



The Forgotten Few

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Board certification for a physician is a goal of an educational journey. A board-certified physician is a physician, who has completed a medical specialty educational program and an evaluation process approved by the American Board of Medical Specialties. In general surgery, the American Board of Surgery (ABS) establishes the final evaluation, consisting of 2 examinations; 1 written and 1 oral. The surgeon must pass both examinations and then comply with an ongoing certification process to be continuously ABS certified. Unfortunately, some candidates for initial certification do not meet these ABS standards and cannot claim to be a board-certified surgeon.

Not being board certified, limits the scope of a physician's practice. Most importantly, many hospitals will not allow the physician have staff privileges. When board certification is not attained in the physician's primary board, further advanced certificates in specialty areas cannot be obtained. While there are other opportunities for these physicians, the lack of hospital privileges negatively impacts the physicians' career choices. The numbers of surgeons in this quandary are few. Unfortunately, their choices for corrective action are also few.

Given our medical educational system, how can an individual complete medical school and a minimum of 5 years of training and not pass 2 tests. After spending the last year with 18 of these individuals, we can say that there is no 1 reason that can be identified. Some made bad choices, others had life challenges impact their performance after training, some did not understand that they had a learning deficit focused on standardized tests, and others let an initial failure destroy their confidence and, thus, their subsequent chances. A few had a poor educational experience. All have found ways to practice medicine and seem to be successful although unhappy and disappointed that they are not board certified.

The ability to re-enter the board certification process after multiple test failures involves a number of ABS programs. Until recently, the 2 programs included the standard pathway requiring a year of formal training in an approved residency or fellowship program and the alternative pathway, requiring achievement of a passing grade on a specific examination for readmissibility. The

most recent pathway was established last year. It is the alternative pathway II requiring completion of a 1-year educational program consisting of materials and in-person coaching developed by the American College of Surgeons. Our experience is associated with this pathway.

Efforts to obtain their board certification has led the candidates down many paths. They have all spent time, money, and effort in trying to correct this deficit within the parameters set by the ABS. Many have enrolled in other learning options aimed at successfully passing these tests. Despite these attempts, success remains elusive until the point where they are no longer considered candidates by the ABS. Remediation through the previous existing 2 pathways is poor. Our goal with this new program is to improve remediation efforts.

The candidates entering this program need help passing the qualifying examination (QE), certifying examination (CE), or both examinations. Candidate needs are different depending on whether they are sitting for the QE or CE exam. We have found learning disabilities among a number of individuals who had not passed the QE, which had not been recognized while they were in their training program. The CE candidates are often in a specialty practice based on fellowship training and drifted away from general surgery practice making passing their oral assessment difficult. They often do not have general surgical colleagues to discuss cases and help prepare for their oral examination.

While our experience has given us a new positive perspective on these surgeons, our solution, and other programs, are woefully inadequate to help these individuals. One must wonder whether training programs themselves should take some ownership of these forgotten few. The program director representing the training program indicates that a trainee has successfully completed the program stating the trainee is ready to sit for board examinations. It is logical to expect the program to accept some responsibility for their trainee's performance. If they have had a difficult time with their ABSITE scores, does the program use any evaluation techniques to discover learning disabilities and offer interventions to a trainee? What is a program's responsibility if the trainee fails their QE exam? How many programs seek out their trainees who have failed the QE? Do any have plans to help the trainee at this

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point? What would a program director do, if their trainee called them for help after failing either exam? If an individual who entered this alternate pathway II offered by the ABS called their general surgery program director, would they be offered help?

As with every training issue, there are always at least 2 sides. We certainly do not believe that our candidates should be held blameless and as we started this program we often felt we would find easy answers to explain their failures. We admit that some of their decisions were questionable, but most have tried to learn from their mistakes and correct them. Many are leaders in their community

and provide important medical coverage. To ignore the enormous personal and financial costs of medical and specialty training and to risk losing this pool of surgeons to our communities seems to be short-sighted.

Current options seem to be inadequate. No easy solutions are apparent. Certainly, all training programs must acknowledge these forgotten few and get involved in corrective remediation actions beginning during training and afterwards. Interventions during training are essential, but corrective actions once a candidate has failed an initial attempt are also needed. Otherwise, these unfortunate few will be forgotten forever.