

FOOT AND ANKLE RESEARCH CONSORTIUM, Inc.

“where learning is a plus”

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UPDATE 2017

ABFAS Board Exam Pass Rate Disparaging

I have been a member of both the ABFAS and ACFAS for the last 20 years. However, I have concerns about both organizations as it relates to the podiatric profession and the certifying foot and ankle surgical board exam. If the ACFAS has been touting that we are the *“the leading experts in foot and ankle care”* based on their recent PR campaign *“Take a New Look at Foot and Ankle Surgeons”*, then they need to tell us how this is a fact if the passing rate is so low for the ABFAS board certifying exams. The ACFAS also goes on to state in this campaign *“With more education and training specific to the foot and ankle than any other healthcare provider foot & ankle surgeons are the leading experts in foot and ankle care today.”* With that said, I would have to say that this may be a hyperbole of fact as it relates to the ABFAS scores.

To reinforce what I am saying and why I am so concerned, the ABFAS published in their recent Fall 2017 Newsletter the 2016-17 ABFAS Exam passing rates for first time and re-take for the test. The results of the Fall 2016 Part I FT didactic and FT CBPS a total combined average pass rate of sadly just 30% for both exams. Then the results for the Part I RRA didactic and CBPS total combined average pass rate of only 36%. And, for the Spring 2017 Part I FT didactic and CBPS total combined average pass rate was markedly higher at 70% and for the total combined pass rate for the Spring 2017 Part I RRA didactic and CBPS was higher than the Fall 2016 results with a total combined average pass rate of 58%. The ABFAS 2017 Part 2 FT Surgery CBPS Exam total average for first time and retake pass rates were only 57% and for the Part II RRA Surgery was a bleak 40%.

Someone at the ABFAS needs to explain why this is the case? Why are these numbers so low as compared to our allopathic colleagues who we are trying to seek parity? The American Board of Orthopedic Surgery has a resounding average 90% pass rate for the Part I exam for 2016-17:

<https://www.abos.org/certification-exams/part-i/exam-statistics.aspx> and a 95% pass rate for Part II: <https://www.abos.org/certification-exams/part-ii/exam-statistics.aspx>.

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I opine that there is something truly wrong with this picture. With the expanded curriculum that our schools have provided our DPM students along with the now required and mandated three year surgical residencies how are these scores so low for the ABFAS certification? Based on the latter, I thought that these ABFAS test results would be so much better than have been reported. The ABFAS seems to have created a test that does not allow the exam taker to show minimum competency in foot and ankle surgery, but rather has formulated one to exclude supposedly well trained podiatric surgical residents for becoming board certified by the only foot and ankle surgery certification board recognized by CPME and JCRSB.

So, if such a low numbers are passing this exam after the first time and then after the retake, then why even have a three residency in podiatric surgery if this is the case? And those that never obtain board certification through the only recognized certifying surgical board in podiatry because the fail to pass the exam; what happens to them? Do they get on staff at a hospital and perform foot and ankle surgery if they are not board certified in podiatric surgery? I am confused!!

If these results are so indicative of our efforts to obtain the parity that we so desire and the deserved respect for our allopathic colleagues, then these ABFAS test results as publicized are not helping matters.

Something needs to change quite dramatically and there needs to be more accountability for the ABFAS and the other organizations such as the APMA and CPME who endorse them. There also need to become transparency for the powers that be that run these organizations. They need explain why this has happened in light of all the changes that this profession has gone through over many decades to prove that we are equal to an MD or DO.

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