

# ABA NEWS

Vol. 22, No. 1

THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.  
A Member Board of the American Board of Medical Specialties



June 2009

## Report From The President

### ABA AND ASA COLLABORATION: WORKING TOGETHER FOR DIPLOMATES AND THE SPECIALTY

I'm proud to report that the American Board of Anesthesiology (ABA) and the American Society of Anesthesiologists (ASA) have been working closely these past several years to collaboratively develop a variety of continuing medical education (CME) products and activities that can be used to meet many of the requirements of Maintenance of Certification in Anesthesiology (MOCA).



Mark A. Warner, M.D.

The collaboration between the two organizations has been gratifying. The vision of M. Jane Matjasko, M.D., Bruce F. Cullen, M.D., Patricia A. Kapur, M.D., Steven C. Hall, M.D., David H. Chestnut, M.D., Kenneth J. Tuman, M.D., and Orin F. Guidry, M.D., among others, led in 2002 to the development of the co-sponsored ABA/ASA Council for the Continual Professional Development of Anesthesiologists (CCPDA). This

committee helps align the needs of the MOCA program with the CME and other capabilities of the ASA.

Here's a simple example of what we hope to develop: Dr. Hernandez achieves ABA certification in 2009 and is automatically enrolled in the MOCA program. The ABA will develop a web page for her that she can access through her password-protected portal account.

The web page will provide her with a checklist of the various requirements that she must achieve during her 10 years in the MOCA continuum. It also will allow her to hyperlink directly to the appropriate ASA website that describes the CME product or other activity that needs to be completed.

The ASA CME products that will be useful to fulfill MOCA requirements

(continued on page 2)

## Inside This Issue

ABA Welcomes Two New Directors	3	Hospice And Palliative Medicine	13
Tribute To Francis P. Hughes, Ph.D.	4	In-Training Examination Offered As Practice	14
Resident News: The Continuum of Education in Anesthesiology	5	New Application Cycle For Primary And Subspecialty Certification	14
2009 Maintenance Of Certification In Anesthesiology (MOCA) Updates	5	Credit Card Payment Required For Application And Examination Fees	14
Maintenance Of Certification In Anesthesiology For Subspecialties (MOCA-SUBS)	8	2009 ABA Information Sessions	15
ABA Announces 2010 Changes To MOCA Cognitive Examination	9	Application And Examination Fees	16
New Toll-Free Numbers	9	ABA Office To Move In 2010	16
Recognition of Diplomates' Service and Contributions in 2008	10	2009 ABA Booklet Of Information Provided Online Only	16
Reminder: Professional Standing—MOCA Candidates	12	ABA Electronic Communications	17
Alternate Entry Path (AEP)	12	2008 Examination Results	18

## Report From The President (continued)

include the very popular Self - Education & Evaluation (SEE) and Anesthesiology Continuing Education (ACE) programs, and Anesthesia Patient Safety modules. In addition, all MOCA enrollees will be required during their 10-year continuum to undergo at least one simulation experience. The ASA has established a robust simulation center-endorsement process. Currently, 17 centers are ASA-endorsed and another 9 applications are pending. The ASA Committee on Simulation Education anticipates that as many as 30 centers will be endorsed in the next several years, providing anesthesiologists in the MOCA program with many choices across the country for obtaining this experience.

The American Board of Medical Specialties (ABMS), the parent organization of the ABA, requires that maintenance of certification processes in all specialties include practice performance assessment. In brief, MOCA enrollees will be required to demonstrate that they assess the quality of care they provide, compare their results to peers and national benchmarks, and apply best evidence or consensus recommendations to improve their

care. Potential mechanisms to satisfy this requirement are under review. The ASA's new Anesthesia Quality Institute may evolve into one mechanism that will allow anesthesiologists to compare their outcomes to peers and national benchmarks.

### ABMS, HEALTH CARE REFORM, AND MAINTENANCE OF LICENSURE

As government entities and third party payers consider how health care and its payment systems will be changed in the future, they are seeking methods to assess individual and group practices. It is not clear if and how these assessments will be used in future payment schemes, but it's safe to say that there is strong momentum to pay more for good care (or, for pessimistic readers, pay less for care that doesn't meet as-yet undefined standards).

The ABMS, on behalf of all of its specialty boards, is seeking opportunities to use current board certification and maintenance of certification as measures that document high quality providers. It is not yet clear if this effort will be successful. Further, it is not entirely clear if current board certification or enrollment in maintenance of certification is

necessarily associated with excellent clinical care. Although there is vigorous debate on whether assessment of clinical competence is better performed locally or in comparison to national benchmarks, you can bet that considerable effort will be exerted by ABMS in the coming years to document that board certified physicians provide high quality care.

The Federation of State Medical Boards (FSMB) is considering a similar movement to encourage and document the provision of high quality care by all licensed physicians. The FSMB is comprised of all state and territorial medical boards. It seeks to standardize the approaches that states take to licensing physicians and other health care providers. Like ABMS, FSMB is interested in documenting that maintenance of licensure (MOL) is associated with provision of higher quality care. The ABMS is working with FSMB in hopes that board certification and participation in maintenance of certification will be considered the equivalent of participation in the MOL process. I hope this effort is successful – it would be disappointing if all of us who are involved in MOCA would also have to be involved in MOL.

### SUMMARY

As ABMS and FSMB further develop their maintenance programs and work with government entities and third party payers, the ABA will track their progress and, as needed, adapt the MOCA process. Our pledge to our diplomates is to keep the process as simple as possible while making it a meaningful way to maintain currency in the specialty and validate that our diplomates provide high quality care.

#### ASA PRODUCTS AND ACTIVITIES RELATED TO MOCA

- Self-Education & Evaluation (SEE) program
- Anesthesiology Continuing Education (ACE) program
- Anesthesia Patient Safety modules
- Experiences in ASA-Endorsed Simulation Centers
- Anesthesia Quality Institute

# ABA Welcomes Two New Directors



The ABA is pleased to announce the election of Daniel J. Cole, M.D. and Brenda G. Fahy, M.D., to its Board of Directors. Drs. Cole and Fahy began their term as ABA Directors at the conclusion of the Board's meeting in the autumn of 2008.



**Dr. Daniel J. Cole** earned his Bachelor of Science degree in Health Sciences from Andrews University in Michigan in 1978 and his Doctor of Medicine degree from Loma Linda University in California in 1982, where he also completed his residency in anesthesiology (1982-1985). He completed a Neuroanesthesia Research fellowship at the University of California at San Diego in 1986. Dr. Cole holds ABA certification in anesthesiology (1986) and has recertified in the specialty. He has been an ABA Associate Examiner since 2004.

Dr. Cole serves as Chair of the Department of Anesthesiology at Mayo Clinic in Arizona, and holds the position of Professor of Anesthesiology at the College of Medicine at Mayo Clinic. He is an Arizona director to the American Society of Anesthesiologists (ASA) Board of Directors and an ASA delegate. Dr. Cole has served as an ASA alternate delegate (1996-1997) and an Arizona alternate director to the ASA (2005-2007). He serves on the Appeals Panel for Anesthesiology of the Accreditation Council for Graduate Medical Education and serves on the Editorial Board of the Journal of Neurosurgical Anesthesiology.

Dr. Cole lives in Scottsdale, Arizona with his wife Cristine, and their children, Stephen and Andrew.



**Dr. Brenda G. Fahy** earned her Bachelor of Science degree in Engineering from Pennsylvania State University and her Doctor of Medicine degree from Thomas Jefferson Medical College in Pennsylvania. She served as a medicine intern at Mercy Catholic Medical Center in Darby, Pennsylvania (1986-1986) and completed her residency in anesthesiology at the University of Maryland (1986-1989). Dr. Fahy holds ABA certification in anesthesiology (1990) and has recertified in the specialty. She also holds ABA subspecialty certification in critical care medicine (1991) and has recertified in the subspecialty. She has

been an ABA Associate Examiner since 2003.

Dr. Fahy is a member of the anesthesiology faculty at the University of Kentucky where she holds the position of Professor for the Department of Anesthesiology and the Department of Neurosurgery, and serves as the Director of Critical Care. She is an ASA liaison to the American College of Surgeons, is Chair of the ASA Committee on Surgical Anesthesia, and serves on the ASA Subcommittee on Clinical Neurosciences and the ASA Scientific Content Subcommittee on Critical Care. She has served on the ASA Subcommittee on Critical Care (2001-2008; Chair: 2006-2007), Scientific Advisory Committee (2006-2007), Reference Committee, House of Delegates (2006), the Committee on Professional Education Oversight (2005-2007) and the Self Education and Evaluation Committee (1991-2001). Dr. Fahy serves on the Board of Directors for the American Society of Critical Care Anesthesiologists (2006) and as its Secretary (2007).

Dr. Fahy lives in Lexington, Kentucky with her husband Christopher Fallon and their two daughters.

## 2008-2009 Officers

**Mark A. Warner, M.D.**

Rochester, Minnesota  
PRESIDENT

**Glenn P. Gravlee, M.D.**

Aurora, Colorado  
VICE PRESIDENT

**Mark A. Rockoff, M.D.**

Boston, Massachusetts  
SECRETARY

**Douglas B. Coursin, M.D.**

Madison, Wisconsin  
TREASURER

## Board of Directors

**J. Jeffrey Andrews, M.D.**

San Antonio, Texas

**David L. Brown, M.D.**

Cleveland, Ohio

**David H. Chestnut, M.D.**

La Crosse, Wisconsin

**Daniel J. Cole, M.D.**

Phoenix, Arizona

**Douglas B. Coursin, M.D.**

Madison, Wisconsin

**Brenda G. Fahy, M.D.**

Lexington, Kentucky

**Glenn P. Gravlee, M.D.**

Aurora, Colorado

**Steven C. Hall, M.D.**

Chicago, Illinois

**Cynthia A. Lien, M.D.**

New York, New York

**Mark A. Rockoff, M.D.**

Boston, Massachusetts

**Kenneth J. Tuman, M.D.**

Chicago, Illinois

**Mark A. Warner, M.D.**

Rochester, Minnesota

## Executive Staff

**Mary E. Post, MBA, CAE**

Raleigh, North Carolina  
EXECUTIVE DIRECTOR,  
ADMINISTRATIVE AFFAIRS

## Tribute To Francis P. Hughes, Ph.D. ABA EXECUTIVE DIRECTOR 1982-2008

The ABA deeply thanks Frank Hughes for his 26 years of dedicated and extraordinary service as Executive Director and wishes him well in his retirement. Frank's passion for the Board's mission has been integral to its ability to advance its primary purpose - to examine and certify anesthesiologists. Frank Hughes served as ABA's Executive Director from September 1982 to July 2008. Having previously worked for the National Board of Medical Examiners (NBME), Frank brought extensive expertise in the examination process.



Frank's tenure was marked by progressive growth in the ABA's certification activities and in the scope of ABA's mission. Early in his tenure, Frank worked with the board to further specify the training necessary for admission to ABA's examination and certification systems and was instrumental to the implementation of constructive change.

In 1984, after many years of debate about the relative merits of two versus three years of mandatory anesthesiology residency training following internship, the Board extended the required minimum Clinical Anesthesia training period from two to three years beyond the Clinical Base Year. With Frank's steady hand and indispensable attention to the details of this transition, the Board implemented the three-year clinical anesthesia residency training requirement in 1986. After that transformation, anesthesiology residency training continued to evolve. Throughout this evolution, Frank provided an essential historical perspective, pragmatic advice and counsel, and the administrative acumen to assure that ABA operations maintain impeccable standards.

Frank has also facilitated sometimes contentious Board deliberations over the value of subspecialty certification in his customary highly professional and strategically astute manner. These efforts reached fruition in September 1986 when the ABA offered its first critical care medicine examination, and in September 1993 when it offered its first pain medicine examination.

Recertification and a voluntary process for continued demonstration of qualifications (CDQ) was the focus of ABA discussions for several years before the first CDQ examination was offered in 1993. Shortly thereafter, in 1995, the Board approved a policy of time-limited certification and announced its intention to issue only time-limited primary anesthesiology certificates effective in January, 2000. Recertification then fairly rapidly evolved to the more comprehensive, still controversial but mandatory concept known as Maintenance of Certification. Throughout this

continuing and often stressful process, Frank has facilitated discussions and deliberation by providing timely, accurate data and by virtue of his unparalleled knowledge of the workings of the American Board of Medical Specialties. His support to the Board in its progression through CDQ, recertification, and maintenance of certification was exemplary.

For 30 years the Board office was located in Connecticut. Under Frank's leadership, the Board office was moved to Raleigh, North Carolina in 1995. Over the course of Frank's tenure as Executive Director, the ABA office has grown from 3 employees to 27 employees, and both the scope and variety of ABA office activities have undergone impressive change.

Frank has brought leadership to all of these changes in addition to great intellect, foresight, adaptability, efficiency and common sense. He has provided the Board with the highest level of professionalism in all aspects of his leadership. He has served as an outstanding role model in the essential attributes of honesty, integrity, and professionalism, and has shown remarkable compassion and passion for the specialty of anesthesiology even though his educational background is that of a Ph.D. with a concentration in educational measurement, evaluation and statistics. Throughout his professional career he has demonstrated impeccable character.

A passion for learning has been a consistent theme throughout Frank's impressive career. His achievements with the ABA ascend further when they are viewed in the context of the Board's high expectations. His great ability to lead others has flowed naturally from his day-to-day leadership of himself. The historic attendance of current and past directors of the ABA at the April 18, 2009 tribute not only attests to the high esteem in which he is held by them, but also underscores the fact that each and every current and former director considers him to be a personal friend.

For Frank, serving the American Board of Anesthesiology for 26 years was more than an occupation, it was an instinctive exercise in foresight, and most of all a labor of love for him. Frank has said that he never really thought of it as a job. Perhaps the best test of a leader is the ability to inspire those he leaves behind with the conviction and capacity to carry on in his footsteps. Again, Frank has delivered.

*He will be greatly missed, but not forgotten!*

## Resident News: The Continuum Of Education in Anesthesiology

THE ABA HAS REVISED ITS REQUIREMENTS FOR THE CLINICAL BASE YEAR (CBY) AND THE CA 1-3 YEARS OF TRAINING TO ALIGN WITH THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION'S (ACGME) PROGRAM REQUIREMENTS FOR ANESTHESIOLOGY.

**Clinical Base Year Changes.** The ABA has revised its requirements for the Clinical Base Year (CBY) and the CA 1-3 years of training to align with the Accreditation Council for Graduate Medical Education's (ACGME) Program Requirements for Anesthesiology. Changes to the CBY policy require that residents complete at least six months of clinical rotations involving direct patient care, i.e., responsibility for the diagnosis and treatment of patients with a variety of medical and surgical problems. Residents should also complete at least one month each in critical care and in emergency medicine, but may serve at most two months in each of those rotations. Residents may complete at most one month of anesthesia during the CBY.

**Four-year Continuum Changes.** Revisions to the training requirements include four months of distinct rotations in critical care medicine with progressive responsibility and three months in pain medicine that may include a one month acute perioperative pain management rotation, a one month rotation involving the assessment and treatment of inpatients and outpatients with chronic

pain, and a one month rotation of regional analgesia experience in pain medicine.

**Part-time Training.** Requests for residents to complete training on a part-time basis will be assessed individually by the Credentials Committee of the ABA. Prospective approval is required for alteration in the number of hours per week of training or alteration in the temporal distribution of the training hours (e.g., substantially different night and weekend hours) from other residents in the program. Residents must not take more than twice the "standard time" to achieve the level of knowledge and clinical experience comparable to that of a full-time resident completing the program in the standard four-year time frame. Requests for part-time training must be submitted to the ABA in writing from the program director and countersigned by the department chair (if that is a different person), the hospital's Designated Institutional Office (DIO), and the resident. Additional details regarding the above noted policies can be found in Section 2.02 of the Booklet of Information which is available on the Board's website at [www.theABA.org](http://www.theABA.org).



## 2009 Maintenance Of Certification In Anesthesiology (MOCA) Updates

THE ABA'S MOCA PROGRAM CONTINUES TO EVOLVE AS THE BOARD CONSIDERS IMPROVEMENTS TO THE PROGRAM, PARTICULARLY WITH THE PRACTICE PERFORMANCE ASSESSMENT AND IMPROVEMENT (PPAI) COMPONENT.

The ABA is working collaboratively with the American Society of Anesthesiologists (ASA) to develop a network of ASA-endorsed simulation centers located throughout the United States. Simulation education will provide a hands-on opportunity for diplomates to learn and perform valuable crisis management techniques in a high-fidelity mannequin-based simulation setting. The ABA intends for simulation education to be included as a Part IV PPAI activity.

The ABA understands that ongoing changes to the program make it difficult for MOCA participants to

keep up with their requirements. As a result, the ABA will endeavor to minimize mid-cycle changes in MOCA program requirements for diplomates already enrolled in the program, while maintaining compliance with standards mandated by the American Board of Medical Specialties (ABMS). The goal of the MOCA program is continuous learning and practice improvement, and the Board believes that the 2009 MOCA program updates foster that goal.

(continued on page 6)

# 2009 Maintenance Of Certification In Anesthesiology (MOCA) Updates

(continued from page 5)

## MOCA PROGRAM UPDATES

### PART II: LIFELONG LEARNING AND SELF-ASSESSMENT (LLSA)

All newly certified diplomates and non-time limited (NTL) diplomates who enter the MOCA program after January 1, 2008, are required to complete the two Continuing Medical Education (CME) activities listed below once during their 10-year MOCA cycle. The total LLSA requirement of 350 credits remains unchanged, but now 80 of the credits must be earned by completing the following activities:

- A. 60 Category 1 credits for completion of either the ASA's Self-Education and Evaluation (SEE) program or the ASA's Anesthesiology Continuing Education (ACE) program.

AND

- B. 20 Category 1 credits of Patient Safety CME. Both the ASA and the ABMS offer Patient Safety Modules:

The ASA Patient Safety Modules are available at <http://psmcme.asahq.org>.

The ABMS Patient Safety Modules (offered by HealthStream) are available at [www.healthstream.com/hlc/theaba](http://www.healthstream.com/hlc/theaba). (NOTE: Internet Explorer must be used to access this Web site.)

### PART IV: PRACTICE PERFORMANCE ASSESSMENT AND IMPROVEMENT (PPAI)

A new PPAI program will be required for all newly certified diplomates and NTL diplomates who enter the MOCA program after January 1, 2008. The program currently includes case evaluation.

- 1) Case Evaluation: A four-step process that requires a diplomate to collect a meaningful sample of data from clinical outcomes or patient feedback, and compare these outcomes to evidence-based practice guidelines. The diplomate then designs and implements a plan to improve outcomes in one of four selected areas (clinical reminders, personal education, change in system or process, or clinical pathway), and subsequently evaluates the level of improvement since the initial assessment. The overall goal of this exercise is to improve or maintain a high standard of practice.

Pending approval by the ABMS, the Part IV PPAI program will also include simulation education. Diplomates would be required to complete both activities (case evaluation and simulation activity) during their MOCA cycle: one in Years 1-5, and the other in Years 6-10. If the ABMS does not approve simulation as a Part IV activity, then diplomates would be required to complete two case evaluation activities (one in years 1-5, and the second in years 6-10). With that scenario, it is likely that simulation would become a required Part II activity.

A transition plan has been established for diplomates certified between 2004 and 2007. They will be required to complete one attestation and either a case evaluation or simulation education activity.

## MOCA PROGRAM REQUIREMENTS

Following is a summary of the MOCA program requirements, for time-limited certificate holders, based on the year in which they were certified. Additional information can be found at the ABA website at [www.theABA.org](http://www.theABA.org). If you are currently enrolled in the MOCA program, you can log into your personal portal account on the website and view your "MOCA Progress Report" for further details.

# MOCA PROGRAM REQUIREMENTS

## Diplomates Certified from 2000 - 2003

Year in MOCA Cycle	1	2	3	4	5	6	7	8	9	10
<b>Part I - Professional Standing (PS)</b>	Maintain unrestricted, unexpired medical license in US or Canada. All licenses held must be unrestricted.									
<b>Part II - Lifelong Learning and Self-Assessment (LLSA)</b>	All: Max 70 credits per year	<b>Total Credits</b>		<b>Min Category 1</b>		<b>Exam Prerequisite</b>				
	Year 2000:	210		150		120				
	Year 2001:	245		175		140				
	Year 2002:	280		200		160				
	Year 2003:	315		225		180				
<b>Part III - Cognitive Examination (CE)</b>	Earn LLSA Exam Prerequisite					Pass Cognitive Examination				
<b>Part IV - Practice Performance Assessment and Improvement (PPAI)</b>				Attestation					Attestation	

## Diplomates Certified from 2004 - 2007

Year in MOCA Cycle	1	2	3	4	5	6	7	8	9	10
<b>Part I - Professional Standing (PS)</b>	Maintain unrestricted, unexpired medical license in US or Canada. All licenses held must be unrestricted.									
<b>Part II - Lifelong Learning and Self-Assessment (LLSA)</b>	350 Total Credits, Max 70/year, Min 250 Category 1									
<b>Part III - Cognitive Examination (CE)</b>	Earn LLSA Exam Prerequisite (200 Credits)					Pass Cognitive Examination				
<b>Part IV - Practice Performance Assessment and Improvement (PPAI)</b>				Attestation		Case Evaluation or Simulation Education				

## Diplomates Certified from 2008 - 2009

Year in MOCA Cycle	1	2	3	4	5	6	7	8	9	10
<b>Part I - Professional Standing (PS)</b>	Maintain unrestricted, unexpired medical license in US or Canada. All licenses held must be unrestricted.									
<b>Part II - Lifelong Learning and Self-Assessment (LLSA)</b>	350 Total Credits, Max 70/year, Min 250 Category 1									
	which includes:									
	60 CME credits from ASA SEE or ACE program 20 Category 1 credits of Patient Safety CME (offered by ASA and ABMS)									
<b>Part III - Cognitive Examination (CE)</b>	Earn LLSA Exam Prerequisite (200 Credits)					Pass Cognitive Examination				
<b>Part IV - Practice Performance Assessment and Improvement (PPAI)</b>	Case Evaluation or Simulation Education					Case Evaluation or Simulation Education				

# Maintenance Of Certification In Anesthesiology For Subspecialties (MOCA-SUBS)

The ABA will transition from the current subspecialty recertification programs to Maintenance of Certification in Anesthesiology for Subspecialties (MOCA-SUBS) beginning January 1, 2010. The last subspecialty recertification examinations will be administered in 2013, and the first MOCA-SUBS examinations will be administered in 2014.

The MOCA-SUBS program is the only option for ABA diplomates certified or recertified in a subspecialty in or after 2007. Diplomates awarded certification or recertification before 2007 may apply for subspecialty recertification as early as 7 years from their certification date and up to the application deadline of April 15, 2013. After that date, the MOCA-SUBS program will be the only option.

Under ABA policy, the practice of an anesthesiology subspecialty is the practice of the specialty (anesthesiology). Therefore, a MOCA-SUBS candidate may maintain a subspecialty certificate, or both the specialty certificate and a subspecialty certificate, by being clinically active solely in the subspecialty. As a result, diplomates participating in both MOCA and MOCA-SUBS will benefit as follows from overlapping program requirements as long as the activities are completed during each of the 10-year cycles.

## Same or similar requirements for MOCA and MOCA-SUBS

### Part I: Professional Standing (PS)

- Holding an active, unrestricted medical license in the United States or Canada fulfills the requirement for both MOCA and MOCA-SUBS.
- All U.S. and Canadian medical licenses must be unrestricted.

### Part II: Lifelong Learning and Self-Assessment (LLSA)

- Complete 350 LLSA (CME) credits with a minimum of 250 Category 1 credits during 10-year cycle of which:
  - o 60 Category 1 credits are from the ASA SEE or ACE programs
  - o 20 Category 1 credits are from Patient Safety CME
- The LLSA activities can be used to maintain anesthesiology certification as well as one or more subspecialty certifications as long as there is CME related to each subspecialty certification being maintained.

### Part IV: Practice Performance Assessment and Improvement (PPAI)

- Complete one subspecialty-related Case Evaluation to fulfill the requirements for both the specialty and the subspecialty certifications. Complete an additional subspecialty-related Case Evaluation for each subsequent subspecialty certification being maintained.
- Pending ABMS approval: Complete one Simulation Education Course.

## Different Requirements for MOCA and MOCA-SUBS

### Part III: Cognitive Examination (CE)

- Demonstrate your cognitive expertise by passing an ABA examination administered via nationwide, secure testing centers for each certification you are maintaining.
- Additional information will be made available on the ABA website [www.theABA.org](http://www.theABA.org) as the transition begins in 2010.

## ABA Announces 2010 Changes To MOCA Cognitive Examination

The 2010 ABA Maintenance of Certification in Anesthesiology (MOCA) cognitive examination will no longer offer the deselect option, which has allowed examinees to select at least 150 of the 200 multiple choice questions to answer, and select as many as 50 questions to leave unanswered. As a result, all examinees will be required to answer all 200 questions on the 2010 examination. The ABA is aware that some diplomates have expressed concern about this, so this article provides the rationale for change.

Since ABA initiated a recertification examination in 1993, the deselect option has been available to all examinees. This construct was designed to accommodate examinees with a broad variety of clinical practices and as a means to encourage ABA diplomates with non-time-limited certificates to voluntarily recertify. The presence of the deselect option tends to reduce the range of question difficulties on the examination, and each of the 200 questions could potentially be answered by a different examinee population. Both of these factors complicate psychometric analysis of an examination.

The implementation of time-limited ABA certificates in 2000 and the creation of a MOCA process have changed the playing field considerably for recent ABA diplomates. The ABA is a member of the American Board of Medical Specialties (ABMS), which requires an increasingly standardized Maintenance of Certification (MOC) process across its twenty-four specialty boards. What was once an entirely voluntary recertification examination is evolving into a required MOC component for more ABA diplomates each year, and a secure closed-book cognitive examination is an ABMS-required component of that process. The ABA is the only ABMS board that has recently offered an examination on which examinees could choose

which questions to answer. Since ABMS scrutiny and standardization of MOC processes continues to increase, the ABA determined that it could no longer substantiate its use of a question deselect option as one that would fulfill ABMS MOC requirements. The ABA decided that 2010 would be the best year to convert to a traditional multiple choice examination, because that is the first “deadline” year for completing MOC requirements for ABA diplomates who hold time-limited certificates. As a reminder, the ABA voluntary recertification program will end in 2009.

The ABA wishes to reassure its diplomates that this change in the MOCA cognitive examination *will* affect question selection for that examination. The American Board of Anesthesiology/American Society of Anesthesiologists Joint Council on In-training Examinations Content Outline primarily defines the scope of the ABA Part 1 Examination, but it is also used for the ABA MOCA Cognitive Examination. Even though the Content Outlines are the same, MOCA examinees should continue to expect the basic science content to be considerably less than that of the ABA Part 1 Examination. Since the deselect option will no longer be present, the ABA will strive to select questions that represent the desired knowledge base of a practitioner whose clinical practice is broadly based. Although the MOCA examination will contain subspecialty-based questions, efforts will be made to avoid questions that test highly subspecialized knowledge. The ABA believes that anesthesiologists who practice exclusively in the operating rooms should have some fundamental knowledge of critical care medicine and chronic pain problems in order to provide the best care for their patients, so clinically oriented questions from those topic areas will be included on the examination.



## New Toll-Free Numbers!

As part of continuing efforts to provide the best possible service to constituents, the ABA has established toll-free telephone and fax numbers. The new numbers, effective July 6, 2009, are:

**ABA Customer Service Center:**  
**(866) 999-7501**

**Fax:**  
**(866) 999-7503**

And as always, when you call the ABA during regular business hours (9:00 AM to 5:00 PM, Eastern Time, Monday through Friday) your call is answered by a friendly, well-trained associate – not a machine.

# RECOGNITION OF DIPLOMATES' SERVICE AND CONTRIBUTIONS IN 2008

The American Board of Anesthesiology acknowledges a debt of gratitude to the ABA diplomates who assisted the Board in 2008. The ABA directors truly appreciate their service and are pleased to recognize and thank them for their contributions.

## PART 1 EXAMINATION:

### Representatives to the ABA/ASA Joint Council on In-Training Examinations:

James DiNardo	Robert Gaiser	Jerome Klafta	Roger Mecca	John Rowlingson
John Emhardt	Jeff Gross	Donald Martin	Patricia Petrozza	

### Senior Editors:

Steven Allen	Stephanie Goodman	Barry Kussman	Lazarre Ogden	Richard Stypula
Joseph Antognini	Stephen Heard	Catherine Lineberger	Paul Pagel	John Sullivan
Audree Bendo	David Hepner	Spencer Liu	Manuel Pardo	Richard Teplick
John Chow	Jeffrey Jacobs	Vinod Malhotra	Anthony Passannante	Paul Ware
Sylvia Dolinski	Eric Kitain	John Moyers	Julia Pollock	Helen Westman
Steven Dunn	Bruce Kleinman	Kenneth Nelson	Meg Rosenblatt	
John Ebert	Lawrence Kushins	Mary Njoku	Robert Sladen	

### Junior Editors:

Michael Ault	Denise Daley	Robert Howard	Vivek Moitra	Scott Segal
Philip Bailey	Richard Dutton	Narasimhan Jagannathan	James Munis	Richard Serianni
Edward Bertaccini	Lilibeth Fermin	Brian Johnson	Kevin Ng	Scott Springman
Delbert Black	David Glick	Stacy Jones	Christopher O'Connor	Julia Stevenson
Carl Borromeo	Eric Hanson	Victor Mandoff	Babak Roboubi	Scott Streckenbach
Gregory Botz	James Heitz	Michael Mazurek	Alan Ross	Kha Tran
Kathleen Chaimberg	Rosemary Hickey	Jill Mhyre	Keith Ruskin	Cynthia Wong
Joseph Cravero	Amr Hosny	Assem Mohamed	Randall Schell	

## PART 2 EXAMINATION:

### Candidate Registration and Orientation:

Bruce Cullen	Philip Larson	Myer Rosenthal	Alan Sessler	Robert Stoelting
Carl Hug	William Owens	Lawrence Saidman	Stephen Slogoff	Stephen Thomas
Francis James				

### Examiners:

John Algren	Cantwell Clark	Arthur Foreman	Robert Kelly	Aubrey Maze
John Allyn	Miguel Cobas	Robert Gaiser	Sean Kennedy	Brian McGrath
John Ammon	David Collard	Thomas Gayeski	Gregory Kerr	William McIlvaine
Valerie Arkoosh	Neil Connelly	Mark Gerhardt	Stephen Kimatin	Anne McKenzie-Brown
Donald Arnold	Joanne Conroy	Martin Giesecke	James Kindscher	Thomas McLoughlin
Ruben Azocar	John Cooper	Michael Goldberg	Charles Kingsley	Patrick McQuillan
Douglas Bacon	Thomas Cox	Salvatore Goodwin	Eric Kitain	Roger Mecca
Melinda Bailey	Joseph Cravero	Jeffrey Green	Klaus Kjaer-Pedersen	Robert Melashenko
Keith Baker	Gregory Crosby	Joel Gunter	Jerome Klafta	John Moyers
Karl Becker	Deborah Culley	Dhanesh Gupta	Bruce Kleinman	Stanley Muravchick
Richard Beers	Sandra Curry	Marc Hahn	Jonathan Kraidin	Michael Murray
Arnold Berry	Michael D'Ambr	Alexander Hannenberg	Catherine Kuhn	Joseph Neal
James Berry	Laurie Davies	Brian Harrington	Lawrence Kushins	Lars Newsome
Edwin Bowe	Steven Deem	Kenneth Haspel	Christine Lалlos	Chong Nicholls
Ferne Braveman	James DiNardo	Joy Hawkins	John Lang	Kenneth Nijjadlik
Russell Brockwell	Karen Domino	Stephen Hays	William Lanier	Dolores Njoku
Morris Brown	Kevin Donovan	Frederick Hensley	Charles Laurito	Mary Njoku
RaeFord Brown	John Drummond	Mark Hershey	John Lawrence	Mark Norris
Brenda Bucklin	Stevin Dubin	William Hetrick	Robert Leckie	Edward Ochroch
Charles Buffington	Bryan Dunlop	Roberta Hines	Paul Lennon	Christopher O'Connor
Napoleon Burt	Steven Edelstein	Charles Hogue	Michael Licina	Kirsten Odegard
John Butterworth	Melissa Ehlers	William Hurford	Alan Lisbon	Paul Pagel
John Byrne	Jan Ehrenwerth	Jack Isler	Ronald Litman	Susan Palmer
Michael Cahalan	James Eisenach	Richard Jaffe	Keith Littlewood	Anthony Passannante
William Camann	James Eisenkraft	Scott Jellish	Spencer Liu	Andrew Patterson
Jason Campagna	Sheila Ellis	Kenward Johnson	Philip Lumb	Ronald Pearl
Michael Champeau	Jerry Epps	Richard Kaplan	Thomas Mancuso	William Perkins
Gilles Chemtob	Lucinda Everett	Jeffrey Katz	Jonathan Mark	Kenneth Petroni
Grace Chien	David Fish	Jeffrey A. Katz	Thomas Martin	Charise Petrovitch
May Chin	Joseph Fitzgerald	Mark Keegan	Timothy Martin	Gail Pirie
Franklyn Cladis	Robert Forbes	Barbara Keller	Douglas Martz	Gerald Piserchia

Evan Pivalizza  
Christian Popa  
Susan Porter  
Richard Prielipp  
Donald Prough  
Zenaide Quezado  
Kang Rah  
Thomas Rahlfs  
John Rask  
James Rathmell  
Sally Raty  
Linda Rice  
David Righi  
Peter Rock  
Mark Romanoff

Mark Rosen  
Andrew Rosenberg  
Meg Rosenblatt  
Carl Rosow  
David Rothenberg  
John Rowlingson  
Raymond Roy  
Deborah Rusy  
Nahel Saied  
Francis Salinas  
Theodore Sanford  
Scott Schartel  
William Schechter  
Dawn Schell  
Steven Schwalbe

Alan Schwartz  
Jeffrey Schwartz  
James Scott  
Phillip Scuderi  
Barry Segal  
Scott Segal  
Joseph Seltzer  
Nancy Setzer-Saade  
Leslie Shaff  
Sam Sharar  
James Shear  
Edward Sherwood  
Richard Sommer  
Sulpicio Soriano  
Roy Soto

Christine Stock  
Erin Sullivan  
John Sullivan  
Santhanam Suresh  
Joseph Szokol  
Angele Theard  
Daniel Thys  
Michael Todd  
Kevin Tremper  
Christopher Troianos  
Donald Tyler  
Gregory Unruh  
Albert Varon  
Susan Vassallo  
David Vertullo

Darin Via  
Christopher Viscomi  
David Waisel  
Samuel Wald  
Michael Wall  
Russell Wall  
John Waller  
Terry Walman  
David Warner  
Matthew Weinger  
Chris Weinlander  
Charles Whitten  
James Zaidan  
Barry Zimmerman  
David Zvara

### Test-Writing Committee:

Donald Arnold  
Douglas Bacon  
John Butterworth  
William Camann

May Chin  
Neil Connelly  
John Cooper  
James DiNardo

Karen Domino  
John Emhardt  
Brenda Fahy  
Robert Gaiser

Nancy Glass  
Jack Isler  
William McIlvaine  
Joseph Neal

Christopher Troianos  
Charles Whitten  
Mark Williams

### CRITICAL CARE MEDICINE EXAMINATIONS:

#### Examination Committee:

Neal Cohen

Michael Murray

David Rothenberg

#### Test Question Authors:

Luca Bigatello  
Steven Deem  
Sylvia Dolinski

Mark Keegan  
Gregory Kerr  
Jonathan Ketzler

Christine Lалos  
Linda Liu  
Mary Njoku

Mark Nunnally  
Andrew Patterson  
Robert Pousman

Andrew Rosenberg  
Stephen Surgenor  
Michael Wall

### PAIN MEDICINE EXAMINATIONS:

#### Examination Committee:

Charles Argoff (ABPN)  
Miles Belgrade (ABPN)  
Quinn Hogan

Raphael Leo (ABPN)  
Brenda McClain  
James Rathmell

Richard Rosenquist  
Scott Ross (ABPMR)  
John Rowlingson

William Spillane  
Jon Streltzer (ABPN)  
Jay Subbarao (ABPMR)

Santhanam Suresh

#### Test Question Authors:

Anke Bellingier  
Honorio Benzon  
Timothy Brennan  
Gary Brenner  
Steven Brenner (ABPN)  
Randall Brewer (ABPN)  
Edward Covington, Jr. (ABPN)

Martin Drooker (ABPN)  
Jill Eckert  
Robert Goldstein  
Naeem Haider  
Basem Hamid (ABPN)  
Christina Herring (ABPN)  
Marc Huntoon

Mark Hurdle (ABPMR)  
Bryan Kaplansky (ABPMR)  
Joel Kent  
Jeffrey Koh  
Dhanalakshmi Koyyalagunta  
Henry Kroll  
Stephen Long

David Martin  
Srdjan Nedeljkovic  
Marco Pappagallo (ABPN)  
Jaroslav Przybyl  
Richard Rauck  
Mark Rubenstein (ABPMR)  
Constantine Sarantopoulos

Linda Sorkin (Research)  
Walter Strauser (ABPMR)  
David Tarantino

### REVIEW PANEL:

John Ammon  
Edwin Bowe

John Butterworth  
Charles Hogue

Francis James  
Mark Rosen

Leslie Shaff  
Christine Stock

Charles Whitten

### RESEARCH COMMITTEE:

Keith Berge

Andrew Patterson

David Warner

### COUNCIL FOR THE CONTINUAL PROFESSIONAL DEVELOPMENT OF ANESTHESIOLOGISTS (CCPDA):

Arnold Berry  
M. Jane Matjasko

Leslie Jameson  
Meg Rosenblatt

Patricia Petrozza

James Steven

Joanne Conroy

### CUSTOMER ADVISORY BOARD:

Fawn Atchison  
Gretchen Aurin  
Louis Chemin  
David Clendenin  
Carla Dormer  
Christopher Dunkerley

Avner Gereboff  
Jeffrey Gross  
Robert Harris  
Nir Hoftman  
Christopher Kent  
Matthew Klopman

Sandra Kopp  
Timothy Long  
Gerald Maccioli  
Michelle Marino  
Heather Naumann  
Jacques Neelankavil

Wendy Ren  
Leal Segura  
Will Shakespeare  
Brady Stocklin  
Christopher Thunberg  
Amir Tulchinsky

Valeri Walker  
Thomas Yasuda  
Lily Young

## Reminder: Professional Standing–MOCA Candidates

Professional Standing as it relates to Maintenance of Certification in Anesthesiology (MOCA) is perhaps the most uncomplicated of the ABA’s four MOCA components since it is a standard requirement for all physicians. MOCA candidates are encouraged to review and update their medical license information via their portal account at the ABA website [www.theABA.org](http://www.theABA.org). If one or more of the physician’s medical licenses is expired, their MOCA Progress Report will indicate that their Professional Standing is “Unsatisfactory.” MOCA candidates should review their MOCA Progress Report periodically to ensure that all medical license information in their ABA record is current. This can be accomplished by clicking on “Update your medical license and USMLE information” via their portal account at which time they may provide the ABA with a valid expiration date for any active medical license(s) they hold. Once they have updated their medical license

information via their portal account, their Professional Standing status will change to “Satisfactory” the next business day.

Candidates for initial certification and ABA diplomates have the affirmative obligation to advise the ABA of any and all restrictions placed on any of their medical licenses and to provide the ABA with complete information concerning such restrictions within 60 days after their imposition or notice, whichever first occurs. Such information shall include, but not be limited to, the identity of the State Medical Board imposing the restriction as well as the restriction’s duration, basis, and specific terms and conditions. Candidates and diplomates discovered not to have made disclosure may be subject to sanctions on their candidate or diplomate status.



## Alternate Entry Path (AEP)

The ABA updated its Alternate Entry Path (AEP) policy to define what it means to be an outstanding internationally trained and certified anesthesiologist.

The ABA implemented its pilot AEP program in July 2007. As of May 1, 2009, 30 candidates from 21 anesthesiology departments have entered into the ABA’s four year alternate pathway experience.

Since initiating the program in 2007, the ABA Credentials Committee continues its commitment to the objective of the alternate entry path: to consider and approve for participation qualified, outstanding foreign-trained and certified anesthesiologists who come to the United States to become outstanding and productive research members of U.S. academic anesthesiology programs.

To be considered for entry into the AEP program, applicants must have a pre-existing track record of scholarship as represented by the scholarship of discovery, dissemination and application. The scholarship of discovery is accomplished by obtaining peer-reviewed funding or by publication of original research in peer-reviewed journals. The scholarship of dissemination is accomplished by publication of review articles in peer-reviewed journals or chapters in textbooks. The scholarship of application is accomplished by publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings. High-quality ongoing

scholarship is critical to acceptance into the AEP program.

The experiences planned for the internationally certified anesthesiologist will consist of four years of resident or fellowship training, research, or faculty experience, or combination thereof. During the four year period, these anesthesiologists shall demonstrate discovery of new knowledge in the specialty, excellence in teaching, and excellence in clinical anesthesiology.

The Credentials Committee also recently reaffirmed the outcome measures to assess the pilot program’s success. The ABA will judge the success of the seven year pilot program and the continued ability of departments to participate in the process on the basis of the certification success and subsequent academic productivity of their participants in the alternate entry path. The Board expects that a minimum of 85% of AEP candidates should pass the ABA’s Part 1 and Part 2 examinations on their first attempt. The Committee will assess academic productivity based on whether the AEP candidate remains in an academic setting following certification, a comparison of the AEP candidate’s academic rank at the time of application and at the time of completion of the program and the number of peer reviewed publications and grants during and subsequent to completion of the AEP program.

Additional information can be found on the ABA web site at [www.theABA.org](http://www.theABA.org).

# Hospice And Palliative Medicine

## THE ABA ADMINISTERED ITS FIRST HOSPICE AND PALLIATIVE MEDICINE EXAMINATION IN OCTOBER 2008

The subspecialty of Hospice and Palliative Medicine (HPM) represents the physician component of the broad therapeutic model known as palliative care. These subspecialists reduce the burden of life-threatening conditions by optimizing quality of life through the course of serious, often terminal illness, and by managing factors that contribute to the suffering of the patient and the patient's family. Palliative care addresses physical, psychological, social, and spiritual needs of patients and their families, and provides assistance with medical decision-making. The palliative medicine subspecialist may assume the role of primary care patient management, serving in that case as the leader of a team that addresses patient and family problems in multiple domains. HPM subspecialists may also function as consultants, working in that case with the attending physician to optimize patient care particularly in situations where the management of patient symptoms, ethical issues or communications is complex.

HPM was first recognized as a specialty by the American Board of Medical Specialties in September 2006. Subsequently, the Accreditation Council for Graduate Medical Education (ACGME) began accrediting subspecialty training programs effective July 1, 2008 and has accredited 46 HPM fellowship programs since that time. The American Board of

Anesthesiology administered its first HPM subspecialty examination in October 2008, which resulted in ABA Hospice and Palliative Medicine Subspecialty Certification for 19 anesthesiologists. The HPM examination will be administered every other year. The next ABA HPM subspecialty examination is scheduled for November 16, 2010 (Note: This date is subject to change).

Application for admission to the ABA examination system must be made using the ABA Electronic Application System, via the ABA website at [www.theABA.org](http://www.theABA.org). The ABA will open its 2010 subspecialty application cycle on February 1, 2010. The standard deadline for the ABA to receive a completed application and the application fee is March 31, 2010. The late deadline by which the ABA must receive a completed application, the application fee and the late fee is April 15, 2010.

For the HPM examinations in 2010 and 2012, applicants who have not satisfactorily completed 12 months of formal training in an ACGME-accredited HPM fellowship program may be admitted to the examination via temporary criteria. The temporary criteria include a Training Pathway and a Practice Pathway, each of which can be fulfilled in one of two ways.

### TRAINING PATHWAY:

The satisfactory completion of 12 months of formal fellowship training in hospice and palliative medicine, with educational content and a clinical setting that are acceptable to the ABA. These criteria can be fulfilled in one of the following ways:

- (1) Training begun on or after July 1, 2010 must be in an ACGME-accredited hospice and palliative medicine program from the date the training begins to the date it ends.
- (2) Hospice and palliative medicine fellowship training completed prior to July 1, 2010, must be conducted within a program affiliated with an ACGME-accredited residency or fellowship program. Until the ACGME establishes formal guidelines, the training experience must be consistent with guidelines established by the ACGME or the Palliative Medicine Review Committee (PMRC).

### PRACTICE PATHWAY:

- (1) At the time of application, the applicant must demonstrate at least 800 hours of clinical involvement in subspecialty level practice of hospice and palliative medicine during the last five years, including:
  - a. At least two years and 100 hours of participation with a hospice and palliative care team, AND
  - b. Participation in the active care of at least 50 terminally ill patients or patients requiring palliative care (25 for pediatrics).

OR

- (2) Prior certification by the American Board of Hospice and Palliative Medicine and evidence of clinical activity in hospice and palliative medicine in the two years preceding the application.

## In-Training Examination Offered As Practice

BEGINNING IN 2010, ALL ABA CANDIDATES FOR THE PART 1 EXAMINATION WILL BE PERMITTED TO TAKE THE MARCH ABA-ASA IN-TRAINING EXAMINATION.

Beginning in 2010, all ABA candidates for the Part 1 examination will be permitted to take the March ABA-ASA In-Training Examination (ITE) whether or not they are enrolled in a residency program. ITE examinees will receive in early May a keyword list of all questions missed on the ITE. Although no questions are repeated on the March ITE and the August ABA Part 1 Exam, examinees may find the list of keywords helpful in preparing for the Part 1 examination, because the scientific content distribution of the two examinations is similar.

The ABA will send notification to potential ABA candidates in November 2009 with details on how to register for the ITE. This paper-and-pencil examination will be administered at over 100 locations in the United States and Canada. Examinees will be assigned to their site of choice whenever possible.

The ITE registration period runs from November 1, 2009 through December 15, 2009. The late registration period runs from December 16, 2009 – January 15, 2010. Candidates who register for the In-Training Examination through the ABA will pay a \$200 examination fee. A \$50 late fee will be assessed for candidates who register during the late registration period.

Please note that 2010 Part 1 candidates who are current residents of a training program will be registered for the 2010 In-Training Examination by their training programs. Additionally, candidates who are reestablishing their qualifications for admission to the ABA examination system will register for the In-Training Examination through the American Society of Anesthesiologists.



## New Application Cycle For Primary And Subspecialty Certification

### 2010 APPLICATION CYCLES – NEW CYCLES AND DEADLINES

	<b>Begins</b>	<b>Standard Deadline</b>	<b>Late Deadline</b>
<b>Primary Certification</b>	October 15, 2009	December 15, 2009	December 31, 2009
<b>Subspecialty Certification</b> <ul style="list-style-type: none"><li>• Critical Care Medicine</li><li>• Pain Medicine</li><li>• Hospice &amp; Palliative Medicine</li></ul>	February 1, 2010	March 31, 2010	April 15, 2010
<b>Subspecialty Recertification</b> <ul style="list-style-type: none"><li>• Critical Care Medicine</li><li>• Pain Medicine</li></ul>	February 1, 2010	March 31, 2010	April 15, 2010



## Credit Card Payment Required For Application And Examination Fees

The ABA now requires credit card payment of all application and examination fees. The ABA accepts American Express, Diner's Club, Discover, Mastercard, and Visa credit cards.

## 2009 ABA Information Sessions

The following special programs will be held to provide information and answer questions about the ABA programs for initial certification and Maintenance of Certification in Anesthesiology (MOCA). MOCA is the program that the ABA developed so diplomates with a time-limited anesthesiology certificate could maintain uninterrupted

certification status. ABA directors will conduct information sessions in 2009, in conjunction with annual meetings of the American Society of Anesthesiologists, the New York State Society of Anesthesiologists and the International Anesthesia Research Society.

### FOLLOWING IS THE SCHEDULE FOR THE SPECIAL PROGRAMS:

**DATE & LOCATION:** **Saturday, October 17, 2009**, in conjunction with the Annual Meeting of the American Society of Anesthesiologists (ASA) in **New Orleans, Louisiana at the Morial Convention Center.**

**TIME:** 4:00 pm – 5:00 pm

---

**DATE & LOCATION:** **Saturday, December 12, 2009**, in conjunction with the 63rd Post Graduate Assembly in Anesthesiology of the New York State Society of Anesthesiologists (NYSSA) in **New York, New York at the Marriott Marquis.**

**TIME:** 5:30 pm – 6:30 pm

---

**DATE & LOCATION:** **Sunday, March 21, 2010**, in conjunction with the 84th Clinical and Scientific Congress of the International Anesthesia Research Society (IARS) in **Honolulu, Hawaii at the Hilton Hawaiian Village.**

**TIME:** *To be determined*

---

At each session prepared remarks by ABA Directors will focus on topics such as:

#### INITIAL CERTIFICATION

- Comparison of the Part 1 and Part 2 examinations, what each is designed to test.
- Specific areas evaluated in the Part 2 examination.
- The mechanics of the Part 2 examination.
- Common problems encountered by candidates in the examination system.
- Common reasons for failure in the Part 2 examination process.

#### MAINTENANCE OF CERTIFICATION (MOCA)

- The components of the MOCA program.
- Lifelong Learning and Self-Assessment (LLSA) requirements and CME activities that would be acceptable to the ABA.
- Assessments of Professional Standing and Practice Performance Assessment and Improvement.
- Cognitive Examination and the prerequisites for examination.
- Internet-based processes developed by the ABA to facilitate diplomate registration and participation.
- Internet-based processes developed by the ABA to facilitate diplomate registration and participation.

**The Board hopes you will be able to attend one of these sessions if you have questions or are seeking information about the examination process for initial certification, the Part 2 examination format or content, or the MOCA program.**

---

## Application And Examination Fees

The Board of Directors has approved the following application and examination fees:

Application Fees	Amount	Effective Date
Anesthesiology Certification	\$800.00	October 15, 2009
Subspecialty Certification and Recertification	\$500.00	February 1, 2010

Examination Fees	Amount	Effective Date
Anesthesiology Certification, Part 1	\$500.00	Exams administered in 2009
Anesthesiology Certification, Part 2	\$1,950.00	Exams administered in 2010
Subspecialty Certification and Recertification	\$875.00	Exams administered in 2009
MOCA Cognitive	\$1,200.00	Exams administered in 2010

The fee for canceling an appointment for a computer-based examination is \$200.00. The fee for canceling an appointment for a Part 2 examination is \$750.00.

The ABA is a not-for-profit organization. Fees are based on the cost of maintaining the functions of the Board. The ABA's current fees are listed on the ABA website at [www.theABA.org](http://www.theABA.org).



## ABA Office To Move In 2010

The ABA moved from Hartford, CT to Raleigh, NC in 1995. Since that time, the number of ABA staff has tripled and the amount of leased space has nearly doubled as the ABA has added staff to key roles in its four major departments: Credentialing Services, Examination Services, Information Services, and Finance & Administrative Services. In addition, the ABA has created two new departments: Maintenance of Certification and the Customer Service Center. Information services has been an area of particular growth because of rapid changes in software applications, internet-accessible services to our candidates and diplomates, and online system development.

When its current lease expires, the ABA office will move to 13,500 square feet of space in the North Hills area of Raleigh in early 2010. The new address will be announced at that time.



## 2009 ABA Booklet Of Information Provided Online Only

The 2009 ABA Booklet of Information (BOI) is 100% electronic. The ABA now publishes its BOI online only under the "Publications" section of the ABA website ([www.theABA.org](http://www.theABA.org)). The ABA BOI will be updated on an annual basis each February.

The BOI provides a complete description of requirements and policies relating to ABA primary certification, subspecialty certification, and maintenance of certification. The ABA recommends that anyone who may seek any ABA certification read the applicable BOI thoroughly before starting an application. All applicants for ABA certification must acknowledge via electronic signature that they have read the applicable BOI.

## ABA Electronic Communications

The ABA continues its transition from paper-based processes to electronic processes. One important area for continuing change will be the way the ABA communicates with its constituents. For years the ABA used printed materials and postal mail exclusively to communicate with constituents. In 2009, even more communications will be sent through electronic media, which we believe will improve both the efficacy and efficiency of communications.

### EMAIL ADDRESSES

Because the ABA continues to move toward all-electronic communications, your email address is important to us. Each time you log into your ABA Portal Account, please verify your contact information and email address. With an accurate email address, the ABA can convey important and timely information and notices electronically.

### ABA NEWSLETTER

The 2009 ABA newsletter will be posted on the ABA website at [www.theABA.org](http://www.theABA.org). Invitations and links to view the newsletter will be sent electronically to all constituents who have an email address on record.

If the ABA does not have an email address, a print copy of the newsletter will be sent in regular mail. However, this is the last year that the ABA will provide the newsletter in printed form. In 2010, the ABA will publish the newsletter exclusively in electronic format on the website. This change will significantly reduce costs and improve the visual graphics and charts within the newsletter.

### FUTURE PLANS

The ABA interacts with its various constituents differently and continues to look for ways to automate and streamline its communications. In the future, this might involve more portal-based communications or the use of alerts via text message or email at the physician's request. We know how busy ABA constituents are, and we want to maximize the convenience of physician communications with the ABA. The ABA is always open to suggestions and feedback, so if you have an idea or a comment about the future use of text messaging or email, please share it with us by using the "Contact Us" form on the ABA website at [www.theABA.org](http://www.theABA.org).



### **In Memoriam**

**Oral B. Crawford, M.D.**

Springfield, Missouri

1931 – 2008

ABA Director 1972-1984

*“The fondest memories of my career  
were with the ABA.”*

# 2008 Examination Results

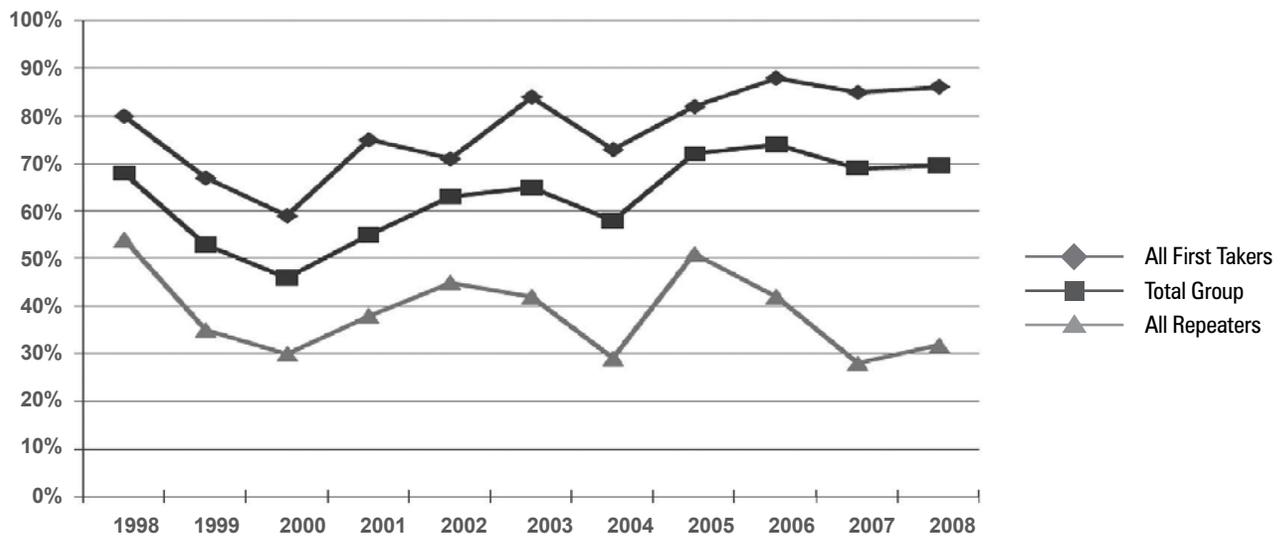
## ANESTHESIOLOGY CERTIFICATION

The following table reports the success rate on the ABA Part 1 and Part 2 examinations for candidates taking the examination for the first time.

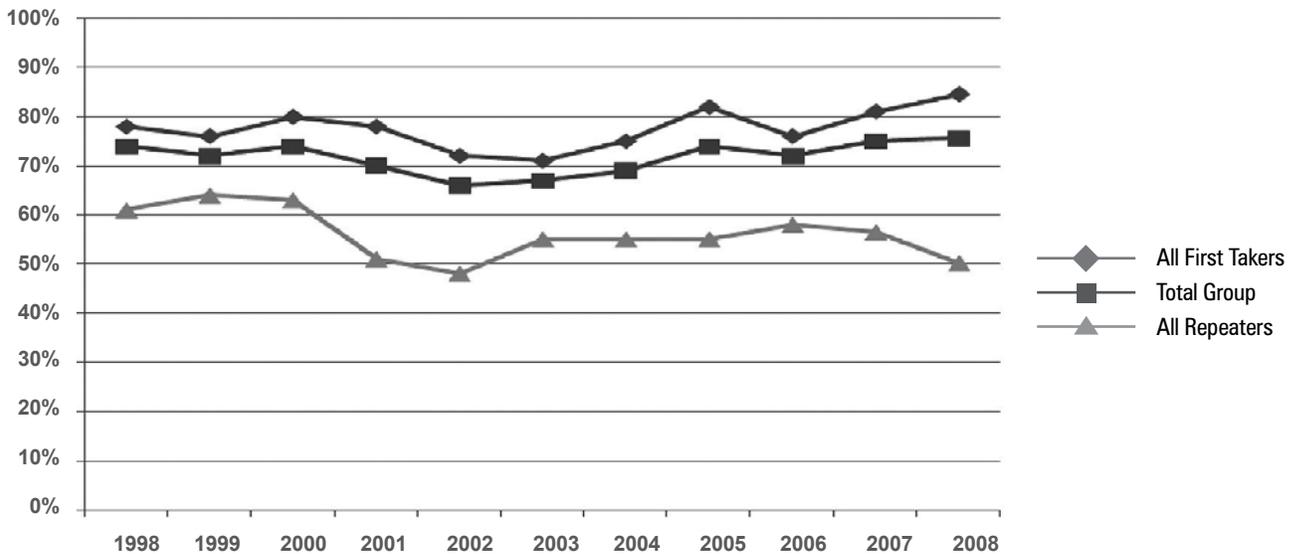
	2003	2004	2005	2006	2007	2008
Part 1	76%	73%	82%	88%	85%	86%
Part 2	71%	75%	82%	76%	81%	85%

The Part 1 and Part 2 examination success rates for the entire candidate group and the subgroups of all first-takers and all repeaters, i.e., individuals who are taking the examination for at least the second time, are displayed in the following charts:

### ABA PART 1 EXAM SUCCESS RATES

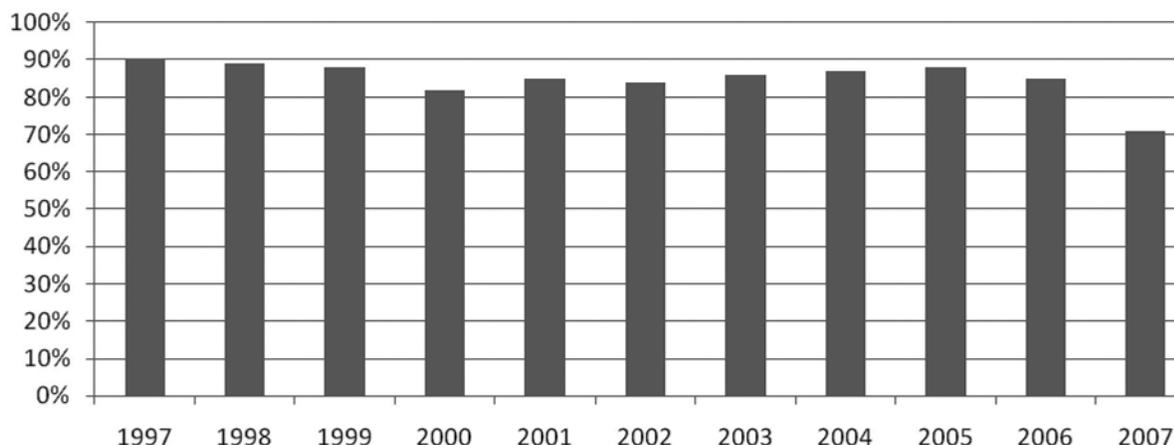


### ABA PART 2 EXAM SUCCESS RATES



The ABA has certified 43,609 physicians in Anesthesiology as of December 31, 2008. The certification rate for physicians who completed their anesthesia residency between 1997 and 2007 is displayed below:

### CERTIFICATION RATE BY YEAR ANESTHESIA RESIDENCY COMPLETED



#### ANESTHESIOLOGY RECERTIFICATION

The success rate on examinations for voluntary recertification has varied between 98% and 100%. The ABA has recertified 2,344 diplomates in anesthesiology since the inception of the voluntary program in 1993.

#### MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY (MOCA)

The Cognitive Examination for the MOCA program was administered for the first time in 2005. The success rate was 99 - 100% in 2005 - 2008. 182 diplomates have successfully completed the MOCA program as of December 31, 2008.

#### CRITICAL CARE MEDICINE (CCM) CERTIFICATION

The success rate on recent critical care medicine examinations is:

2003	2004	2005	2006	2007	2008
76%	84%	80%	83%	81%	93%

The ABA has certified 1,340 diplomates in critical care medicine since the program's inception in 1986.

#### CRITICAL CARE MEDICINE RECERTIFICATION

The ABA initiated a voluntary CCM recertification program in 2001 and has recertified 52 diplomates in the subspecialty. The success rate on the CCM recertification examination from 2001 – 2008 was 93%.

#### PAIN MEDICINE (PM) CERTIFICATION

The success rate on recent pain medicine examinations is:

2003	2004	2005	2006	2007	2008
83%	79%	83%	86%	78%	89%

Since the inception of the program in 1993, the ABA has issued 3,900 PM certificates.

Qualified diplomates of other ABMS Member Boards take the same PM examination and are held to the same passing standard as ABA diplomates. For these examinees the 2008 success rate was 92%.

#### PAIN MEDICINE RECERTIFICATION

All ABA certificates in pain medicine are time-limited. The ABA has recertified 1,057 diplomates in the subspecialty since beginning a PM recertification program in 2000.

The success rate on pain medicine recertification examinations is:

2003	2004	2005	2006	2007	2008
89%	88%	93%	88%	89%	92%





THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.

4101 Lake Boone Trail, Suite 510  
Raleigh, North Carolina 27607-7506

---

## The American Board of Anesthesiology, Inc. Address Change Request

To notify the ABA of an address change, you may visit [www.theABA.org](http://www.theABA.org), or complete the following form and send it via facsimile to the ABA.

---

First Name	Middle Name	Last Name	Suffix
------------	-------------	-----------	--------

---

Organization Line 1 (if business address)

---

Organization Line 2 (if business address)

---

Address Line 1

---

Address Line 2

---

City	State	Postal Code/ZIP
------	-------	-----------------

---

Email Address

---

Home Phone	Business Phone	Fax
------------	----------------	-----

**Please send via facsimile to (866) 999-7503. No cover sheet is required.**