

# ABNS/ABPNS Update

Dear members,

Two years ago we began a process to merge the ABNS and ABPNS through memoranda of understanding (MOU) in an effort to do away with two parallel mechanisms (and fees) for certifying those of us practicing pediatric neurosurgery. The MOUs have been approved by both organizations, and we are moving forward with the changes necessary to bring the two credentialing processes together. This is an update of where we stand to date.

In the past, one had to satisfactorily complete the ABNS oral boards and be officially ABNS-certified in order to apply for ABPNS certification and take the written pediatric exam. This entailed submitting one case log to the ABNS and then another to the ABPNS, paying fees to both organizations and taking both written exams. This is no longer the case. Instead, the timeline and requirements will be as follows:

## The Pediatric Written Examination:

1. Soon after completion of your ACPNF-certified fellowship, you will take the written pediatric neurosurgery specialty exam. You no longer have to wait for ABNS certification to do so.
2. As we move forward, we are working with the ABNS to enable us to provide this written examination online through local testing centers (same as for the ABNS Part I written examination taken during residency), such that examinees can take the test close to home. We hope to have this up and running within the next year.
3. As this rolls out, there will be pediatric neurosurgeons who are two to four years out from fellowship and are tracking towards ABNS certification. We are now asking that those of you who are eligible and have not yet taken the pediatric subspecialty written exam apply to the ABPNS now.

## The ABNS/ABPNS Joint Application:

### 1. Case Submission:

Once you're ready to apply for ABNS certification and thus submit 150 cases over 18 months, your cases will be evaluated by a joint ABNS/ABPNS credentialing committee. The ABNS members will assess the types of cases and outcomes (along with the rest of your application), and the ABPNS members will determine that you have performed a minimum of 95 major pediatric neurosurgical cases over 18 months.

### 2. Board Exam:

Once your credentials have been approved, you will receive a date for your oral ABNS Board examination. In the new format, the oral boards consist of three one-hour periods: 45 minutes of general neurosurgery, 45 minutes of pediatric neurosurgery and 45 minutes of examination over five of your own cases. These cases are selected from a list of 10 out of the 150 cases you submit to the Board.

### 3. Certificates:

Upon successful completion of the ABNS/ABPNS Initial certification process, you will receive two certificates: A general ABNS certificate for general neurosurgery and an ABNS/ABPNS certificate of focused practice in pediatric neurosurgery, both with a time limit of 10 years.

### 4. Canadian applicants:

Applicants with Royal College of Physicians and Surgeons of Canada (RCPSC) certification in Neurosurgery, who complete an ACPNF-certified fellowship, will be eligible for the Pediatric Written Exam. Following successful completion of this exam and submission to the ABPNS of 150 cases, including a minimum of 95 pediatric cases, applicants will receive an RCPSC/ABPNS certificate of focused practice in pediatric neurosurgery with a time limit of 10 years.

## Maintenance of Certification and 10-year Pediatric Recertification:

### 1. ABNS MOC Requirements:

When you enroll in the new Maintenance of Certification (MOC) process, you will annually demonstrate good standing with your hospitals, provide evidence of life-long learning through submission of CMEs and take an annual, online, open-book learning exam that provides updates on current advances in both general neurosurgery and pediatric neurosurgery. This online learning tool will take approximately 90 minutes per annum to complete.

### 2. ABPNS Recertification Requirements:

Every 10 years, upon expiration of your time-limited Certificate of Focused Practice in Pediatric Neurosurgery (previously termed ABPNS Board Certification), you will be required to demonstrate compliance with the annual ABNS MOC process (or the Canadian RCPSC requirements), as well as satisfy criteria for recertification by the ABPNS, as follows:

- a. Submission of a case log demonstrating a minimum of 65 pediatric (children under 18) cases in one year. This is a change from the previous ABPNS requirement. You will no longer have to show a specific percentage of pediatric cases, nor show number of cases under 13 or Pediatric-type cases.
- b. Satisfactory explanation of patient management on up to five cases selected by the Credentials Committee from the submitted case log (Oral or phone format).
- c. Providing a narrative describing evidence of interest/expertise in pediatric neurosurgery. This may include pediatric research, local children's hospital or national committee functions, frequency of meeting attendance, CME, etc.

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- d. Providing a list of pediatric CME or other requirements per bylaws.

Please note that, until the new MOC process is implemented, ABPNS re-certification will continue under the old process through 2017. In addition, those neurosurgeons with non-time limited ABNS certificates will need to enter the new joint MOC process to maintain ABPNS certification. Certainly, as the new process moves forward, we will keep you abreast of further changes. For questions or details, please refer to the ABNS and ABPNS websites, which will be kept current as further evolution takes place.

Sincerely,

John Ragheb, MD, FAANS

Secretary, ABPNS

On behalf of Frederick Boop, MD, FAANS (ABPNS) and Richard Ellenbogen, MD, FAANS (ABNS)

## Pediatric Guidelines Committee Report

1. Pediatric Guidelines Committee will be working with the Functional/Epilepsy section on Adult and Pediatric epilepsy guidelines in spring 2018.
2. The AHRQ application was sent in by Trish Rehring from CNS. AHRQ wants us to focus on “new and emerging” technologies and data. Their feedback was posted on the CNS Basecamp in the hydrocephalus guidelines section. There may be topics relating to the safety of programmable valves and cochlear implants and electronic devices.
3. SBA formally agreed to review SB guidelines with Robin Bowman, MD, FAANS; Mark Dias, MD, FAANS, and Michael Partington, MD, FAANS, as reviewers. AAP (SONS) will review/endorse through Phil Aldana, MD, FAANS. The Child Neurology Society is interested in reviewing, and David identified Jan B. Wollack, MD, PhD.
4. SB MM guidelines are almost complete and will be sent to the Joint Guidelines Committee before the end of September. There will be five topics covered in this comprehensive literature review

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