Report From The President
By Steven C. Hall, M.D.

This is certainly a challenging time for all of organized medicine. The rapid expansion of knowledge in our discipline, increasing efforts for regulation of practice by outside organizations, the increasing demands for cost effectiveness or cost cutting, and uncertainty about the future shape of health care systems have added stress to our core mission of providing the best of care for our patients. Topics of interest and concern sometimes seem to change on an almost daily basis, whether it is the challenge of duty hour changes in training programs, mandates to ensure the safe practice of sedation in our institutions, or changes in reimbursement for the services we provide.

This has been an especially busy year and a half for the ABA. Several important decisions have been made, and the Board has had to expand its staff and move to a larger office space to accommodate the increased work of the Board. I would like to comment on some of the recent changes in policy and procedures, as well as the way in which the Board approaches its work and responsibilities.

The work of the ABA comes in many forms. For instance, there is the establishment of criteria for diplomate (continued on page 2)

Inside This Issue

ABA Welcomes Two New Directors
MOCA Part IV: Practice Performance Assessment and Improvement (PPAI)
New MOCA Blueprint
Maintenance of Certification in Anesthesiology for Subspecialties: Update
Professional Standing – Requirement to Report
In-Training Examination Offered as Practice for Non-Residents
The ABA Launches Combined Training in Pediatrics and Anesthesiology with the American Board of Pediatrics
Anesthesiologists and Capital Punishment
American Board of Anesthesiology (ABA) – American Board of Surgery (ABS) Joint Critical Care Medicine Examination Development Continues
ABA Office Update
ABA Information Sessions: 2010
New Application Cycle for Primary and Subspecialty Certification
2009 Examination Results
Recognition of Diplomates’ Service and Contributions in 2009
Call for Part 2 Examiner Nominations
Application and Examination Fees
New ABA Website Features
ABA Address Change Request
status, the development and validation of examinations and other requirements, the credentialing of candidates, the administration and grading of examinations, and the communication of Board issues to diplomates and other organizations. To manage and complete the missions of the Board, a wide range of physicians and others devote considerable resources every year.

The Board depends heavily on the volunteer efforts of current diplomates who contribute in many meaningful ways. Questions for our Part 1 (written examination), Part 2 (oral examination), and subspecialty examinations in pain and critical care medicine are developed and edited by clinicians with a wide variety of practices and talents. Participating in the writing of questions has been a logical place for many to start who are interested in helping the Board with their activities. A call for new question writers is periodically posted on our web site for those who are interested. Experienced diplomates are the basis of our oral examination process, donating a week of service at a time to help conduct our Part 2 examinations. Lastly, we have taken increasing advantage of the talent of our diplomates on serving on a variety of Board committees, increasing the scope of the committee deliberations.

The bulk of administrative activities of the Board are performed by the office staff based in our headquarters in Raleigh, North Carolina. Our new Executive Director for Administrative Affairs, Mary Post, has brought vitality, insight, and stability to the office, as well as a clear understanding of the mission and vision of the ABA. Ms. Post has focused her leadership agenda on the development of a unified vision and commitment of the staff to core values, communication, and the fulfillment of clearly defined goals. It is instructive to look at some of the recent successes in the different areas of our Board business in the past year.

The administrative staff is divided into four areas, led by extraordinarily talented directors. They include John Markey (Finance and Administration), Michael Eason (Information Services), Joseph McClintock (Examination Services and Research) and Maria Moffa Graham (Credentialing Services). In 2009, the ABA staff established organizational goals in four critical areas. They include 1) the Customer Perspective (Increase Value through High Quality Customer Service), 2) Financial Performance (Achieve Mission Advancing Financial Performance), 3) the Business Perspective (Establish Flexible Business Processes for a Changing Environment) and 4) Staff Development (Attract, Develop, Retain the Best People). These goals cross service lines and were established from the concerted work of multiple groups.

The staff have developed a “customer first” approach that permeates all encounters both internally and externally, including the establishment of a Customer Service Center within the Credentialing Services Department in August, 2009. They make every effort to provide a personal connection for constituents when they call, with a goal for 100% of calls to be answered by a real person. In addition, the customer service team has been able to personally contact every Diplomate in the MOCA 2000 Cohort who was not on track to achieve recertification by the end of 2010. This reflects approximately 10% of the cohort. The extra effort to contact diplomates directly is especially important since 2010 is the first year diplomates with a time-limited certificate can lose their diplomate status if they do not fulfill all the requirements, including taking the recertification examination, by the end of 2010. As of May 1, 768 are ready to recertify by the end of 2010. The staff are confident that by December of this year more than 95% of the 2000 Cohort will have completed their first MOCA cycle.

The ABA has implemented a continuous application cycle beginning March 1, 2010. ABA candidates can apply for an exam at anytime. The system will automatically assign candidates to the correct exam based on the date that the candidate paid for their examination. The office has also implemented online payment receipts and added additional payment options such as American Express, Diners Club and Discover Card for ease of payment.

In February, 2010, the ABA announced that candidates for the August Part 1 exam could take the In-Training Examination for practice. This is an added service and opportunity for candidates who wish to assess their knowledge and prepare for the Part 1 examination. They receive their feedback in May, in time to help them prepare for the August Part 1 exam. We are also providing improved exam performance information to candidates for the Part 1, Part 2, MOCA and subspecialty examinations.

The ABA has advanced its efforts to bring in-house the exam development administration. The March 2011 In-Training and August 2011 Part 1 examinations will be the first administered following our in-house item development and exam assembly work.

The ABA has significantly improved its technology platform through the re-engineering of our network infrastructure and the development of a new enterprise information system. The Excalibur initiative will replace the ABA’s enterprise software with an entirely new system founded on sound design processes and based on the Microsoft CRM platform. Phase 1 of Excalibur entered production use in December, 2009. This first phase was mostly devoted to building the new technology platform. Phase 2 included more than 10 major new system features, and was completed in June of this year. The most significant deliverable in Phase 2 was the re-design of the software that supports our Maintenance of Certification program. Subsequent phases will deliver greater access, ease of use, and enhanced visibility to ABA diplomates.

In February, 2010, a new public website and Diplomate Directory was successfully launched. This is part of our effort to move toward 100% electronic communications. In 2009, the ABA Booklet of Information and Newsletter were delivered electronically to our constituents, with the intention that these

(continued on page 4)
The ABA is pleased to announce the election of Deborah J. Culley, M.D. and James P. Rathmell, M.D., to its Board of Directors. Drs. Culley and Rathmell began their term as ABA Directors at the conclusion of the Board’s meeting in the autumn of 2009.

Dr. Deborah J. Culley earned her Bachelor of Science degree in Microbiology and Immunology from the University of Washington School of Medicine in Seattle, Washington in 1988, where she also earned her Doctor of Medicine degree in 1992. She completed an internship in Internal Medicine (1992-1993) at Virginia Mason Medical Center in Seattle and her residency in anesthesiology (1993-1996) at Massachusetts General Hospital in Boston. Dr. Culley holds ABA certification in anesthesiology (1998) and has recertified in the specialty. She has been an ABA Associate Examiner since 2005.

Dr. Culley serves as Director of the Neurobehavioral Laboratory in the Anesthesiology Department at Brigham and Woman’s Hospital and holds the position of Assistant Professor of Anaesthesia at Harvard Medical School. Dr. Culley currently serves on the Board of Directors for the Society of Neurosurgical Anesthesia and Critical Care and serves as Chair of their Scientific Affairs Committee. Dr. Culley, her two sons, daughter-in-law and grandson reside in Massachusetts.

Dr. James P. Rathmell earned his Bachelor of Science degree in Science from Pennsylvania State University and his Masters degree in Biochemistry from Wake Forest University, where he also earned his Doctor of Medicine degree from the Bowman Gray School of Medicine. He served as an intern in internal medicine and pediatrics at North Carolina Baptist Hospitals in Winston-Salem, North Carolina (1988-1989), where he also completed his residency in anesthesiology (1989-1992). Dr. Rathmell holds ABA certification in anesthesiology (1993) and has recertified in the specialty. He also holds ABA subspecialty certification in pain medicine (1994) and has recertified in the subspecialty. He has been an ABA Associate Examiner since 2005.

Dr. Rathmell serves as Associate Professor of Anaesthesia at Harvard Medical School and Adjunct Professor of Anesthesiology at the University of Vermont College of Medicine. He also serves as an Associate Anesthetist in the Department of Anesthesia, Critical Care and Pain Medicine at Massachusetts General Hospital in Boston, where he holds the position of Chief of the Division of Pain Medicine. He serves as a member of the Anesthesiology Review Committee of the Accreditation Council for Graduate Medical Education (ACGME) and has chaired the ACGME Task Force on Pain Curriculum Development (2004-2006). Dr. Rathmell has served as a New Hampshire/ Vermont alternate delegate (1994-1996) to the House of Delegates of the American Society of Anesthesiologists (ASA) and has chaired the ASA Committee on Pain Medicine (2001-2005). He serves as an Associate Editor for Anesthesiology and Associate Editor-in-Chief (Pain Medicine) for Regional Anesthesia and Pain Medicine.

Dr. Rathmell lives in Boston, Massachusetts with his wife Barbara and their three children.
documents will no longer be provided in paper form.

The most dramatic change this last year has been the office move from Lake Boone Trail to North Hills. This was conducted in a timely manner and with no disruption of business activity. ABA staff worked on Friday at the old building and moved into their new space on Monday morning. The facility was completed and the workspaces were fully furnished. The ABA’s customer-facing information systems, such as the Doctors Portal and RTID, experienced no downtime during this move. This required extensive effort and collaboration across departments and with our vendors. Most importantly, it has provided the space necessary to fulfill the many missions of the Board.

Lastly, fiduciary responsibility for the Board’s activities ultimately rests with its twelve Directors. Nominations for director positions come from a final slate of candidates that is established by representatives from the ABA, the American Society of Anesthesiologists (ASA), and anesthesiology representatives to the American Medical Association (AMA). After election, these directors serve a 12 year term, working at a wide range of activities related to preparation and administration of examinations, policy development, and communication with other organizations. The directors deliberate on a wide range of issues, ranging from examination evaluation and preparation, criteria to obtain and maintain diplomate status, and how changes in our policies, procedures, and requirements affect the specialty.

The Board approaches issues in a deliberative manner, with major decisions made only after extensive discussion across multiple meetings and, often, years of meetings. The purpose of this approach is to allow a full discussion of important topics, often including pro- and con white papers, consultations with outside individuals and organizations, and consideration of the policies of other organizations. There have been several decisions made lately that have been the result of long deliberation and significant soul-searching before reaching conclusion. With each of these decisions, the Board has focused on what is the best for our patients, our diplomates, and the future of our specialty. Although some of these decisions have been difficult, it is the responsibility of the Board to address these issues and take responsibility for the policy.

In the area of subspecialty certification, the Board considered two requests from diplomates. First, multiple ABMS boards are developing subspecialty certification in Sleep Medicine. Although the ABA did not initially participate in these efforts, a few diplomates contacted us, asking that we consider offering this subspecialty certification because it is a part of their practice. After extensive debate, the ABA approached the coordinating board, the American Board of Internal Medicine (ABIM), and requested to be added to the group developing subspecialty certification. Our application is now being considered. Second, the Society for Pediatric Anesthesia petitioned the ABA to offer subspecialty certification in pediatric anesthesia. Anesthesiology is one of the very few specialties that offers accredited training in pediatrics, but not subspecialty certification of those with specialized training or ongoing practice. The ABA debated this for years, as well as asked opinions from other organizations and boards. Of interest, several boards commented that when they considered pediatric subspecialty certification, fear was expressed that this would economically disadvantage generalist practitioners, but this has not been the outcome. After the extensive process of discussion and debate, with many different views expressed, the ABA has decided that it is in the best interest of our patients, diplomates, and the specialty to offer pediatric subspecialty certification and is proceeding with the application.

The ABA, as well as the other boards, considers professional conduct as part of the basis of ongoing certification. The ABIM, for instance, recently announced sanctions imposed on some diplomates for a variety of issues (www.abim.org). In the area of professional conduct, the ABA has considered the issue of anesthesiologist participation in executions, specifically by lethal injection. Our discussions of this issue started in 2001 at the same time the ASA had extensive discussions of the same issue. The ASA House of Delegates adopted the AMA position in their Code of Ethics that prohibits physician participation in executions as a violation of our ethical responsibility as physicians. The ABA’s discussions took longer than the ASA process, but last year we came to the same conclusion, that anesthesiologists should not be participating in executions by lethal injection. This is not a position on capital punishment itself, but on physician participation. The ABA published our adoption of the AMA position on this issue earlier this year and sent notifications to our diplomates. If it is brought to the ABA’s attention that a diplomate has participated in an execution, the matter will be referred to the Board’s Credentials Committee. There is a well-established procedure for the Credentials Committee to consider issues related to professional conduct, resulting in a recommendation to the full Board. The diplomates are given an opportunity to provide pertinent information related to their case. The procedure can result in a wide variety of recommendations, including revocation of diplomat status. There is also an appeal process. There is an accompanying article in this issue that further explains the Board’s decision for this policy.

As the ABA continues to fulfill its core missions and face the challenges of the future, it is dependent and appreciative of the many diplomates who donate their time and effort and our office staff who have shown a level of expertise and commitment that is unrivaled. It is through the contributions and cooperation of these many individuals that the ABA is able to serve our patients, our diplomates, and our specialty.
MOCA Part IV: Practice Performance Assessment and Improvement (PPAI)

Many health care facilities and payers require that physicians show evidence that they actively maintain or improve their knowledge and skills, assess the patient care that they provide, and seek opportunities to improve their patient care. The Maintenance of Certification in Anesthesiology (MOCA) program provides physicians with an opportunity to document that evidence. Successful completion of the MOCA program is broadly recognized and accepted by facilities and payers.

The MOCA program consists of four distinct parts that must be completed within the 10-year cycle. These are:

- Professional Standing Assessment (Part I)
- Life-Long Learning and Self-Assessment (Part II)
- Cognitive Expertise Assessment (Part III)
- Practice Performance Assessment (Part IV)

Part IV focuses on periodic assessment and improvement of a physician’s practice. Currently, MOCA Part IV is comprised of two activities, both to be completed over the 10-year MOCA cycle:

1. **Case Evaluation** – This evaluation is actually a four-step process whereby diplomates assess their practices and implement changes that improve patient outcomes. A diplomate first collects a meaningful sample of data from clinical outcomes or patient feedback, and compares 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. Please note that a diplomate may perform Part IV as part of a group activity (e.g., department improvement project). However, each diplomate must report data individually. The overall goal of this exercise is to improve or maintain a high standard of practice. A detailed explanation of the activity and sample case evaluations can be found on the ABA’s website at www.theABA.org.

2. **Simulation Education** – Simulation education gives diplomates a hands-on opportunity to learn and perform valuable crisis management techniques. Increasing evidence suggests that simulation education can have a positive impact on patient safety and quality of care. Diplomates can participate in simulation courses offered by any of the Simulation Centers that have been endorsed by the American Society of Anesthesiologists (ASA). Programs that are endorsed by the ASA are listed in the ASA Simulation Registry (http://simulation.asahq.org/search), each of which offers courses that can fulfill the simulation requirement for MOCA Part IV.

As the MOCA program has evolved, so have its requirements. The ABA is currently in transition from the original Part IV requirement, known as an Attestation, to requiring Case Evaluation and Simulation exclusively. For specific groups (e.g., those who certified in 2000-2007), the ABA obtains attestations as well as evidence of the diplomate’s clinical activity and ongoing program of practice performance, assessment and improvement. Below is a chart outlining the Part IV requirements as a function of the year the diplomate was certified/recertified with the ABA:

<table>
<thead>
<tr>
<th>Year Certified</th>
<th>1st Part IV Activity</th>
<th>2nd Part IV Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 - 2003</td>
<td>Attestation (year 5)</td>
<td>Attestation (year 9)</td>
</tr>
<tr>
<td>2004 - 2007</td>
<td>Attestation (year 5)</td>
<td>Case Evaluation or Simulation (years 6 – 10)</td>
</tr>
<tr>
<td>2008 - 2010</td>
<td>Case Evaluation or Simulation (years 1 – 5)</td>
<td>Case Evaluation or Simulation (years 6 – 10) (whatever was not completed in years 1-5)</td>
</tr>
</tbody>
</table>

Evidence of one Part IV activity acceptable to the ABA is a prerequisite for the MOCA Cognitive Examination, and completion of both Part IV activities is a requirement for completion of MOCA.

Contact the ABA Customer Service Center (CSC) with any questions you may have about the MOCA program. The CSC can be reached Monday through Friday from 9:00am to 5:00pm Eastern time at (866) 999-7501. Additionally, questions can be emailed at anytime to moca@theABA.org.
NEW MOCA BLUEPRINT
ABA Announces Changes to the MOCA Cognitive Examination

As of January, 2010, the American Board of Anesthesiology (ABA) Maintenance of Certification in Anesthesiology (MOCA) cognitive examination discontinued the deselect option. As a result, all examinees are now required to answer all 200 questions on the examination. The ABA is aware of concerns expressed by diplomates about this change, so this article briefly reviews the implications of this change, as was done in more detail in the 2009 ABA Newsletter.

The implementation of time-limited ABA certificates in 2000 and the creation of a Maintenance of Certification in Anesthesiology process have changed the playing field considerably for recent ABA diplomates. The ABA is a member board 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.

Before the ABA discontinued the deselect option, it was the only ABMS board that 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 was the first “deadline” year for completing MOC requirements for ABA diplomates who hold time-limited certificates.

The ABA wishes to assure its diplomates that this change in the MOCA cognitive examination has affected question selection for that examination. As in the past, MOCA examinees should expect the basic science content on the MOCA cognitive examination to be less than that on the ABA Part 1 Examination. Additionally, 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. Furthermore, before 2010, 100 of the 200 questions on the examination fell into the six subspecialties of Pediatric Anesthesia, Cardiothoracic Anesthesia, Neuroanesthesia, Critical Care Medicine, Obstetric Anesthesia, and Pain Medicine. As a result of the elimination of the deselect option, the ABA reduced this subspecialty content to 50 questions, so 150 out of 200 questions are now classified as nonsubspecialized General Anesthesia questions.

For the 50 subspecialty questions on the MOCA cognitive examination, efforts have been made to avoid questions that test highly subspecialized knowledge. As a consequence, the subspecialty questions will encompass knowledge that would often be clinically relevant to a “generalist” practitioner of anesthesiology. For example, ICU patients come to the operating room for surgical procedures, so the generalist anesthesiologist needs some knowledge about the problems that these patients may pose. Similarly, many generalist anesthesiologists provide obstetric, pediatric, cardiothoracic, or neuroanesthesia services, therefore some knowledge of those areas is reasonable to expect. The ABA believes that even anesthesiologists who practice exclusively in the operating rooms should have some knowledge of chronic pain problems in order to provide the best care for their patients, so clinically oriented questions from that topic area are also included on the examination. Nevertheless, ABA diplomates should expect a significant proportion of the Pain Medicine questions to involve acute perioperative pain management issues.
Maintenance of Certification in Anesthesiology for Subspecialties: Update

MOCA-SUBS

On January 1, 2010, the ABA began a transition from the current subspecialty recertification programs to Maintenance of Certification in Anesthesiology for Subspecialties (MOCA-SUBS). The MOCA-SUBS program is the only option for ABA diplomates certified or recertified in a subspecialty after January 1, 2010 (expiring on or after December 31, 2020). These diplomates are automatically enrolled in the MOCA-SUBS program and can view their program requirements by accessing their personal portal accounts on the ABA website at www.theABA.org.

Diplomates whose subspecialty certificate expires on or before December 31, 2019, will have one more opportunity to complete the subspecialty recertification program before it expires. The process is as follows:

- Subspecialty diplomates can appear for an exam as early as year 7 of their most recent certification (e.g., for a certificate expiring in 2017, a diplomate can apply as early as in 2013 for the 2014 exam).
- Diplomates must apply by December 22, 2015.
- For three years, subspecialty diplomates will be given one opportunity per calendar year, to satisfy the subspecialty examination requirement (with an optional year for an excused absence).
- Upon successful completion of subspecialty recertification, subspecialty diplomates will be automatically enrolled in MOCA-SUBS for a ten-year cycle.

MAINTAINING BOTH PRIMARY AND SUBSPECIALTY CERTIFICATIONS

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 from overlapping program requirements as long as the activities are completed during each of the 10-year cycles:

REQUIREMENTS THAT ARE THE SAME FOR MOCA AND MOCA-SUBS

Part I: Professional Standing (PS)

Hold an active, unrestricted medical license in the United States or Canada. ALL US and Canadian medical licenses must be unrestricted and unconditional.

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:

- 90 Category 1 credits are from the ASA SEE (Self-Education and Evaluation) or ACE (Anesthesiology Continuing Education) programs
- 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 CME related to each subspecialty certification is 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 any single subspecialty certification. Complete an additional subspecialty-related Case Evaluation for any additional subspecialty certification being maintained.

Complete one Simulation Course at an ASA-endorsed center.

(continued on page 10)
Professional Standing – Requirement to Report

Professional standing satisfactory to the ABA is a requirement for acceptance as a candidate for ABA certification, subspecialty certification, and maintenance of certification.

Current ABA policy requires that applicants for certification and diplomates hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the United States or province of Canada that is permanent, unconditional and unrestricted. For candidates for primary certification, it also requires that every United States and Canadian medical license the candidate holds be free of restrictions. For the purpose of this policy, licensure restriction means that the applicant, candidate or diplomate has had his/her medical license revoked, suspended, or surrendered in lieu of revocation or suspension. Conditional licensure means that there has been a medical licensure restriction of a less severe nature, such as special conditions or requirements imposed on the physician’s license (e.g., probation, chaperoning, supervision, or additional training).

The ABA would like to remind candidates for initial certification and ABA diplomates that they 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. Candidates and diplomates who fail to provide this information to the ABA may be subject to sanctions on their candidate or diplomat status.

Additionally, candidates and diplomates are advised to keep the ABA informed of any and all sanctions that have been imposed on their licenses.

In-Training Examination Offered as Practice for Non-Residents

All ABA candidates for the Part 1 examination are now permitted to take the March ABA-ASA In-Training Examination (ITE). Candidates who choose this option will then in early May receive an examination score with a norm table that will allow them to compare their performance to that of current CA3 (PGY4) residents who took the exam. They will also receive a keyword list of all questions missed on the examination. While 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.

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

The registration period runs from November 1 through December 15. The late registration period runs from December 16 – January 15. 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 Part 1 candidates who are current residents will be registered for the In-Training Examination by their training programs. Additionally, candidates who are eligible to reestablish their qualifications for admission to the ABA examination system will be contacted in November by the ABA with details on registering for the following year’s In-Training Examination.
The American Board of Pediatrics (ABP) and the American Board of Anesthesiology (ABA) recently launched a combined training program in pediatrics and anesthesiology. A special agreement now exists between the ABP and the ABA whereby an applicant may fulfill the training requirements for certification in pediatrics and anesthesiology by completing five, rather than the previously expected six, years of training. Graduates would then qualify for board certification in both specialties after the five-year combined training program.

Physicians completing this training should be competent pediatricians and anesthesiologists capable of professional activity in either discipline. It is anticipated that many trainees will develop careers focused on caring for children with complex medical and surgical conditions who are hospitalized and/or require perioperative or periprocedural management. The strengths of the two residencies should complement each other to provide the optimal educational experience and to develop leaders in the fields of both Pediatrics and Anesthesiology.

Both Boards encourage residents to extend their training for an additional sixth year (or more) in subspecialty training in pediatrics or anesthesiology and/or investigative, administrative or academic pursuits. This additional training will better prepare graduates of this combined training program for careers in research, teaching, or departmental administration and for leadership roles in both specialties.

Residents who enroll in this combined program should enter before the beginning of the second postgraduate year level (PGY-2). Training in the PGY-1 year will include 12 months of training in pediatrics. A resident may enter this combined residency at the PGY-2 level only if the first residency year was served in a categorical residency in pediatrics in the same academic medical center as the combined program. During the second year, the resident will receive 12 months of training in anesthesiology. In each of the remaining 3 years, the resident will have 6 months of training in pediatrics and 6 months of training in anesthesiology. Consequently, during these last three years each resident will have 18 months of training in each specialty.

Every combined training program in anesthesiology and pediatrics must be approved by both the ABP and the ABA before residents are recruited. For a copy of the Program Requirements for Combined Training in Pediatrics and Anesthesiology or to find a program application form, visit www.abp.org or www.theABA.org. Both Boards are currently accepting applications from programs interested in offering this combined residency training.

Anesthesiologists and Capital Punishment

Earlier this year, the ABA incorporated the American Medical Association’s (AMA) Code of Medical Ethics, Opinion E-2.06 (1) into its Professional Standing Policy. Specifically, the ABA Professional Standing Policy now states that physicians who participate in lethal injection in connection with capital punishment may be subject to revocation of their diplomate certification status (2, 3).

The ABA adopted this position to address the fact that anesthesiologists have been asked to assist with lethal injections in some states where this is authorized as the means of execution (4, 5, 6). However, this places anesthesiologists in an untenable conflict. They can assuredly provide effective anesthesia, but doing so to cause an individual’s death undermines the basic ethical foundation of medicine which is - first do no harm.

For decades, the AMA has noted that a physician’s participation in capital punishment is unethical and unprofessional. The American Society of Anesthesiologists (ASA) has supported the AMA’s position in this regard (6, 7), as have other medical professionals (8). Similarly, the ABA Directors unanimously believe that it is unprofessional conduct for an anesthesiologist as a physician to participate in capital punishment. What constitutes participation is stated in the AMA’s opinion and violations will be considered by the ABA on a case by case basis. Incidentally, revocation of a diplomate’s certification for unprofessional conduct has always fallen within the purview of the ABA, and revocations have occurred for unprofessional conduct unrelated to participation in capital punishment. This new standard articulates a form of conduct that the ABA also considers unprofessional and therefore serves to update ABA diplomates about the current requirements for satisfactory professional standing.

(continued on page 10)
Anesthesiologists, like all physicians and all citizens, have different opinions about capital punishment and the ABA is not enacting this standard to take any position on the role of capital punishment in society. Nonetheless, the ABA, like the AMA and ASA, believes that physicians should not be involved in capital punishment on a professional level or expected to act in ways that violate the ethics of medical practice, even if these acts are legal in some states. Patients should never confuse the practice of anesthesiology with the injection of drugs to cause death.

In summary, the ABA’s policy on capital punishment is intended to uphold the highest standards of medical practice for anesthesiologists and encourage anesthesiologists to honor their professional and ethical obligations to patients and to society.

References
Since 2003, the ABA and ABS have collaborated on question item development for their respective annual certification examinations in Critical Care Medicine (CCM). Over the ensuing six years, both examination committees have shared a number of items that have been used on the exams of both Boards.

As a result of this collaboration, members of the examination committee for each Board have participated in examination development for the other Board’s CCM examination. This cooperative relationship has allowed both Boards to develop more robust and larger item banks. The examination committees also reviewed the content outlines for their respective examinations and identified significant overlap with few content areas that are unique to each specialty.

At the same time, discussions between the Boards have resulted in opportunities for fellows from either specialty to complete fellowship training in an accredited program of the other specialty. The two Boards, with the concurrence of their respective Residency Review Committees, have approved this program in order to expand training opportunities for fellows with primary board certification in either Anesthesiology or Surgery. Upon completion of training, candidates who have demonstrated satisfactory performance during the fellowship and satisfy all other entry criteria are able to take the subspecialty examination for CCM offered by the primary board. Candidates who achieve a passing examination score for their primary board and meet all qualification criteria will receive Critical Care Medicine certification from their primary board.

As a result of these collaborative efforts, the examination committees identified the opportunity to collaborate more in examination development and administration. In 2010, the ABA and ABS formed a common oversight examination committee for CCM. The committee will include eight members, four selected by each board. This committee will select a chair and vice chair, each appointed for a two-year term; the chair will alternate between the respective specialties. The exam oversight committee will be charged with developing and maintaining the common content outline, exam items, and the examinations for certification in CCM and maintenance of certification (MOC). Question authors will be evenly represented from each specialty. The exam item bank will be maintained by the ABS and be complemented by state-of-the-art in-house psychometric analysis, exam development, and computer-based exam presentation. Both boards will have full access to the examination question bank as well as examination item performance analysis. Pearson VUE will continue to serve as the examination testing vendor.

Examinations will continue to be computer-based and will consist of 200 – 225 items. Successful individuals will receive time–limited certification from their respective Boards. MOC examination in Anesthesiology-CCM will also be offered during an identified window of time in September of each year. Although a common MOC examination is a potential goal for this collaboration, that will not be offered at this time.

Qualified anesthesiologists or surgeons will continue to be able to train in either an Anesthesiology or a Surgery CCM fellowship program. Once completed, they will be able to qualify for certification assuming that all examination entry criteria are met. The Board from which the applicant received primary certification will accept applications for the examination during an open application period. Additional information can be accessed directly from each board at www.theABA.org or http://absurgery.org/.

ABA Office Update

ABA CUSTOMER SERVICE CENTER EXCEEDS EXPECTATIONS

The primary goal of the ABA Customer Service Center (CSC) is to deliver high quality customer service by responding to the needs of all our constituents in a timely and efficient manner. The CSC responds to all inquiries whether they are calls, emails or written correspondence. Beginning fourth quarter 2009, the CSC began handling all incoming customer related calls.

Since that time, the CSC Analysts have fielded an average of 60 calls per day, and more than 100 calls daily during application and examination periods.

The CSC staff is available Monday through Friday from 9am to 5pm EST to answer calls in addition to responding to emails and other correspondence. Please contact the CSC toll free at (866) 999-7501 or fax (866) 999-7503. Send email correspondence to credentialing@theABA.org.

(continued on page 13)
ABA Information Sessions: 2010

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 2010, in conjunction with annual meetings of the American Society of Anesthesiologists and the New York State Society of Anesthesiologists.

These sites were chosen to provide access to as many interested individuals as possible. The dates below are subject to change. No fee will be charged for any of the ABA Information Sessions, no pre-registration is required, and attendance will be limited only by safe occupancy designated by the hotel or convention center. Please note, however, you will have to register with the ASA or NYSSA if you plan to attend the general meeting.

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.
- Life-Long 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.
- MOCA-SUBS, for maintenance of subspecialty certification.

The ABA will be exhibiting at the ASA Annual Meeting and the Post Graduate Assembly in Anesthesiology of the New York State Society of Anesthesiologists (NYSSA). Stop by the ABA Booths to get details about Primary and Subspecialty Certification as well as Maintenance of Certification. ABA staff can also guide you through the ABA website and your online personal portal account.

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. For those who cannot attend, a copy of the presentation is available on the ABA website at www.theABA.org under the Important Notices section.

**DATE & LOCATION:** Saturday, October 16, 2010, in conjunction with the Annual Meeting of the American Society of Anesthesiologists (ASA) in San Diego, California at the San Diego Convention Center.

**TIME:** 4:30 pm – 5:30 pm

**DATE & LOCATION:** Saturday, December 11, 2010, in conjunction with the 64th 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
ABA Office Update  (continued from page 11)

ABA EXHIBIT BOOTHS AND INFORMATION SESSIONS

The ABA is pleased to announce that we will be exhibiting at both the ASA Annual Meeting and the NYSSA PGA Meeting for the second year in a row! In 2009, ABA staff had the pleasure of assisting over 400 constituents. Poised with literature and computers, ABA staff will be available again this year to answer any questions you may have and help you navigate through the ABA website and your online personal portal account. All are invited to stop by.

The ABA will also hold an Information Session at each of the meetings, presented by ABA Board of Directors. They will present information, and answer questions, about Initial Certification and Maintenance of Certification.

ASA Annual Meeting - October 15-20, 2010
Location: San Diego Convention Center

ABA Booth Hours:
Friday, October 15: 12:00 pm – 9:00 pm
Saturday, October 16: 7:00 am – 5:00 pm
Sunday, October 17 - Tuesday, October 19: 8:00 am – 5:00 pm
Wednesday, October 20: 8:00 am – 12:00 pm

ABA Information Session:
Saturday, October 16: 4:30 pm – 5:30 pm

NYSSA PGA – December 10-14, 2010
Location: New York Marriott Marquis

ABA Booth Hours:
Saturday, December 11: 9:00 am – 4:00 pm
Sunday, December 12: 10:00 am – 6:00 pm
Monday, December 13: 9:00 am – 1:00 pm

ABA Information Session:
Saturday, December 11: 5:30 pm – 6:30 pm

For additional information about the ABA, please visit our website at www.theABA.org or call the ABA Customer Service Center at 866-999-7501.

New Application Cycle for Primary and Subspecialty Certification

In an effort to provide better customer service to our physicians, the ABA has implemented a continuous application cycle for all primary and subspecialty applications beginning with the 2011 examination years. Many candidates have been requesting the ability to apply as soon as they qualify. In addition, candidates who fail an exam can immediately re-apply.

Thus, effective March 1, 2010, applications may be submitted at any time throughout the year for the 2011 Part 1 examination, except between December 23, 2010 and January 3, 2011 when the ABA office will be conducting system updates. Please note that application fees vary by filing date. Applications received on or before December 22, 2010 will be considered for the 2011 Part 1 Examination. Applications received after December 22, 2010 will be considered for the 2012 Part 1 Examination. The ABA Part 2 examination will continue to be administered twice each year and the process for registration remains unchanged.

Effective April 16, 2010, applications may be submitted for the 2011 Subspecialty Certification and Recertification examinations. Going forward, candidates for subspecialty exams will apply in the year preceding the date of the examination. Applications for subspecialty exams may be submitted at any time throughout the year, except between December 23, 2010 and January 3, 2011, when the ABA office will be conducting system updates. The ABA anticipates that this new continuous application process will better serve its physicians. Please contact the ABA Customer Service Center (866) 999-7501 with any questions.
2009 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.

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1</td>
<td>73%</td>
<td>82%</td>
<td>88%</td>
<td>85%</td>
<td>86%</td>
<td>92%</td>
</tr>
<tr>
<td>Part 2</td>
<td>75%</td>
<td>82%</td>
<td>76%</td>
<td>81%</td>
<td>85%</td>
<td>81%</td>
</tr>
</tbody>
</table>

The Part 1 and Part 2 examination success rates for the entire candidate group and the subgroups of all first-time examination takers and all who have taken the examination before (repeaters) are displayed in the following charts:
2009 Examination Results  (continued from page 14)

The ABA has certified 45,072 physicians in Anesthesiology as of December 31, 2009. The certification rate for physicians who completed their anesthesia residency between 1998 and 2008 is displayed below. Note that the percentages for recent years typically rise for several years after completion of residency, such that the 2007 and 2008 certification percentages have not yet peaked.

---

**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 awarded 5,090 recertification certificates in anesthesiology since the inception of its voluntary program in 1993. The recertification program was discontinued in 2009.

**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 - 2009. 209 diplomates have successfully completed the MOCA program as of December 31, 2009.

**CRITICAL CARE MEDICINE CERTIFICATION**

The success rate on recent critical care medicine examinations is:

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>84%</td>
<td>80%</td>
<td>83%</td>
<td>81%</td>
<td>93%</td>
<td>94%</td>
</tr>
</tbody>
</table>

The ABA has certified 1,401 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 59 diplomates in the subspecialty. The success rate on the CCM recertification examination from 2001 – 2009 was 93%.

**PAIN MEDICINE CERTIFICATION**

The success rate on recent pain medicine examinations is:

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>79%</td>
<td>83%</td>
<td>86%</td>
<td>78%</td>
<td>89%</td>
<td>89%</td>
</tr>
</tbody>
</table>

Since the inception of the program in 1993, the ABA has issued 4,116 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 2009 success rate was 92%.

**PAIN MEDICINE RECERTIFICATION**

All ABA certificates in pain medicine are time-limited. The ABA has recertified 1,517 diplomates in the subspecialty since beginning a PM recertification program in 2000.

The success rate on pain medicine recertification examinations is:

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>88%</td>
<td>93%</td>
<td>88%</td>
<td>89%</td>
<td>92%</td>
<td>86%</td>
</tr>
</tbody>
</table>

**HOSPICE & PALLIATIVE MEDICINE CERTIFICATION**

The Hospice & Palliative Medicine examination is administered by the American Board of Internal Medicine every other year. ABA candidates took the examination for the first time in 2008. Nineteen of 22 ABA candidates (86%) passed the examination. The next examination will be offered in 2010.
RECOGNITION OF DIPLOMATES’ SERVICE AND CONTRIBUTIONS IN 2009

The American Board of Anesthesiology acknowledges a debt of gratitude to the ABA diplomates who assisted the Board in 2009. 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
Sylvia Dolinski
Jeff Gross
Donald Martin
Patricia Petrozza
John Rowlingson
Senior Editors:

Steve Allen
Joseph Antognini
Carl Borromeo
John Chow
Steven Dunn
Richard Dutton
Stephanie Goodman
Stephen Heard
David Hepner
Rosemary Hickey
Jeffrey Jacobs
Stacy Jones
Eric Kitain
Catherine Kuhn
Barry Kussman
Spencer Liu
Vinod Malhotra
John Meyers
Kenneth Nelson
Mary Njoku
Lazarre Ogden
Paul Pagel
Manuel Pardo
Anthony Passannante
Julia Pollock
Meg Rosenblatt
Keith Ruskin
Randall Schell
Scott Segal
Robert Sladen
Richard Stypula

Junior Editors:

Rita Agarwal
Philip Bailey
Edward Bertaccini
Delbert Black
Gregory Botz
Russel Brockwell
Kathleen Chaimberg
Lilbeth Fermin
David Glick
Eric Hanson
James Heitz
Amr Hosny
Robert Howard
Narasimhan Jagannathan
Brian Johnson
Victor Mandoff
Jill Mhyre
Assem Mohamed
Vivek Moitra
James Munis
Kevin Ng
Christopher O’Connor
Maunak Rana
Babak Roboubi

PART 2 EXAMINATION: Candidate Registration and Orientation:

James Arens
Harry Bird
Robert Epstein
William Owens
Meyer Rosenthal
Lawrence Saidman
Alan Sessler
Robert Stoepling
Stephen Thomas
Part 2 Examiners:

David Affery
John Algren
John Allyn
John Ammon
Valerie Arkoosh
Donald Arnold
Ruben Azocar
Douglas Bacon
Melinda Bailey
Keith Baker
Steven Barker
Richard Beers
Arnold Berry
James Berry
James Charbonneau
Edwin Bowe
Ferne Braverman
Russel Brockwell
Daniel Brown
Morris Brown
Raeford Brown
Sorin Bruil
Brenda Bucklin
Napoleon Burt
John Byrne
Michael Cahalan
William Camann
Brian Cammarata
Jason Campagna
Michael Chameau
Gilles Chemtob
David Chestnut
Grace Chien
May Chin
Franklyn Cladis

Mark Gerhardt
Martin Giescke
Nancy Glass
Michael Goldberg
Salvatore Goodwin
Gilbert Grant
Jeffrey Green
Kelly Grogan
Orin Guidry
Joel Gunter
Alexander Hannenberg
Brian Harrington
Kenneth Haspel
Joy Hawkins
Stephen Hays
Frederick Hensley
Mark Hershey
Roberta Hines
William Hurford
Ellen Iannoli
Jack Isler
Richard Jaffe
Scott Jellish
Kenward Johnson
Richard Kaplan
Patricia Kapur
Jeffrey A. Katz
Jeffrey Katz
Mark Keegan
Barbara Keller
Gregory Kerr
Stephan Kimatian
James Kindscher
Charles Kingsley
Klaus Kjaer-Pedersen
Jerome Klafta
Bruce Kleinman
Jonathan Kraidin
Jan Kramer
Catherine Kuhn
Lawrence Kushins
Christine Lallos
John Lang
Charles Lauroto
John Lawrence
Robert Leckie
Paul Lennon
Michael Licina
Alan Lisbon
Ronald Litman
Keith Littlewood
Spencer Liu
Philip Lumb
Thomas Mancuso
Thomas Martin
Timothy Martin
Aubrey Maze
Jocelyn McClain
Brian McGrath
William McClain
Anne McKenzie-Brown
Thomas McLaughlin
Patrick McCluskin
Roger Mecca
Robert Melashenko
John Meyors
Stanley Muravchick
Joseph Neal
Mark Nelson
Edward Nemergut
Lars Newsme
Chong Nicholas
Kenneth Niejadlik
Dolores Njoku
Mary Njoku
Mark Norris
Edward O’Brien
Andrew Ochroch
Christopher O’Connor
Kirsten Odegard
Michael Olympio
Paul Pagel
Anthony Passannante
Andrew Patterson
Ronald Pearl
William Perkins
Cathleen Peterson-Layne
Kenneth Petroni
Charnie Petrovitch
Albert Pierce
Gail Pirie
Geral Pischak
Evan Pitalizza
Christian Popa
Susan Porter
Richard Priellip
Donald Prough
Zenaide Quezado
Kang Rah
Thomas Rahls
John Rask
Sally Raty

Franklyn Cladis
Sorin Brull
Linda Rice  
Peter Rock  
Mark Romanoff  
Mark Rosen  
Andrew Rosenberg  
Meg Rosenblatt  
Carl Rosow  
David Rothenberg  
John Rowlingson  
Raymond Roy  
Deborah Rusy  
Francis Salinas  
Theodore Sanford  
Scott Schartel  
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  
Edward Sherwood  
Robert Sladen  
Richard Sommer  
Sulpicio Soriano  
Roy Soto  
Christine Stock  
Richard Stypula  
Erin Sullivan  
John Sullivan  
Santhananam Suresh  
Joseph Szokol  
Daniel Thys  
Michael Todd  
Kevin Tremper  
Christopher Trojanos  
Kenneth Tuman  
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  
Chris Weinlander  
Charles Whitten  
Mark Williams  
David Young  
James Zaidan  
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  
Robert Gaiser  
Nancy Glass  
Jack Isler  
William McIlvaine  
Joseph Neal  
Sulpicio Soriano  
Charles Whitten  
Mark Williams

CRITICAL CARE MEDICINE EXAMINATIONS:
Examination Committee:
Neal Cohen  
Michael Murray  
David Rothenberg

Test Question Authors:
Steven Deem  
Sylvia Dolinski  
Steven Greenberg  
Mitchell Keamy  
Mark Keegan  
Gregory Kerr  
Jonathan Ketzler  
Andrew Patterson  
Mary Njoku  
Mark Nunnally  
Andrew Rosenberg  
Michael Wall

Standard Setting Study:
Sylvia Dolinski  
William Hurford  
Andrew Patterson  
Andrew Rosenberg  
Michael Wall

PAIN MEDICINE EXAMINATIONS:
Examination Committee:
Charles Argoff (ABPN)  
Miles Belgrade (ABPN)  
Anthony Chiodo (ABPMR)  
Quinn Hogan  
Raphael Leo (ABPN)  
Brenda McClain  
Richard Rosenquist  
John Rowlingson  
Bryan Kaplansky (ABPMR)  
Joel Kent  
Christine Lallos  
Linda Liu  
David Martin  
Jeffrey Koh  
Andrew Patterson  
Srdjan Nedeljkovic  
Mark Nunnally  
MARK Rubenstein (ABPMR)  
Dhanalakshmi Koyyalagunta  
Jon Streltzer (ABPN)  
Sultanam Suresh  
Frank Sayegh  
Sulpicio Soriano  
Linda Sorkin (Research)  
Jaroslav Przybyl  
Walter Strausser (ABPMR)

Test Question Authors:
Anke Bellinger  
Gary Brenner  
Edward Covington (ABPN)  
Jill Eckert  
Robert Goldstein  
Bassem Hamid  
Christina Herring (ABPN)  
Marc Huntoon  
Mark Hurdle (ABPMR)  
Bryan Kaplansky (ABPMR)  
Joel Kent  
Christina Lallos  
Andrew Patterson  
Linda Liu  
David Martin  
Jeffrey Koh  
Srgjan Nedeljkovic  
MARK Rubenstein (ABPMR)  
Dhanalakshmi Koyyalagunta  
Marco Pappagallo (ABPN)  
Jaroslav Przybyl  
Frank Sayegh  
Sulpicio Soriano  
Linda Sorkin (Research)  
Jaroslav Przybyl  
Walter Strausser (ABPMR)

OTHER
Review Panel:
John Butterworth  
Jerry Epps  
John Butterworth  
Charles Hogue  
Francis James  
Leslie Shaff  
Patricia Kapur  
Seah Kennedy  
Leslie Shaff  
Andrew Patterson  
David Warner  
Charles Whitten  
Research Committee:
Keith Berge  
Andrew Patterson  
David Warner

Hospice & Palliative Medicine
Paul Sloan

Council for the Continual Professional Development of Anesthesiologists:
Arnold Berry  
David Chestnut  
Joanne Conroy  
Leslie Jameson  
M. Jane Matiasko  
Patricia Petrozza  
Meg Rosenblatt  
James Steven

Customer Advisory Board:
Fawn Atchison  
Gretchen Aurin  
Consuelo Camargo  
Louis Chemin  
David Clandinin  
Carla Dorner  
Christopher Dunkerley  
Avner Gereboff  
Jeffrey Gross  
Robert Harris  
Nir Hoffman  
Christopher Kent  
Matthew Klopman  
Sandra Kopp  
Timothy Long  
Gerald Maccioli  
Michelle Marino  
Heather Naumann  
Jacques Neelankavil  
Wendy Ren  
Leal Segura  
Will Shakespeare  
Shelly Sords  
Brady Stocklin  
Christopher Thunberg  
Amir Tulchinsky  
Valeri Walker  
Thomas Yasuda  
Lily Young  
Christopher Zell
The ABA is seeking anesthesiologists to assist with its Part 2 examinations. The nomination process is open until October 31, 2010. New Part 2 examiners will be chosen by the Board of Directors in 2011 and 2012, and will serve at their first exam in either 2012 or 2013. Typically, 5% – 10% of nominated diplomates are invited to serve as a Part 2 examiner. Individuals may nominate themselves or be nominated by another ABA diplomate.

Nominees must satisfy the following four minimum requirements:

1. Have a valid, unexpired certificate in Anesthesiology
2. Have been certified no later than 2007
3. Be actively participating in the MOCA program
4. In addition to actively participating in MOCA, nominees certified in 1999 or earlier must have been recertified or obtained a MOCA certificate within the past 10 years

The ABA defines clinically active as performing, directing or supervising anesthesia in the operating room or other anesthetizing areas an average of one day per week during twelve consecutive months over the past three years.

Nominees should be prepared to devote one week as a Part 2 examiner every year for 22 consecutive years or until they reach the age of 65 years. They must remain clinically active for their entire tenure as a Part 2 examiner. They must successfully complete the MOCA program every ten years. Additionally, they must not participate in any activity that may constitute a conflict of interest, such as practice Part 2 examinations when a fee is charged for such examinations and in courses devoted solely to preparing candidates to secure ABA certification.

The ABA conducts Part 2 examinations twice each year, in April and September or October. Examiners typically are invited to one examination every 12 months. They are required to remain at the examination site from Sunday afternoon until the following Friday afternoon. The ABA covers the examiner’s reasonable travel and hotel expenses and provides a modest service per diem and a travel per diem.

Most examiners derive a strong sense of satisfaction from providing an important service to the profession. Examiners receive outstanding continuing medical education during each week of examination activity, for which the ABA officially acknowledges 24 hours of Category II credit and 24 hours of LL-SA credit towards the MOCA program requirement.

The ABA seeks examiners from private practice as well as academic medical centers. It will ask character referees to comment about how nominees stay current in their practice and how they interact with their surgical and anesthesia colleagues. When new examiners are selected, the ABA invites them to examine as soon as 12 months after their appointment.

For those who are interested, a letter of nomination and the nominee’s postal and email addresses, telephone number and a current Curriculum Vitae, as well as the name and postal and email addresses of three ABA Diplomates who could serve as referees, should be sent by October 31, 2010, to the ABA.

Via US Mail or overnight delivery:
The American Board of Anesthesiology, Inc.
c/o Part 2 Examiner Nominations
4208 Six Forks Road, Suite 900
Raleigh, NC 27609-5735

Via Facsimile:
(866) 999-7503
Application and Examination Fees

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

APPLICATION FEES

To take an examination in 2011, candidates must submit an electronic application and pay the application fee by December 22, 2010. The later an application is filed, the higher the application fee.

2010 APPLICATION FEES (for 2011 Exams)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>$850</td>
<td>$1,100</td>
<td>$1,350</td>
<td>$1,700</td>
</tr>
<tr>
<td>Subspecialty Certification</td>
<td>$550</td>
<td>$550</td>
<td>$550</td>
<td>$700</td>
</tr>
<tr>
<td>Subspecialty Recertification</td>
<td>$850</td>
<td>$1,100</td>
<td>$1,350</td>
<td>$1,700</td>
</tr>
</tbody>
</table>

To take an examination in 2012, candidates must submit an electronic application and pay the application fee by December 22, 2011. The later an application is filed, the higher the application fee.

2011 APPLICATION FEES (for 2012 Exams)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>$900</td>
<td>$1,175</td>
<td>$1,450</td>
<td>$1,800</td>
</tr>
<tr>
<td>Subspecialty Certification</td>
<td>$600</td>
<td>$600</td>
<td>$600</td>
<td>$775</td>
</tr>
<tr>
<td>Subspecialty Recertification</td>
<td>$900</td>
<td>$1,175</td>
<td>$1,450</td>
<td>$1,800</td>
</tr>
</tbody>
</table>

EXAMINATION FEES

<table>
<thead>
<tr>
<th>Examination</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Part 1</td>
<td>$525</td>
<td>$550</td>
</tr>
<tr>
<td>Primary Part 2</td>
<td>$1,950</td>
<td>$2,000</td>
</tr>
<tr>
<td>Subspecialty Certification</td>
<td>$875</td>
<td>$900</td>
</tr>
<tr>
<td>Subspecialty Recertification</td>
<td>$875</td>
<td>$900</td>
</tr>
</tbody>
</table>

MAINTENANCE OF CERTIFICATION FEE

The 2011 fee for Maintenance of Certification in Anesthesiology (MOCA) is $2,000 and is due at the time of examination registration. The MOCA re-examination fee is $750.

As a reminder, the ABA requires credit card payment of application and examination fees. The ABA accepts American Express, Diner’s Club, Discover, MasterCard, and Visa credit cards.
New ABA Website Features

THE ABA HAS A NEW PUBLIC WEBSITE!

There are many new features and functions that will benefit our constituents. You can access the new ABA website at www.theABA.org.

VISUALS

The website has a new “look and feel”. The site makes better use of graphics and pictures than before. We increased the font size in many places to make the pages easier to read. The menus have been condensed to make them easier to use and understand – submenus appear only when needed.

TARGET AUDIENCES

Visitors come to the ABA website for different reasons. Some are our physicians who need access to their Doctor’s Portal. Training programs log on to report training reports for residents. Other organizations such as the ABMS and ASA visit our website. Finally, members of the general public visit the ABA website to verify a physician’s certification. The home page of our new website reflects this diversity of interests and points each target audience in the right direction.

IMPORTANT NOTICES

The website now incorporates an area for Important Notices. This will reflect any information that is relevant and time-sensitive.
**THE ABA BOOKLET OF INFORMATION (BOI)**

The ABA BOI provides a comprehensive description of the requirements and policies pertaining to the ABA’s examinations. This information is helpful to anyone who is planning to take an ABA exam. In the past, the BOI was a paper document that was printed and mailed to our constituents. Starting this year, the BOI is in electronic form. This makes it easier to keep the information up-to-date and accessible. You can access the BOI directly at www.theABA.org. An example page is shown below.

**SPECIALTY CERTIFICATION IN ANESTHESIOLOGY**

2.01 CERTIFICATION REQUIREMENTS

At the time of certification by the ABA, the candidate must:

A. Hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the United States or province of Canada that is permanent, unconditional and unrestricted. Further, every United States and Canadian medical license the applicant holds must be free of restrictions.

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 diploma status.

B. Have fulfilled all the requirements of the continuum of education in anesthesiology.

C. Have on file with the ABA a Certificate of Clinical Competence with an overall satisfactory rating covering the final six-month period of clinical anesthesia training in each anesthesiology residency program.

D. Have satisfied all examination requirements of the Board.

E. Have a professional standing (see Section 5.06) satisfactory to the ABA.

F. Be capable of performing independently the entire scope of anesthesia practice (see Sections 1.02.A and 1.02.D) without accommodation or with reasonable accommodation.

Although admission into the ABA examination system and success with the examinations are important steps in the ABA certification process, they do not by themselves guarantee certification. The Board reserves the right to make the final determination of whether each candidate meets all of the requirements for certification, including A, E and F above, after successful completion of examinations for certification.

ABA certificates in anesthesiology issued on or after January 1, 2000 are valid for 10 years after the year the candidate passes the examination for certification. ABA certificates are subject to ABA rules and regulations, including its Booklet of Information, all of which may be amended from time to time without further notice.

A person certified by the ABA is designated a diplomate in publications of the American Board of Medical Specialties and the American Society of Anesthesiologists.

2.02 THE CONTINUUM OF EDUCATION IN ANESTHESIOLOGY

The continuum of education in anesthesiology consists of four years of full-time training subsequent to the date that the medical or osteopathic degree has been conferred. The continuum consists of a clinical base year and 36 months of approved training in anesthesia (CA-1, CA-2 and CA-3 years). Prospective approval by the ABA is required for exceptions to ABA policies regarding the training planned for individual residents.

A. During the clinical base year the physician must be enrolled and training as a resident in a transitional year or primary specialty training program in the United States or its territories that is accredited by the
NEW DIPLOMATE DIRECTORY

The new ABA website also includes a new version of the Diplomate Directory. Here, anyone can look up an anesthesiologist and verify his or her certification. Simple and advanced searches are supported. The simple search requires only a name, while the advanced search allows queries based on city, state, ABA ID, and certification type. Search attributes can be combined as well. In the example below, we are using the new Diplomate Directory’s Advanced Search function to locate physicians in the Raleigh, North Carolina area who are certified in Pain Medicine.

The results of this query – the list of all diplomates with Pain Medicine certification in Raleigh, North Carolina – are shown on the next page.
FUTURE PLANS

We are always looking for ways to improve. We will continue to make improvements to our public website and other software applications such as our Doctor’s Portal.

A WORD OF THANKS

In late 2008, the American Board of Anesthesiology commissioned its first Customer Advisory Board, or CAB. The 30 members of the ABA CAB reviewed the new ABA website and Diplomate Directory before it was released to the public. Their feedback and suggestions were invaluable in the creation of our new website, and we thank them for their help and support throughout this project. Special thanks go to Dr. Mark Warner, who solicited volunteers for the CAB in the summer and fall of 2008.
The American Board of Anesthesiology, Inc. Address Change Request

To notify the ABA of an address change, you may visit www.theABA.org, or complete the following form and send it via facsimile to the ABA.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.
4208 Six Forks Road, Suite 900
Raleigh, NC 27609-5735