



The American Board of Neurological Surgery, Inc.
Member Board of the American Board of Medical Specialties

The Mission of the ABNS is to improve public health care by developing and executing a sequence of certification activities to improve and maintain the educational and professional standards of neurological surgery.

The broad aim of the ABNS is to encourage the study, improve the practice, elevate the standards, and advance the science of neurological surgery, and thereby to serve the cause of public health.

ABNS Welcomes three new Directors to the Board



Paul J. Camarata, MD, *Professor and Chair*, Vascular & Skull Base Neurosurgery at KU Medical Center, The University of Kansas.

Nathan R. Selden, MD, PhD, FACS, FAAP is the Campagna Professor and Chair of the OHSU Department of Neurological Surgery. After 15 years at Doernbecher-OHSU as Head of Division of Pediatric Neurosurgery, he was appointed department chair in 2016.

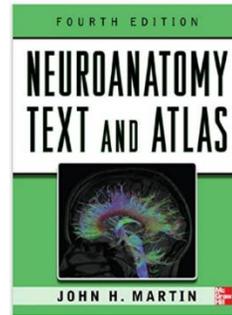


Russel Lonser, MD is a Professor and Chair of Neurological surgery at Ohio State University Wexner Medical Center. He also works at the James Cancer Hospital and the Solove Research Institute in Columbus, Ohio.

TWO NEW INITIAL CERTIFICATION REQUIREMENTS:

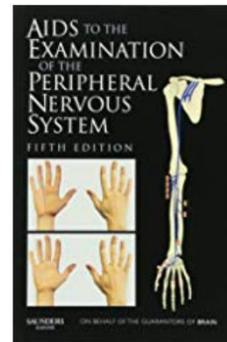
Neuroanatomy Exam for PGY 2 residents:

Completion of the Neuroanatomy Exam in the second year of residency. This is not yet technically a requirement; it is likely to be so by July of 2020. Thus, having PGY2 residents complete the exam in July 2020 is strongly encouraged. The directors believe that a detailed knowledge of neuroanatomy is a requirement for becoming an excellent neurosurgeon. In an effort to promote the knowledge of neuroanatomy, the ABNS has decided to create a curriculum and a neuroanatomy examination. This neuroanatomy exam will complement the ABNS Primary Written Exam that is generally taken for credit later on in residency. The PGY2 Neuroanatomy Exam will be different from the ABNS Primary Exam in that the neuroanatomy exam can only be failed if it is not completed. The test will consist of 100 “mostly fill in the blank” neuroanatomy questions.



The questions will be created from the following three resources:

- 1) The Rhoton Collection
www.aans.org/education/The-Rhoton-Collection
- 2) Neuroanatomy Text and Atlas 4th Edition
- 3) Aids to the Examination of the Peripheral Nervous System 5th Edition



Case minimums

Historically neurosurgery residency programs were required by the ACGME to meet certain “Program Case Minimums” for program accreditation. In the past, there was no individual case minimum, so if a neurosurgery resident didn’t participate in certain types of cases, or never bothered to log the case, the program might get cited for the deficiency but there were no consequences for the individual resident. The ABNS decided to require individual residents to meet an “Individual Case Minimum”, starting with residents entering training July 1, 2019. The “Individual Case Minimums” are below. They also can be found on our website www.abns.org. If a particular resident does not achieve the minimum number of cases in each case type, this does not necessarily mean that they cannot be board certified, but it will be another piece of information considered by the ABNS Credential Committee in determining if the candidate can proceed within the ABNS certification process.

Defined Case Category	Required Minimum Number	
Adult Cranial	Senior + Lead Cases*	Lead Cases*
Adult Cranial Tumor	60	30
Adult Cranial Trauma	60	30
Adult Vascular Lesion: Open	10	--
Adult Vascular Lesion: Endovascular	10	--
Adult Vascular Lesion: Extracranial	--	--
Total Adult Vascular Lesion	60	30
Adult Sellar/Parasellar Tumor	20	10
Adult CSF Diversion	20	10
Adult Radiosurgery	10	5
Adult Cranial Treatment for Pain	10	5
Adult Cranial Functional	10	5
Epilepsy (Adult and Pediatric)	10	5
Total Adult Cranial	300	150
Adult Spinal	Senior + Lead Cases	Lead Cases
Adult Anterior Cervical	30	15
Adult Posterior Cervical	30	15
Adult Thoracic/Lumbar Instrumentation and Fusion	30	15
Adult Lumbar Laminectomy/Laminotomy	30	15
Adult Extracranial Functional	10	5
Total Adult Spinal	300	150
Pediatric	Senior + Lead Cases	Lead Cases
Pediatric Cranial Tumor	5	--
Pediatric Cranial Trauma/Other	10	5
Pediatric CSF Diversion	10	5
Pediatric Spinal	5	--
Total Pediatric	40	10
Peripheral Nerve	10	5
Peripheral Device Management	20	10
Critical Care	Senior + Lead Cases	Lead Cases
Airway Management	--	10
Angiography	--	20
Arterial Line Placement	--	10
CVP Line Placement	--	10
EVD/Transdural Monitor	--	30
Percutaneous Tap Intracranial	--	10
Percutaneous Tap Intraspinal	--	10
Total Critical Care	--	100
TOTAL ALL DEFINED CASE CATEGORIES	800	400
Intradural Microdissection**	--	80

*See Case Log Guidelines for participation level definitions
**See Case Log Guidelines for microdissection definition and case types that could potentially involve microdissection and count toward microdissection.

¹Residents graduating in 2021 and beyond reviewed for potential citation.

MOC has changed to Continuous Certification!

The ABNS appreciates that neurosurgeons like you have busy schedules yet are committed to ongoing education in order to provide optimum patient care. We also know that our patients expect that their neurosurgeon is following contemporary best practices. This is similar to our expectation when boarding an airplane; we expect that the pilots are competent and are continuously trained. Currently, there are no simulators for neurosurgery equivalent to that of flying an airplane. Accordingly, the ABNS has streamlined and enhanced our Continuing Certification program (formerly MOC) with the goal of providing relevant best neurosurgical practice information while at the same time creating a mechanism for the public to confirm a neurosurgeon's credentials by recognizing annual CC participation on the ABNS website. It is our belief that this enhanced CC program will meet and likely exceed your needs.

The Continuous Certification Program Explained

Continuous Certification is now an annual process. There is no high stakes exam every ten years. Each year ABNS diplomats must complete the Continuous Certification process.

The annual CC program is divided into the following components:

#1 Completion of a self-reporting on-line form attesting that you are in good standing, practicing safe and competent neurosurgery, and participating in some form of quality improvement such as M+M conference, N2QOD, or a national conference focused on complications. A similar form is completed by your chief of staff or equivalent.

#2 Confirmation that at least 20 Category 1 CME credits have been earned.

#3 Completion of the on-line learning tool that provides you with information regarding best practices for fundamental neurosurgical care that all

neurosurgeons should know regardless of a subspecialty interest. This learning tool replaces the former MOC cognitive examination. The learning tool can be taken at your convenience, in any setting. By completing this learning tool, you can also receive up to 12.5 CME credits that can be counted towards the annual 20 CME requirement. Completion of the learning tool also satisfies the American College of Surgeons requirement for neurosurgeons covering Level 1 trauma centers.

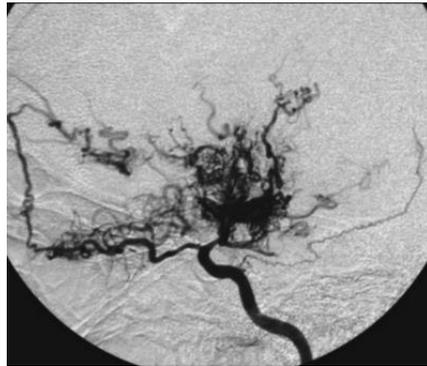
Enfolded Fellowships

The ABNS offers diplomates the option of obtaining dual credential in CNS endovascular, Neuro Critical Care, and Pediatric Neurosurgery. This additional credential is called “Recognition of Focused Practice” (RFP). Each of these RFP’s require the completion of a fellowship. The fellowship training for Neuro Critical Care may occur prior to the Chief Residency year. Pediatric Fellowship training must be performed post residency. The ABNS Directors recently voted that beginning July 1, 2021, the second year of CNS endovascular training must occur after the Chief Residency year. Since the Chief Residency year must be PGY6 or PGY7, the second year of CNS endovascular fellowship must occur in the PGY7 year if it is to be enfolded into residency.



Recognition of Focused Practice Modules

As a way to maintain a Recognition of Focused Practice the diplomate must complete the module that corresponds with the RFP they hold. Completion of the module is in addition to completing the General and Emergency Neurological Surgery Principles Adaptive learning tool which is a requirement for ABNS Continuous Certification.



WE MOVED:

American Board of Neurological Surgery

2766 Commerce Drive NW, Suite B, Rochester, MN 55901

Main Phone (507) 322-0400

www.abns.org abns.moc@abns.org