

THE AMERICAN BOARD OF ANESTHESIOLOGY

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Dear Doctor,

Since its inception, maintenance of certification (MOC) has been an evolving process and the source of significant debate. In recent weeks, that debate has intensified after an American Board of Internal Medicine announcement concerning its MOC program's deficiencies (<http://www.abim.org/news/abim-announces-immediate-changes-to-moc-program.aspx>).

The ABA has collected 10 years of data and conducted multiple diplomate surveys to ascertain the relevance and applicability of its own Maintenance of Certification in Anesthesiology Program (MOCA®), which launched in 2004. We strongly believe the program assures the public that our diplomates demonstrate commitment to quality clinical outcomes and patient safety. That said, we are constantly looking for ways to improve and enhance the MOCA process to address areas of concern raised by our diplomates.

In collaboration with a group of volunteer anesthesiologists, comprised of subspecialists, private practitioners, academicians, early-career diplomates and anesthesiology residents, we are redesigning our MOCA program. Our vision is to aid anesthesiologists as they continuously assess their knowledge, identify their specific knowledge gaps, and connect to targeted educational resources that will meet their individual needs. Our objective is to integrate the various components of MOCA and provide greater flexibility for diplomates to design an individualized learning plan that adds the most value to their practice.

In 2014, we completed development of a new web-based prototype we are calling MOCA 2.0. We solicited the help of our 18 volunteers, who provided their feedback on the design, content and functionality of the prototype. The development will continue in 2015 with the goal of piloting a new MOCA program in the near future.

We are excited about MOCA 2.0 because it will provide diplomates with valuable resources they can use to track their progress and enhance their learning while addressing many of the concerns some of them have raised about the current program. The platform will continue to advance the highest standards of the practice of anesthesiology. It will also align well with the American Board of Medical Specialties' 2015 MOC Standards, which provide for greater flexibility for Member Boards as they consider new and innovative approaches to MOC.

In the interim, the requirements of our current MOCA program will not change. We continue to believe that MOCA is of tremendous value to the public and the practice of anesthesiology. We welcome and appreciate our diplomates' feedback, and are committed to partnering with them to design a program that is more meaningful and less burdensome.

If you have suggestions or recommendations you would like to share with the Board, click the [MOCA Feedback](#) link or visit <http://moca.theaba.org/fg.pl>.

Sincerely,



James P. Rathmell
Secretary

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