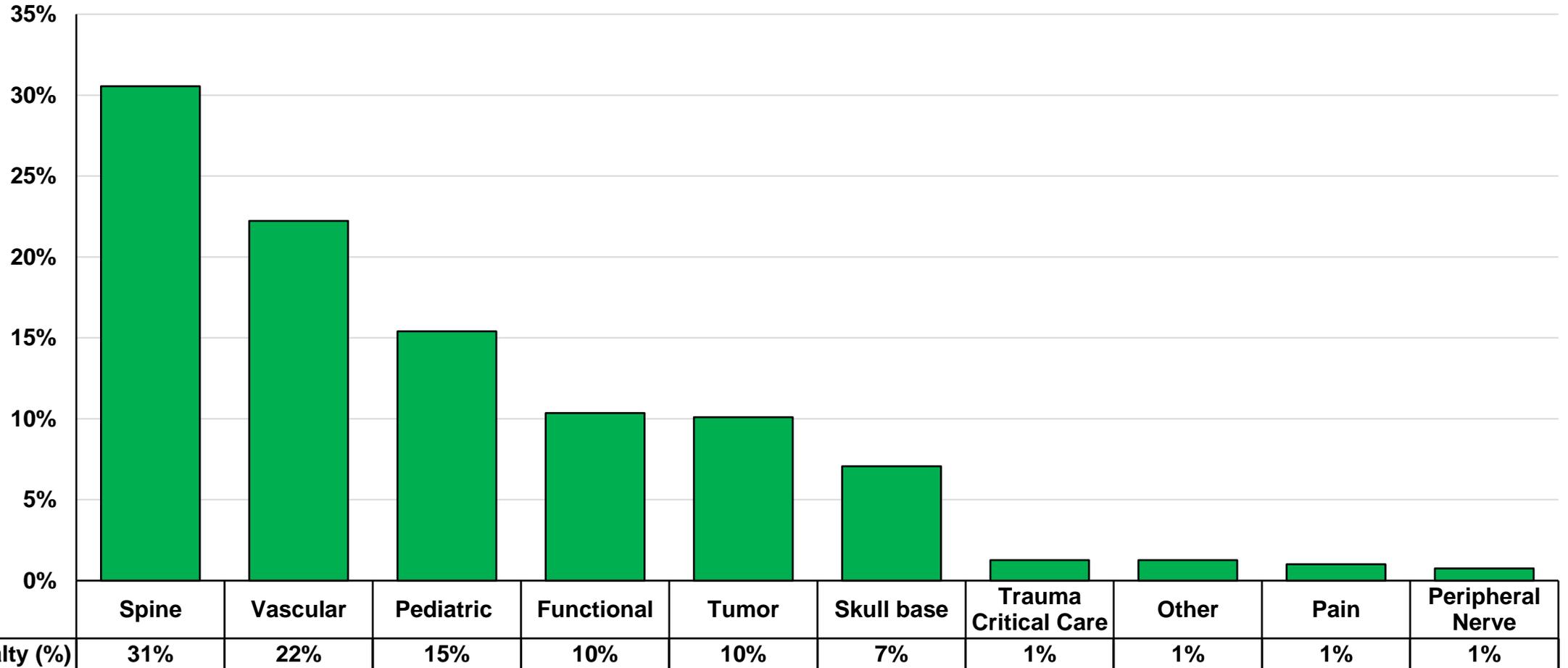
Practice Type



92% of neurosurgeons in “General Practice with Specialty Focus” or “Specialized Practice” completed a fellowship.

Of those that did not complete a fellowship (8%), included spine (48%), tumor (21%) or functional (21%).

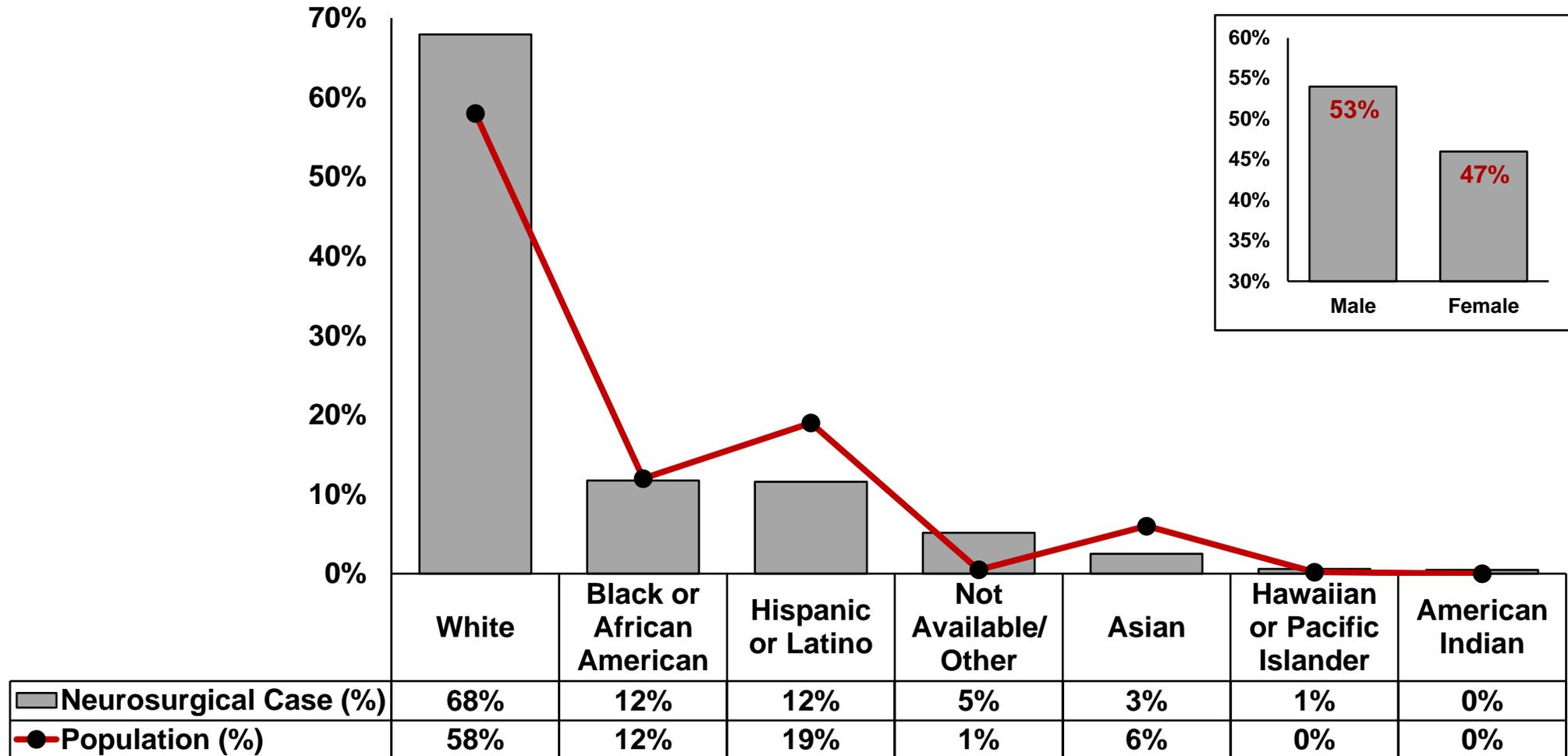
Subspecialty Type (those with fellowship)



Quality and Safety Grid (Adult and Pediatric)

Variable	Mean	Median	St. Dev.
Percent cases with reoperations	7.3%	6.2%	4.5%
Percent cases with complications	10.0%	8.1%	7.7%
Percent cases with deaths within 6 months	5.7%	4.7%	4.3%
Percent cases with objectives not met	2.7%	1.6%	3.0%
Percent cases lost to follow up	19.4%	16.9%	13.8%
Percent cases with concerns	5.6%	1.6%	8.5%
Percent cases with appropriateness concerns	1.5%	0.0%	3.1%
Percent cases with case management concerns	1.4%	0.0%	3.0%
Percent cases with coding concerns	0.8%	0.0%	2.9%
Percent cases with follow up concerns	1.3%	0.0%	4.1%
Percent cases with outcomes concerns	0.5%	0.0%	1.6%
Percent cases with safety concerns	0.2%	0.0%	0.7%
Percent cases with other concerns	0.4%	0.0%	1.5%

Patient Demographics



Training-related

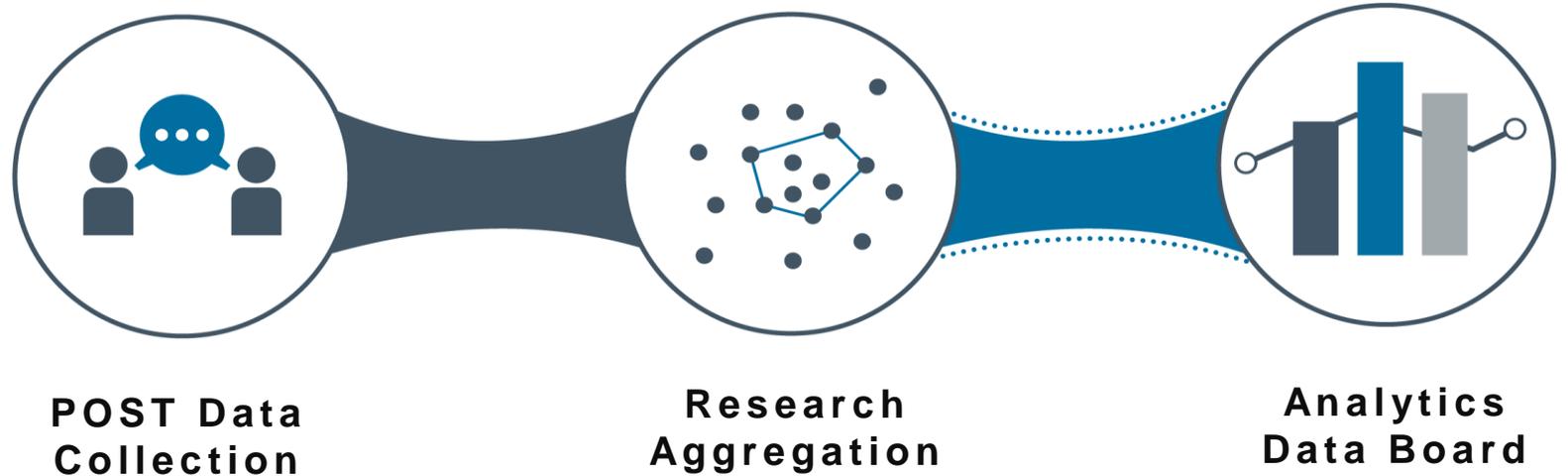
- **Assess effectiveness of training**
 - Define patterns related to training (surgical indications, coding errors, complication rates, oral board pass)
 - Match case logs with clinical and board outcome
- **Define factors associated with primary exam**
 - Does it provide useful correlation with outcomes or board certification



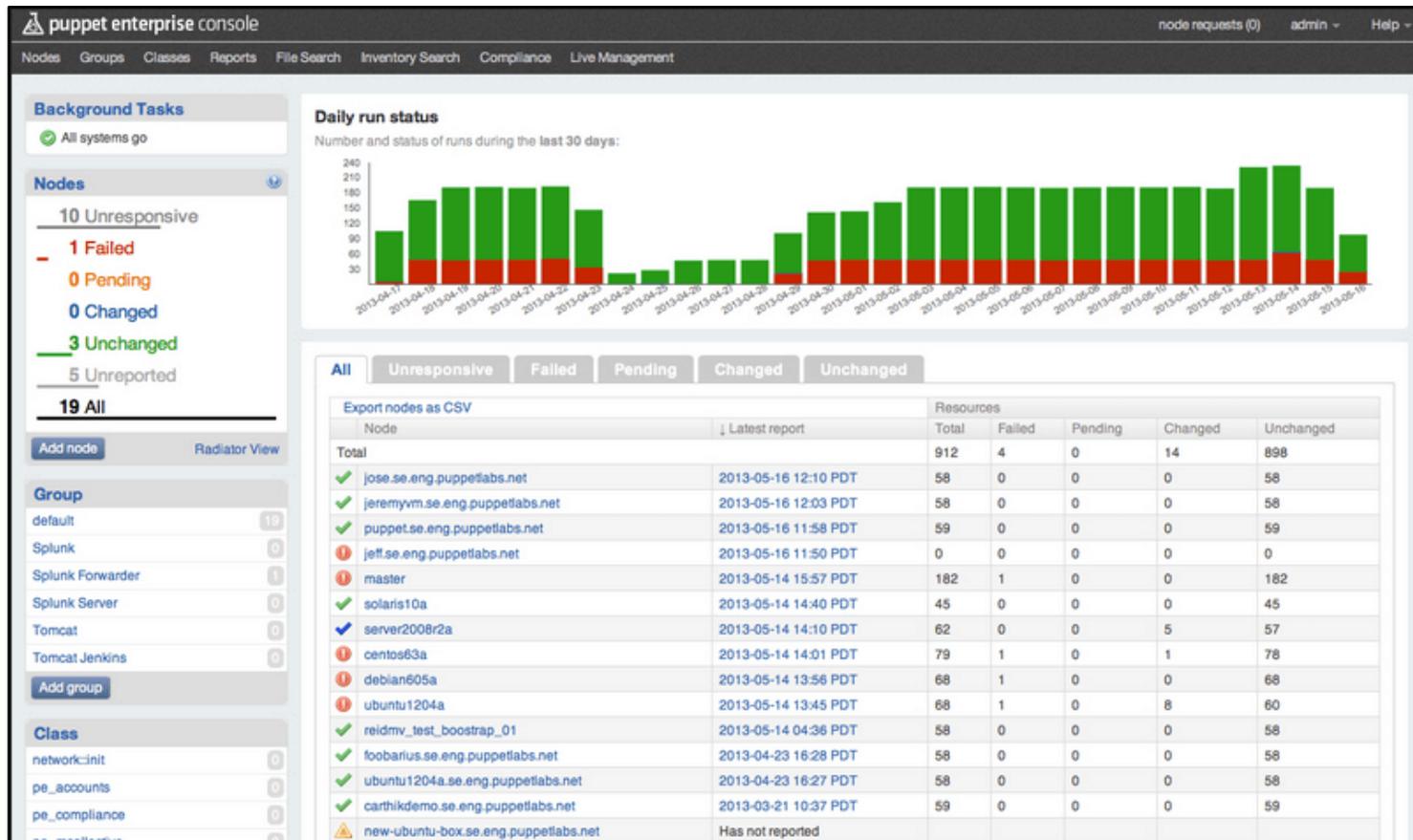
ABNS POST

Pactice and
Outcomes of
Surgical
Therapies

Collection and analysis of data in real-time



Residency Training Data Board



Data assessment

- NPI number
- Primary Exam
- Oral Exam
 - Passing rate
 - Failure subtypes
- Case Type
- Practice Demographics
 - Practice type
 - Subspeciality
- Complications, reoperations, objectives met, death (6 months) and unmet objectives
- Concern issues by reviewers
- ACGME training data (case mix and volume)
- Continuing certification data

Preparing for Oral Boards



Application for oral exam

Activate Key Login

 The American Board of Neurological Surgery®
Member Board of the American Board of Medical Specialties

ABOUT ▾ EXAM SCHEDULE FIND A NEUROSURGEON CERTIFICATION ▾ CONTINUOUS CERTIFICATION ▾ ABNS FEES ▾ LEARNING TOOLS AND EXAMS CATALOG 🔍 🏠

Application Deadlines

<input type="checkbox"/> 2016	December 31, 2020
<input type="checkbox"/> 2017	December 31, 2020
<input type="checkbox"/> 2018	December 31, 2021
<input type="checkbox"/> 2019	December 31, 2021
<input type="checkbox"/> 2020	December 31, 2023
<input type="checkbox"/> 2021	December 31, 2024

1. Completion of accredited training
2. Subspecialty (Fellowship) training
3. License in good standing
4. Practice references
5. Hospital credentialing and references

★ Once candidates have finished logging practice data they should submit it to the ABNS board and begin work on the application for oral examination and certification. The online application system allows candidates to create an account, log in to the system to submit their application, upload supporting materials including the business associate agreement (link below), make credit card payment, request reference letters and check on the status of their application at any time. The new online system will streamline the application process and expedite ABNS credential committee review.

- [Application for oral examination and certification](#)

The business associate agreement should be downloaded, completed and uploaded with

New features are being added to MyABNS! If you experience any issues, please email us at support@abnslearning.com or call our support team at 1-855-494-5033.

Continuing Certification



Four components

Professionalism and Professional Standing:

- Chief of Staff* questionnaire indicating
 - Unrestricted hospital privileges
 - Participation in a Hospital Safety Module

Lifelong Learning and Self-Assessment:

- 20 CMEs/year

Assessment of Knowledge, Judgment and Skills:

- Complete online Adaptive Learning Tool

Meaningful participation in an M&M Conference:

- Participation at least quarterly
- Involves review of a diplomate's own case or cases
- Conference may be local, regional or national
- Chief of Staff attests diplomate is participating in M&M

Oral Examination

Oral Examination Format

Session 1 (5 cases)

General Neurosurgery

Session 2 (5 cases)

Focused Practice (Spine, Tumor, Vascular,
Functional, Trauma/Critical Care, Pediatric)
General Practice (General Neurosurgery 2)

Session 3 (5 cases)

Cases from POST (7 selected, 5 chosen)

**Each session is 45 minutes. No set order for
the sessions.**



Oral Examination

Candidate Cases

3. Applicant Case Questions

Grade	Case Name
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
Comments	
_____	_____
_____	_____
_____	_____

Applicant Case Questions

- 4 Strong knowledge base, excellent indications for surgery, superior management of case and complications
- 3 Adequate knowledge base, satisfactory indications for surgery, supports care decisions, satisfactory management of case and complications
- 2 Weak knowledge base, marginal indications for surgery, care not supported, marginal management of case and complications
- 1 Inadequate knowledge base, poor indications for surgery, major safety or ethical/professional concerns, unacceptable management of case and complications

1. Typical cases.

2. Unclear indication for surgery.

3. Complications.

4. Unclear management paradigm.

5. Imaging doesn't justify surgery or care.

6. Coding concerns.

Components: Knowledge – Safety – **Surgical Indications** –
Care Decisions Supported – Case Management



Oral Examination

Failure Rate

■ 2015 Spring	16.8%	■ 2019 Fall	17.5%
■ 2015 Fall	13.5%	■ 2020 Fall	15.0%
■ 2016 Spring	17.0%	■ 2021 Spring	14.0%
■ 2016 Fall	14.4%	■ 2021 Fall	13.3%
■ 2017 Spring	21.3%	■ 2022 Spring	9.2%
■ 2017 Fall	19.4%	■ 2022 Fall	9.7%
■ 2018 Spring	17.0%	■ 2023 Spring	15.4%
■ 2018 Fall	14.9%	■ 2023 Fall	16.4%
■ 2019 Spring	18.2%	■ 2024 Winter	8%

Average: 15.1%



Thank you!

