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American Board of Otolaryngology Board of Directors and Officers

Current Directors include:
• Gerald S. Berke, MD
  Los Angeles, California
• C. Ron Cannon, MD
  Jackson, Mississippi
• David W. Eisele, MD
  Baltimore, Maryland
• Ramon M. Esclamado, MD
  Durham, North Carolina
• Edward H. Farrior, MD
  Tampa, Florida
• C. Gaelyn Garrett, MD
  Nashville, Tennessee
• Paul R. Lambert, MD
  Charleston, South Carolina
• Ira D. Papel, MD
  Baltimore, Maryland
• Stephen S. Park, MD
  Charlottesville, Virginia

• John S. Rhee, MD
  Milwaukee, Wisconsin
• Mark A. Richardson, MD
  Portland, Oregon
• Clough Shelton, MD
  Salt Lake City, Utah
• Kathleen C.Y. Sie, MD
  Seattle, Washington
• Michael G. Stewart, MD
  New York, New York
• Steven A. Telian, MD
  Ann Arbor, Michigan
• Randal S. Weber, MD
  Houston, Texas
• Mark C. Weissler, MD
  Chapel Hill, North Carolina
• D. Bradley Welling, MD, PhD
  Boston, Massachusetts

At the conclusion of the 2014 Annual Meeting & Exams, the Board welcomed Dr. Paul Lambert as the new President, with Dr. Randal Weber following him in April 2015. Dr. Ron Cannon is the current treasurer.

Newly Appointed Senior Examiners

Senior Examiners are individuals who have served as Oral Guest Examiners and demonstrate leadership ability and other desirable qualities. They are elected by the Board of Directors, and it is from this pool that future Directors are selected. The recently elected Senior Examiners are:

• Carol A. Bauer, MD
• Hilary A. Brodie, MD
• Robert L. Ferris, MD
• Oren Friedman, MD
• David S. Haynes, MD
• Jennifer C.Y. Kim, MD
• Theda C. Kontis, MD
• John H. Krouse, MD
• Sam P. Most, MD
• Jay Piccirillo, MD
• Debara L. Tucci, MD
Nominations

The ABOto encourages the sponsoring organizations to nominate individuals to serve on the Task Force for New Materials. The Task Force members create the multiple choice items for the various ABOto exams. The online nomination process generally opens in June of every year.

Otolaryngology Training Exam (OTE)

The Otolaryngology Training Exam was administered on March 1, 2014 to more than 1,600 residents and practitioners in more than 100 locations around the world. The next OTE is scheduled for Saturday, March 7, 2015.

Primary Certification

The 2013 Fall Qualifying Exam was administered at computerized testing centers to 303 individuals on September 28, 2013. Results are as follows:

• 276 individuals passed the exam
• 27 individuals failed the exam

The 2014 Oral Certifying Exam was administered to 275 individuals in Chicago, IL on April 5-6, 2014.

Results are as follows:

• 272 individuals passed the exam
• 3 individuals failed the exam

The 2014 Qualifying Exam will be administered at computerized testing centers on September 12, 2014. The next Oral Certifying Exam will be administered on April 11-12, 2015 in Chicago, IL.

Neurotology and Sleep Medicine Subcertification

The Neurotology subspecialty examination was administered to 28 individuals on April 4, 2014. Results are as follows:

• 28 individuals passed the exam

There are currently 314 otolaryngologists subcertified in Neurotology.

The ABOto is one of six sponsoring boards of the conjoint subspecialty certificate in Sleep Medicine, which means that otolaryngologists are eligible to apply to take the exam. This computer-based exam is conducted every two years.

There are currently 269 otolaryngologists subcertified in Sleep Medicine. The Sleep Medicine Exam was administered on October 16, 2013 and results are as follows:

• 31 individuals passed the exam
• 24 individuals failed the exam
Pediatric Otolaryngology Subcertification

The ABOto Directors voted to establish a subcertification pathway in Pediatric Otolaryngology. Many details still need to be addressed. The ABOto is sensitive to ensuring its primary certificate holders are able to treat pediatric patients. To that end, the leadership of the ABOto, the AAO-HNS (including the Board of Governors), and ASPO agreed to the following statement:

- Primary certificate holders have trained and passed an examination in the care of pediatric patients and, based upon appropriate training or experience, may provide care for children with many levels of complexity.
- Some pediatric patients, because of their disease and/or co-morbid conditions, are better cared for by a specialized pediatric care team that includes an otolaryngologist who focuses his/her practice on advanced pediatric otolaryngology, and has additional training and/or experience in APO and has passed an exam in this area.

Eligibility will be limited (after an initial grandfathering period) to those who complete an ACGME-accredited fellowship, and the certification process will include both a written and oral exam, a practice analysis, and other components to ensure candidates indeed practice subspecialty otolaryngology.

Maintenance of Certification

Maintenance of Certification (MOC) is a continuing education and quality improvement program being developed by all ABMS Boards. At the present time, 3,639 diplomates of the American Board of Otolaryngology participate in MOC. Only those diplomates certified or subcertified since 2002 are required to participate. All ABOto Directors voluntarily participate to demonstrate their support of MOC. Diplomates certified prior to 2002 are not required to participate, but more and more of them are signing up for MOC.

The Federation of State Medical Boards (the umbrella organization for the state licensing boards) has established a policy mandating a Maintenance of Licensure process, which will ultimately be used as part of the re-licensure process. As it is currently envisioned, the states will accept MOC in lieu of the Maintenance of Licensure requirements for Board certified physicians.

PART I: PROFESSIONALISM AND PROFESSIONAL STANDING

All MOC participants are required to be ABOto diplomats and must maintain an unrestricted medical license in each jurisdiction in which they practice. Additionally, MOC participants must maintain clinical privileges at a hospital or ambulatory surgical center. If clinical privileges are not maintained, the participant must affirm that the privileges were not lost due to an adverse action. Finally, the annual $310 MOC fee covers all ABOto MOC components.
PART II: LIFELONG LEARNING AND SELF-ASSESSMENT

The participant must obtain 25 CME units annually, 60% of which must be in otolaryngology or, in the case of those subcertified in Neurotology or Sleep Medicine, in those areas respectively. Additionally, MOC participants must complete a Part II Self-Assessment Module (SAM) annually.

SAMs are now available directly through a diplomate’s MOC Dashboard. Access to all modules are included in the single annual MOC fee, so there is no longer a separate charge for Part II.

PART III: ASSESSMENT OF KNOWLEDGE, JUDGMENT, AND SKILLS

MOC participants are required to pass a secure, closed-book exam once every 10 years. The exam becomes available during the last 3 years of the MOC cycle, providing three opportunities to pass the exam before the end of the ten year time period. Recognizing that many diplomates focus their practice on a limited area within otolaryngology, the ABOto has developed exams in a variety of areas so that someone who practices, for example, otology, will not have questions about laryngology. Those practice focus areas included: General, Allergy/Rhinology, Head and Neck, Laryngology, Otology, Pediatric Otolaryngology, and Plastic and Reconstructive.

The MOC Part III examination was administered to 239 individuals at computerized exam centers around the country on February 6, 2014. Results are as follows:

• 229 individuals passed the exam
• 10 individuals failed the exam

The distribution of exam specialty areas chosen by diplomates are as follows:

• Allergy/Rhinology: 19
• General: 143
• Head and Neck: 10
• Laryngology: 6
• Otology: 3
• Pediatric Otolaryngology: 20
• Plastic and Reconstructive Surgery: 38

The Part III exam for individuals subcertified in Neurotology was administered to 29 individuals on February 6, 2014. Results are as follows:

• 27 individuals passed the exam
• 2 individuals failed the exam

The next Part III exam will be administered on May 6, 2015.
PART IV: IMPROVEMENT IN PRACTICE

The ABOto has rolled out this final section of MOC with the opening of its new website. The first Performance Improvement Module (PIM) is included in Part IV. PIMs are based on the classic quality improvement cycle of measure, analyze, implement changes, and re-measure. The ABOto is developing a series of PIMs in which the diplomate will enter data into an online registry about a series of patients with a given condition.

The first PIM is on oral cavity cancer based on the American Head and Neck Society’s measures. Ultimately, at least two to three PIMs will be available in each of the practice focus areas. The diplomate will receive non-punitive feedback comparing the results to available guidelines or measures, as well as other otolaryngologists who complete the PIM. If an area that could be improved is identified, the diplomate can use this information to improve his or her practice. The diplomate can then re-measure to show there has been improvement in practice. In addition, there will be a link to an educational module for additional background information. Currently, the plan is to require completion of a PIM once every five years.

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