
AMERICAN BOARD OF FOOT AND ANKLE SURGERY

Information and Requirements For Part I Board Qualification



American Board of Foot and Ankle Surgery®

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This document contains information specific only to the Spring 2021 examinations.

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Nondiscrimination Policy. In accordance with applicable federal laws, the American Board of Foot and Ankle Surgery® does not discriminate in any of its policies, procedures, or practices on the basis of race, color, national origin, sex, sexual orientation, age, or disability.

Americans with Disabilities Act. In compliance with the *Americans With Disabilities Act*, the American Board of Foot and Ankle Surgery® will make reasonable accommodations for individuals with disabilities provided the candidate submits a written request and all required documentation no later than thirty (30) days prior to the date(s) of the examination. Candidates will find additional information including how to apply on the ABFAS website.

The Part I Board Qualification Process

Individuals with a Doctor of Podiatric Medicine (DPM) degree and who have completed at least a three (3) year CPME-approved residency program are eligible to begin the Board Qualification process. You must be Board Qualified before you can begin the Board Certification process.

What does it mean to be Board Qualified?

Board Qualification in Foot Surgery

Board Qualification in Foot Surgery indicates a demonstrated level of capability in the diagnosis of general medical problems, including the diagnosis and surgical management of pathologic foot conditions, deformities, and/or traumatic injuries.

Board Qualification in Reconstructive Rearfoot/Ankle (RRA) Surgery

Board Qualification in Reconstructive Rearfoot/Ankle (RRA) Surgery indicates a demonstrated level of capability in the diagnosis of general medical problems, including the diagnosis and surgical management of pathologic foot and ankle conditions, deformities, and/or trauma, and of structures that affect the foot, ankle, and leg. ***Board Qualification in Foot Surgery is a prerequisite for Board Qualification in RRA.***

Changes to the Board Qualification and Certification Process

As of September 2020, candidates seeking ABFAS certification must follow the new certification process.

ABFAS' goals of the new certification process:

- Simplify the certification process by requiring fewer exams
- Save candidates time and money
- Allow candidates to use their passing Final-Year ITE score for qualification upon payment of a qualification fee.

Process Changes to the Final-year In-training Examinations Impacting Board Qualification

Final-Year Residents

Final-year residents take four In-training Exams consisting of an 80-item didactic exam and a 12-case CBPS exam for both Foot and RRA surgery. Residents who pass any component of their final year ITE will be able to use their passed exam for ABFAS board qualification purposes. Please see Appendix A for additional information regarding the board qualification fee.

Process Changes to the Part I Board Qualification Examinations

Board Qualified Candidates who have passed the 8-case CBPS examination will still need to take two exams to achieve board certification after they become Board Qualified. These exams include Case Review and another CBPS exam, the NEW CBPS. The NEW CBPS examination, made up of 12 cases, is not the psychometric equivalent of the former 8-case CBPS examination.

	Former ABFAS Board Qualification and Certification Examinations Requirements	Board Qualification and Certification Examination Requirements as of September 2020
In-training Examinations (September)	PGY 1 & 2 take same examinations <ul style="list-style-type: none"> • Foot Surgery Didactic – 90 Items • Foot Surgery CBPS – 8 Cases PGY 3 (& PGY 4 where applicable) in PMSR/RRA programs <ul style="list-style-type: none"> • Foot & RRA Didactic – 90 Items • Foot & RRA CBPS –4 Foot/4 RRA 	PGY 1 & 2 (and PGY 3 in 4-year programs) take same examinations <ul style="list-style-type: none"> • Foot Surgery Didactic – 80 Items • Foot Surgery CBPS - 8 Cases • RRA Surgery Didactic - 80 Items • RRA Surgery CBPS - 8 Cases Final Year Residents take In-training Exams that are the equivalent of the new Board Qualification Examination Series (see below)
Part I Board Qualification	<ul style="list-style-type: none"> • Foot Surgery Didactic – 80 Items • Foot Surgery CBPS - 8 Cases • RRA Surgery Didactic - 80 Items • RRA Surgery CBPS - 8 Cases 	<ul style="list-style-type: none"> • Foot Surgery Didactic – 80 Items • Foot Surgery CBPS – 12 Cases • RRA Surgery Didactic – 80 Items • RRA Surgery CBPS – 12 Cases Candidates will be able to apply their passing Final-Year ITE scores for qualification purposes upon payment of a qualification fee.
Part II Board Certification	<ul style="list-style-type: none"> • Foot Surgery CBPS – 12 Cases • Foot Surgery Case Review • RRA Surgery CBPS – 16 Cases • RRA Surgery Case Review 	Board Qualified prior to September 2020: <ul style="list-style-type: none"> • New Foot Surgery CBPS – 12 cases • Foot Surgery Case Review • NEW RRA Surgery CBPS – 12 Cases • RRA Surgery Case Review Board Qualified September 2020 or after: <ul style="list-style-type: none"> • Foot Surgery Case Review • RRA Surgery Case Review

Please see Appendix B for more details regarding the new certification requirements.

Board Qualification is a Two-Step Process

There are two steps to the Board Qualification process: Residency Completion/Licensure Documentation and the Board Qualification Examinations.

1. Documentation

Residency Completion Certificate and State License

Upon completion of your residency, submit a photocopy of both the residency completion certificate and a

current, valid, state license to ABFAS. You can do so by scanning and emailing your documents to certifications@abfas.org or faxing to 415.553.7801. Your program does not automatically send the certificate to ABFAS. You must do so. You have one year after passing the board qualification exam to submit your documentation, but we recommend that you submit as soon as you can.

Surgical Case Logs

During residency, log all surgical cases via [Podiatry Residency Resource \(PRR\)](#). Logs must list all cases you performed or participated in during your residency program and must meet minimum surgical training requirements as delineated in the applicable CPME 320. Your residency program director must verify and sign your logs, thus verifying within the PRR system the diversity and volume of surgical activity required for Board Qualification. If you pass the Part I board qualification examinations, but have not met the CPME 320 diversity requirements, you will not be able to become board qualified.

2. Part I Board Qualification Examinations

The Board Qualification examinations demonstrate your cognitive knowledge and clinical reasoning skills in the medical, intraoperative, and perioperative care of foot and ankle surgery patients. They are offered in March and October each year. Residents that are in their final residency year may take the Part I March examinations. They can also use any passed Final Year In-training exam count towards their board qualification. Candidates who have completed their residency may take the exam in March and/or October depending on the year they completed their residency program.

NEW EXAM CYCLE

Candidates who completed residency prior to 2021 will be able to take the Board Qualification examinations only once per year in the Spring.

ABFAS Board Qualification Examination Schedule Effective 2020 (For Pre-2021 Residency Graduates)								
Residency Completion Year	2021		2022		2023		2024	
	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall
<2021	NEW BQ		NEW BQ		NEW BQ		NEW BQ	

Candidates who complete residency in 2021 and after may take Part I Board Qualification examinations in the Spring of their final year. After that, they may take Board Qualification examinations only once per year during the Fall.

ABFAS Board Qualification Examination Schedule Effective 2020 (For 2021 and After Residency Graduates)								
Residency Completion Year	2021		2022		2023		2024	
	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall
2021	NEW BQ	NEW BQ		NEW BQ		NEW BQ		NEW BQ

2022		Final PGY ITE	NEW BQ	NEW BQ		NEW BQ		NEW BQ
2023				Final PGY ITE	NEW BQ	NEW BQ		NEW BQ

NEW BQ = new Part I exams (didactic and NEW 12-case CBPS)

Final PGY ITE can be converted to NEW BQ exam credit if passed

Please see Appendix C for additional information regarding eligibility.

The Didactic Examination

The didactic examination component of the Board Qualification Examinations consists of single best-answer multiple-choice questions (items) that evaluate clinical knowledge and treatment skills acquired during a podiatric surgical residency. The didactic examination is an adaptive test where the computer dynamically presents multiple-choice questions that adjust in item difficulty based on the examinee's demonstrated ability level. As you answer each question, the computer assesses the response and selects the next question based on whether you answered the previous answer correctly. The questions become progressively more or less difficult as the software assesses and establishes the ability level of the examinee.

Didactic Examination Structure

The examination contains 80 multiple-choice questions. Of those 80 questions, some may be in the process of field testing and will not count toward the reported score. Examinees are given 120 minutes to complete the examination.

Didactic Examination Structure	
Examination Type	Computer Adaptive (CAT)
Time Allotted	120 minutes
Type	Didactic/Multiple-Choice
# of Questions	80

Didactic Examination Subject Areas

Table 1 *Didactic Subject Areas* shows the broad topics for the didactic examination, as applied to the practice of podiatric surgery. The *Definition* and *Sample Topics* help to describe the topics covered in each *Subject Area*. The Exam Weight is the percent of total items that are expected to appear on the examination. For example, the subject area *Surgical Principles* is weighted at 20% of the examination for the Foot and RRA examinations, so approximately 16 of the 80 items on the examination will be in that subject area. The precise number in each subject area may vary slightly. The didactic examination subject areas are based on a practice analysis which is a systematic collection of data describing the knowledge, skills, and competencies required to practice as a foot and ankle surgeon.

[Table 1] Part I Didactic Examination Subject Areas (Foot & RRA)

Diagnostic Studies/Medical Imaging		Foot Exam Weight = 10% RRA Exam Weight = 15%
<p>Definition: Interpretation of specific studies of diseases, disorders, and conditions of the lower extremity. RRA subject areas may be tested on the Foot exam.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ Diagnosis or differential based on laboratory studies, imaging, or other diagnostic studies. ▪ Diagnosis based on a specific imaging study. 	

[Table 1] Part I Didactic Examination Subject Areas (Foot & RRA), Continued

Surgical Principles		Foot Exam Weight = 20% RRA Exam Weight = 20%
<p>Definition: General principles standard to all surgical disciplines and applicable to podiatric surgery. RRA subject areas may be tested on the Foot exam.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ Preoperative, intraoperative, or postoperative decision-making or management. ▪ Not procedure specific. 	
Surgical Procedures/ Techniques		Foot Exam Weight = 20% RRA Exam Weight = 25%
<p>Definition: Intraoperative aspects of specific surgical procedures.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ Relevant (normal or abnormal) anatomy encountered and surgically altered during the performance of a surgical procedure. ▪ Anatomy that is encountered and surgically altered. ▪ Incision placement and dissection technique. ▪ Orientation of bone cuts. ▪ Selection and application of fixation devices and bioimplants. ▪ Placement and fixation of tissue transfers. ▪ Selection and application of closure materials, drains, and surgical dressings. ▪ Complications that are assessed and/or managed intraoperatively. 	
Procedural Perioperative Management		Foot Exam Weight = 20% RRA Exam Weight = 20%
<p>Definition: Procedure-specific and preoperative or postoperative in nature (not intraoperative). RRA subject areas may be tested on the Foot exam.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ Selection of a specific procedure based on findings. ▪ Diagnosis that requires a surgical management decision. ▪ Postoperative management of a specific procedure. 	
Complications		Foot Exam Weight = 20% RRA Exam Weight = 20%
<p>Definition: Procedure- or injury-specific postoperative or post-traumatic conditions. RRA subject areas may be tested on the Foot exam.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ Identification and/or management of lower extremity procedure-specific postoperative complications. ▪ All-inclusive subject categories dealing with diagnosis and/or treatment. 	
General Medicine		Foot Exam Weight = 10% RRA Exam Weight = 0%
<p>Definition:</p>	<p>Sample Topics:</p>	

<p>All general medical diagnostics and treatments exclusive of lower-extremity pathology.</p>	<ul style="list-style-type: none"> ▪ Systemic complications. ▪ Diagnosis that requires a medical management decision. ▪ Medical management: diagnosis and treatment of diseases, disorders, and conditions, exclusive of the lower extremity. ▪ Interpretation of history and physical examination and diagnostic studies relating to non-lower extremity pathology. ▪ Anesthesia: local, regional, spinal, epidural, IV sedation, and general anesthesia topics, including related peri-anesthesia assessment and pharmacologic management. ▪ Emergency medicine: diagnosis and treatment of urgent or emergent diseases, disorders, and conditions exclusive of lower extremity
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Tables 2 and 3 describe the various conditions that may be tested under one or more *Subject Areas*. Each examination question is tied to a specific *Subject Area* and *Subcategory*. For example, a question could be within the Surgical Principles subject area and specifically about the acquired digital deformities subcategory. There is no specific weighting for the subcategories.

[Table 2] Part I Didactic Examination Subcategories - Foot Surgery	
Foot surgery subcategories can apply to any of the Subject Areas in Table 1, with exceptions noted below.	
Deformities	
<ul style="list-style-type: none"> ▪ Acquired digital deformities. ▪ Hallux abductovalgus. ▪ Hallux limitus. ▪ Central metatarsal deformities. ▪ Fifth metatarsal deformities. ▪ Other common forefoot deformities. ▪ Complex/combined forefoot deformities. ▪ Common rearfoot deformities. ▪ Congenital digital deformities (polydactyly, syndactyly, macrodactyly, overlapping digits). ▪ Congenital forefoot deformities (brachymetatarsia, clawfoot, hallux varus). ▪ Metatarsus adductus 	<p>The following subcategories are covered in all Subject Areas except "Surgical Procedures/Techniques":</p> <ul style="list-style-type: none"> ▪ Metatarsus adductus/skewfoot ▪ Pes planus ▪ Pes cavus ▪ Clubfoot ▪ Tarsal coalition ▪ Vertical talus ▪ Calcaneovalgus ▪ Equinus deformities ▪ Complex leg/ankle deformities
Infections	
<ul style="list-style-type: none"> ▪ Soft tissue. ▪ Bone/joint. 	<ul style="list-style-type: none"> ▪ Systemic.
Neoplasms/tumors/masses (primary benign, primary malignant, metastatic)	
<ul style="list-style-type: none"> ▪ Soft tissue. ▪ Bone. 	
Other conditions	
<ul style="list-style-type: none"> ▪ Vascular disorders. ▪ Focal neuropathies (entrapments, neuroma, TTS) and CRPS. ▪ Neuropathic bone, joint, or soft-tissue derangements. ▪ Neuromuscular disorders. 	<ul style="list-style-type: none"> ▪ Arthritic disorders. ▪ Metabolic bone disease. Tendinopathies. ▪ Other soft-tissue disorders (plantar fasciitis). ▪ Nail and dermatologic disorders. ▪ Chronic post-traumatic disorders. ▪ Osteochondroses/AVN.
Acute trauma	

<ul style="list-style-type: none"> ▪ Digital and sesamoidal fractures/dislocations. ▪ Metatarsophalangeal joint dislocations. ▪ Metatarsal fractures. ▪ Tarsometatarsal fractures/dislocations. ▪ Acute tendon ruptures/lacerations. ▪ Acute nerve/vascular injury (including compartment syndrome). ▪ Miscellaneous acute trauma (degloving injury, foreign body, gunshot wounds, crush injury, contusions, burns). ▪ Pediatric fractures/growth-plate injuries. 	<p>The following subcategories are covered in all Subject Areas except "Surgical Procedures/Techniques":</p> <ul style="list-style-type: none"> ▪ Midfoot fractures/dislocations ▪ Rearfoot fractures/dislocations ▪ Ankle fractures ▪ Acute soft-tissue ankle Injuries
Nonspecific	
<ul style="list-style-type: none"> ▪ Joint implants. ▪ Fixation devices. ▪ Bone grafts/bone substitutes/bone healing. ▪ Suture materials. ▪ Soft tissue/anchor/skin graft/healing. 	<ul style="list-style-type: none"> ▪ Anatomy. ▪ Medicine (illnesses/therapeutics). ▪ Anesthesia. ▪ Other.

[Table 3] Part I Didactic Examination Subcategories - RRA Surgery	
RRA surgery subcategories can apply to any of the Subject Areas in Table 1	
Deformities	
<ul style="list-style-type: none"> ▪ Metatarsus adductus/skewfoot ▪ Pes planus ▪ Pes cavus ▪ Clubfoot ▪ Tarsal coalition 	<ul style="list-style-type: none"> ▪ Vertical talus ▪ Calcaneovalgus ▪ Equinus deformities ▪ Complex leg/ankle deformities
Infections	
<ul style="list-style-type: none"> ▪ Soft tissue. ▪ Bone/joint. 	<ul style="list-style-type: none"> ▪ Systemic.
Neoplasms/tumors/masses (primary benign, primary malignant, metastatic)	
<ul style="list-style-type: none"> ▪ Soft tissue. ▪ Bone. 	
Other conditions	
<ul style="list-style-type: none"> ▪ Vascular disorders. ▪ Focal neuropathies (entrapments, neuroma, TTS) and CRPS. ▪ Neuropathic bone, joint, or soft-tissue derangements. ▪ Neuromuscular disorders. 	<ul style="list-style-type: none"> ▪ Arthritic disorders. ▪ Metabolic bone disease. Tendinopathies. ▪ Other soft-tissue disorders (plantar fasciitis). ▪ Nail and dermatologic disorders. ▪ Chronic post-traumatic disorders. ▪ Osteochondroses/AVN.
Acute trauma	
<ul style="list-style-type: none"> ▪ Midfoot fractures/dislocations ▪ Rearfoot fractures/dislocations ▪ Ankle fractures ▪ Acute soft-tissue ankle Injuries ▪ Acute tendon ruptures/lacerations. ▪ Acute nerve/vascular injury (including compartment syndrome). 	<ul style="list-style-type: none"> ▪ Miscellaneous acute trauma (degloving injury, foreign body, gunshot wounds, crush injury, contusions, burns). ▪ Pediatric fractures/growth-plate injuries.
Nonspecific	
<ul style="list-style-type: none"> ▪ Joint implants. ▪ Fixation devices. ▪ Bone grafts/bone substitutes/bone healing. ▪ Suture materials. 	<ul style="list-style-type: none"> ▪ Anatomy. ▪ Medicine (illnesses/therapeutics). ▪ Anesthesia. ▪ Other.

- Soft tissue/anchor/skin graft/healing.

Preparing for your Didactic Exam

See the [Didactic Examination Preparation](#) page on the ABFAS web site for guidance on preparing for the didactic examination and access to the practice didactic exam.

The CBPS Examination

CBPS assesses case management skills in a simulated clinical environment. The examination requires you to demonstrate your accumulated knowledge and experience by analyzing information presented in a case and arriving at a diagnosis and treatment plan in a simulated clinical situation. The initial case information is presented as a brief written passage that describes the patient's current condition and may include medical history, images, and/or other pertinent information. You then gather additional information by selecting options from dropdown lists that relate to physical exam tasks, imaging, laboratory tests, and/or diagnostic procedures. As the options are selected, more information may be displayed that could be helpful in arriving at a diagnosis and treatment plan. Next, you arrive at a diagnosis after which you select options to develop a treatment plan. Follow-ups and/or an additional diagnosis may appear in the case.

How CBPS Cases are Developed

A committee of Board-Certified foot and ankle surgeons trained and assessed in case development write the CBPS cases. The cases are actual cases from real patients that allow candidates to exercise and demonstrate critical thinking and analytical skills. Cases are scored on exams only after they have demonstrated statistical quality through field testing. The entire process to develop a CBPS case takes about two years and is conducted under the guidance of a psychometrician with expertise in certification examination development.

CBPS Examination Structure

The CBPS component uses twelve case scenarios to evaluate clinical reasoning skills, content knowledge, problem-solving ability, and clinical decision-making, i.e., ability to reason logically and arrive at a diagnosis or treatment plan for a specific patient presentation.

CBPS Examination Structure	
Examination Type	Computer-based Patient Simulation
Time Allotted	15 minutes per case 120 minutes total
Item Type	Case-specific Multiple Response
# of Cases	12

CBPS Examination Subject Areas

The broad topics for the CBPS examination, as applied to the practice of foot and ankle surgery, are shown in the **Table 4 CBPS Subject Areas**. The content percent is the target proportion of the examination points in each subject area tested on the examination. The precise number in each subject area varies for each case, as well as for the overall examination and is subject to change.

[Table 4] NEW CBPS Examination Content – Foot Surgery & RRA Surgery	
CBPS Case Management Areas	
A.	Physical examination
B.	Diagnostic procedures/labs/imaging
C.	Diagnosis
D.	Treatment (application of surgical principles and medical management to determine treatment of patient)
CBPS Content Areas	
Cases in each Subject Area may cover any of the following:	
• Trauma	• Complications/revisions
• Deformities/biomechanics	• Neoplastic disorders
• Medicine/perioperative management (infection/metabolic disease/arthritis disorders/emergency medicine)	• Neurovascular disorders
	• Congenital disorders/pediatrics

CBPS Practice Exam

ABFAS offers a [practice CBPS exam](#) that functions exactly like the real CBPS examination. It is important that you practice CBPS examinations during the weeks prior to the actual examination. You should become familiar with the computer screens and functionality of the simulations so that you can efficiently move through the actual examination.

You may access the practice examinations as many times as you wish. Obviously, the more times you practice, the more familiar you will become with the user interface and how the CBPS system responds to entries. It is very important to become familiar with searching the list of selections, making selections, navigating from tab to tab, and viewing and zooming images. With practice, you can be better prepared to take the actual CBPS examination and will be able to focus your attention on demonstrating your case management skills during the examination rather than figuring out the CBPS interface.

Below is a list of CBPS exam-related resources which are on the ABFAS web site. All require that you log in before you can access them.

- CBPS practice examination
- CBPS practice test instructions
- CBPS practice examination key and feedback
- Navigating the CBPS Exam video
- CBPS tips for success video
- Podcast “ABFAS Exam Preparation Materials”

Recommended Approach to the CBPS Examination

You should complete the CBPS to the best of your abilities by considering the relevant aspects of patient management such as case history, physical examination, imaging, labs, diagnostic procedures, diagnosis,

treatment, and in some cases, follow-up diagnoses and treatments. For example, if you are hesitant about whether a procedure is warranted, you should make the decision based on clinical indications.

Physical examination and patient workups are as important as diagnosis and treatment. While collecting patient information, you must balance thoroughness with efficiency, as well as balancing quality versus quantity. Only information that is specific to the problem that is presented in the case should be selected. Since there are a limited number of choices, it is important to be very specific to demonstrate to the Board that you have the ability and knowledge to manage the case in an appropriate manner.

Time Management

You will need to pace yourself and be careful to not take too much time on any one point or decision during the 15 minutes allotted per case. Field testing has demonstrated that users who have practiced the CBPS will have ample time to complete each case.

Earning Score Points

Score points are earned on the examination based on the selections made. To earn score points, a selection must be specifically relevant to the management of the case. For example, routine preoperative evaluations, that are not specific to the case, would not typically earn score points.

Scored responses are based on the relevancy of the processes or actions performed. There is no penalty for a selection that is not pertinent or does not turn out to be specifically helpful. For example, there is no penalty for requesting an MRI if the MRI option is listed as “not available”. However, there may be a penalty for a selection that is harmful or unsafe to the patient such as an unnecessary invasive procedure.

Common CBPS Pitfalls

Jumping to a Diagnosis and Treatment.

One of the most common mistakes made on the CBPS 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 saying “I’m going to take an x-ray and then do this procedure” would be a mistake. ABFAS cannot assume an appropriate case-focused physical examination has been performed. This must be 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.

Providing a Surgical Work-up.

Working up the patient 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. As case-related evidence is gathered, you should use it to determine any other evidence that may be needed for the diagnosis and treatment of the case. There are limited selections each for physical examination, imaging, and diagnostic procedures, so it is important to focus on the management of the case, not the surgical work-up.

Registering for an Exam

To get started, log into the [ABFAS website](#) with your ABFAS username and password. If you have forgotten your username or password, you will find assistance on the [login page](#).

After you have logged into your profile, click on “**Examinations**” on the top toolbar. Next, click “**Register for An Exam**” on the left-hand toolbar. Follow the steps to select and pay for your exam. You will then be registered for your exam and able to schedule your exam with Pearson VUE.

For additional registration instructions [click here](#).

Second Step: Scheduling your examination appointment:

Pearson Vue testing centers are operating at reduced capacity due to local COVID-19 restrictions. Please schedule your exam as soon as possible.

You schedule your exam time/location via the Pearson VUE website. Your registration will not be complete until you have scheduled your exam. ABFAS will automatically email you the details on how to schedule your exam after you have registered.

On your ABFAS profile home page, click “Examinations” on the top toolbar, then click the green button on the left-hand toolbar titled “Schedule/View Exam with Pearson VUE” which will take you directly to the Pearson VUE scheduling page.

You can also navigate to the scheduling page through the “My Tasks” link on your profile homepage.

Testing Sites

ABFAS contracts with Pearson VUE to administer examinations. Pearson VUE offers 200 testing sites in the United States and abroad (see <http://www.pearsonvue.com/abps/>). ABFAS strongly encourages early registration to ensure availability of a convenient testing site.

Candidates must present **two forms of current identification** at the testing center. Please note that one of the pieces of identification must be an unexpired government-issued photo identification with signature. The name as it appears on the two forms of ID must match the name as it appears on the registration confirmation. For example, there would be a problem if your maiden name is in your ABFAS records, but your married name appears on the driver’s license or passport. You must contact ABFAS directly to update the name on your record.

If you fail to present acceptable identification as noted above, you will not be able to enter the test center to take the examination. If this occurs, a candidate is marked “Absent” and forfeits the entire examination fee.

Statute of Limitations

If your Board Qualified status in Foot Surgery expires before your Board Qualified status in RRA Surgery, ABFAS will suspend your RRA status until you have successfully reestablished the required status in Foot Surgery (provided that your RRA status has not expired prior to the reestablishment of Foot Surgery status).

If you completed a PM&S-36, PMSR, or PMSR/RRA residency prior to 2014, you may requalify for Board Qualification in either Foot or RRA Surgery, but you may only requalify once, i.e., may hold Board Qualified status for no more than 14 years. To requalify, you must (1) submit proof of current active hospital surgical privileges commensurate with the requested level of qualification, (2) meet Board Qualification requirements, and (3) pass the Board Qualification examination.

Failure to Appear

Candidates who fail to appear for their scheduled examination(s) without completing the formal withdrawal process forfeit all fees.

Scoring and Results

Results Notification: ABFAS will notify candidates via email when it posts examination results on the candidate's profile page. Results are available approximately 6-8 weeks after the final day of each examination period.

Score Reports: ABFAS provides Score Reports to candidates who do not pass their examinations. Candidates can download their reports from their profile page. Sign-in with your ABFAS username and password using the "Login" button at the top of the webpage. If you need password assistance, you will find it on the "Login" page.

Scaled Scores

ABFAS reports didactic and NEW CBPS examination scores as scaled scores rather than raw scores or percent correct. The scale range is 200-800. Examinations are not scored on a curve.

Minimum Passing Score

The ABFAS Board of Directors sets the minimum passing score for each examination at 500.

An independent psychometric consultant leads an expert panel of ABFAS Diplomates in standard-setting studies to make the passing scores recommendations to the Board. All candidates that meet or exceed the minimum passing score of 500, will pass the examination.

Credit for Passing Examinations

You will receive credit for any exam that you pass. Passing credits expire 7 years after test date. You must retake only those exams that you fail.

All Results are Final

ABFAS does not have an appeal process for its Didactic and CBPS examinations. An independent psychometric consultant rescues and reviews all failed examinations before ABFAS releases results. ABFAS does not release copies of the test items. Candidates may write to examconcerns@abfas.org if they have questions about their exam score reports.

Confidentiality

ABFAS considers the status of an individual's participation in and the stage of completion of all Certification components, including an individual's certification status and certification history, to be public information. ABFAS reserves the right to publish and share public information in any and all public forums determined by ABFAS to be reasonable, including the posting of public information on the ABFAS website, sharing the public information with medical licensure boards, managed care organizations, third party payers, or others. While ABFAS generally regards all other information about individuals as private and confidential, there are times

that ABFAS must release certain information to fulfill its responsibilities as a medical specialty certification board.

ABFAS specifically regards the results of an individual's Qualification, Certification, or Recertification examination (score and whether the individual passed or failed) as private and confidential. Please note, however, that while final year in-training exam scores are confidential, ABFAS does report examination pass/fail results to final year ITE candidates' residency program directors.

Board Qualification Letter

When you meet all Part I Board Qualification requirements and pass the Part I Board Qualification examinations, ABFAS will issue you a letter bearing the embossed ABFAS seal and update your status to Board Qualified. You have one year after passing the exams to submit all required documents (proof of a valid, unrestricted podiatric medical license in the United States or Canada, copy of your Residency Completion Certificate) to ABFAS. Even if you pass the Board Qualification examinations, you are not Board Qualified until ABFAS receives the documents. If you do not send in the documents within one year after passing the Part I Board Qualification examinations, you will become non-compliant with ABFAS Board Qualification policy.

Board-Qualified surgeons may not promote their status on letterhead, publications, or other advertisements. [ABFAS Advertising Policies](#)

Calendar

A calendar for ABFAS Board Qualification examination dates and deadlines is available on the ABFAS web site [Part I Exam Dates page](#). The dates that pertain to the Spring 2021 Part I Board Qualification Examinations are repeated below for convenience.

	Spring
Registration opens	November 2, 2020
Registration closes	February 19, 2021
Last day to withdraw without late withdrawal penalty	February 26, 2021
Examination Day – Foot and RRA Surgery Didactic	March 1-4, 2021
Examination Day – Foot Surgery NEW CBPS	March 5, 2021
Examination Day – RRA Surgery NEW CBPS	March 6, 2021

Fees

A full list of all ABFAS application, examination, and other fees is at [Exam Fees](#). The fees that pertain to the Part I Board Qualification Examinations are repeated below for convenience.

Application Fee (NON-REFUNDABLE). Paid once per calendar year, based on the year the exam takes place, regardless of number of exams.	\$225
Examination Fees	
Part I Board Qualification Didactic Examination	\$425
Part I Board Qualification NEW CBPS Examination	\$425
Late Withdrawal Penalty	
Total of One Examination	\$150
Total of Two or more Examinations	\$250

Appendix A

Board Qualification Fee for Residents that Pass Final-year In-training Examinations

Board Qualification Fee

Residents who complete residency in 2021 or after and score at least 500 (Part I passing score) on their final year In-training (ITE) have the option of using that score towards fulfilling their board qualification examination requirements. There is a \$300 fee for each final year ITE exam converted into the board qualification examination. You do not have to pay the fee until you are ready to convert it for board qualification purposes.

Passing Both the Didactic and CBPS ITEs

Residents who pass the Foot Surgery didactic *and* CBPS ITEs or the RRA Surgery didactic *and* CBPS ITEs may convert these ITE results to meet both Part I examination requirements. Residents may convert the Foot Surgery ITEs, the RRA Surgery ITEs, or both by paying the applicable Board Qualification fees.

You will need to pay \$600 total for converting both Didactic and CBPS for either Foot Surgery or RRA Surgery examinations. If you would like to convert passing scores on all four ITE exams you will need to pay \$1200 total for converting Didactic and CBPS for both Foot and RRA Surgery examinations.

If you pass only the RRA Surgery ITEs, you must wait until you become Board Qualified in Foot Surgery before you can pay the conversion fee for the RRA Surgery ITEs. Board Qualification in Foot Surgery is a prerequisite for Board Qualification in RRA Surgery.

Convertible passed exam's status shows as "Passed BQ Not Paid" in your education history.

Passing Only One of the Examinations - Either Didactic or CBPS

You do not have to pass both ITEs to convert a passed ITE to count towards your board qualification. For example, if you only passed your Foot Surgery CBPS ITE, you can take the Part I Foot Surgery Didactic exam in spring. Assuming you pass that exam, you can then pay the \$300 fee to convert your final year ITE Foot Surgery CBPS into your Part I Foot Surgery board qualification exam. The converted Foot Surgery CBPS and the passed Part I Foot Surgery Didactic fulfill the board qualification exam requirements.

You will not have to pay to convert the passed ITE until you plan to use it for board qualification purposes. And you do not have to pay to convert passed RRA ITEs until you become board qualified in Foot Surgery.

Things to Remember

As with all ABFAS exams, your final year ITE exam score expires after 7 years. That means if you do not become board qualified 7 years after you pass a final year ITE, you will need to take and pass the relevant Part I exams in order to become board qualified; after 7 years, you will no longer be able to use the passed final year ITE exam for board qualification purposes.

When you are eligible to use the final year ITE for credit towards board qualification (i.e. pass the other board qualification requirements) you have one year to pay for the exam credit conversion. Otherwise, the board qualification fee increases to the full Part I examination fee (\$425) for each ITE you want to convert.

Appendix B

ABFAS SPRING 2021 EXAMINATIONS
Which Exams Do I Need to Take?
Board Qualification

FOOT SURGERY BOARD QUALIFICATION EXAMS

CANDIDATE HAS PASSED PART I or FY ITE FOOT DIDACTIC	CANDIDATE HAS PASSED PART I FOOT CBPS (Spring 2020 or earlier)	CANDIDATE HAS PASSED FY ITE FOOT CBPS or NEW Foot CBPS (Fall 2020)	SPRING 2021 EXAM OPPORTUNITIES IN PURSUIT OF BOARD CERTIFICATION
YES	YES	NO	NEW FOOT CBPS*
YES	NO	NO	NEW FOOT CBPS*
NO	YES	NO	FOOT DIDACTIC and NEW FOOT CBPS*
NO	NO	YES	FOOT DIDACTIC

RRA SURGERY BOARD QUALIFICATION EXAMS (*Board Qualification in Foot Surgery is a prerequisite for Board Qualification in RRA Surgery*)

CANDIDATE HAS PASSED PART I RRA DIDACTIC	CANDIDATE HAS PASSED PART I RRA CBPS (Spring 2020 or earlier)	CANDIDATE HAS PASSED FY ITE RRA CBPS or NEW RRA CBPS (Fall 2020)	SPRING 2021 EXAM OPPORTUNITIES IN PURSUIT OF BOARD CERTIFICATION
YES	YES	NO	NEW RRA CBPS**
YES	NO	NO	NEW RRA CBPS**
NO	YES	NO	RRA DIDACTIC and NEW RRA CBPS**
NO	NO	YES	RRA DIDACTIC

FOOT SURGERY BOARD CERTIFICATION EXAMS

CANDIDATE HAS PASSED PART I FOOT DIDACTIC	CANDIDATE HAS PASSED PART I FOOT CBPS (Spring 2020 or earlier)	CANDIDATE HAS PASSED PART II FOOT CBPS, 2020 FY ITE FOOT CBPS, or FALL 2020 NEW FOOT CBPS	EXAM REQUIREMENTS IN PURSUIT OF BOARD CERTIFICATION
YES	YES	YES	If meet case volume and diversity requirements, register for 2021 Foot Case Review; registration opens November 2, 2020.
YES	YES	NO	NEW FOOT CBPS* and Foot Case Review (<i>see note above</i>)
YES	NO	NO	NEW FOOT CBPS* and Foot Case Review** (<i>see note above. Must be Board Qualified to register for Case Review.</i>)

RRA SURGERY BOARD CERTIFICATION EXAMS (*Board Certification in Foot Surgery is a prerequisite for Board Certification in RRA Surgery*)

CANDIDATE HAS PASSED PART I RRA DIDACTIC	CANDIDATE HAS PASSED PART I RRA CBPS (Spring 2020 or earlier)	CANDIDATE HAS PASSED PART II RRA CBPS, 2020 FY ITE RRA CBPS, or FALL 2020 NEW RRACBPS	EXAM REQUIREMENTS IN PURSUIT OF BOARD CERTIFICATION
YES	YES	YES	If meet case volume and diversity requirements, register for 2021 RRA Case Review; registration opens November 2, 2020.
YES	YES	NO	NEW RRA CBPS** and RRA Case Review (<i>see note above</i>)
YES	NO	NO	NEW RRA CBPS** and RRA Case Review (<i>see note above. Must be Board Qualified to register for Case Review.</i>)

* **The NEW Foot Surgery CBPS:** *This examination supersedes Part I Foot CBPS and is required for board certification. If you previously passed Part I Foot Surgery CBPS, you must also pass the NEW Foot Surgery CBPS examination. Passage of the NEW Foot Surgery CBPS fulfills the Part II Foot Surgery CBPS examination requirement for board certification purposes.*

** **The NEW RRA Surgery CBPS:** *This examination supersedes Part I RRA CBPS and is required for board certification. If you previously passed Part I RRA Surgery CBPS, you must also pass the NEW RRA Surgery CBPS examination. Passage of the NEW RRA Surgery CBPS fulfills the Part II RRA Surgery CBPS examination requirement for board certification purposes.*

- NOTES:**
1. Passed exam scores are valid for seven (7) years. If the failed section is not passed at the end of seven (7) years, the candidate must retake ALL sections in that exam series in order to fulfill those exam requirements.
 2. Candidates are limited to seven (7) years to achieve Board Certified status after becoming Board Qualified.

NEW EXAM REGISTRATION CYCLE

After Spring 2021, candidates who completed residency prior to 2021 will only be able to register for the Part I Board Qualification examinations in the Spring.

ABFAS Board Qualification Examination Schedule Effective 2020 (For Pre-2021 Residency Graduates)								
	2021		2022		2023		2024	
Residency Completion Year	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall
<2021	NEW BQ		NEW BQ		NEW BQ		NEW BQ	

After Spring 2021, candidates who complete residency in 2021 and after will only be able to register for the Part I Board Qualification examinations in the Fall.

ABFAS Board Qualification Examination Schedule Effective 2020 (For 2021 and After Residency Graduates)								
	2021		2022		2023		2024	
Residency Completion Year	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall
2021	NEW BQ	NEW BQ		NEW BQ		NEW BQ		NEW BQ
2022		Final PGY ITE	NEW BQ	NEW BQ		NEW BQ		NEW BQ
2023				Final PGY ITE	NEW BQ	NEW BQ		NEW BQ

NEW BQ = new Part I exams (didactic and NEW 12 case CBPS)

Final PGY ITE can be converted to NEW BQ exam credit if passed

Appendix C

Board Qualification Eligibility for Candidates by Residency Year/Type

CANDIDATES WHO COMPLETED RESIDENCY <u>PRIOR TO 2014</u>			
Less Than Three-Year CPME-Approved Residency Programs			
Residency Types No Longer Eligible to Take ABFAS Qualification Examinations		Caveats	
PSR-12, plus any other residency (PPMR/POR/RPR)		Beginning January 1, 2021, such candidates are ineligible for ABFAS certification.	
PM&S-24/PSR-24			
Three-Year CPME-Approved Residency Programs			
Residency Type	Currently Board Qualified	Can Requalify?	Caveats
PM&S-36 PMSR PMSR/RRA	No <i>Or, if qualified once previously and that qualification status is now Expired – may requalify and caveats apply.</i>	Yes	Qualification limited to a total of 14 years (may only qualify twice). May pursue board certification until expiration of board qualified status.
PM&S-36 PMSR PMSR/RRA	Yes	Yes	Qualification limited to a total of 14 years (may only qualify twice). May pursue board certification until expiration of board qualified status.
CANDIDATES WHO COMPLETED RESIDENCY <u>IN OR AFTER 2014</u>			
Residency Type	Currently Board Qualified?	Can Requalify?	Caveats
PM&S-36 PMSR PMSR/RRA	Yes or No	No	Limited to seven years to achieve Board Certified status after becoming Board Qualified.