



Overview of ABFAS Board Certification

ABFAS' mission is to protect public health by advancing the art and science of foot and ankle surgery. We do this by verifying candidates are qualified to enter and progress through the certification process; and to award certification to those candidates who have successfully demonstrated competency and proficiency in the art and science of foot and ankle surgery.

Today's healthcare industry trends stress the importance of board certification. Hospitals across the nation mandate surgical qualification and/or certification as a prerequisite for surgical privileges. Many hospitals have a requirement to obtain surgical board certification within five years of residency.

Additionally, many insurance companies require physicians to have specialty board certification as part of their requirement for getting on insurance panels. Finally, most large medical groups require certification in order to become a shareholder/partner.

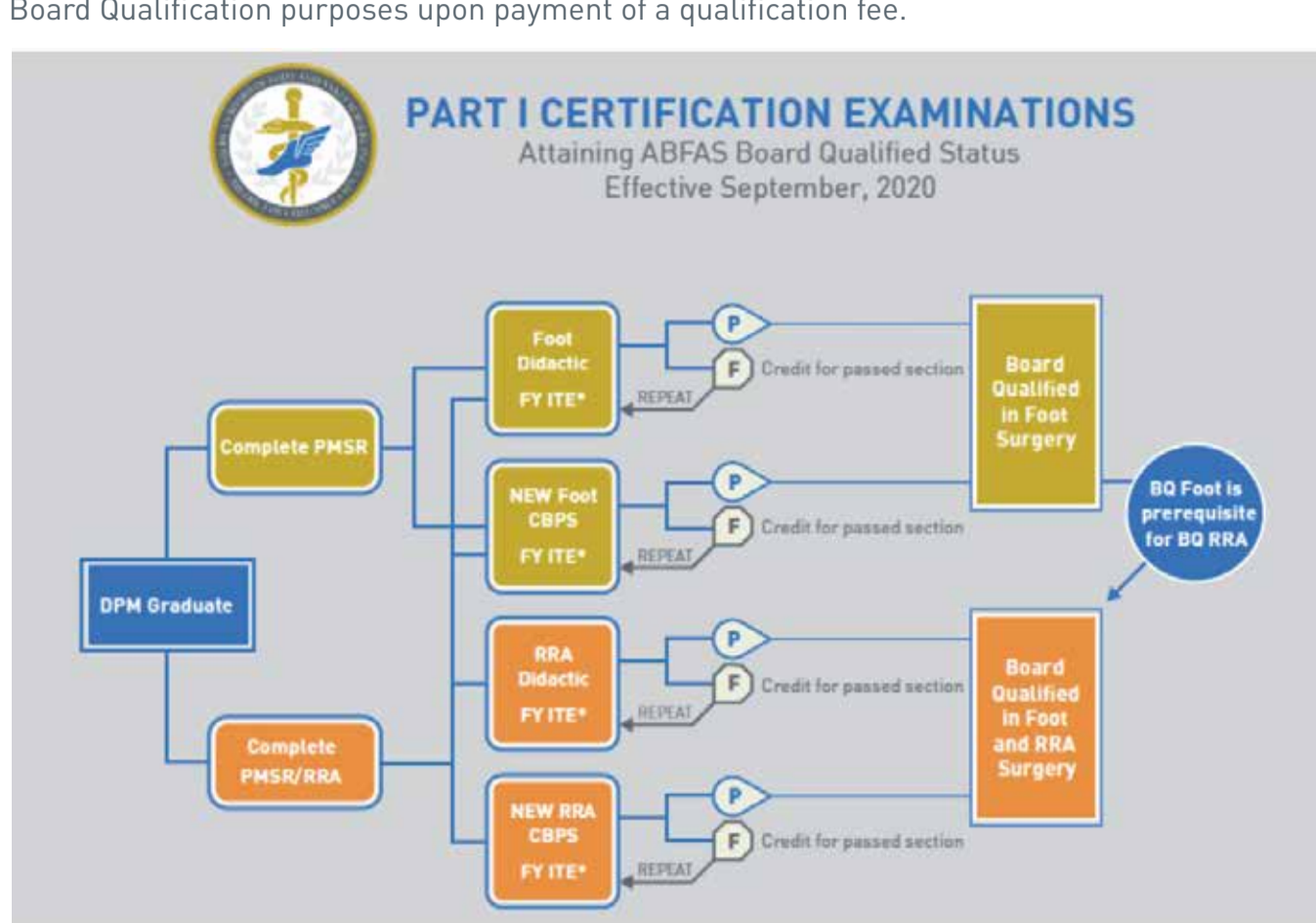
ABFAS is the only foot and ankle surgery certification board recognized by the Joint Committee on the Recognition of Specialty Boards (JCRSB) as part of the Council of Podiatric Medical Education (CPME) under the authority of the American Podiatric Medical Association (APMA).

Your Pathway to Certification

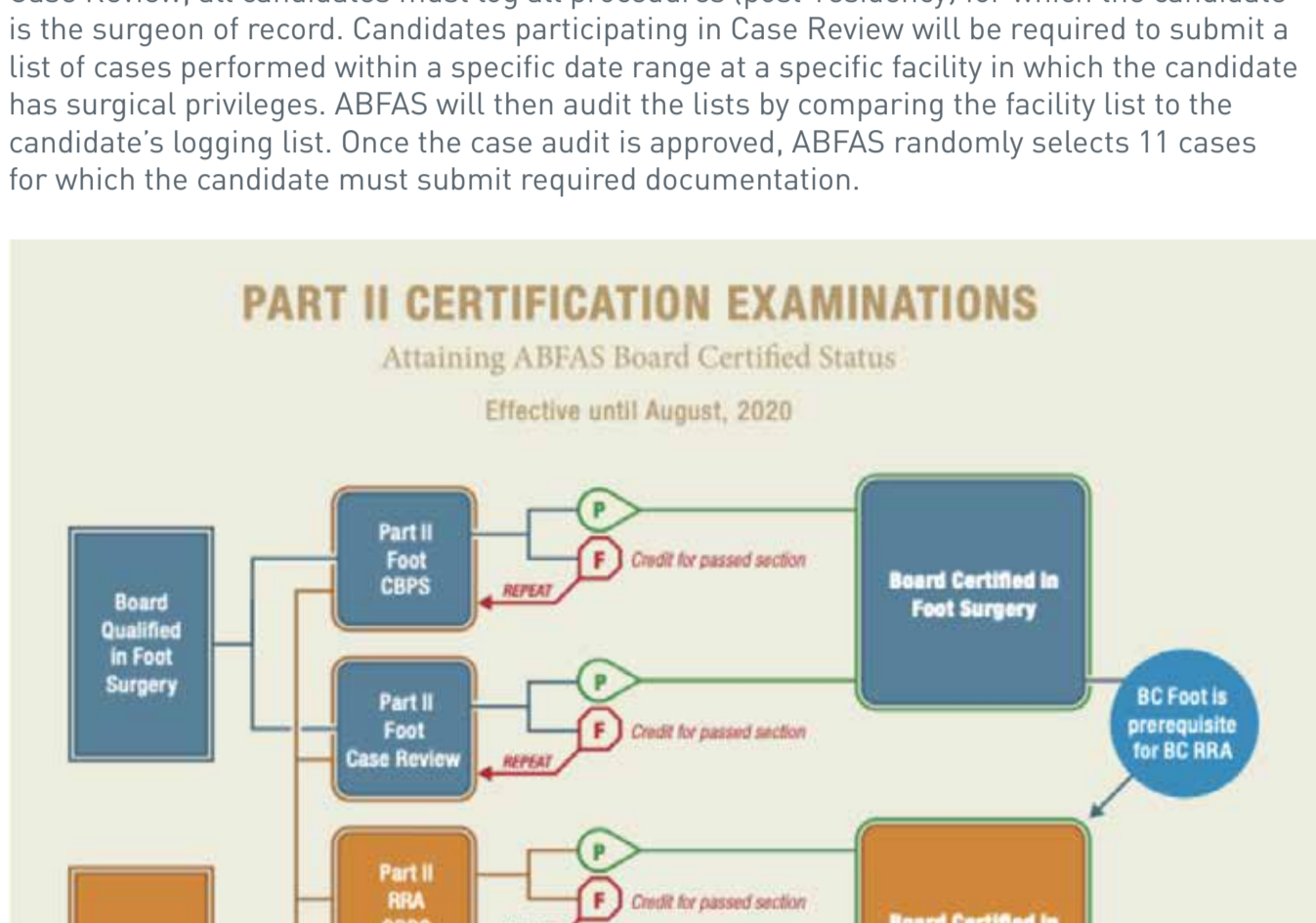
The first step towards ABFAS certification is completion of a 4-year doctoral training program at one of the nine podiatric medical colleges accredited by the Council on Podiatric Medical Education (CPME). Once completed, candidates must then complete a 3 or 4-year year surgical residency at a CPME-approved Podiatric Medicine and Surgery resident training program.

During this time, all residents should be logging their cases regularly through the Podiatry Residency Resource (PRR). Residents will be able to take the ABFAS In-training exam each year of their residency in order to prepare for the Part I qualification and Part II certification exams.

During the final year of residency, residents will be able to apply for the Spring Part I Board Qualification exams. Residents can register for Part I Foot and RAA Didactic and CBPS exams. In order to complete board qualification, residents must complete a CPME-approved residency program and then pass Part I Foot Surgery or RRA Surgery Didactic and CBPS exams (qualified foot status is a prerequisite for qualified RRA status).

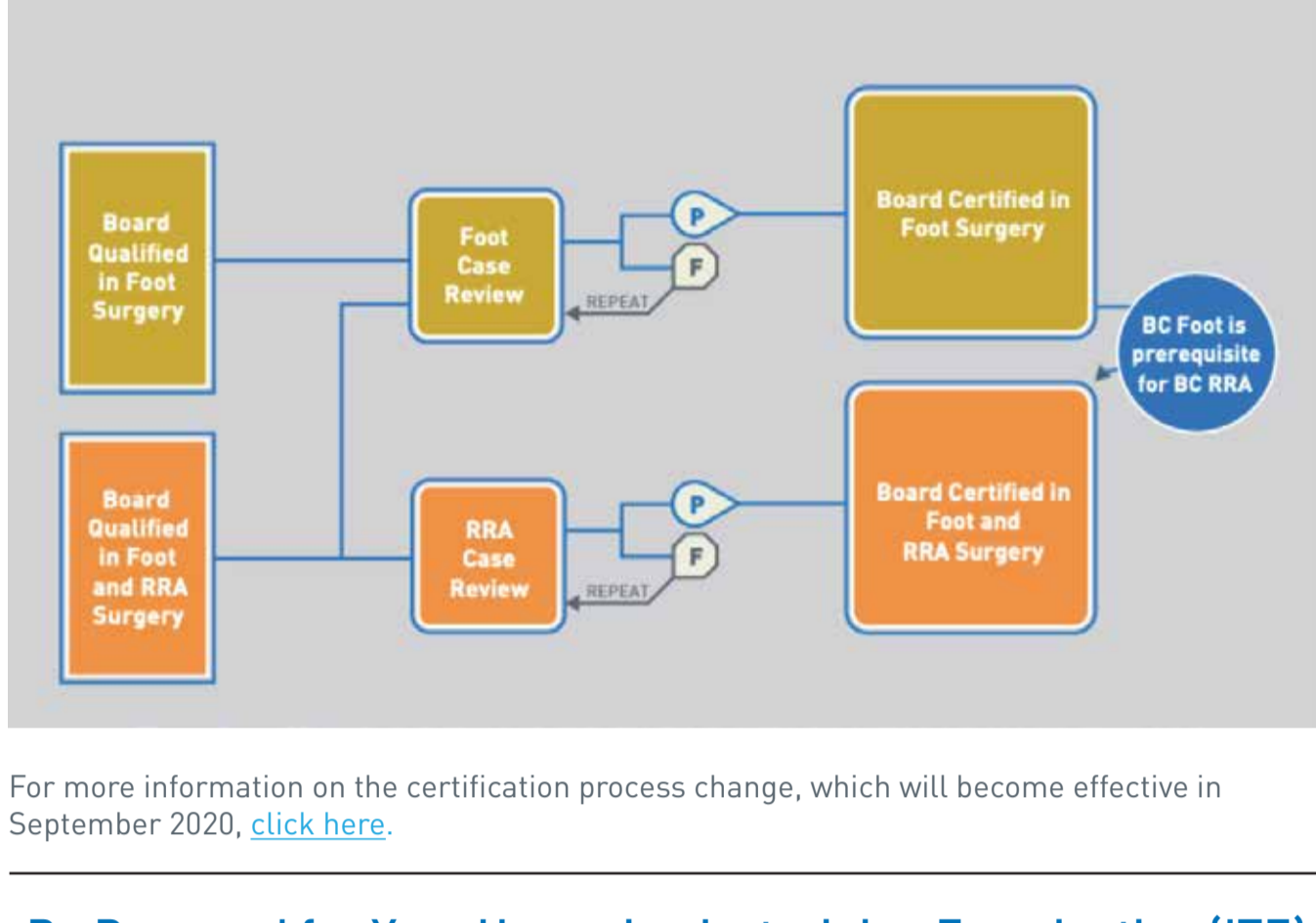


Starting in the Fall of 2020, final year residents will be able to use their passing ITE score for Board Qualification purposes upon payment of a qualification fee.

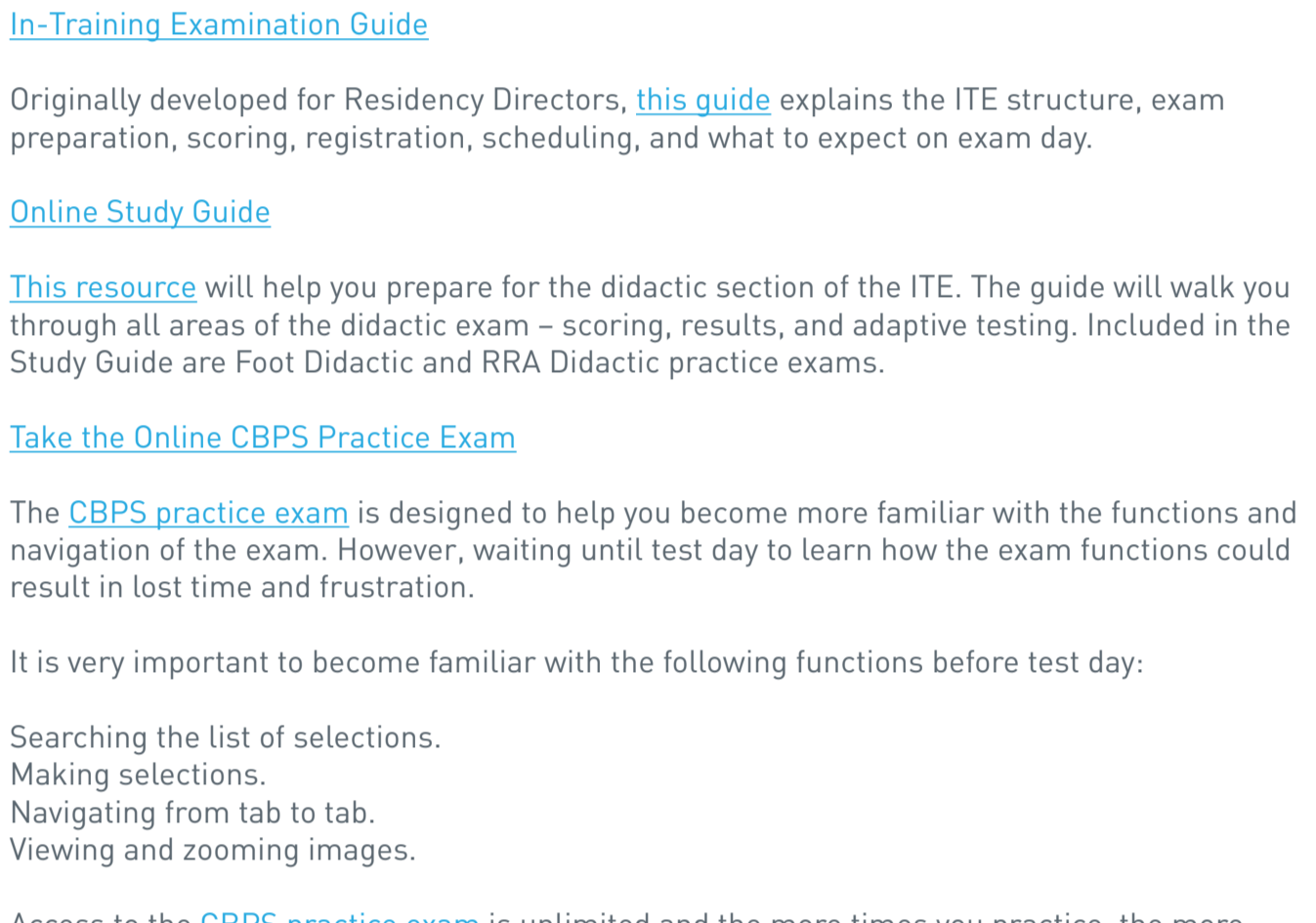


Once a candidate has achieved board qualification, their next step is board certification. Board qualified candidates have seven years from their qualification date to achieve board certification. Becoming board certified indicates that a foot and ankle surgeon has completed both the Part I and Part II examinations. Board certified surgeons are called "Diplomates" or members of ABFAS.

Part II examinations include Case Review and a second CBPS exam. In order to prepare for Case Review, all candidates must log all procedures (post-residency) for which the candidate is the surgeon of record. Candidates participating in Case Review will be required to submit a list of cases performed within a specific date range at a specific facility in which the candidate has surgical privileges. ABFAS will then audit the lists by comparing the facility list to the candidate's logging list. Once the case audit is approved, ABFAS randomly selects 11 cases for which the candidate must submit required documentation.



Candidates who have attained Board Qualification after September 2020, will only need to pass Case Review in order to become Board Certified.



For more information on the certification process change, which will become effective in September 2020, [click here](#).

Be Prepared for Your Upcoming In-training Examination (ITE)

The ITE has two parts – the didactic and the Computer-based Patient Simulation (CBPS) exams. The didactic section of the ITE is composed of 90 multiple choice questions, or items. The CBPS section of the ITE is composed of 8 cases. Each section is 120 minutes in length.

ABFAS provides many resources for residents to prepare for this exam. You can find these resources at: ABFAS.org

In-Training Examination Guide

Originally developed for Residency Directors, [this guide](#) explains the ITE structure, exam preparation, scoring, registration, scheduling, and what to expect on exam day.

Online Study Guide

[This resource](#) will help you prepare for the didactic section of the ITE. The guide will walk you through all areas of the didactic exam – scoring, results, and adaptive testing. Included in the Study Guide are Foot Didactic and RRA Didactic practice exams.

Take the Online CBPS Practice Exam

The [CBPS practice exam](#) is designed to help you become more familiar with the functions and navigation of the exam. However, waiting until test day to learn how the exam functions could result in lost time and frustration.

It is very important to become familiar with the following functions before test day:

- Searching the list of selections.
- Making selections.
- Navigating from tab to tab.
- Viewing and zooming images.

Access to the [CBPS practice exam](#) is unlimited and the more times you practice, the more familiar you will become with the user interface and how the CBPS system responds to entries. This will save you time on each case and will allow you to focus on the content of the case and not on how the exam works.

Watch the CBPS Exam Video

ABFAS has developed a video with tips on navigating the CBPS exam, answers to common questions, and how to approach the exam. Be sure to watch this video, "[Navigating the CBPS Exam](#)" before exam day.

Navigating the CBPS Exam



When Taking the CBPS Examination

Consider the relevant aspects of patient management such as case history, physical examination, imaging, labs, diagnostic procedures, diagnosis, treatment, and in some cases, follow-up diagnosis and treatments. For example, if you are hesitant about whether a procedure is warranted, you should make the decision based on clinical indications.

Case-focused physical examinations and patient work-ups are as important as diagnosis and treatment. While compiling patient information, you must balance thoroughness with efficiency, as well as balancing quality versus quantity. You should select information that is specific to the problem that is presented in the case. Since there are a limited number of choices, it is important to be very specific to demonstrate that you have the ability and knowledge to manage the case in an appropriate manner.

Common CBPS Mistakes to Avoid

Jumping to a Diagnosis and Treatment

A common mistake made on the CBPS exam is to jump to a diagnosis and move to treatment without providing evidence that the diagnosis and treatment were selected in a thoughtful manner. For example, seeing an image of a patient with a bunion and deciding to take an x-ray and then do a procedure would be a mistake. We need to know that you performed an appropriate case-focused physical examination. This is demonstrated by selecting the physical examination options that relate specifically to the problem presented and/or support the determination of a diagnosis and treatment plan, where applicable.

Not Providing a Case-focused Work-up

Working to prepare the patient for surgery is not the purpose of the examination. The purpose is to come up with a diagnosis and a treatment plan that is pertinent to the case itself. Concentrate on the case-specific information presented to determine if you need any additional evidence for the diagnosis and treatment of the case. It is important to focus on the management of the case, not the surgical work-up.

For additional CBPS resources, including instructions for the CBPS Practice Exam [click here](#).



[L-R] Kevin Huntsman, DPM, PGY-2; Michelle Hurless, DPM, PGY-2; Woo Jon Lee, DPM, PGY-3; and Steven Brancheau, DPM, Program Director, Hurless Regional Medical Center, Greenville, TX.

Residents and Residency Directors are #footfirst

ABFAS would like photos from all the residency programs across the country! We are looking for photos of residents studying, performing cases, interacting with feet, performing on feet, or even just hanging out with other residents.

Send your best photos to footfirst@abfas.org so we can share them on social media, in our newsletters, AND our new website! We will select a monthly winner with the best photo who will receive a great ABFAS prize and recognition on our Facebook page. Don't forget to share your photos using #footfirstABFAS

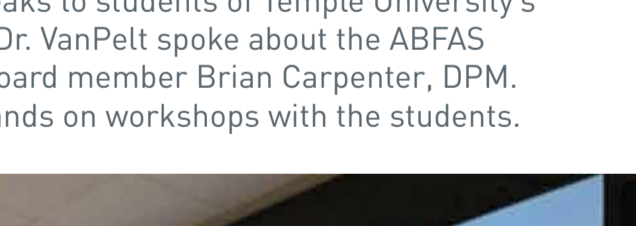
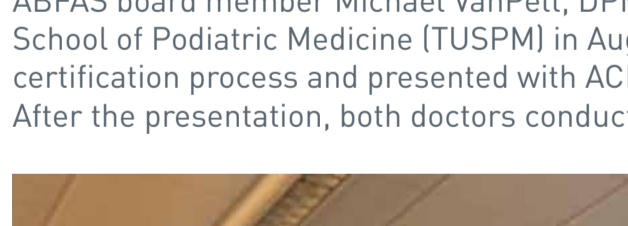
Join Us!

ABFAS will be attending the TPMA conference in Frisco, TX this weekend. If you are attending, we welcome you to stop by our booth and receive a free gift! John Venson, DPM will be speaking at a HUB session on Friday September 13 at 10:15 am where he will answer all your questions about the ABFAS Board Certification process.

TPMA Southwest Foot and Ankle Conference
September 12-14, 2019
Embassy Suites Hotel & Convention Center
Frisco, TX

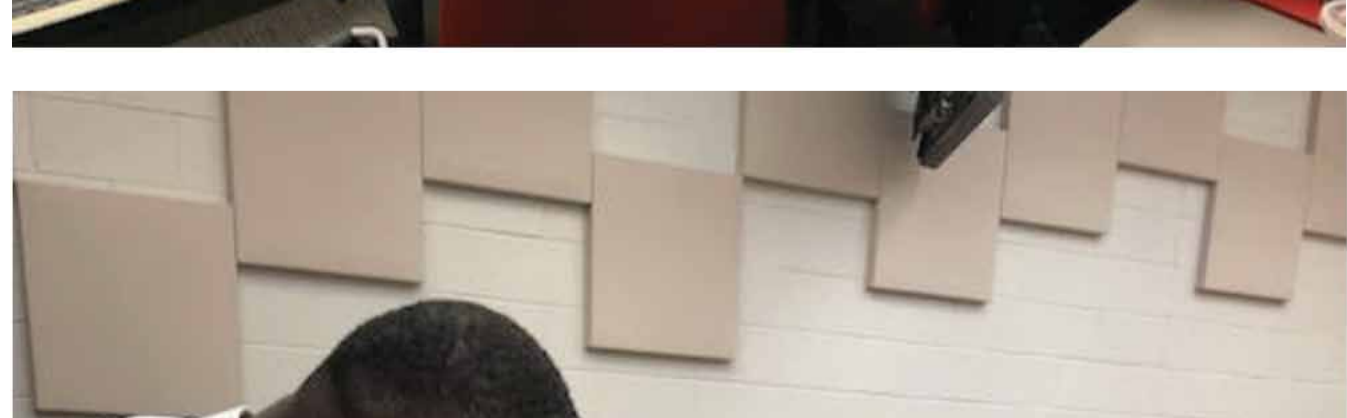
Young Physicians' Institute Reception at APMA

ABFAS sponsored the Young Physicians' Institute reception at APMA's the National in Salt Lake City, Utah. Early career surgeons and residents joined the ABFAS board members and staff over food and drinks to discuss ABFAS board certification.



ABFAS Visits Temple University's School of Podiatric Medicine

ABFAS board member Michael VanPelt, DPM, speaks to students of Temple University's School of Podiatric Medicine (TUSPM) in August. Dr. VanPelt spoke about the ABFAS certification process and presented with ACFAS board member Brian Carpenter, DPM. After the presentation, both doctors conducted hands on workshops with the students.



Safe Sender

ABFAS would like all communication to find it to your inbox. Please add info@abfas.org, updates@abfas.org, and scheduling@abfas.org to your safe sender list to assure that all of our emails arrive in your "new emails" inbox and not in "spam."

Since 1975, ABFAS' mission is to protect and improve the health and welfare of the public by the advancement of the art and science of foot and ankle surgery.

