



# ABFAS NEWSLETTER

for Board Qualified Candidates

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August 30, 2018

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## Case Review Hospital Accreditation Rule

In the Fall of 2017, ABFAS released the Board Certification requirements and advised of a new policy requiring candidates to confirm the accreditation status of the facility(ies) in which they performed cases. After further consideration, the ABFAS Board of Directors approved a recommendation to eliminate the facility accreditation requirement from the case review process. While ABFAS will no longer enforce this requirement, we recommend that all your foot and ankle surgeries be performed at accredited facilities.



## Case Review: Mislogging Cases

The 2019 ABFAS Case Review registration will open November 1, 2018 and close on December 7, 2018. If you plan to register for case review, please make sure you are logging your cases in PLS and that you log all cases to ensure you can pass the hospital audit – the first step in the case review process.

Mislogging is one of the major reasons why candidates fail case review. Candidates must pay close attention to ensure each case is logged accurately .

Below is a list of common logging errors that resulted in candidates failing case review:

1) A Lisfranc fracture ORIF or arthrodesis is not considered a rearfoot procedure. A lisfranc fracture ORIF should be logged as 4.13 (Open management of tarsometatarsal fracture/dislocation) and a lisfranc joint arthrodesis is logged as 4.15 (tarsometatarsal fusion). Please note: "Midfoot" joint(s) refers to any joint proximal to, and not including, tarsometatarsal/lisfranc joint.

2) A Lapidus bunionectomy is a first ray procedure and should only be logged as 2.1.6 (bunionectomy with first metatarsocuneiform fusion) or 2.2.5 (joint salvage with first metatarsocuneiform fusion) or 2.3.3 (metatarsocuneiform fusion, other than for hallux valgus or hallux limitus).

3) A Haglund's deformity where the posterior heel exostosis is shaved (without detaching and reattaching a major portion of the Achilles tendon) should be logged as 4.1 (partial ostectomy). Such cases are never used for case review. If logged incorrectly, and the case is pulled for review, a failing score will occur.

4) Plastic surgery does not include simple wound debridement and synthetic/biological graft application. A synthetic/biological graft application and/or simple double elliptical lesion excision does not meet the criteria for case review and if submitted will result in a failing score.

5) A Kidner procedure should be logged either as 5.1.6 (tendon augmentation/supplementation or restoration) or 3.1 (excision of ossicle). Removal of any ossicle such as os peroneum, os navicularis, os trigonum should only be logged as 3.1. Do not take the risk and log incorrectly as a simple ossicle removal with/without tendon debridement is not a qualified procedure for case review and will result in a failing score.

6.) If a joint salvage procedure with cheilectomy only is logged as a joint salvage procedure with distal metatarsal osteotomy, the candidate will receive a low or failing score for that case.

7.) Open management of fracture or metatarsophalangeal joint (MTPJ) dislocation cases must include internal or external fixation.

Register for the ABFAS 2019 Case Review at: [abfas.org](http://abfas.org) November 1 - December 7, 2018.

## Why is ABFAS Board Certification Important to Foot and Ankle Surgeons?

- ABFAS is the only foot and ankle surgery certification board recognized by the Council on Podiatric Medical Education through the Joint Committee on the Recognition of Specialty Boards. The American Podiatric Medical Association delegated responsibility to recognize specialty certifying boards in podiatry to the Council.
- ABFAS has more than 7,200 members.
- Increasingly, hospitals, credentialing bodies and insurance companies require physicians to have specialty board certification.
- Many large medical groups require certification in order to become a shareholder.
- Personal credibility.
- In a recent survey, patients rated board certification the most important criteria in choosing a foot and ankle surgeon.

Log on to: [abfas.org/becomecertified](http://abfas.org/becomecertified) to read more about the process and importance of ABFAS Board Certification.

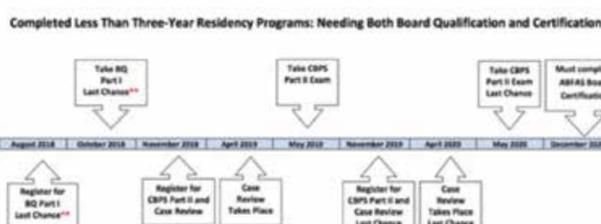
## Notice to Graduates of Less than Three-Year Podiatric Residency Programs

(PM&S-24, PSR-24, PSR12/PPMR, PSR12/RPR, PSR12/POR):

This coming fall, registration for the ABFAS Board Qualified Part I Exams might be the last time you can apply to become board certified.

### How does this affect you?

Candidates **without** ABFAS Board Qualified status have until December 31, 2018 to complete the ABFAS board qualification and 2020 to complete certification. If your initial qualification has expired, you may pursue requalification for a second and final time; however, any requalification may not extend beyond December 31, 2020. What this means is that this fall is your last opportunity to become board qualified. You will have to register for and pass Part I exams this fall. Registration opens on August 15, 2018. Please refer to this timeline for details.



Candidates **with** Board Qualified status may pursue board certification until December 31, 2020. Please refer to this timeline for details.



## Uploading Images into PLS



One of the major areas of concern for candidates preparing their board certification case documentation is images. Indeed, unreadable or inappropriately uploaded images are frequently cited in the case review process. ABFAS has created information to assist you in the preparation of suitable images for uploading with your case documentation. Please read through this document before uploading images into PLS.

## ABFAS Profile Update

ABFAS reminds you to log into your profile and confirm all contact information, including email address and mailing address is up-to-date. Please also confirm that all licenses are up-to-date. To update your license information, email your license information to [licenses@abfas.org](mailto:licenses@abfas.org) or you can fax your information at: 415.553.7801



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