



AMERICAN BOARD OF OTOLARYNGOLOGY



ABMS MOC™
American Board of
Otolaryngology

Certification Matters

Otolaryngology Program Director / Coordinator Handbook

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American Board of Otolaryngology Mission Statement

The mission of the American Board of Otolaryngology (ABOto) is to assure the public that, via its process of certification and lifelong maintenance of certification, its diplomates have met the ABOto's professional standards of training and knowledge in otolaryngology - head and neck surgery.

The ABOto's fiduciary responsibility is to the public. Although the ABOto carefully considers the concerns of and impact on our diplomates, it is what is in the public's best interest that guides the ABOto's decision making process.

Significance of Board Certification

While licensure by the individual states sets the minimum competency requirements to practice medicine, it is not specialty specific. Board certification is a voluntary program in which specialists seek to improve their performance and demonstrate a commitment to their profession. Board certified otolaryngologists must meet the ABOto training requirements, pass psychometrically validated examinations, and participate in Maintenance of Certification.

The ABOto views certification as not just passing the examinations, but a continuum beginning with entry into training and ends with retirement. In order to be eligible to take the certification examinations, candidates must be registered with the ABOto Resident Registry by their Program Director at the beginning of their training which includes verification of graduation from medical school. The Program Director provides the ABOto with an annual evaluation of each resident and determines whether the resident should receive credit for completion of that year of training. Applicants are required to have completed an ACGME-accredited residency and receive approval from their Program Director to sit for the examinations. The online application process must be completed by the appropriate deadlines which allows time for the information to be verified.

Important 2014 - 2015 Dates

August

- MOC Part I, II, and III available - August 1, 2014

September

- OTE Test Site and Candidate Applications Available - September 1, 2014
- Written Qualifying Exam - September 12, 2014

October

- MOC Part I, II, and III Due - October 31, 2014

November

- OTE Test Site and Candidate Applications Due - November 3, 2014

February

- Sleep Medicine Application Available - February 26, 2015

March

- Qualifying Exam Application Available - March 1, 2015
- OTE (In-Service Exam) - March 7, 2015
- 2015 Qualifying Exam Application available - March 1, 2015

April

- Oral Exam - April 11-12, 2015
- Sleep Medicine Application Due - April 20, 2015

May

- Qualifying Exam Application Due - May 1, 2015
- MOC Exam - May 6, 2015
- Resident Registry Available - May 15, 2015

ABOto Staff

The ABOto has seven full-time and two part-time* staff:

Name	Position	Email	Duties
Robert H. Miller, MD, MBA	Executive Director	rhm@aboto.org	
Diana Harrell	Administrator	dlh@aboto.org	
Mary Beth Bertrand	Communications & Exam Coordinator	mbb@aboto.org	Primary contact for questions regarding policies involving residents, Resident Registry, and the Otolaryngology Training Exam (In-Service Exam)
Lauren Durst	Exam Coordinator	ld@aboto.org	Primary contact for questions regarding Maintenance of Certification
Ramona Edwards	Administrative Assistant	rye@aboto.org	Primary contact for lost passwords and online database access
Janet Wise	Exam Coordinator	jlw@aboto.org	Primary contact for questions relating to training requirements, application for the Qualifying and Oral Certifying Exams, and Neurotology and Sleep Medicine Subspecialty Exams
Bethany Yates	Exam Coordinator	bey@aboto.org	Primary contact for Task Force and Exam Materials
Everett Smith, PhD*	Psychometrician		Exam scoring / evaluation
Kathryn Conde, JD*	Legal Counsel		

Program Director & Coordinator Board Activities

1. **Resident Registry** - Program Directors must register their residents with the ABOto via the ABOto website when a new resident enters the program by July 10 of every year. Most residents will be registered as PGY 1s, but residents entering your program at higher levels must also be registered with the ABOto. Demographic information about the residents is collected at this time. The Program Director also completes an annual evaluation on each resident and determines if the resident is making satisfactory progress academically, surgically, and professionally using the Resident Registry.

Program Coordinators are supplied with a user ID and password to gain access to the program's online profile. The Coordinator's access is limited to entry of new residents, OTE applications, and address changes. Core Surgical Procedure updates can be entered by the Program Coordinator; however, the Program Directors should approve these updates. Program Directors are required to complete resident evaluations and attestation of graduating resident training.

When residents are first registered with the ABOto, they are sent a user ID and a password which grants access to a personalized web-page on the ABOto server.

The resident's web-page provides a variety of information including items that need the residents' attention during the various phases of training. The resident can change personal information, apply for exams, and perform other activities from the web-page. The ABOto now communicates exclusively by email, so it is critical that we have accurate email address on all residents. It is the residents' responsibility to update the email address if it changes.

2. **Core Surgical Procedures** - The ABOto and the RRC for Otolaryngology have identified certain procedures termed core surgical skills. Residents should be evaluated by the faculty and when a resident reaches competency in a core procedure, the Program Director will indicate this achievement and the PGY year competency was obtained on the residents evaluation form on the ABOto website.

Definition of Surgical Competency: The ability to perform an operation well without guidance or direction on a typical patient.

3. **Otolaryngology Training Examination (In-Service Exam)** - the ABOto prepares, distributes, and scores the OTE for the purpose of providing feedback to residents and Program Directors. The examination results should be used by the Program Director and residents to determine areas of individual and program strengths and weaknesses. The ABOto policy is that the OTE should not be the sole measure of a resident's performance for the purposes of punitive action such as probation or advancement.

How Do I Find Test Results for the OTE (In-Service) and Certification Exams?

- **OTE** - OTE results are released within 9 weeks of the exam date. After logging-in to your ABOto profile, select "Download Resident OTE Test Results." From here you can choose from which year you wish to see results.
- * **Be sure to review the "Understanding Your Score Report" on our website.**
- **Written and Oral Certification Exams** - To obtain your program's 5-year summary, log-in to your ABOto profile and select "Residency Performance Summary." From here you can select which 5 year report you wish to see. This report will tell you when the resident graduated and when they were certified.

Program Director & Coordinator Activities *Cont'd From Pg. 3*

3. **Otolaryngology Training Examination (In-Service Exam) Continued** - The application process for this exam is done via the ABOto online system. Based on resident names submitted during the Resident Registry process, an application record is generated for each resident in training (PGY 1 – PGY5). The program director or coordinator then chooses which of their residents will take the exam. In order to sign-up all residents for the OTE, it is very important that ALL residents are registered with the ABOto during the Resident Registry.
4. **Qualifying Examination** - The ABOto administers the Qualifying Examination via Pearson Vue computerized testing centers through-out the United States and foreign sites. This is a qualifying examination, meaning that in order for a candidate to advance to the oral certifying exam, the candidate must achieve a passing score on this examination. Residents apply for the qualifying & certification examinations by **May 1st** of their Chief Year of residency.

Much of the online application is already populated with information from the Resident Registry, but residents are required to answer certain questions and provide additional information as needed. **ALL applicants must possess a full and unrestricted medical license by November 15 of their graduation year.** Therefore, we strongly urge all graduating residents planning to apply for the qualifying exam to start the process for obtaining a full and unrestricted medical license at the time of graduation. Those graduates who are entering a fellowship are not required to obtain a full and unrestricted license prior to taking the exam; however, the ABOto requires verification of the fellowship directly from the program, including acknowledgement of an institutional medical license.

5. **Oral Examination** - The ABOto prepares and administers the Oral Examination in Chicago once a year. The Oral Examination is the certifying examination. If the candidate passes the Qualifying and Oral Examinations (which are scored separately), then he/she is certified and receives a certificate which expires in ten years. ABOto certified otolaryngologists are referred to as diplomates.
6. **Neurotology Sub-Certification** - Diplomates of the ABOto are sub-certified in Neurotology if they pass the Neurotology oral examination administered every other year in Chicago.
7. **Sleep Medicine Sub-Certification** - Diplomates are sub-certified in Sleep Medicine if they pass the computer based examination administered in several locations every other year. This certification is administered with four other ABMS boards (Internal Medicine, Pediatrics, Psychiatry/Neurology, Family Medicine, and Anesthesiology).

Your ABOto Webpage

As a Program Director or Coordinator, you have been issued a user ID and a password which will grant you access to your personalized webpage on the ABOto server. The first time you login, you will be asked to change your password.

Your webpage will provide you with a variety of information including items that need your attention throughout the year. You can change your personal information, register your residents for exams, make payments, view scores, and perform other activities from your webpage. The ABOto now communicates exclusively by email, so it is critical that we have your accurate email address. If your email changes, this will change both your username and password. **It is your responsibility to update your email address if it changes.**

Training Requirements

Training programs in otolaryngology-head and neck surgery in the United States are evaluated by the Residency Review Committee for Otolaryngology (RRC), which consists of representatives from the American Medical Association (AMA), the American College of Surgeons (ACS) and the ABOto, and are accredited by the Accreditation Council for Graduate Medical Education (ACGME). Information concerning approved educational programs can be found in the *Graduate Medical Education Directory* published by the American Medical Association.

Individuals who enter otolaryngology-head and neck surgery training on or after **July 1, 2005** must satisfactorily complete a minimum of five years of training, as specified below, in an ACGME-approved program(s):

Residency programs must be of five years duration, with at least nine months of basic surgical, emergency medicine, critical care, and anesthesia training within the first year; including at least 48 months of progressive education in the specialty. This training **must include a final year of senior experience**. This final year must be spent within the accredited program in which the previous year of training was spent, unless prior approval is obtained from the ABOto.

The first year of otolaryngology-head and neck surgery training should include a minimum of five months of structured education in at least three of the following areas: general surgery, thoracic surgery, vascular surgery, plastic surgery, and surgical oncology. In addition, one month of structured education in each of the following four clinical areas: emergency medicine, critical care unit, anesthesia, and neurological surgery. An additional maximum of three months of otolaryngology-head and neck surgery is optional, and any remaining months of the PGY-1 year must be completed in an ACGME approved program, or rotations specifically approved by the RRC.

ABOto Board Eligible Policy

Residents entering otolaryngology training on or after July 1, 2013 will be termed board eligible upon successful completion of training. If these individuals do not become board certified by the end of the fifth annual exam cycle following residency completion, they are no longer termed board eligible.

Individuals who completed otolaryngology training before July 1, 2013 will be termed board eligible until January 1, 2019 by which time they must have become board certified.

Leaves of Absence

Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local rules. The total of such leaves and vacation may not exceed six weeks in any one year. If a circumstance occurs in which a resident absence exceeds the six weeks per year outlined by the ABOto, the program director must submit a plan to the ABOto for approval on how the training will be made up which may require an extension of the residency.

Transfers to a Different Otolaryngology Residency

Occasionally, a resident will transfer from one otolaryngology training program to another. It is important that all parties (the two Program Directors and the transferring resident) meet the requirements established in the ABOto transfer policy which is outlined in the booklet of information available on the ABOto website.

Operative Log

All otolaryngology residents must maintain an operative log available on the ACGME website. It is critical that the resident enter all cases performed and complete the necessary information. Residents who assist at surgery should be sure to include those cases as they are important because they indicate a logical progression in the surgical educational process. In general, a resident should first assist on a case before being listed as primary surgeon signifying an increased level of responsibility based on experience.

The cases are coded using the CPT code, which is widely used for billing and other purposes. It will benefit the resident greatly to learn how to use the CPT system so that he/she will be familiar with it when entering practice.

Other Board Activities

1. **Maintenance of Certification** - MOC is a quality improvement program developed by all ABMS boards to enhance the quality of medicine practiced. There are four components to MOC which are discussed in detail under Maintenance of Certification in this document.
2. **Certification Verification** - The ABOto provides written verification of certification to health plans, hospitals, and others for a fee. The public can determine if an otolaryngologist is certified at no charge by visiting the website.
3. **Protection of Certificate Value** - Occasionally, a diplomate may have difficulty obtaining privileges for procedures that are in the realm of otolaryngology - head and neck surgery. The ABOto provides information to the appropriate parties to educate them on the spectrum of otolaryngology training and the areas included in the examinations.

History of the ABOto

(adapted from the “American Board of Otolaryngology 1924-1999” by Robert W. Cantrell, MD and Jerome C. Goldstein, MD)

The first formal proposal for a standardized, prescribed post-graduate period of medical education was made at the 1912 meeting of the Triological Society and published in the Laryngoscope in 1913. The American Academy of Ophthalmology and Otolaryngology (the two academies formally separated in the late 1977) embraced this initiative by establishing two committees to explore this concept and develop a plan. The otolaryngology committee consisted of representatives from the Academy, the American Laryngological Association, the American Otological Society, the AMA Section on Otolaryngology, and the Triological Society. The committee established, not without controversy, a recommended curriculum of training that should last three years, if possible. The ABOto accredited otolaryngology residencies until 1953 when the Residency Review Committee of the Accreditation Council for Graduate Medical Education assumed this responsibility.

Under pressure from the Academy, the ABOto was constituted in 1924 to develop a certifying examination, the first of which was administered in 1926. The certifying examination has evolved over the years from its original oral examination and a written histopathology examination. For several years, actual patients with otolaryngological conditions were used in various sites around the country in the “practical exam”. The current format of a multiple choice written and a structured oral examination was established in the 1970s, but has been significantly refined over the past thirty years.

Sponsoring Organizations

- American Academy of Facial Plastic and Reconstructive Surgery
- American Academy of Otolaryngic Allergy
- American Academy of Otolaryngology - Head and Neck Surgery
- American Broncho - Esophagological Association
- American Laryngological Association
- American Laryngological, Rhinological and Otolological Society
- American Neurotology Society
- American Rhinologic Society
- American Head and Neck Society
- American Society of Pediatric Otolaryngology
- Association of Academic Departments of Otolaryngology - Head and Neck Surgery
- Section of Otolaryngology - Head and Neck Surgery of the American Medical Association
- Society of University Otolaryngologists - Head and Neck Surgeons

Related Organizations

The American Board of Medical Specialties (ABMS) is the umbrella organization of the 24 medical specialty boards. The ABMS Board of Directors meets formally 3 times a year which the Executive Director attends and represents the ABOto. The ABMS has the overall responsibility for the Maintenance of Certification program, and is very active in the national healthcare quality improvement movement.

The Accreditation Council for Graduate Medical Education (ACGME) accredits residency training programs. The ACGME evaluates residency programs through Residency Review Committees (RRC) for each specialty. The Otolaryngology RRC consists of nine members with three representatives each from the American College of Surgeons, the AMA, and the ABOto. The ABOto Executive Director is an *ex officio* member. The RRC meets twice a year. Completion of an ACGME-accredited residency is required to be eligible for certification by the ABOto.

The processes for ACGME accreditation and renewal of accreditation require a great deal of work by the Program Director and faculty. The ACGME is in the process of significantly altering the review and evaluation process. Please go to the ACGME website for additional information regarding the RRC's activity.

The American Academy of Otolaryngology-Head and Neck Surgery is a membership organization based in Alexandria, Virginia. In addition to its educational activities such as its annual meeting and learning material, it also advocates for a variety of issues for otolaryngologists. Some otolaryngologists confuse the ABOto and the AAO-HNS, but their functions are quite separate and distinct.

The Federations of State Medical Boards (FSMB) is the umbrella organization for all of the state licensing and regulatory boards and is based in Dallas, Texas.

The ABOto offers administrative support to the Otolaryngology Program Directors Association (OPDO) which meets in conjunction with the SUO-HNS. The Program Coordinators group also meets at the SUO-HNS meeting.

Maintenance of Certification

Maintenance of Certification is a continuing education and quality improvement program in which all the ABMS boards participate, and is the boards' response to the very active and prominent national healthcare quality movement. The main purpose of the ten year MOC cycle is to improve patient care provided by physicians after residency and fellowship and fills a void in the certification continuum. MOC is a program in evolution and changes have already been made in the ABOto MOC program since its implementation in 2002. All ABOto diplomates certified or sub-certified in 2002 and thereafter are required to participate in MOC. All ABOto Directors voluntarily participate in MOC.

Booklet of Information

The Booklet of information is the legal document that contains official ABOto information and polices, and is updated annually. By policy, the version of the Booklet of Information that is in effect when a resident enters otolaryngology training sets the policies that will apply to that resident. The most current Booklet of Information is available on the ABOto website on the Publications page, or you can [Click Here](#).

ABOto Fees

Item	Fee (in dollars)
Annual Dues for non-MOC Life-Time Diplomates	\$75
Annual MOC Fees	\$310
OTE Site Fee	\$450
OTE Candidate	\$300
OTE Candidate Late Fee	\$50 per candidate
OTE Site Late Fee	\$210
Written Exam	\$3580
Oral Exam	\$1800
Neurotology Exam	\$4825
Sleep Exam	\$2275
Initial Certificate	No Charge
Subsequent Certificate	\$110
Certificate (Dues not Paid)	\$185

**QUESTIONS OR
COMMENTS? PLEASE
CALL THE
AMERICAN BOARD OF
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