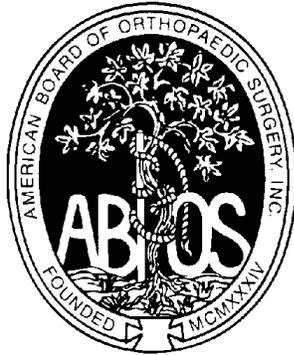


**AMERICAN BOARD
OF
ORTHOPAEDIC SURGERY, INC.**



**2011
Rules and Procedures
For Residency Education
Part I and Part II Examinations**

**Shepard R. Hurwitz, M.D.
Executive Director**

400 Silver Cedar Court, Chapel Hill, North Carolina 27514

Telephone: (919) 929-7103

Fax: (919) 942-8988

www.abos.org

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

2011

Rules and Procedures

For Residency Education Part I and Part II Examinations

TABLE OF CONTENTS

I.	Introduction.....	4
II.	Orthopaedic Surgery Education.....	4
III.	Minimum Educational Requirements For Board Certification.....	5
IV.	Requirements for Taking the Certifying Examinations.....	8
V.	Impaired Physicians.....	11
VI.	Procedure for Application for Part I and Part II of the Certifying Examinations.....	11
VII.	Falsified Information and Irregular Behavior.....	17
VIII.	Credentials Decisions.....	17
IX.	Certificates and Maintenance of Certification.....	18
X.	Unsuccessful Candidates.....	19
XI.	Program Accreditation.....	19
XII.	Appeals Procedure.....	20

I. INTRODUCTION

A. Definition

Orthopaedic surgery is the medical specialty that includes the preservation, investigation, and restoration of the form and function of the extremities, spine, and associated structures by medical, surgical, and physical methods.

B. Purpose

The American Board of Orthopaedic Surgery, Inc. was founded in 1934 as a private, voluntary, nonprofit, autonomous organization. It exists to serve the best interests of the public and of the medical profession by establishing educational standards for orthopaedic residents and by evaluating the initial and continuing qualifications and competence of orthopaedic surgeons. For this purpose, the Board reviews the credentials and practices of voluntary candidates and issues certificates as appropriate. It defines minimum educational requirements in the specialty, stimulates graduate medical education and continuing medical education, and aids in the evaluation of educational facilities and programs.

The Board does not confer any rights on its diplomates, nor does it purport to direct licensed physicians in any way in the conduct of their professional duties or lives. It is neither the intent nor the purpose of the Board to define requirements for membership in any organization or for staff privileges at any hospital.

C. Directors

The directors of the American Board of Orthopaedic Surgery are elected from diplomates of the Board who are nominated by the American Orthopaedic Association, the American Medical Association, and the American Academy of Orthopaedic Surgeons. They serve without salary.

D. Organization

Directors of the Board elect a president, president-elect, secretary, and treasurer annually. An executive director, who is a diplomate, serves as an ex-officio director of the Board. The president appoints directors to serve on standing committees on credentials, examinations, finance, graduate education, and research. Other committees may be formed as deemed necessary. The Board holds regularly scheduled meetings yearly.

E. Directory

A current directory of certified orthopaedic surgeons is maintained by the Board. The names of diplomates also appear in *The Official ABMS Directory of Board Certified Medical Specialists* published by the American Board of Medical Specialties.

II. ORTHOPAEDIC SURGERY EDUCATION

The goal of orthopaedic education is to prepare orthopaedic residents to be competent and ethical practitioners of orthopaedic surgery. To fulfill this goal, applicants for certification must have received through orthopaedic residency:

A. Education in the entire field of orthopaedic surgery, including inpatient and outpatient diagnosis and care as well as operative and nonoperative management and rehabilitation.

B. The opportunity to develop, through experience, the necessary cognitive, technical, interpersonal, teaching, and research skills.

- C. The opportunity to create new knowledge and to become skilled in the critical evaluation of information.
- D. Education in the recognition and management of basic medical and surgical problems.
- E. An evaluation of ethical performance.

Orthopaedic residency program accreditation is conducted by the Residency Review Committee for Orthopaedic Surgery (RRC). This committee functions autonomously under the aegis of the Accreditation Council for Graduate Medical Education (ACGME). The RRC has a total of 10 members, three representing each of its three sponsoring organizations: the American Board of Orthopaedic Surgery, the Council on Medical Education of the American Medical Association, the American Academy of Orthopaedic Surgeons and a resident member. The RRC evaluates orthopaedic residency programs with regard to number of residents, training, program organization, educational experience, and institutional responsibility. It makes recommendations to the ACGME, which is responsible for the acts of accreditation for all Residency Review Committees. Individual questions regarding qualifications for eventual board certification are addressed by the ABOS, whereas program accreditation questions are addressed by the RRC for orthopaedic surgery.

III. MINIMUM EDUCATIONAL REQUIREMENTS FOR BOARD CERTIFICATION

The Board has established the following minimum educational requirements for certification. These requirements should not be interpreted as restricting programs to minimum standards. Throughout these rules, the term “accredited” denotes approval by the Accreditation Council for Graduate Medical Education.

A. Time requirements

1. Five years (60 months) of accredited post-doctoral residency are required.
2. Prior to July 1, 2000, four of these years (48 months) must be served in a program whose curriculum is determined by the director of an accredited orthopaedic surgery residency. Three of these years (36 months) must be served in an accredited orthopaedic surgery residency program. One year (12 months) may be served in an accredited graduate medical program whose educational content is determined by the director of an accredited orthopaedic surgery residency program.

Beginning on July 1, 2000, one year (12 months) must be served in an accredited graduate medical education program whose curriculum fulfills the content requirements for the PGY-1 (see B.1.) and is determined or approved by the director of an accredited orthopaedic surgery residency program. An additional four years (48 months) must be served in an accredited orthopaedic surgery residency program whose curriculum is determined by the director of the accredited orthopaedic surgery residency.

3. Each program may provide individual sick leave and vacation times for the resident in accordance with overall institutional policy. However, one year of credit must include at least 46 weeks of full-time orthopaedic education. Vacation or leave time may not be accumulated to reduce the five-year requirement.

4. Program directors may retain a resident for as long as needed beyond the minimum required time to ensure the necessary degree of competence in orthopaedic surgery. According to the current Special Requirements of the Residency Review Committee for Orthopaedic Surgery, the committee must be notified of such retention. This information must also be provided to the Board on the Record of Residency Assignment form.

B. Content requirements

1. Requirements for postgraduate year one.

Prior to July 1, 2000, a minimum of nine months during the PGY-1 must be based in clinical services other than orthopaedics. This requirement may be fulfilled by a year of accredited residency in any broad based program involving patient care.

Beginning on July 1, 2000, the residency program director should be responsible for the design, implementation, and oversight of the PGY-1. The PGY-1 must include:

a) A minimum of six months of structured education in monthly rotations of surgery to include multisystem trauma, plastic surgery/burn care, surgical intensive care, and vascular surgery.

b) A minimum of one month of structured education in at least three of the following-- emergency medicine, medical/cardiac intensive care, internal medicine, neurology, neurological surgery, rheumatology, anesthesiology, musculoskeletal imaging, and rehabilitation.

c) A maximum of three months of orthopaedic surgery.

2. Orthopaedic requirements beyond the PGY-1.

a) *Minimum distribution.* Orthopaedic education must be broadly representative of the entire field of orthopaedic surgery. The minimum distribution of educational experience must include:

(1) 12 months of adult orthopaedics

(2) 12 months of fractures/trauma

(3) Six months of children's orthopaedics

(4) Six months of basic and/or clinical specialties

Experience may be received in two or more subject areas concurrently. Concurrent or integrated programs must allocate time by proportion of experience.

b) *Scope.* Orthopaedic education must provide experience with all of the following:

(1) *Children's orthopaedics.* The educational experience in children's orthopaedics must be obtained either in an accredited position in the specific residency program in which the resident is enrolled or in a children's hospital in an assigned accredited residency position.

(2) *Anatomic areas.* All aspects of diagnosis and care of disorders affecting the bones, joints, and soft tissues of the upper and lower extremities, including the hand and foot; the entire spine, including intervertebral discs; and the bony pelvis.

(3) *Acute and chronic care.* Diagnosis and care, both operative and nonoperative, of acute trauma (including athletic injuries), infectious disease, neurovascular impairment, and chronic orthopaedic problems including reconstructive surgery, neuromuscular disease, metabolic bone disease, benign and malignant tumors, and rehabilitation.

(4) *Related clinical subjects.* Musculoskeletal imaging procedures, use and interpretation of clinical laboratory tests, prosthetics, orthotics, physical modalities and exercises, neurological and rheumatological disorders and medical ethics.

(5) *Research.* Exposure to the evaluative sciences, clinical and/or laboratory research.

(6) *Basic science.* Instruction in anatomy, biochemistry, biomaterials, biomechanics, microbiology, pathology, pharmacology, physiology, and other basic sciences related to orthopaedic surgery. The resident must have the opportunity to apply these basic sciences to all phases of orthopaedic surgery.

c) *Options.* Twelve months of the four required years under the direction of the orthopaedic surgery residency program director may be spent on services consisting partially or entirely of:

(1) Additional experience in general adult or children's orthopaedics or fractures/trauma.

(2) An orthopaedic clinical specialty.

(3) Orthopaedics-related research.

(4) Experience in a graduate medical education program whose educational content is pre-approved by the director of the orthopaedic surgery residency program.

C. Accreditation requirements

1. The educational experience in orthopaedic surgery obtained in the United States must be in an approved position in programs accredited by the Residency Review Committee for Orthopaedic Surgery and by the Accreditation Council for Graduate Medical Education.

All other clinical education obtained in the United States must be in programs accredited by the Accreditation Council for Graduate Medical Education and by the appropriate Residency Review Committee. The *Graduate Medical Education Directory* published annually by the American Medical Association, 515 North State Street, Chicago, Illinois 60610, lists accredited rotations of six months or longer.

2. During the five years of accredited residency, a total period of no more than six months may be served in unaccredited institutions.

3. Credit for time spent in residency education will be granted only for the period during which the residency program is accredited and only for time served in an approved position within an accredited program.

4. If an orthopaedic residency program has its accreditation withdrawn by the Residency Review Committee for Orthopaedic Surgery and the Accreditation Council for Graduate Medical Education, no educational credit will be granted past the effective date of withdrawal of accreditation.

5. Educational experience obtained in Canada must be on services approved by the Royal College of Physicians and Surgeons of Canada and must extend over a minimum of five years. The content requirements outlined in III.B. must be met.

6. The Board does not grant credit for foreign educational experience, other than as permitted in 2. and 5. above. Also see IV.E.

7. The term “fellow” is not synonymous with the term “resident” for the purpose of obtaining Board credit for educational experience. A resident is an individual enrolled in an approved position in an accredited educational program.

D. Achievement requirements

1. The director of the program providing general graduate medical education must certify the satisfactory completion of that segment of education.

2. In orthopaedic surgery residency programs, the program director must certify the satisfactory completion of each rotation for which credit is awarded. (See III.F. below)

3. The program director responsible for the final year of the resident’s education must certify that the resident has achieved a satisfactory level of competence and is qualified for the certifying process. This would include sufficient and consistently demonstrated: acquisition of medical knowledge with the ability to appropriately apply knowledge to patient care, interpersonal skills and effective qualities needed by an orthopaedic surgeon, manual capabilities, ethics and professionalism.

4. The certification referred to in 2. and 3. above must be made on the appropriate Record of Residency Assignments form.

5. Medical practice activity outside of residency duties must not be allowed to interfere with the educational experience. Residents may not engage in such activities without the specific prior approval of the program director. Approval must be based on the judgment that rotations are being completed without compromise and that the circumstances of the resident warrant such activity.

E. Continuity requirements

The resident should have progressively increasing patient care responsibility. A part-time or piecemeal approach to residency requirements is discouraged. The final 24 months of orthopaedic residency education must be obtained in a single orthopaedic residency program unless prior approval of the Credentials Committee is obtained.

F. Documentation requirements

1. For orthopaedic education obtained in the United States, the program director must provide the Board with *yearly* documentation during the residency. Each June, program directors will receive by e-mail necessary information to complete each resident's Record of Residency Assignment (RRA) information. Completed RRA forms must be signed by the program director, and submitted to the Board office.

2. The Record of Residency Assignment forms are to be completed for each resident as follows:

a) Form 1 must be submitted the year the resident enters the program.

b) Form 1-A must be submitted at the end of the academic year for each PGY-1 resident.

c) Form 2-A must be submitted at the end of the academic year for each PGY2 through PGY5 resident.

d) Form 3 must be submitted on each resident who graduates or leaves the program prematurely.

3. The original, signed forms are due in the Board office within 30 days of completion of the academic year. *Part I examination results for candidates who take the examination in the same year they complete their residencies will not be mailed either to candidates or to program directors until the forms have been received in the Board office.*

4. When a resident leaves a program prematurely, the program director must notify the Board office in writing within 30 days. The letter must record the reasons for leaving and confirm credit granted for rotations during the academic year in which the resident left. At the end of the academic year, Form 2-A and Form 3 must be completed.

5. Before a resident enters a new program, the new program director must obtain copies of the resident's Record of Residency Assignment forms from the Board office and review them thoroughly in order to develop an appropriate individual program that will meet the minimum educational requirements and include progressively increasing responsibility.

IV.

REQUIREMENTS FOR TAKING THE CERTIFYING EXAMINATIONS

The certifying examination is divided into two parts. Part I is a computer administered examination which may be taken after the completion of the educational requirements. Part II is an oral examination which may be taken after passing Part I, completion of the 22-month practice requirement, evaluation of the applicant's practice, and admission to the examination. A candidate must pass both parts of the certifying examination to be certified.

After taking and passing the written examination, candidates have five years to take or retake the oral examination. Candidates who do not pass the oral examination within those five years must retake and re-pass the written examination before applying to take the oral examination. Time spent in fellowship education after passing Part I will not count as a part of the five-year time limit.

An applicant seeking certification by the American Board of Orthopaedic Surgery must satisfy the educational requirements that were in effect when he or she first enrolled in an accredited orthopaedic residency. For all other requirements, an applicant must meet the specifications in effect at the time of application.

A. Educational requirements

1. An applicant must satisfactorily complete and document the minimum educational requirements in effect when he or she first enrolled in an accredited orthopaedic residency.

2. Upon successful completion of 51 of the 60 months of required education and upon the recommendation of the program director, a candidate may apply to take Part I of the examination.

3. In order to be admitted to the examination, the candidate must complete the full 60 months of required education by June 30th if the year of the exam.

4. An applicant who has received orthopaedic surgery residency education in Canada must have fulfilled the requirements of the American Board of Orthopaedic Surgery and must have passed the certification examination in orthopaedic surgery of the Royal College of Physicians and Surgeons of Canada before applying for either part of the Board's certifying examination by June 30th of the year of the exam.

B. License requirement

Applicants who are in practice at the time they apply for Part I and all applicants for Part II must either possess a full and unrestricted license to practice medicine in the United States or Canada or be engaged in full-time practice in the United States federal government for which licensure is not required. An applicant will be rendered ineligible for any part of the certifying examination by limitation, suspension, or termination of any right associated with the practice of medicine in any state, province, or country ("jurisdiction") due to violation of a medical practice act or other statute or governmental regulation; to disciplinary action by any medical licensing authority; by entry into a consent order; by voluntary surrender while under investigation; or suspension of license; provided that an applicant shall not be disqualified solely on the basis of a limitation, suspension, termination or voluntary surrender of a license in any jurisdiction where the applicant does not practice, and where the action of such jurisdiction is based upon and derivative of a prior disciplinary action of/taken by another jurisdiction and the applicant has cleared any such prior disciplinary action and/or has had his or her full and unrestricted license to practice restored in all jurisdictions in which the applicant is practicing and, provided further that any jurisdiction granting the applicant a full and unrestricted license was made aware of and took into account any outstanding disciplinary restrictions and/or license restrictions in other jurisdictions in granting such full and unrestricted license. Entry into and successful participation in a non-disciplinary rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority shall not, by itself, disqualify an applicant from taking a certification examination.

C. Board eligible status

Effective July 1, 1996 the Board recognizes those candidates who have successfully completed Part I and are awaiting to take Part II as being "Board Eligible". The limit of Board Eligibility is the five years candidates have to take or retake the oral examination (Part II) after passing Part I. Candidates who do not pass the oral examination (Part II) within those five years will lose their Board Eligible status. (See section IV, page 9.)

D. Practice requirements

1. The applicant must be continuously and actively engaged in the practice of operative orthopaedic surgery other than as a resident or fellow (or equivalent) for at least 22 full months immediately prior to the Part II examination. An applicant must have started practice and been granted hospital admitting and surgical privileges on or before September 1, 2009 in order to qualify for the 2011 Part II exam. An applicant who interrupts the 22 months of practice with a fellowship can count the months of practice that preceded the fellowship as part of the 22-month requirement.

2. The applicant must be in one practice location for a minimum of 12 consecutive months during the required 22-month period. A change in location, type of hospital practice, or practice association may result in deferral. The practice must be located in the United States or its territories, Canada, or a United States service installation.

3. The practice must include hospital admitting and surgical privileges (temporary privileges acceptable) for the 22 full months immediately prior to (excluding fellowship time as described in D.1.

above.) the Part II examination and continue through the date of the examination. The practice must allow independent decision-making in matters of patient care.

4. The applicant must demonstrate professional competence and adherence to acceptable ethical and professional standards. The applicant should not publicize him or herself through any medium or form of public communication in an untruthful, misleading or deceptive manner or otherwise misrepresent his or her status with the Board to any third party. It is the responsibility of the applicant to provide documentation that he/she is an ethical and competent practitioner.

5. An applicant in the United States uniformed services may satisfy the practice requirement if assigned as an orthopaedic surgeon for at least 22 full months prior to the date of the Part II examination, meaning that the applicant must have started practice on or before September 1, 2009. The applicant must submit a letter from his or her immediate supervisor evaluating his or her capability in the practice of orthopaedic surgery, as well as any other documentation the Credentials Committee may require to demonstrate professional competence and adherence to acceptable ethical and professional standards.

6. Evaluation of applicant:

a. Individuals who do not engage in active orthopaedic surgery and have not performed at least 14 cases during the six month collection period cannot be adequately evaluated for the Part II examination and will not be certified.

b. Qualification for taking the Part II examination will be determined by the Credentials Committee after review of the application, letters of recommendation, and other relevant information.

c. *It is the responsibility of the applicant to provide the information on which the Credentials Committee bases its evaluation of the qualifications of the applicant.* This responsibility extends to information that the Credentials Committee requests from other persons. If the Credentials Committee does not receive requested information from the applicant, a program director, a reference, a hospital representative, or another source, the Board will notify the applicant and defer the decision on admission to the examination until the information has been received. The applicant may be required to authorize release of peer review information to the Board.

E. Distinguished Scholar Pathway

An orthopaedic surgeon who received his or her graduate medical education outside of the United States or Canada and does not meet the education requirements of Section III.A. above, but who is engaged as a full-time faculty member in an academic center may apply and qualify to sit for the certifying examination upon the recommendation of the Credentials Committee and approval of the Board. To be considered for qualification, the applicant must satisfy all the requirements to sit for the Part I and Part II certification examinations, respectively, as specified in the Board's Rules and Procedures except the education requirements of Section III.A. and, in addition, satisfy the following requirements:

- 1) complete the application for Part I and pay the non-refundable application/exam fee.
- 2) submit the application signature page and include documentation as follows:
- 3) submit documentation of satisfactory completion of an orthopaedic surgery residency program outside the United States or Canada, including a signed attestation by the Program Director and institution;
- 4) submit documentation of having successfully passed the applicable certification examination in the applicant's country of education and prior practice;
- 5) submit documentation of being in full-time academic practice of orthopaedic surgery and a member of the teaching faculty of an academic institution with an ACGME accredited orthopaedic surgery residency program; continuous for 5 years;
- 6) submit documentation from the current University that the rank of Associate Professor or Professor has been achieved;

7) submit a curriculum vitae detailing comprehensive professional accomplishments and scholarly activity;

8) submit at least five (5) references attesting to the applicant's **exceptional** academic and scholarly qualifications, including at least two (2) references from Board certified academic orthopaedic surgeons not affiliated with the applicant's academic institution or residency program. **ALL DOCUMENTATION** must accompany the signature page from the application and must be postmarked by the application deadline.

V. IMPAIRED PHYSICIANS

A. Chemical dependency

An applicant for either part of the certifying examinations who, within three years of his or her application, has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered a non-disciplinary rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority, will be required to present evidence to the Credentials Committee that he or she (1) has successfully completed the authorized rehabilitation or diversionary program or (2) is successfully enrolled in such a program or is successfully enrolled in or completed a private treatment program and presents attestations from the responsible program administrators and physicians demonstrating, to the satisfaction of the Board, that the applicant has been free of chemical dependency for a period sufficient to establish that the applicant is not currently using illegal drugs and/or that the use of illegal drugs or other substance abuse is not an on-going problem. This documentation must accompany the completed application form.

B. Mental and physical condition

Applicants for either part of the certifying examination who have a mental or physical condition that could affect their ability to practice orthopaedic surgery will be required, as part of their demonstration that they meet the practice requirements in IV.D., to submit medical evidence from the appropriate physicians, treatment centers, and hospitals demonstrating to the Board that the impairment does not compromise their ability to render safe and effective care to their patients. This documentation must accompany the completed application signature page.

VI. PROCEDURE FOR APPLICATION FOR PART I AND PART II OF THE CERTIFYING EXAMINATIONS

A. Application dates and requests

1. The dates, locations, and application deadlines for Part I and Part II of the certifying examination are announced in the *Journal of Bone and Joint Surgery*. They are also listed on the Board's website: www.abos.org. Examination dates may be changed at the discretion of the Board. Confirmation of published examination dates can be obtained from the Board office.

2. To apply for either Part I or Part II of the certifying examination, go to the Board website www.abos.org and follow the directions from there. Printed applications are no longer available.

B. Application submission and deadlines

Part I. The postmark and electronic submission deadline for all required documents for application, (those submitted electronically and those required to be mailed in), is December 15 of the year before the examination. These include:

- 1) Electronic submission of:
 - a completed application
 - a non-refundable application fee of \$1040
(Visa, MasterCard, American Express)
- 2) Paper submission to the Board office of:
 - the printed signature page
 - other required documents (if applicable)

Both steps must be completed by the December 15th deadline.

Part II. The postmarked and electronic submission deadline for all required documents for application and case lists, those submitted electronically and those required to be mailed in, is **October 31st of the year preceding the examination.** These include:

- 1) Electronic submission of:
 - a completed application
 - a non-refundable application fee of \$975 online by credit card
(Visa, MasterCard, American Express)
 - a finalized, signed and notarized original Scribe case list
- 2) Paper submission to the Board office of:
 - the printed signature page signed in three places
 - signed and notarized hospital/surgery center letters
 - finalized, signed and notarized original 6 month case list from each hospital/surgery center.

All steps must be completed by the October 31st deadline.

Late or incomplete applications and case lists. If the application and case lists are not submitted, or if any of the required documents are not postmarked by the deadline for Part I or Part II of the certifying examination, the application will not be accepted and the received documents will be returned.

a) If a Part I applicant wishes to submit the application and required documents by the late deadline of January 9th, the examination fee of \$1040 and a non-refundable late fee of \$350 must be submitted online (see above B.1).

b) If a Part II applicant wishes to submit the application and case lists and required documents by the late deadline of November 15th, the non-refundable application and credentialing fee of \$975 and a non-refundable late fee of \$350 must be included.

c) No applications or case lists will be accepted after the late deadline.

When applying for either part of the certifying examination, an applicant requesting an accommodation in the administration of a certifying examination must submit their request along with documentation of the disability/need for the accommodation with their application by the application deadline. Documentation of prior accommodations for high stakes examinations should be included.

D. Notifying the Board of application changes

1. *It is the responsibility of all applicants to notify the Board office of any change of address, practice association, or hospital affiliation.*

2. If a Part II applicant changes practice location or practice association or acquires new hospital staff affiliations, new references will be solicited by the Board.

3. An applicant is also required to notify the Board of the denial of any request for hospital privileges; of any action to restrict, suspend, or terminate all or any portion of surgical staff privileges;

of any request by a hospital to resign all or any portion of surgical staff privileges; and of any action by a governmental agency which would result in the restriction, suspension, or probation of the applicant's license or any right associated with the practice of medicine, including the entry into a non-disciplinary rehabilitation or diversionary program for chemical dependency whether by order or consent decree by the applicable medical licensing authority or on a voluntary basis.

E. Notifying the applicant of examination admission

1. For Part I, the applicant will receive examination information, and a scheduling permit not later than 60 days prior to the examination date.
2. For Part II, the decision of the Credentials Committee is mailed to the applicant not later than 60 days prior to the examination date.

F. Fees

1. For Part I, the non-refundable examination fee of \$1040 must be submitted with the application form online by credit card.
2. For Part II:
 - a) The non-refundable application and credentialing fee of \$975 must be submitted online by credit card.
 - b) The candidate must also submit a non-refundable examination fee of \$1100 on or before the date specified in the letter of notification of admission to the examination. This fee will be forfeited if the candidate fails to appear for the examination or cancels after being scheduled.
3. The fees paid to the American Board of Orthopaedic Surgery, Inc. are not tax deductible as a charitable contribution, but may be deductible under some other provision of the Internal Revenue Service code.

FEES

Part I application fee	\$1040
Part II application and credentialing fee.....	\$975
Part II examination fee.....	\$1100
Late fee.....	\$350

The Board accepts Visa, MasterCard and American Express for payment of fees.

G. Practice-Based Oral Examination requirements

The Part II examination is practice-based. The purpose of the practice-based examination is to evaluate a candidate's own practice as broadly as possible. This exercise will be conducted much as rounds or conferences are during residency, with the candidate presenting his or her cases and responding to the examiners' questions and comments. *Applicants are urged to attend to details and follow procedures carefully and exactly in order to ensure admission to the examination.*

1. Case collection: Cases are collected in the Scribe program accessible through the ABOS website using the applicant's unique password and user ID. This case collection program must be used to compile the case list that is submitted to the Board. The applicant is to collect all operative cases, including same-day surgery, for which he or she was the responsible operating surgeon for six consecutive months beginning April 1 of the year before the Part II examination, provided that an applicant whose eligibility determination is deferred until the next year by the Credentials Committee may choose to submit a new case list or use the previously submitted case list unless otherwise directed by the Board. If time is taken off during the case collection period, the starting point for the collection period must be backed up by the amount of time missed. For example, case collection for an applicant who took a two-week vacation in August would begin in mid-March.

All cases must be collected from each hospital and/or surgery center at which the applicant has operated during the six-month period. If the applicant did no cases during the case collection period, this fact must be verified by a letter from the hospital and/or surgery center. The letter(s) must be sent to the Board office along with your case lists. This letter does not need to be notarized. It is understood, as stated in the practice requirements (IV, D) that the applicant during this period has been actively engaged in the practice of operative orthopedics surgery with independent decision-making in matters of patient care. The case list must reflect this and must demonstrate ample cases to allow selection of material for the oral examination. A candidate must perform a minimum of 14 cases during the collection period to be considered operative.

Once all cases have been entered the applicant will finalize and print the case lists by hospital. No changes can be made to the case lists after this is done. Each complete hospital list must then be certified by the director of medical records. The director of medical records' signature must then be notarized.

2. Case submission: By October 31, 2010 the applicant must submit to the Board:

a) **the finalized printed case list for the required six month period.** Each hospital list must be stapled separately and have the required signatures and notarization. Before mailing, the applicant should make three copies of the complete case list(s) as the copies the applicant must bring to the examination must be of these printed and certified lists.

b) for each hospital or surgery center where no cases were performed, **a letter stating that no cases were performed there during the six-month period. This letter does not need to be notarized.**

This information must be sent to the Board office by registered mail or courier of your choice (i.e. Federal Express, Express Mail, Certified Mail, etc.) to: ABOS, Part II Exam, 400 Silver Cedar Court, Chapel Hill, NC 27514. Case lists must be postmarked by October 31, 2010.

3. Case Selection: The Board will select 11 cases from the applicant's six-month case list(s). The list of 11 cases selected by the Board will be online at www.abos.org in mid April. From the list of 11, the applicant will then select 10 cases to bring to the examination for detailed presentation. The applicant will also be required to upload pertinent images for the 10 selected cases to the ABOS website. Detailed information on materials required to be uploaded and to bring to the exam will be sent with the 11 selected cases.

4. Exam Materials/Preparation: Once the candidate has received the list of the 11 cases selected by the Board, he or she must gather all of the following to bring to the examination including:

a) **Three copies of the list of 11 selected cases**

b) **Three copies of the case list summary sheet (sheet before the pie chart)**

c) **Three copies of the complication list**

d) **Three copies of the applicant's original, notarized case lists that was submitted to the Board. The 10 cases selected by the candidate for presentation should be circled in red wherever they appear on the case lists.**

e) **Three copies of notes and appropriate supporting documents for the 10 cases selected by the candidate – this includes admission and discharge notes, operative notes, operative consent forms and office notes.**

f) **Video prints or photographic prints for the arthroscopy cases selected** – The images should show the initial lesion(s) and the lesion(s) after treatment.

g) For selected cases with complications, **images (including x-rays) pertinent to the complication and its treatment and three copies of any consultation report(s).**

h) **Other materials that are necessary to support the decision making and treatment rendered.**

All materials for the examination must be in English.

All materials required to be brought to the examination, including all records, notes and images, should be organized and must be in their original form and in English. Materials must not be altered or changed in any respect for presentation except as listed in 1 and 2 below:

1) Because the examination is to be anonymous the candidate should remove his or her name from written material brought to the examination, including the six-month case list(s) and the complication sheet and the board's list of 12 selected cases and the case list summary sheet.

2) To comply with the HIPAA Privacy Rule, candidates should limit the scope of identifiable patient information disclosed at the oral examination to the minimum necessary to conduct the examination. Therefore, you should **not remove** from the case materials you bring to present at the examination:

- Patient ID number
- Medical record number
- Patient Name
- Birth date
- Medical device identifiers
- Serial numbers

However, you should **remove** from the case materials you bring to present at the examination:

- Patient addresses
- Patient telephone numbers
- Patient fax numbers
- Patient e-mail addresses
- Patient Social Security numbers
- Health plan beneficiary numbers
- Biometric identifiers
- Full face photographs and comparable images
- Any other unique identifying characteristic

Failure to bring sufficient materials for the 10 selected cases to enable the examiners to evaluate the cases may result in the disqualification of the candidate, termination of his participation in the examination or the withholding of scores.

Although the examiners will concentrate on cases brought for presentation, they may also ask questions pertaining to a candidate's case lists or practice. The candidate should not be concerned if all material brought to the examination is not covered. Discussion may focus on one area, or candidate and examiners may become involved in a few cases in such detail that time will not allow presentation of all patients. In each examination session between 2 and 4 cases will be presented to the examiners. The candidate will not be penalized for failing to complete discussion of all cases in their case list during this examination.

Candidates who have questions about materials required for the examination or the procedure for the practice-based oral portion of the Part II examination should call or write the Board office well before the exam. Failure to comply with the steps outlined may invalidate an examination.

Candidates are rated on the cases reviewed using this scale: 3-Excellent, 2-Satisfactory, 1- Marginal, 0-Unsatisfactory. Each case presented is rated on the following skills:

Case Evaluations

	3 Excellent	2 Satisfactory	1 Marginal	0 Unsatisfactory
Data Gathering	Records all pertinent history. Records a complete physical examination. Uses imaging and other diagnostic studies appropriately. Records are complete and unique to the patient treated	Records adequate history. Records an adequate physical examination. Adequate use of imaging and other diagnostic studies. Records are adequate and unique to the patient treated	Records cursory history. Records an insufficient physical examination. Insufficient imaging and other diagnostic studies. Records are incomplete	Records insufficient history. Records an inaccurate and/or insufficient physical examination. Unacceptable use of imaging and other diagnostic studies. Records are inaccurate and/or grossly deficient
Diagnosis and Interpretive Skills	Synthesis of information gathered is complete Formation of comprehensive differential diagnosis Accurate integration of information to form the correct diagnosis	Synthesis of information gathered is adequate Formation of adequate differential diagnosis Adequate integration of information to form the correct diagnosis	Synthesis of information gathered is sometimes insufficient Formation of differential diagnosis is incomplete but not incorrect Inadequate integration to form the correct and complete diagnosis	Synthesis of information gathered is unacceptable Formation of inaccurate differential diagnosis Poor integration of information and/or formation of incorrect diagnosis
Treatment Plan	Formation of appropriate non-surgical treatment plan Formation of appropriate surgical treatment plan Candidate obtains appropriate informed consent	Formation of adequate non-surgical treatment plan Formation of adequate surgical treatment plan Candidate obtains adequate informed consent	Formation of non-surgical treatment plan is incomplete Formation of incomplete surgical treatment plan Candidate obtains incomplete informed consent	Formation of unacceptable non-surgical treatment plan Formation of unacceptable surgical treatment plan Candidate obtains inappropriate informed consent
Technical Skill	Pre-operative planning is comprehensive Execution of the procedure is thorough and appropriate Post-operative management is thorough and appropriate	Pre-operative planning is adequate Execution of the procedure is adequate Post-operative management is adequate	Pre-operative planning is incomplete but what is presented is appropriate Execution of the procedure is inadequate Post-operative management is inadequate	Pre-operative planning is unacceptable Execution of the procedure is unacceptable Post-operative management is unacceptable
Outcomes	Records appropriate patient satisfaction with care Records appropriate objective measures of patient recovery at follow-up Records appropriate attempt to maintain continuity of care	Mostly records appropriate patient satisfaction with care Mostly records appropriate objective measures of patient recovery at follow-up Records adequate attempt to maintain continuity of care	Records sub-optimal patient satisfaction with care Records sub-optimal objective measures of patient recovery at follow-up Continuity of care is incomplete	Records unacceptable patient satisfaction with care Records unacceptable objective measures of patient recovery at follow-up Does not attempt to maintain continuity of care
Applied Knowledge	The candidate has appropriate knowledge of orthopaedic conditions, diagnostic methods, treatment alternatives, outcomes, systems based practice and evidence based medicine	The candidate has generally adequate knowledge of orthopaedic conditions, diagnostic methods, treatment alternatives, outcomes, systems based practice and evidence based medicine	The candidate has incomplete knowledge of orthopaedic conditions, diagnostic methods, treatment alternatives, outcomes, systems based practice and evidence based medicine	The candidate has an unacceptable lack of knowledge concerning orthopaedic conditions, diagnostic methods, treatment alternatives, outcomes, systems based practice and evidence based medicine

The candidate's case list is also rated using the same scale based on:

Global Evaluations

	3 Excellent	2 Satisfactory	1 Marginal	0 Unsatisfactory
Surgical Indications	Appropriate, consistent use of accepted non-surgical treatment alternatives. The rationales for the procedures are appropriately described. Procedures chosen are consistently optimal and well supported.	Mostly uses accepted non-surgical treatment alternatives The rationales for the procedures are usually appropriately described. Procedures chosen are generally well supported.	Inconsistent use of accepted non-surgical treatment alternatives Insufficient rationale for some of the procedures described. Procedures chosen are sometimes sub-optimal or not well supported.	Inappropriate use of non-surgical treatment alternatives. The rationales for the procedures are poorly described. Procedures chosen are sub-optimal and unsupported.
Surgical Complications	Prompt identification of complications. Nature and frequency of the complications described expected for procedures described. Appropriate management of complications.	Usually identifies complications in a timely manner. Nature and frequency of the complications described mostly expected. Mostly appropriate management of complications described.	Identification of complications is delayed Nature and frequency of the complications described are higher than expected Sometimes sub-optimal management of complications.	Identification of complications is delayed or overlooked. Nature and frequency of the complications are severe and avoidable. Inappropriate management of complications.
Ethics and Professionalism	The candidate uniformly provides safe, ethical, compassionate, confidential and professional care	The candidate mostly provides safe, ethical, compassionate, confidential and professional care	The candidate inconsistently provides safe, ethical, compassionate, confidential and professional care	The candidate does not provide safe, ethical, compassionate, confidential and professional care

VII.

FALSIFIED INFORMATION AND IRREGULAR BEHAVIOR

A. If it is determined that an applicant has falsified information on the application form, case list or the materials submitted in connection with the cases presented for oral examination or has failed to provide material information to the Board or has misrepresented his or her status with the Board to any third party, the applicant's application for either part of the examination not already passed will not be considered and the applicant must wait three years before being allowed to file a new application.

B. Examination applicants should understand that the following may be sufficient cause to bar them from future examinations, to terminate participation in the examination, to invalidate the results of an examination, to withhold or revoke scores or certificates, or to take other appropriate action:

- 1) The giving or receiving of aid in the examination, as evidenced either by observation or by statistical analysis of answers of one or more participants in the examination.
- 2) The unauthorized possession, reproduction, or disclosure of any materials, including, but not limited to, examination questions or answers before, during, or after the examination.
- 3) The offering of any benefit to any agent of the Board in return for any right, privilege, or benefit which is not usually granted by the Board to other similarly situated candidates or persons.
- 4) The engaging in irregular behavior in connection with the administration of the examination.

C. The following are examples of behavior considered to be irregular and which may be cause for invalidation of the examination or imposition of a penalty:

- 1) Referring to books, notes, or other devices at anytime during the examination. This prohibited material includes written information or information transferred by electronic, acoustical, or other means.
- 2) Any transfer of information or signals between candidates during the test. This prohibition includes any transfer of information between the candidate and any other person at any time during the testing period, including bathroom breaks.
- 3) Any appearance of looking at the computer screen of another candidate during the examination.
- 4) Allowing another candidate to view one's answers or otherwise assisting another candidate in the examination.
- 5) Taking any examination information, such as notes or diagrams outside the examination room. All examination materials are the property of the Board and must be left in the room at the end of the examination.

D. Applicants should also understand that the Board may or may not require a candidate to retake one or more portions of the examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of a candidate's personal involvement in such activities.

VIII. CREDENTIALS DECISIONS

A. Determining admission to examinations

1. The Credentials Committee meets at least once each year to consider applications for the examinations. At this meeting, a decision about each applicant will be made either to approve admission to the next examination, to deny admission, or to defer decision pending further evaluation.

2. A decision approving admission to an examination applies only until the next available examination and does not carry over from one examination until the next. A new application is required for each examination.

B. Deferral of admission decision

1. A decision on an applicant's admission to either Part I or Part II of the examination may be deferred if information received by the Credentials Committee is insufficient for the Committee to make a judgment and/or warrants further investigation. Typically, the committee will defer such a decision for one year to gain further information. If it still has insufficient information to make a judgment, the decision will be deferred for a second year to enable representatives of the Board to conduct a site visit

2. A denial, reduction, restriction, suspension, termination, or resignation at the request of a hospital of all or any portion of an applicant's surgical staff privileges, or pending action to do so, will normally result in a deferral until such action is finally resolved and the applicant's practice has stabilized sufficiently for it to be evaluated. A change in location, type of hospital practice or practice association may also result in deferral.

3. A deferral of not more than two consecutive years is not viewed by the Board as an adverse action; thus, no appeal of a decision of the Credentials Committee is permitted unless an applicant has been denied admission or has been deferred for more than two consecutive years.

C. Site Visit

Representatives of the Board may visit the site of an applicant's practice if the Credentials Committee believes that this is necessary for adequate evaluation of the applicant's work.

D. Appeal of admission decision

An applicant denied admission to the examination or deferred more than two years will be informed of the basis for such action and may request a hearing by an appeals committee of the American Board of Orthopaedic Surgery. (See XII.)

IX.

CERTIFICATES AND MAINTENANCE OF CERTIFICATION

A. Awarding certificates

The American Board of Orthopaedic Surgery awards a certificate to a candidate who specializes in orthopaedic surgery, has met the educational requirements of the Board, has demonstrated competence in orthopaedic surgery and adherence to ethical and professional standards, and has passed both parts of the certifying examination. Certificates awarded after 1985 are valid for ten years. This portion of the Board's responsibility is discharged by issuance of a certificate to an individual found qualified as of the date of certification.

B. Certificate revocation

At its discretion, the Board may revoke a certificate for due causes, including, but not limited to:

a) The diplomate did not possess the required qualifications and requirements for examination, whether or not such deficiency was known to the board or any committee thereof prior to examination or at the time of issuance of the certificate, as the case may be;

b) The diplomate made an intentional and material misrepresentation or withheld information in the application to either part of the examination or in any other representation to the Board or any Committee thereof;

c) The diplomate made a misrepresentation to the board or any third party as to his or her status as a diplomate of the Board.

d) The diplomate engaged in irregular behavior in connection with an examination of the board (as described under Irregular Behavior), whether or not such practice had an effect on the performance of the candidate on an examination;

e) The diplomate was convicted by a court of competent jurisdiction of a felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine;

f) There has been a limitation, suspension or termination of any right of the diplomate associated with the practice of medicine in any state, province, or country, including the imposition of any requirement of surveillance, supervision, or review due to a violation of a medical practice act or other statute or governmental regulation, disciplinary action by any medical licensing authority, entry into a consent order, or voluntary surrender of license.

A diplomate may appeal the revocation of his or her certificates pursuant to the procedures set forth in Section XII.

C. Certificate reentry

Should the circumstances that justified revocation or surrender of the diplomate's certificate be corrected, the former Diplomate may petition the Credentials Committee to allow them to complete the steps necessary to get their Diplomate status back.

D. Maintenance of Certification

To maintain Board certification, Diplomates must participate in the MOC process, and complete certain milestones in the 3rd and 6th years after certification, and then take and pass a recertification examination in their 8th, 9th or 10th year.

For more information on Maintenance of Certification, go to the Board's website, www.abos.org. Diplomates should check the website periodically to stay up-to-date of the requirements and deadlines that must be met to maintain their certification status.

X. UNSUCCESSFUL CANDIDATES

Unsuccessful Part I candidates may repeat the examination by submitting a new application form for the examination and again being found admissible. (See VI.B.1.)

Unsuccessful Part II candidates may repeat the examination by submitting a new application form for the examination and again being found admissible. (See VI.B.2. and VIII.) Candidates who do not pass Part II within five years (as measured in Section IV) of passing Part I must retake and repass Part I before applying to take Part II.

XI. PROGRAM ACCREDITATION

Institutions offering orthopaedic education must meet the General and Special Requirements of the Accreditation Council for Graduate Medical Education and the Residency Review Committee for Orthopaedic Surgery as stated in the *Graduate Medical Education Directory*. (See III.C.)

A. The Residency Review Committee for Orthopaedic Surgery

Program accreditation is issued by the Residency Review Committee for Orthopaedic Surgery, an autonomous committee composed of an orthopaedic resident and representatives from each of the three sponsoring organizations: the American Board of Orthopaedic Surgery, the Council on Medical Education of the American Medical Association, and the American Academy of Orthopaedic Surgeons. In evaluating orthopaedic residency programs, the Residency Review Committee considers the number of residents, training period, program

organization, educational experience, and institutional responsibility. The committee meets twice yearly.

B. Changes in accreditation

Programs seeking changes in accredited positions or institutional affiliations can obtain information and application forms from the secretary of the Residency Review Committee for Orthopaedic Surgery at the Accreditation Council for Graduate Medical Education, 515 North State Street, Chicago, Illinois 60610. Completed forms are to be returned to the secretary at the above address.

C. Program surveys

Programs applying for accreditation or changes in accreditation will be surveyed at the earliest feasible date by a specialist site visitor or by a field representative for the Accreditation Council for Graduate Medical Education. A report of the survey is submitted to the Residency Review Committee for Orthopaedic Surgery for evaluation and official action. The Residency Review Committee makes a determination regarding the accreditation of the program under authority delegated by the Accreditation Council for Graduate Medical Education, and it notifies the program director and the sponsoring institutions.

D. Number of residents

The total number of residents assigned to any orthopaedic residency program and the number at each level of education is determined by the Residency Review Committee for Orthopaedic Surgery.

**XII.
APPEALS PROCEDURE**

A. An individual who has received an unfavorable ruling from a committee of the Board may appeal such determination by mailing a notice of appeal to the office of the American Board of Orthopaedic Surgery within 60 days of the date such ruling was mailed to him or her. *Exception:* The decisions by the Examinations Committee that a candidate has failed either part of the certifying examination may be appealed only in the manner and to the extent provided in G. and H. below.

Decisions by the Credentials Committee that an applicant's admission to either Part I or Part II of the examination has been deferred is not viewed by the Board as an adverse action and no appeal of the decision is permitted unless an applicant has been denied admission or has been deferred for more than two consecutive years.

B. Upon receipt of a notice of appeal, the concerned Board committee shall consider any information submitted therewith by the individual in support of his or her appeal and make such further investigation as it deems appropriate. If the committee then decides in a manner favorable to the individual, it shall so notify the individual. If the committee does not so determine, it shall notify the individual and the president of the American Board of Orthopaedic Surgery.

C. The individual shall then have the right to an appeal hearing to decide whether the determination of the concerned Board committee shall be confirmed, modified, or overruled in accordance with the hearing process described in this appeals procedure.

1. The president of the American Board of Orthopaedic Surgery shall appoint an ad hoc appeals committee consisting of three directors of the Board who did not participate in making the determination being appealed, one of whom shall be designated by the president as chairman of the appeals committee.

2. In the event that the subject matter of the appeal involves complex issues of fact or issues not solely dependent upon medical, surgical, or professional standards, the president of the American Board of Orthopaedic Surgery, at his or her sole discretion, may appoint a hearing officer to conduct the appeal

hearing and to submit a full written report and a recommended decision to the ad hoc appeals committee. The hearing officer appointed at the discretion of the president shall be an impartial physician, lawyer, or other professional.

3. The chairman of the appeals committee shall convene a hearing before the appeals committee or the hearing officer, if one is appointed, within a reasonable time after their respective appointments, but not less than 60 days after the appointment of the appeals committee and the hearing officer, whichever is later.

D. Prior to the hearing:

1. The concerned Board committee shall provide the executive director with such written information concerning its decision as it deems appropriate; a list of witnesses, if any, whom it expects to call to testify; copies of any written material which it considered in making the determination appealed (but only if it intends to present such material at the hearing); and a list of information and documents which the individual is required to produce at the hearing. This material, together with written notice stating the time and place of the hearing, shall be sent

to the individual by the executive director not less than 30 days prior to the hearing. Not less than seven days prior to the hearing, the concerned Board committee shall provide the executive director and the individual with copies of any written reports, affidavits, or statements of experts which the concerned Board committee intends to present at the hearing.

2. Not less than seven days prior to the hearing, the individual shall provide the executive director and the concerned Board committee with such written information concerning his or her position as he or she deems appropriate; a list of witnesses, if any, whom he or she expects to call to testify; and copies of any written reports, affidavits, or statements of experts which he or she intends to present at the hearing.

3. The executive director shall submit the written material referred to in this section D. to the members of the appeals committee or to the hearing officer, if one has been appointed, prior to the hearing. Copies of this material must also be submitted to the individual and to the concerned Board committee no later than the time when submitted to the appeals committee or the hearing officer.

E. The hearing, whether conducted before the appeals committee or a hearing officer, shall be a hearing de novo. The concerned Board committee and the individual shall have the right to present all relevant information and evidence in support of their respective positions, and neither the concerned Board committee nor the individual shall be limited to the information and evidence considered by the concerned Board committee in making its original determination or its reconsideration of the original decision.

1. The concerned Board committee shall have the burden of proving at the hearing that the determination being appealed should be confirmed. The standard of proof to be applied by the appeals committee and the hearing officer in deciding whether the information and evidence presented at the hearing is sufficient to warrant confirmation of the determination being appealed is by the preponderance or greater weight of the evidence.

2. At the hearing, the concerned Board committee and its legal or other representatives shall present such relevant information and evidence as it deems appropriate to support its previously made determination. However, the committee shall not have the right to present any information or evidence not previously provided as required in D.1. The committee may call, examine, and cross-examine witnesses.

3. The individual shall have the right to be represented at the hearing by legal counsel or any person of his or her choice. He or she may present such relevant information and evidence as he or she deems appropriate in support of his or her position. However, the individual shall not have the right to present any information or evidence if not previously provided as required in D.2. The failure of the individual to produce information or documents requested by the concerned Board committee as

required in D.2. shall be grounds for upholding and confirming the determination of the concerned Board committee.

The individual may call, examine, and cross-examine witnesses.

4. The individual and the concerned Board committee may submit written statements at the close of the hearing. A written record of the hearing shall be made available to the individual at one-half the cost of its preparation.

F. After the conclusion of the hearing:

1. If the hearing has been conducted before a hearing officer, the hearing officer shall prepare a written report based upon the information and evidence presented, including the findings of fact determined by the hearing officer and a recommended decision as to whether the determination being appealed should be confirmed, modified, or overruled. The hearing officer shall submit the written report to the appeals committee and send copies to the individual and the concerned Board committee. The individual and/or the concerned Board committee may file objections to the report and recommendations of the hearing officer with the appeals committee within ten days after receipt of the report. The opposing party shall then have ten days to file its response to such objections with the appeals committee.

2. The appeals committee shall make its decision following the hearing. If the hearing has been conducted before a hearing officer, the appeals committee will first receive the written report and recommendations of the hearing officer and the objections and responses filed thereto by the parties. If a majority of the members of the appeals committee determines, on the basis of the information and evidence presented, including, when applicable, the report and recommendations of the hearing officer, that the determination of the concerned Board committee should be confirmed or modified, the appeals committee shall so declare. If a majority determines that the concerned Board committee's determination should be overruled, the appeals committee shall so declare. The appeals committee shall inform the individual and the concerned Board committee of its decision in writing within a reasonable time following the hearing, explaining the basis for its judgment. The decision of the appeals committee shall be final and binding.

G. A candidate who believes that the Part II examination was administered in an unfair or inaccurate manner or that one or more of his or her oral examiners was well acquainted with him or her or was not impartial may immediately, in the debriefing session, request that he or she be reexamined. The request shall be made to the chairman of the Oral Examinations Committee and reviewed by the president and the secretary. If, after discussing the matter with the candidate and making such other investigation as they may deem appropriate, a majority of the president, the secretary, and the chairman of the Oral Examinations Committee determines that reasonable grounds exist for the candidate's request, he or she will be reexamined at the earliest available session by another panel of oral examiners. In such event, the first oral examination will be disregarded and only the candidate's performance on the reexamination shall be considered in determining his or her score on the examination.

H. A candidate who fails the Part I examination may request in writing that his or her examination be rescored by hand to verify the accuracy of the results as reported to him or her. Such a request is to be made within 60 days of his or her being notified of the results of the examination. The request must be accompanied by a check for \$100 payable to the American Board of Orthopaedic Surgery to cover the cost of hand scoring. There shall be no further appeal of a failure on the Part I examination.