ADVANCING the Highest Standards of the Practice of Anesthesiology
THIS ISSUE

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Dickens’ words seem to describe the state of our world today. Some physicians would say they apply to the current practice of medicine. Amazing developments in genomics, informatics, and other fields of science and engineering are leading to advances that were hardly imaginable merely a generation ago, and patients are living longer than ever. But many are surviving with complex and multiple medical conditions, and physicians are finding it increasingly challenging to keep up with the pace of new medical knowledge. Meanwhile, personnel with doctoral, but not medical degrees, are providing more primary patient care, often without the supervision of physicians.

“Until recent years, obtaining certification in one’s specialty was similar to earning a diploma from college and medical school – it was for life. Now the public expects more of its physicians.”

A new generation of medical students and residents is being trained to adhere strictly to well-intentioned but rigid “duty hours,” reducing the risk of patients being treated by tired physicians but resulting in care being delivered by more people who are less familiar with each patient. Electronic medical records have vastly improved access to medical information but have diverted physicians’ attention and time from patients to computers.

The economic landscape is evolving in profound and unfamiliar ways, and major changes are likely in the way medical services are reimbursed. On top of all this are seemingly endless administrative requirements to maintain medical licenses, hospital privileges, and even board certification(s). What is the role of the American Board of Anesthesiology (ABA) here?

Until recent years, obtaining certification in one’s specialty was similar to earning a diploma from college and medical school – it was for life. Now the public expects more of its physicians. They must not only attain a high level of education and training, but they also are expected to maintain their knowledge and abilities throughout their careers. No one wants to receive care from a doctor who demonstrated competence only upon graduation from residency but who has not...
remained up-to-date over what could be many decades of clinical practice.

It is for this reason that the American Board of Medical Specialties (ABMS), the parent organization of the ABA and all 24 medical and surgical specialty boards in the country, established its Maintenance of Certification (MOC) program more than a decade ago. This has been adopted by all ABMS member boards, including the ABA. It is designed to enable physicians to demonstrate that they continue to meet the high standards of certification and thereby document to the public that physicians are indeed monitoring themselves. After all, this is a major reason why professions, not just those involved with medicine, have been authorized by governments to self-regulate. To enhance its ability to do this, the ABA recently appointed for the first time a Director who is not a physician to serve as a public member.

Yet MOC programs, including MOCA (Maintenance of Certification in Anesthesiology), have not been universally embraced by all physicians. This is understandable in part because the ABMS and therefore the ABA have modified the requirements for MOC as new concerns and regulations have emerged. This has made it difficult for everyone to understand exactly what MOC entails, and some requirements (such as obtaining continuing medical education credits) require time and money to complete. Others, such as Practice Performance Assessment and Improvement (PPAI) projects, are relatively new endeavors for most clinicians. Plus the requirement that all boards have a secure MOC examination is not popular with physicians especially since many, including anesthesiologists, focus their practice after completion of residency and no longer do everything they did when they were in training.

Since 2000, the ABA has issued certificates valid only for ten years and new diplomates have automatically been enrolled in MOCA. In addition, many anesthesiologists who were certified before then (and, therefore, have non-time-limited certificates) have elected to participate in MOCA in order to demonstrate to hospitals, insurance companies and government regulators that they still meet the highest professional standards. All ABA Directors also participate in MOCA because the ABA's Directors do not expect anesthesiologists to do anything that they themselves are not required to do.

It is important for all anesthesiologists to understand that every effort is being made to evolve MOCA into a process that is as relevant, efficient, and cost-effective as possible. The ABA fully appreciates the burden to physicians of increasing regulations and is striving to integrate MOCA with many of the other requirements for medical practice. This is why the last decade of ABA Presidents' Reports have focused on MOCA, and I suspect many future reports will as well.

“"The ABA is committed to assisting its diplomates in demonstrating to patients, institutions and government regulators that they are capable of providing the highest-quality patient care.”

However, there are several reasons to be optimistic in this regard. One example is the recent requirement for ABA diplomates to participate in an American Society of Anesthesiologists-endorsed simulation program
The ABA is pleased to announce the election of William W. Hesson, J.D., and Andrew J. Patterson, M.D., Ph.D., to its Board of Directors. Mr. Hesson and Dr. Patterson began their terms as ABA Directors at the conclusion of the Board’s meeting in September 2011.

William W. Hesson, J.D.

Mr. William Hesson is the Board’s first elected public member director, and will serve as a voting member of the Board.

Mr. Hesson earned his Bachelor of Arts degree in History from the University of Iowa, College of Liberal Arts in 1971, where he also earned his Juris Doctor degree (J.D.) with high honors in 1979 at the university’s College of Law.

He joined the staff at the University of Iowa Hospitals and Clinics (UIHC) in 1979, and since then has served in a number of positions: Administrative Associate (1979-1981), Assistant to the Director (1981-1984), Assistant Director (1984-1986), and Senior Assistant Director (1986-1994).

In July 2007, he was appointed as UI’s Associate Vice President for Legal Affairs. He oversees all legal matters for UI Health Care and its components and works closely with UI General Counsel. He continues to serve as UIHC Associate Director/Legal Counsel, a position he has held at UI since 1995. Mr. Hesson also serves as an adjunct professor at UI’s College of Public Health, Division of Health Management and Policy.

Mr. Hesson is a member of various organizations, including the Iowa State Bar Association, the American Health Lawyers Association, and the Iowa Society of Health Care Attorneys. He is a former member of the Iowa State Bar Association Health Law Section Council and served as president of the Iowa Society of Healthcare Attorneys from 1993 to 1994.

Mr. Hesson and his wife Rita reside in Iowa City, Iowa.
Andrew J. Patterson, M.D., Ph.D.

Dr. Andrew Patterson earned his Bachelor of Science degree in Chemistry and Honors History from the University of Michigan in 1987. He earned his Doctor of Medicine degree in 1991 from Emory University School of Medicine, where he also completed an internship in Internal Medicine in 1992. Dr. Patterson completed his anesthesiology residency and chief residency (1992-1995), and a Critical Care Medicine Fellowship (1995-1996) at Massachusetts General Hospital. While working as a staff physician at Stanford University in California, he completed a Ph.D. in Neurosciences in 2002. Dr. Patterson holds ABA certification in anesthesiology (1996), has recertified in the specialty, and participates in the ABA MOCA Program. He also holds ABA subspecialty certification in critical care medicine (1999) and has recertified in the subspecialty. He has been an ABA Associate Examiner since 2007.

Dr. Patterson is currently an Associate Professor of Anesthesia at Stanford University. He works as an operating room anesthesiologist at Stanford University Hospital, and also serves as an attending physician in the Medical-Surgical Intensive Care Unit (ICU), the Trauma Surgery ICU, and the Anesthesia Pre-operative Evaluation Clinic. He is Chair of the Stanford University Hospital Pharmacy and Therapeutics Committee. He has served as director for numerous educational events, including conferences sponsored by the California Society of Anesthesiologists and the Society of Critical Care Medicine.

For more than a decade, Dr. Patterson has participated in volunteer medical missions throughout South and Central America as well as Sub-Saharan Africa.

Dr. Patterson and his wife Jenny reside in Mountain View, California, and have two children.
as part of the ten-year MOCA cycle. Though this takes a day away from one’s practice and requires a fee to complete, it provides an opportunity for anesthesiologists who are out-in-practice, not merely residents-in-training, to learn from experiences available with high-fidelity simulators. Some anesthesiologists even save money doing this. For example, anesthesiologists associated with Harvard Medical School who are insured by CRICO (Certified Risk Insurance Company) receive a discount in their malpractice premium of nearly $3,000 per year for participating in one simulation program every three years. Since the cost for this session is currently approximately $1,000, anesthesiologists can save almost $8,000 every three years while simultaneously satisfying one of MOCA’s requirements. Incidentally, this program has been so successful at CRICO that obstetricians in the Harvard system are also participating in simulation sessions with even greater insurance savings (though they pay much higher premiums than anesthesiologists). Hopefully, other insurance companies will offer similar discounts for MOCA participants.

ANESTHESIOLOGY AND THE HOUSE OF MEDICINE:

As several recent Rovenstine memorial lecturers have emphasized, anesthesiologists have much to offer in addition to caring for patients in operating rooms. This includes working in preoperative evaluation clinics, postoperative recovery rooms, intensive care units, pain management clinics, non-operative procedural suites (in areas of radiology, radiation therapy, gastroenterology, interventional cardiology, oncology, etc.), sedation services, medical transport, code call and rapid response teams, graduate medical education and simulator programs, and other settings. Hospital administrators are increasingly looking to anesthesiologists to manage many of these areas as well as develop protocols that enhance patient safety and facilitate more effective and efficient patient care throughout institutions.

To provide more opportunities for anesthesiologists to assume leadership roles in these and other areas, the ABA has been actively involved in joint ventures with the Boards from several other
Anesthesiologists can now, along with physicians from other disciplines, become certified in Sleep Medicine, Hospice and Palliative Medicine, and soon Clinical Informatics. For many years the ABA has also had certification programs that recognize anesthesiologists who have had additional subspecialty training and experience in Critical Care Medicine and Pain Medicine and soon will for Pediatric Anesthesiology.

Two years ago, the ABA along with the American Board of Pediatrics (ABP) authorized combined training in pediatrics and anesthesiology that can lead to certification in both specialties in five, rather than six, years after graduation from medical school (if one were to obtain separate training sequentially). The ABA has recently arranged a similar program of combined training with the American Board of Internal Medicine (ABIM). Furthermore, the ABA has had long-standing interactions with the American Board of Physical Medicine and Rehabilitation (ABPMR) and the American Board of Psychiatry and Neurology (ABPN) to help pain medicine evolve into the truly multidisciplinary field that patient care requires. The ABA has also worked cooperatively for years with the American Board of Surgery (ABS) in critical care medicine certification. Ongoing discussions are now occurring with the American Board of Emergency Medicine (ABEM) and the ABPN to determine how we can collaborate in training physicians in the multidisciplinary aspects of critical care medicine. Further information about many of these programs is provided in other articles in this newsletter.

In summary, these are times of great challenges but also great opportunities for all physicians, including anesthesiologists. The ABA is committed to assisting its diplomates in demonstrating to patients, institutions and government regulators that they are capable of providing the highest-quality patient care. In addition, the ABA will continue to work with other medical organizations to provide opportunities for anesthesiologists to utilize their knowledge and skills in leading efforts to deliver safer and more efficient patient care throughout healthcare systems.
2012 IN-TRAINING EXAMINATION

The 38th national ITE, which consisted of 225 multiple-choice questions, was administered on Saturday, March 3, 2012 from 8:30 am – 12:30 pm. A total of 6,477 examinees registered for the examination which was held at 105 testing sites across the United States and Canada.

Scores will be provided by April 16, 2012 to enable examinees to track their own knowledge growth and compare their performance with the performance of other residents at the same training level. Keyword feedback will also be supplied to examinees and program directors. Each program director will receive a summary of the performance of all trainees in their program, including all years a trainee has participated.

In 2012, the ABA performed a pilot test with 9 training programs to provide an online administration of the ITE. In 2013, the Board expects to change all administrations of this examination to computer-based testing.

PART 1 EXAMINATION

Candidates for primary certification in anesthesiology may begin to apply for entrance into the ABA examination system in their CA-3 year of residency. Once a candidate’s application has been approved by the ABA Credentials Department, the candidate will become eligible to take the Part 1 Examination. Candidates will receive an email notification from the ABA to complete an online reply form in their portal account and pay the examination fee.

After candidates' applications have been accepted by the ABA, candidates will receive an email notification to schedule their Part 1 Examination with Pearson VUE. Pearson VUE has a limited number of test sites available. Therefore, candidates are strongly encouraged to promptly schedule their examinations to increase the probability that they are assigned to their preferred test site.
PART 2 EXAMINATION

After candidates have passed the Part 1 Examination, they will be eligible to take the Part 2 Examination in the following year. Once eligible, candidates will receive an email notification from the ABA to complete an online reply form in their portal account and pay the examination fee.

Candidates who complete their Online Reply Form by November 30, 2012, will be randomized by computer and assigned to either the Spring or Fall Part 2 Examination in 2013 based on availability and personal preference, as indicated on the Online Reply Form. Assignments to the Spring or Fall examination are not based on the date the reply form is completed, as long as the reply form is completed by the deadline date. Candidates who complete their Online Reply Form after November 30, 2012 will be assigned to the 2013 Fall Part 2 Examination. The ABA will notify candidates via email by December 31, 2012, of the 2013 Part 2 Examination to which they have been assigned.

New Policy: Candidates currently enrolled in Accreditation Council for Graduate Medical Education (ACGME)-accredited fellowship training will be given priority assignment to the Spring Part 2 Examination in the year after they pass the Part 1 Examination.

TRAINING AWAY FROM AN ACCREDITED PROGRAM

Residents

The ABA policy for residents states that training away from the resident’s ACGME-accredited anesthesiology program cannot occur until completion of at least one year of clinical anesthesia or during the last three months of the CA-3 year, unless such training will be in another ACGME-accredited anesthesiology program.

Fellows

The ABA policy for fellows states that the ABA will accept no more than two months of training in institutions not recognized by the ACGME as part of the accredited subspecialty program. Therefore, the ABA requires that fellows complete a minimum of 10 months of training in their ACGME-accredited subspecialty program.

The ABA Credentials Committee must prospectively approve clinical anesthesia or subspecialty training away from the resident’s or fellow’s ACGME-accredited program. The ABA office must receive the request from the core or subspecialty Program Director at least four months before the resident or fellow begins the training in question.

The ABA has created a checklist which documents all of the steps for completing a request for Training Away from an Accredited Program. The checklist is available in the Training Programs page of the ABA website at www.theABA.org.
The ABA designed the Part 2 Examination to test the candidate's judgment, application of knowledge, clarity of expression, and adaptability to the changing circumstances that are often encountered in the practice of anesthesiology. The examination is based on clinical scenarios, and the content may include any area relevant to the practice of anesthesiology.

This video will familiarize candidates with the Part 2 Examination process, assuring them that the Board is committed to assessing their abilities as a safe and competent anesthesiologist in an unbiased manner. The Board recognizes the importance of this step in candidates’ careers and wants to address concerns they may have about taking the Part 2 Examination.

SUBJECTS COVERED BY THE VIDEO INCLUDE:

- Pathway to the Part 2 Examination
- Part 2 Examination Process
- Mastering the Part 2 Examination
- Primary Goals of the Examination
- Improper Candidate Behavior
“We hope candidates will find this educational video useful as we outline the Part 2 Examination process. This video will augment other resources we have made available, such as the examination process overview and sample examination questions available on the ABA website.”

David L. Brown, M.D.
Secretary of the ABA Board of Directors.

Dramatization of only a portion of the examination.

CLICK HERE to view the ABA Part 2 Examination video
The ABA will begin transitioning to a staged Part 1 Examination beginning with the July 2012 incoming resident class.

A staged examination will encourage residents to engage in more sustained study over the course of their residency training. As a result, anesthesiologists will accumulate a greater knowledge base by the time they complete the ABA exam sequence. In addition, dividing the current Part 1 Examination into BASIC and ADVANCED components will allow the examination system of the ABA to better support the Accreditation Council of Graduate Medical Education’s movement toward competency-based training and promotion.

Currently, the ABA’s primary certification exam consists of two parts: the Part 1 (Written) Examination, which is administered to candidates for the first time after the completion of residency training, and the Part 2 (Oral) Examination, for which candidates become eligible once they have passed the Part 1 Examination. Beginning in 2014 the current Part 1 Examination will be replaced with two separate exams: the BASIC Examination and the ADVANCED Examination. The ABA’s current Part 2 (Oral) Examination will become the APPLIED Examination and its content and format will remain unchanged under the new staged examination system.

The BASIC Examination will focus on the basic science and basic clinical aspects of anesthetic practice and will focus on content areas such as pharmacology, basic physiology, anatomy, anesthesia equipment and basic monitoring.

The ADVANCED Examination will focus on clinical aspects of anesthetic practice and will emphasize subspecialty-based practice and advanced clinical issues.

The complete Content Outline for both the BASIC and ADVANCED Examinations can be found on the ABA’s website at www.theABA.org.

Further information will be announced and published on the ABA’s website in May 2012.
ABA PORTAL ACCOUNTS

Your ABA portal account, available at www.theABA.org, provides a single location to view and update everything associated with your professional relationship with the ABA. If you have lost your ABA portal account password, you can easily reset it by accessing the ABA online portal and selecting “CLICK HERE to change your password.” The next screen you see will present a form which will ask you to provide your ABA ID number or birth date and your last name or the last 4 digits of your Social Security Number.

After submitting this information, you will confirm your name and create your new password. Because your privacy is important to the ABA, we will not send a copy of your password to your email address. Please store your password in a safe place for future use.

As a resident, you can review the credits granted for your Clinical Base and Clinical Anesthesia training and research, as well as see the number of months of training required to complete the Continuum of Education in Anesthesiology. You can also update your contact information, especially your email address, within your portal account. This will allow you to receive direct communication from the ABA.

As a candidate, you can apply for primary board certification and subspecialty certification, update your medical license information, register for examinations and view your examination results.
The American Board of Medical Specialties (ABMS) is striving to establish consistency amongst its 24 Member Boards regarding the time frame in which a physician must complete the requirements for certification relative to the physician’s satisfactory completion of an ACGME-accredited residency program. On September 21, 2011, the ABMS created a new policy mandating that no more than seven (7) years can elapse between a physician’s completion of residency training and achievement of Board Certification.

Revised ABA Policy on Duration of Candidate Status

In order to meet the requirements of the ABMS policy, the ABA’s policy on the duration of candidate status has been modified. Effective January 1, 2012:

- Candidates completing residency training prior to January 1, 2012 must satisfy all requirements for certification by January 1, 2019.

- Candidates finishing residency training after January 1, 2012 must satisfy all requirements for certification within 7 years of the last day of the year in which residency training was completed.

- The ABA will declare the candidate’s application void if the candidate does not satisfy the examination requirements within the prescribed number of opportunities or time, whichever comes first.

- If the ABA declares an application void, the physician must reestablish his/her qualifications for admission to the examination system before filing another application. The manner in which this may be done is described in the ABA Booklet of Information (BOI) under Section 2.04.F. These requirements are reviewed annually by the ABA Board.

Please see the ABA Booklet of Information for complete certification requirements.

“Board Eligible” Status Not Recognized by the ABA

The ABA does not recognize “Board Eligible” as a physician status relative to the ABA examination system for primary certification in anesthesiology. Physicians with an active application are considered candidates in the ABA examination system, not “Board Eligible.” Therefore, physicians should refrain from making any representations of being “Board Eligible.”
ABA POLICY ON...

NOT CLINICALLY ACTIVE STATUS

FOR DIPLOMATES

Diplomates designated by the ABA as Not Clinically Active must attest that they do not meet the ABA definition of clinical activity and do not plan to be clinically active for at least three years. The ABA’s minimum clinical activity requirement is defined by a physician having practiced anesthesiology or a recognized anesthesiology subspecialty, on average, at least one day per week during 12 consecutive months over the previous three years. This activity must involve patients having a varied degree of systemic disease and who are undergoing surgery or diagnostic procedures requiring anesthetic care, and must be consistent with currently-relevant knowledge of pharmacology, physiology and medicine.

Upon request, the ABA will formally designate a diplomate’s status as “Certified – Not Clinically Active.” This information will be displayed on the ABA’s Diplomate and Candidate Directory, as well as be reported to the ABMS.

Diplomates who are not clinically active and hold time-limited certificates in anesthesiology or a related subspecialty can maintain their certifications by completing the following maintenance of certification requirements:

• Part 1: Maintain Professional Standing acceptable to the ABA
• Part 2: Complete the required Lifelong Learning and Self-Assessment activities
• Part 3: Demonstrate core knowledge by passing the MOCA Cognitive Examination, or a MOCA-SUBS Examination.

Diplomates who are not clinically active and hold time-limited subspecialty certificates that expire in 2019 or earlier are eligible to apply for and complete subspecialty recertification in lieu of the maintenance of certification requirements.

Once diplomates resume the practice of anesthesiology or a recognized subspecialty of anesthesiology, it is their responsibility to notify the ABA and request that the Certified-Not Clinically Active designation be removed from their ABA record. Before the ABA will remove the designation, it will require evidence collected from the diplomate and additional references that the physician has resumed clinical practice and meets the Board’s minimum clinical activity requirement of having practiced anesthesiology or a recognized anesthesiology subspecialty, on average, at least one day per week during 12 consecutive months over the previous three years.

When the ABA Credentials Committee determines that the Certified-Not Clinically Active designation can be removed, the physician will be informed of the specific MOCA or MOCA-SUBS program requirements that must be fulfilled to maintain certification status as a clinically active diplomate. This will include completing a Part 4 activity within three years of returning to active practice.
NO CHANGES TO MOCA PROGRAM REQUIREMENTS

Since the last ABA newsletter published in May 2011, there have been no changes to the ABA’s Maintenance of Certification in Anesthesiology (MOCA) program requirements. Diplomates enrolled in the MOCA program this year will have the same program requirements as those certified in 2010 and 2011. The ABA will continue to make every effort to minimize changes in MOCA program requirements, while maintaining compliance with standards mandated by the ABMS.

NEW REPORTING OF MOCA PARTICIPATION

In 2010, the ABA began indicating the participation status of all diplomates enrolled in the MOCA program on the ABA Diplomate and Candidate Directory. Diplomates are considered to be participating in MOCA if, by the end of the fifth year of their MOCA cycle, they have satisfactory professional standing, have completed half of their CME credits and have completed one Part 4 PPAI activity. All requirements must be completed by the end of the tenth year of the MOCA program. This was the first step in providing greater transparency to the public and healthcare organizations that their physicians were actively engaged in continuous professional development.

Beginning in August 2012, all ABMS Member Boards will expand their reporting to include the MOC participation status of all diplomates. The ABA Diplomate and Candidate Directory will indicate whether a diplomate is or is not “Meeting MOCA Requirements.” The directory will note that ABA diplomates who hold non-time limited certificates are not required to participate in the ABA’s MOCA program.

INCOMPLETE MOCA REQUIREMENTS

If diplomates are not able to complete the MOCA program requirements before their time-limited certificates expire, the ABA will allow them to continue in the program for up to three additional years. During this time, these physicians are no longer Board Certified, but may re-attain their certification status of “diplomate” by fulfilling all of the MOCA program requirements from the preceding 10 years.

To facilitate this process, the ABA will move diplomates’ 10-year MOCA cycle forward one year at a time, for up to three years. Any activities completed in year 1 (e.g. CME credits) will be removed and the diplomates will be required to redo these activities. Upon successful completion of the year 1 activities and any other activities not completed in the original MOCA cycle, the ABA will issue a certificate for Maintenance of Certification in the specialty of Anesthesiology valid for 10 years from the date of completion of the program.

At the end of the three years, if the MOCA program requirements have not been completed, the physician will have to restart the primary certification process by completing the following steps:

1. Reestablish qualifications for admission to the primary examination system by either receiving a passing score on the In-Training Examination, completing 12 consecutive months of additional clinical training in anesthesia as a CA-3 year resident in an ACGME-accredited
program, or completing a fellowship in an ACGME-accredited anesthesiology subspecialty program with receipt of a satisfactory Certificate of Clinical Competence covering the final six months.

2. Apply for primary certification within 3 years of having reestablished qualifications for admission.

3. Take and pass the primary certification Part 1 and Part 2 Examinations under the same application.

Upon successful completion of the primary certification process, the physicians will re-attain “diplomate” status and will be issued new time-limited certificates.

If you have any questions, please contact the ABA Communications Center at (866) 999-7501 or visit the new MOCA pages on the ABA website at www.theABA.org.

MOCA TUTORIAL

To enhance its ongoing effort to provide clarity on the Maintenance of Certification in Anesthesiology Program (MOCA), the ABA has developed an online tutorial to address frequently asked questions and concerns. This tutorial familiarizes viewers with the pathway to ABA certification and maintenance of certification, as well as educates them on the specific MOCA program requirements.

**Subjects covered by the tutorial include**

- Pathway to Maintenance of Certification
- Evolution of Certification Process
- MOCA Program Requirements
- Entering Requirements in ABA Portal Account

“We hope our diplomates and future diplomates will find this tutorial useful as we explain the road to board certification and the Maintenance of Certification in Anesthesiology Program,” said David L. Brown, M.D., Secretary of the ABA Board of Directors. “This tutorial is just one more way that the ABA is working to provide reliable facts to our diplomates on MOCA,” said Dr. Brown. “This video will augment other resources we have made available on the ABA website, such as the Frequently Asked Questions section and MOCA requirements by certification year.”

**CLICK HERE** to view the MOCA Tutorial
MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY FOR SUBSPECIALTIES (MOCA-SUBS)

On January 1, 2010, the ABA began transitioning from the current subspecialty recertification program to Maintenance of Certification in Anesthesiology for Subspecialties (MOCA-SUBS). The MOCA-SUBS program allows ABA diplomates who are certified or recertified in a subspecialty after January 1, 2010 to maintain their certification while demonstrating continual professional development and practice improvement.

Diplomates Eligible for Subspecialty Recertification

Diplomates whose subspecialty certification expires on or before December 31, 2019 can complete the subspecialty recertification program once more before enrolling in MOCA-SUBS. Diplomates can take a subspecialty recertification examination no sooner than 7 years after their most recent certificate was issued as outlined in the below chart:

<table>
<thead>
<tr>
<th>If your subspecialty certification or recertification expires on...</th>
<th>Your next opportunity to apply for a recertification examination is...</th>
<th>The final date you may apply for recertification is...</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 31, 2016</td>
<td>Apply by December 22, 2012 for the 2013 Examination</td>
<td>December 22, 2015</td>
</tr>
<tr>
<td>December 31, 2017</td>
<td>Apply by December 22, 2013 for the 2014 Examination</td>
<td>December 22, 2015</td>
</tr>
<tr>
<td>December 31, 2018</td>
<td>Apply by December 22, 2014 for the 2015 Examination</td>
<td>December 22, 2015</td>
</tr>
<tr>
<td>December 31, 2019</td>
<td>Apply by December 22, 2015 for the 2016 Examination</td>
<td>December 22, 2015</td>
</tr>
</tbody>
</table>

All diplomates who apply by December 22, 2015 will be given three opportunities to take and pass the subspecialty recertification examination. For eligible diplomates who do not apply by December 22, 2015, the MOCA-SUBS program is the only option if they wish to maintain their subspecialty certification.
Diplomates Automatically Enrolled in MOCA-SUBS

Diplomates certified in a subspecialty after January 1, 2010 (whose certifications expire on or after December 31, 2020) are automatically enrolled in the MOCA-SUBS program after their subspecialty certification is awarded. The MOCA-SUBS program is a 10-year program that starts the day after their most recent subspecialty certification or recertification is issued. Diplomates can review their MOCA-SUBS program requirements on their portal accounts via the ABA website at www.theABA.org.

REMINDER: REPORTING PROFESSIONAL STANDING

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 candidates 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. Furthermore, every United States and Canadian medical license held must 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 diplomate status.

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

The American Board of Pediatrics (ABP) and the ABA launched a combined training program in pediatrics and anesthesiology in October, 2009 that enables physicians to fulfill the training requirements for certification in pediatrics and anesthesiology by completing five, rather than six, years of training. Graduates may then qualify for board certification in both specialties after satisfactorily completing the five-year combined training program.

A full list of the approved training programs, program requirements and application forms for programs interested in becoming authorized to offer this combined training are available on the ABA website at www.theABA.org.

Physicians completing this training will be 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 an outstanding 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 including investigative, administrative and/or academic pursuits. This additional training will better prepare graduates of these combined training programs for careers in research, teaching, or departmental administration and for leadership roles in both specialties.

Residents who enroll in a combined program should enter before the beginning of the second postgraduate year level (PGY-2). A resident may enter a combined program 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. The first year will include 12 months of training in pediatrics. 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. Individuals who wish to apply to any approved program should contact the program directly.
INTERNAL MEDICINE AND ANESTHESIOLOGY COMBINED TRAINING

The American Board of Internal Medicine (ABIM) and the ABA are pleased to announce the commencement of combined integrated training in internal medicine and anesthesiology. This program will require five, not six, years of training and allow for the development of physicians to be fully qualified and certified in both specialties.

Combined training consists of a coherent educational experience in two or more closely related specialty or subspecialty programs. The duration of combined training is longer than any one of its component specialty programs standing alone, and shorter than all its component specialty programs together.

A special agreement exists between ABIM and the ABA whereby an applicant may fulfill the training requirements for certification in internal medicine and anesthesiology by completing five years of combined training.

Physicians completing this training should be competent internists and anesthesiologists capable of professional activity in either discipline. The strengths of both an internal medicine and an anesthesiology residency complement each other to provide the optimal educational experience and develop leaders in the field.

For a copy of the program requirements for combined training in internal medicine and anesthesiology or to find a program application form, visit www.ABIM.org or www.theABA.org. Both Boards are currently accepting applications from programs interested in offering this combined residency training beginning July 2013.

Each program that wishes to offer this combined training must be ACGME-accredited and in good standing with their respective residency review committees and approved by both the ABIM and the ABA before residents are recruited. Authorized programs will be listed on the ABA’s website and applicants can then apply directly to them.

Questions? Contact the ABA Communications Center
Available Monday through Friday 9:00 a.m. to 5:00 p.m. ET
Phone: (866) 999-7501 • Fax: (866) 999-7503
Email: coms@theABA.org

If a holiday falls on Saturday, the ABA will close on the Friday prior to the holiday.
If a holiday falls on Sunday, the ABA will close on the following Monday.

Recognized Holidays
- New Years Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving Day
- Christmas Eve
- Christmas Day
- New Year’s Eve

The American Board of Anesthesiology, Inc.
March 2012 Newsletter
CRITICAL CARE MEDICINE (CCM)

History of CCM Subspecialty Certification

The discipline of critical care medicine has evolved over the last few decades in parallel with the development of techniques and technology for acute and long-term life support of patients with multiple organ system derangement. Because problems encountered in the critically ill patient encompass aspects of many different specialties, critical care medicine is a multidisciplinary endeavor that crosses traditional department and specialty lines.

In 1985, the ABMS approved the ABA’s addition of subspecialty certification in CCM. The ABA issued its first certificates in 1986. There are currently 49 anesthesiology critical care medicine fellowship programs that are accredited by the ACGME with 83 fellows in training for the 2010-2011 academic year.

ABA CCM Subspecialty Certification

The ABA has provided subspecialty certification in critical care medicine to 1,524 diplomates since the first examination was offered in 1986. Certificates issued from 1986 to 1999 were non-time limited. Since the first CCM Recertification Examination was administered in 2001, 134 diplomates have completed the recertification program.

The initial period during which an applicant was permitted to qualify for subspecialty examination in critical care medicine via temporary criteria ("grandfathering") ended in 1993. Please visit the Examinations & Certifications page of the ABA website at www.theABA.org for complete requirements for submitting an application for subspecialty certification in critical care medicine.

The CCM Examination

The CCM Certification Examination is a comprehensive four-hour computer-based examination consisting of 200 multiple-choice questions in the single best answer format with an absolute standard for passing. All 200 questions must be answered. The examination is designed to evaluate the extent of the candidate’s knowledge and clinical judgment in the areas in which a critical care medicine specialist should demonstrate a high level of competence.

The examination is administered by the ABA and is offered every year to candidates at secure testing centers. The application cycle is now closed for the 2012 CCM Examination, which will be administered on August 18, 2012. Physicians can apply for the 2013 CCM Certification Examination (to be administered on September 7, 2013) and the CCM Recertification Examination (to be administered on September 14-28, 2013). The detailed content outline is available on the ABA website at www.theABA.org.
PAIN MEDICINE (PM)

History of PM Subspecialty Certification

Pain medicine is the medical discipline concerned with the diagnosis and treatment of the entire range of painful disorders. Because of the vast scope of the field, pain medicine is a multidisciplinary subspecialty. The expertise of several disciplines is brought together in an effort to provide the maximum benefit to each patient. Although the care of patients is heavily influenced by the primary specialty of physicians who subspecialize in pain medicine, each member of the pain treatment team understands the anatomical and physiological basis of pain perception, the psychological factors that modify the pain experience, and the basic principles of pain medicine.

In 1991, ABMS approved the ABA’s request to offer subspecialty certification in Pain Management. This name changed to “Pain Medicine” in 2002. The American Board of Physical Medicine and Rehabilitation (ABPMR) and the American Board of Psychiatry and Neurology (ABPN) began to offer subspecialty certification in pain medicine in 2000.

There are currently 81 anesthesiology pain medicine fellowship programs that are accredited by the ACGME with 288 fellows in training for the 2010-2011 academic year.

ABA PM Subspecialty Certification

The ABA has provided subspecialty certification in pain medicine to 4,509 diplomates since the first examination was offered in 1993. Unlike other certificates, pain medicine certificates have always been time-limited. Since the first PM Recertification Examination was administered in 2004, 1,997 diplomates have completed the recertification program.

The initial period during which an applicant was permitted to qualify for subspecialty examination in pain medicine via temporary criteria (“grandfathering”) ended in 1998. Please visit the Examinations & Certifications page of the ABA website at www.theABA.org for complete requirements for submitting an application for subspecialty certification in pain medicine.

The PM Examination

The PM Certification Examination is a comprehensive four-hour computer-based examination consisting of 200 multiple-choice questions in the single best answer format with an absolute standard for passing. All 200 questions must be answered. The examination is designed to evaluate the extent of the candidate’s knowledge and clinical judgment in the areas in which a pain medicine specialist should demonstrate a high level of competence.

The examination is administered by the ABA and is offered every year to candidates from the ABA, ABPMR and ABPN at the same time at secure testing centers. The application cycle is now closed for the 2012 PM Examination, which will be administered on August 18, 2012. Physicians can apply for the 2013 PM Certification Examination (to be administered on September 7, 2013) and the PM Recertification Examination (to be administered on September 14-28, 2013). The detailed content outline is available on the ABA website at www.theABA.org.
HOSPICE AND PALLIATIVE MEDICINE (HPM)

History of HPM Subspecialty Certification

Hospice and palliative medicine is based on expanding scientific knowledge about symptom control when cure is not possible and appropriate care during the last months of life. Research, teaching, and practice efforts in this field have led to a vast increase in knowledge in the effort to relieve suffering of seriously ill patients and their families.

In 2006, ABMS approved the ABA's addition of subspecialty certification in Hospice and Palliative Medicine. This marked the first time that 10 ABMS Member Boards collaborated in the offering of certification in one specific subspecialty area. The 10 ABMS Member Boards that co-sponsor this certification are the American Boards of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry and Neurology, Radiology, and Surgery.

There are currently 78 hospice and palliative medicine fellowship programs (administered through the ACGME Resident Review Committee for Family Medicine) that are accredited by the ACGME with 141 fellows in training for the 2010-2011 academic year.

ABA HPM Subspecialty Certification

The ABA has provided subspecialty certification in hospice and palliative medicine to 59 diplomates since the first examination was offered in 2008. The initial period during which an applicant was permitted to qualify for subspecialty examination in hospice and palliative medicine via temporary criteria (“grandfathering”) ended on February 15, 2012 with the closing of the application for the 2012 HPM Examination.

The HPM Examination

The HPM Certification Examination is a comprehensive computer-based examination consisting of multiple-choice questions in the single best answer format with an absolute standard for passing. All questions must be answered. The examination is designed to evaluate the extent of the candidate’s knowledge and clinical judgment in the areas in which a Hospice and Palliative Medicine specialist should demonstrate a high level of competence.

The examination is administered by ABIM and is offered every other year to candidates from all Boards at the same time at secure testing centers. The detailed content outline is available on ABIM’s website at www.ABIM.org. The next HPM Examination will be offered in 2014.
SLEEP MEDICINE UPDATE

History of Sleep Medicine Subspecialty Certification

The Sleep Medicine Subspecialty Certification Program is designed to recognize excellence among physicians who are specialists in the care of patients with sleep problems and specific sleep disorders. Sleep medicine encompasses a multidisciplinary body of knowledge regarding the anatomy, physiology, biochemistry, pathophysiology, and pharmacology of sleep and wakefulness, and their disorders.

The ABMS approved the ABA's application for co-sponsorship of subspecialty certification in Sleep Medicine in February 2011 and the ABA offered its first examination on November 10, 2011. Subspecialty certification in sleep medicine was offered initially by ABIM, ABPN, ABP, and the American Board of Otolaryngology in 2005. There are currently 74 sleep medicine fellowship programs (administered through the ACGME Resident Review Committee for Internal Medicine) that are accredited by the ACGME with 149 fellows in training for the 2010-2011 academic year.

ABA Sleep Medicine Subspecialty Certification

The ABA provided subspecialty certification in sleep medicine to 4 diplomates in 2011. The initial period during which an applicant will be permitted to qualify for subspecialty examination in sleep medicine via temporary criteria ("grandfathering") will end with the 2013 examination. The deadline to apply under these temporary criteria is February 15, 2013. For the complete requirements for submitting an application for subspecialty certification in sleep medicine, please visit the Examinations & Certifications page of the ABA website at www.theABA.org.

The Sleep Medicine Examination

The Sleep Medicine Certification Examination is a comprehensive four-hour computer-based examination consisting of 200 multiple-choice questions in the single best answer format with an absolute standard for passing. All 200 questions must be answered. The examination is designed to evaluate the extent of the candidate's knowledge and clinical judgment in the areas in which a sleep medicine specialist should demonstrate a high level of competence.

The examination is administered by ABIM and is offered every other year to candidates from all Boards at the same time at secure testing centers. The detailed content outline is available on ABIM's website at www.ABIM.org. The next Sleep Medicine Examination will be offered on October 16, 2013.
SUBSPECIALTY CERTIFICATION IN PEDIATRIC ANESTHESIOLOGY

The ABA is pleased to announce that the ABMS has approved its application for sponsorship of subspecialty certification in Pediatric Anesthesiology. The first pediatric anesthesiology certification examination will be administered on October 19, 2013 and applications will be accepted beginning March 1, 2012. Further information is available on the ABA website at www.theABA.org.

Certification in pediatric anesthesiology was requested several years ago by the Society for Pediatric Anesthesia (SPA). The ABA gave much consideration to this request and sought comments from individuals and organizations within the anesthesia community as well as from other specialty areas. Though opinions varied, the overall consensus was that this was in the best interest of children. The ABMS, which comprises 24 medical specialty certifying Boards, concurred. As background information, fellowships in pediatric anesthesiology have been accredited by the ACGME since 1997, and programs are currently offered in 46 programs throughout the country.

**Physicians who apply for subspecialty certification in pediatric anesthesiology must:**

- Possess an appropriate medical degree or its equivalent;
- Hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the United States or Canada that is permanent, unconditional and unrestricted;
- Be a Diplomate of the ABA;
- Be participants in the ABA’s Maintenance of Certification in Anesthesiology (MOCA) program;
- Have satisfactorily completed fellowship training in pediatric anesthesiology or possess the required experience in pediatric anesthesiology as described below.

**Fellowship Training**

Satisfactory completion of a one-year, fellowship program in pediatric anesthesiology that was ACGME-accredited throughout the time of enrollment, with verification from the program director,

**OR**

**“Grandfathering” Criteria**

(Only for Diplomates who completed anesthesiology residency training before July 1, 2012)

An anesthesiologist’s clinical practice has been devoted primarily to pediatric anesthesiology for the last 2 years, or at least 30% of an anesthesiologist’s clinical practice, averaged over the last 5 years, has been devoted to pediatric anesthesiology. The anesthesiologist’s practice must include neonates and children under the age of 2 years and procedures considered high-risk. Attestations
from the applicant as well as the applicant’s Department Chair (or other institutional official if the applicant is the Department Chair) that the applicant meets these practice requirements will be required.

**Note:** The ABA’s Credentials Committee may request further documentation of an applicant’s clinical practice, including case logs. Furthermore, “grandfathering” criteria will be applicable only through the certification examination in pediatric anesthesiology in 2015, after which authorized fellowship training in pediatric anesthesiology will be required. All candidates, including those who qualify via “grandfathering” criteria, must pass the subspecialty examination.

**Pediatric Anesthesiology Examination**

The Pediatric Anesthesiology Examination will comprise multiple-choice questions designed to broadly assess knowledge in the field of pediatric anesthesiology. This examination will be given under secure conditions in a computer-based format at testing centers throughout the United States. It will be drawn from the areas specifically identified in both the ACGME Program Guidelines as well as the Pediatric Anesthesiology Content Outline posted on the Examinations & Certifications page of the ABA website at [www.theABA.org](http://www.theABA.org). A committee composed of experienced pediatric anesthesiologists will develop items for the pediatric anesthesiology qualifying examination. The examination will be given annually beginning in 2013.

**Maintenance of Certification in Anesthesiology for Subspecialties (MOCA-SUBS)**

Anesthesiologists who successfully complete the examination in pediatric anesthesiology will be awarded certification in the subspecialty of pediatric anesthesiology. This certificate, like all new certificates in anesthesiology, will be valid for 10 years. Recipients will automatically be enrolled in the MOCA-SUBS Program.
The ABMS recently approved the application from the American Board of Preventive Medicine (ABPM) to sponsor subspecialty certification in Clinical Informatics.

This subspecialty certification program will be co-sponsored by the American Board of Pathology (ABPath). It will be open to diplomates of all ABMS Boards that meet the training requirements. The ABPM will serve as the administrative board and will issue certificates to all physicians who meet the qualifications and pass the certification examination.

The ABPM and the ABPath are currently requesting approval from the ACGME for an accredited fellowship program in clinical informatics. The Clinical Informatics certification examination is being planned now, but the first examination date is yet to be determined.

Further information will be posted on the ABA website at www.theABA.org when applications are being accepted for certification in this subspecialty.
ANESTHESIOLOGY CERTIFICATION

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

<table>
<thead>
<tr>
<th>Exam</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1</td>
<td>82%</td>
<td>88%</td>
<td>85%</td>
<td>86%</td>
<td>92%</td>
<td>85%</td>
<td>87%</td>
</tr>
<tr>
<td>Part 2</td>
<td>82%</td>
<td>76%</td>
<td>81%</td>
<td>85%</td>
<td>81%</td>
<td>84%</td>
<td>88%</td>
</tr>
</tbody>
</table>

The Part 1 and Part 2 Examination success rates for the entire candidate group are displayed in the following charts:

Part 1 Examination Success Rates

Part 2 Examination Success Rates

Continued on page 32
The ABA has certified 48,357 physicians in anesthesiology as of December 31, 2011. The certification rates for physicians who completed their anesthesia residencies between 2001 and 2010 are displayed below. Note that the percentages for recent years typically rise for several years after completion of residency, such that the 2009 and 2010 certification percentages have not yet peaked.

MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY (MOCA)

The Cognitive Examination for the MOCA program was administered for the first time in 2005. The success rate has been greater than 90% each time that it has been offered. A total of 1,766 diplomates have successfully completed the MOCA program as of December 31, 2011.

CRITICAL CARE MEDICINE CERTIFICATION

The success rates on recent Critical Care Medicine Examinations are:

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</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>
<td>97%</td>
<td>97%</td>
</tr>
</tbody>
</table>

The ABA has certified 1,526 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 certified 114 diplomates in the subspecialty. The success rate on the CCM Recertification Examination has been 91% since 2001.
PAIN MEDICINE CERTIFICATION

The success rates on recent ABA Pain Medicine Examinations are:

<table>
<thead>
<tr>
<th>Year</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>79%</td>
</tr>
<tr>
<td>2005</td>
<td>83%</td>
</tr>
<tr>
<td>2006</td>
<td>86%</td>
</tr>
<tr>
<td>2007</td>
<td>78%</td>
</tr>
<tr>
<td>2008</td>
<td>89%</td>
</tr>
<tr>
<td>2009</td>
<td>89%</td>
</tr>
<tr>
<td>2010</td>
<td>89%</td>
</tr>
<tr>
<td>2011</td>
<td>89%</td>
</tr>
</tbody>
</table>

Since the inception of the program in 1993, the ABA has issued 4,562 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 2011 success rate was 85%.

PAIN MEDICINE RECERTIFICATION

All ABA certificates in pain medicine are time-limited. The ABA has recertified 1,845 diplomates in the subspecialty since beginning a PM recertification program in 2000.

The success rates on ABA Pain Medicine Recertification Examinations are:

<table>
<thead>
<tr>
<th>Year</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>88%</td>
</tr>
<tr>
<td>2005</td>
<td>93%</td>
</tr>
<tr>
<td>2006</td>
<td>88%</td>
</tr>
<tr>
<td>2007</td>
<td>89%</td>
</tr>
<tr>
<td>2008</td>
<td>92%</td>
</tr>
<tr>
<td>2009</td>
<td>86%</td>
</tr>
<tr>
<td>2010</td>
<td>91%</td>
</tr>
<tr>
<td>2011</td>
<td>100%</td>
</tr>
</tbody>
</table>

HOSPICE & PALLIATIVE MEDICINE CERTIFICATION

The HPM Examination is administered by the ABIM every other year.

ABA candidates took the HPM Examination for the first time in 2008. Nineteen of 22 ABA candidates (86%) passed the examination.

In 2010, the HPM Examination was delivered to 53 ABA candidates, 39 (74%) of whom passed.
The Board of Directors has approved the following application, examination and MOCA fees.

**APPLICATION FEES FOR 2013 EXAMINATIONS**

The ABA provides a discounted fee to anesthesiology certification applicants and subspecialty recertification applicants who submit applications early.

<table>
<thead>
<tr>
<th>Anesthesiology Certification Application</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Submitted</td>
<td>Fee</td>
</tr>
<tr>
<td>From 1/4/2012 to 6/30/2012</td>
<td>$950</td>
</tr>
<tr>
<td>From 7/1/2012 to 10/31/2012</td>
<td>$1,425</td>
</tr>
<tr>
<td>From 11/1/2012 to 12/22/2012</td>
<td>$1,900</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subspecialty Certification Application</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Submitted</td>
<td>Fee</td>
</tr>
<tr>
<td>From 3/1/2012 to 2/15/2013</td>
<td>$650</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subspecialty Recertification Application</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Submitted</td>
<td>Fee</td>
</tr>
<tr>
<td>From 1/4/2012 to 6/30/2012</td>
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</tr>
<tr>
<td>From 11/1/2012 to 12/22/2012</td>
<td>$1,900</td>
</tr>
</tbody>
</table>

**2012 EXAMINATION FEES**

The ABA provides a discounted fee to Part 1 Examination candidates and subspecialty examination candidates who register for examinations early.

<table>
<thead>
<tr>
<th>Part 1 Examination</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee paid from 1/16/2012 to 3/31/2012</td>
<td>$600</td>
</tr>
<tr>
<td>Fee paid from 4/1/2012 to 4/30/2012</td>
<td>$900</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 2 Examination</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2012 and Fall 2012</td>
<td>$2,100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subspecialty Examinations</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee paid from 4/1/2012 to 4/30/2012</td>
<td>$950</td>
</tr>
<tr>
<td>Fee paid from 5/1/2012 to 5/31/2012</td>
<td>$1,425</td>
</tr>
</tbody>
</table>
MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY FEES

There is a single fee that diplomates must pay for each 10-year MOCA cycle. This fee, due upon registration for the Cognitive Examination, covers the administration of the MOCA program for the entire 10-year period and one opportunity to take the Cognitive Examination. Diplomates registering for the 2012 or 2013 Cognitive Examinations will pay a fee of $2,100. The re-examination fee is $800 for 2012 and 2013.

APPLYING AND REGISTERING FOR AN EXAMINATION

To submit an application or register for an examination for which you have applied, log into your portal account at www.theABA.org.

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.

Current fees are posted on the ABA website at www.theABA.org. The Board reserves the right to change fees when necessary.
PORTAL AND WEBSITE INFORMATION

PHYSICIAN PORTAL AND WEBSITE HELPFUL HINTS

The ABA is always looking for better ways to serve and inform its physicians. The ABA recently created the ABA Communications Center, a specialized group of ABA employees who address constituent questions via telephone and email. The ABA Communications Specialists keep a record of frequently asked questions posed by constituents. Here are some common questions and answers from the last quarter of 2011.

How to Log In to the ABA Physician Portal

If you are an ABA diplomate or candidate, you have an existing portal account on the ABA's secure Physician Portal. If you have not logged in for an extended period of time or do not recall your login information, you may need to reset your password. Simply follow the below instructions:

Step 1. Go to the ABA public website at www.theABA.org. Locate the button in the upper-right-hand corner of the page labeled “Physician Login.” Click this button to go to the ABA Physician Portal.
Step 2. Locate the link in the middle of the page labeled “Click Here.” First time users may click this link to set up their portal account. Users who have forgotten their password may click on the link below that to change their password.
SYSTEMS AVAILABILITY AND UPTIME

The ABA exists to advance the highest standards of the practice of anesthesiology. The ABA strives to provide the best possible experience for all physicians during their process of obtaining Board certification and maintenance of certification. One of the ways the Board seeks to optimize physicians' experiences with the certification process is through investment in Information Technology. Anesthesiologists work long hours and their time is valuable. As such, the ABA strives to ensure that its websites and Physician Portals are available whenever our physicians need them.

ABA Website Uptime

The ABA wants to ensure that its physicians can access its systems at their convenience. The ABA's website, Physician Portal, and Diplomate and Candidate Directory were up and available for use 99.998% of the time in 2011. The ABA only experienced 8 minutes of unplanned downtime during 2011.

ABA Systems Uptime: 2011

ABA Office Move

In March 2010, the ABA moved to a new office building. Relocating a company to a new office space can often result in an extended period of downtime, generally an entire weekend or more. During the ABA's office relocation, the ABA took great pains to ensure that its physicians were not inconvenienced. The ABA's website and Doctor Portal experienced no downtime and remained fully operational during the move. Such an accomplishment is a testament to the ABA's robust technology infrastructure which is collocated in two facilities. As a result of the dual locations, the ABA is able to continue operation of its mission-critical systems even if one of the two facilities loses power or Internet connectivity.
Step 3. At the next screen you will be prompted to enter additional information to verify your ABA record. You can select the information you wish to enter. See the image below for an example. Once you have entered the information you selected, click the button labeled “Find My Record.”

![Locate your record](image)

Step 4. After you enter your information, the ABA Physician Portal will attempt to determine your identity. You'll be asked to confirm your name before continuing.

![Change Password](image)
Step 5. Create your new password. Please note that all passwords must meet the following conditions: 1) must be at least 7 characters long, 2) must include at least one number, 3) must have at least one upper case letter, and 4) must have at least one lower case letter or special character such as (!@#$%).

Step 6. Confirm that you want to create a new password.
Step 7. Your password has been reset. Click the “Log In” button in the middle of the screen.

Step 8. You can now log in and set up your portal account.

Continued on page 42
PORTAL AND WEBSITE INFORMATION

How to Log In to the ABA Physician Portal...Continued from page 41

Step 9. Update your information, then click the button labeled “Save & Continue.”
**Step 10.** The system will try to confirm your mailing address. If you see the message below, check the box labeled “Accept address as typed, make no corrections,” then click the button labeled “Submit.”

![Mailing Address Confirmation](image1)

**Step 11.** Congratulations! You are now logged in to your secure ABA Physician Portal.

![ABA Online Portal](image2)
COMPLETING AN ATTESTATION

For an attestation, the ABA solicits references to verify your clinical activity and participation in practice improvement activities. Here’s how to complete an attestation.

Step 1. Go to the ABA public website at www.theABA.org. Locate the button in the upper-right-hand corner of the page labeled “Physician Login.” Click this button to go to the ABA Physician Portal. When the Physician Portal page is displayed, enter your personal information and log in to your portal account.
Step 2. Once you’re logged in to the Physician Portal, click on the link labeled “Review your Maintenance of Certification Progress Report” under the section labeled “As a MOCA participant, you can …”

Step 3. Go to Section 4 at the bottom of the page and click on the link under “Activities to Complete.” Fill in the information required.

After you complete the online attestation form, the ABA will solicit references. This takes approximately four weeks to complete. Once the ABA has completed your evaluation, results will be posted on your MOCA Progress Report.
PORTAL AND WEBSITE INFORMATION

SIMULATIONS AND CASE EVALUATIONS

Part 4 of the ABA’s Maintenance of Certification in Anesthesiology (MOCA) Program is Practice Performance Assessment and Improvement (PPAI). The PPAI requirement is satisfied through simulations and case evaluations. Here’s how to get more information on MOCA Part 4 (PPAI).

**Step 1.** Go to the ABA public website at [www.theABA.org](http://www.theABA.org). Click on the menu item labeled “Maintenance of Certification (MOCA).”

**Step 2.** At the bottom of the page there is a link labeled “Part 4: Practice Performance Assessment and Improvement.” Click on that link.
Step 3. Additional links with specific information on Part 4 MOCA activities will be displayed. You can click on these links to get more information on simulations and case evaluations.

If you have any questions about the ABA Physician Portal or anything else, please contact the ABA Communications Center. You can contact the Communications Center by telephone at (866) 999-7501, Monday – Friday, from 9:00 a.m. to 5:00 p.m. Eastern Time.

You may also contact the ABA via the ABA website at any time. Simply visit the ABA public website at www.theABA.org and click on the button labeled “Contact Us.” You will be presented with an electronic form to enter and submit your question. The Communications Center will respond to you no later than the next business day.
THE MOVE TO PAPERLESS COMMUNICATIONS

Starting in 2009, the ABA began a concerted effort to reduce its use of postal mail and printed materials to communicate with our candidates, diplomates, training programs and other organizations. We continue to use the U.S. Postal Service for a few specific documents, but for the most part, our communications are now electronic. We will continue our transition from paper-based processes to electronic communications until all possible communications are sent via electronic means. This allows us to provide better customer service to you through timely and accurate communications.

CONSTITUENT EMAIL ADDRESSES

Moving toward the exclusive use of electronic communications highlights the importance of and the need for accurate contact information. It is essential that you provide the ABA with a valid email address to ensure that you receive all important messages from us. Each time you log into your ABA Portal Account, you should verify your contact information, including telephone number and most importantly your email address.

When you call the ABA Communications Center, the ABA’s Communications Specialists will ask you to verify your contact information and to provide an email address and phone number if they are not on file. This benefits you by ensuring that you are kept informed of important news and events.

ABA NEWSLETTER AND BOOKLET OF INFORMATION

The 2012 edition of the ABA Newsletter and the 2012 ABA Booklet of Information (BOI) are available online. Both documents are available in the Publications section of the ABA website at www.theABA.org. Links to the ABA Newsletter and the Booklet of Information are posted on the portal accounts for all ABA diplomates. Please look for more ABA documents to be available online in the future.
NEXT STEPS

The ABA is always looking for opportunities to offer you better service. By communicating via electronic means whenever possible, we are able to improve the timeliness and effectiveness of our communications. This reduces costs, eliminates postal delivery errors, and ensures that you know what you need to know, when you need to know it.

Today, most of the ABA’s electronic communications are sent via email. In the future, delivery of electronic communications will involve more portal-based messages, and possibly the use of alerts via text message.

WE WANT TO HEAR FROM YOU

The ABA exists to serve its constituents and we are always open to suggestions and feedback. If you have a question or a suggestion about current electronic and paperless communications, the ABA’s plans for future communication methods, or anything else of interest, please share it with us by using the “Contact Us” form on the ABA website at www.theABA.org.
The following special programs will be held to provide information and answer questions about the ABA programs for initial certification and 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 2012, in conjunction with annual meetings of the International Anesthesia Research Society (IARS), the American Society of Anesthesiologists (ASA) and the Post Graduate Assembly (PGA) of the New York State Society of Anesthesiologists (NYSSA).

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 other organizations if you plan to attend any of their general meetings.

**Meeting:** International Anesthesia Research Society  
**Date:** Sunday, May 20, 2012  
**Time:** 10:00 a.m. — 11:00 a.m.  
**Location:** Boston Marriott Copley Place  
**City, State:** Boston, Massachusetts

**Meeting:** American Society of Anesthesiologists  
**Date:** Saturday, October 13, 2012  
**Time:** 4:00 p.m. — 5:00 p.m.  
**Location:** Renaissance Washington, D.C. Downtown Hotel  
**City, State:** Washington, D.C.
At each session prepared remarks by ABA Directors will focus on topics such as:

**INITIAL CERTIFICATION**

- Overview of the transition to the staged Part 1 Examinations in 2014
- Comparison of the Part 1 and Part 2 Examinations
- Overview of specific areas evaluated in the Part 2 Examination
- Outline of the Part 2 Examination process
- Identification of common problems encountered by candidates
- Discussion of the successful candidate of the Part 2 Examination

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

- Part 1: Assessments of Professional Standing (Medical Licensure)
- Part 2: Lifelong Learning and Self-Assessment (CME activities)
- Part 3: Cognitive Examination and Prerequisites
- Part 4: Practice Performance Assessment and Improvement
- Diplomates’ online portal accounts
- MOCA-SUBS for maintenance of subspecialty certification

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 News & Events page of the ABA website at www.tbeABA.org.
The ABA is pleased to announce that we will be exhibiting at the 2012 annual meetings of the Society for Pediatric Anesthesia (SPA), the International Anesthesia Research Society (IARS), the American Society of Anesthesiologists (ASA), the American Society of Regional Anesthesia and Pain Medicine (ASRA) and the New York State Society of Anesthesiologists (NYSSA).

Thank you to all of the candidates and diplomates who visited the ABA exhibit booths in 2011. ABA staff had the pleasure of speaking to, and assisting, more than 700 constituents at these conferences. 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 your online personal portal account.

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

ABA BOOTH HOURS

| Meeting: | International Anesthesia Research Society |
| Location: | Boston Marriott Copley Place |
| City, State: | Boston, Massachusetts |
| **Friday, May 18, 2012** | 7:00 a.m. – 1:00 p.m. |
| **Saturday, May 19, 2012** | 7:00 a.m. – 1:00 p.m. |
| **Sunday, May 20, 2012** | 7:00 a.m. – 1:00 p.m. |

| Meeting: | SPA International Assembly of Pediatric Anesthesiology |
| Location: | Marriott Wardman Park Hotel |
| City, State: | Washington, D.C. |
| **Thursday, October 11, 2012** | 6:30 a.m. – 6:45 p.m.* |
| **Friday, October 12, 2012** | 6:30 a.m. – 11:00 a.m.* |
### ASA Annual Meeting
**Location:** Renaissance Washington, D.C. Downtown Hotel  
**City, State:** Washington, D.C.

<table>
<thead>
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<tbody>
<tr>
<td>Saturday, October 13, 2012</td>
<td>7:00 a.m. – 6:30 p.m.*</td>
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<tr>
<td>Sunday, October 14, 2012</td>
<td>7:30 a.m. – 5:00 p.m.*</td>
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<tr>
<td>Monday, October 15, 2012</td>
<td>7:30 a.m. – 5:00 p.m.*</td>
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<tr>
<td>Tuesday, October 16, 2012</td>
<td>7:30 a.m. – 5:00 p.m.*</td>
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### ASRA Annual Pain Medicine Meeting and Workshops
**Location:** Fountainebleau Hotel  
**City, State:** Miami Beach, Florida

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<tbody>
<tr>
<td>Thursday, November 15</td>
<td>7:00 p.m. – 9:00 p.m.*</td>
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<tr>
<td>Friday, November 16</td>
<td>7:30 a.m. – 5:00 p.m.*</td>
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<tr>
<td>Saturday, November 17</td>
<td>7:30 a.m. – 5:00 p.m.*</td>
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<tr>
<td>Sunday, November 18</td>
<td>TBD*</td>
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### NYSSA 66th Post Graduate Assembly
**Location:** Marriott Marquis  
**City, State:** New York, New York

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<tr>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>Saturday, December 15</td>
<td>8:00 a.m. – 4:00 p.m.</td>
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<tr>
<td>Sunday, December 16</td>
<td>8:00 a.m. – 3:00 p.m.</td>
</tr>
<tr>
<td>Monday, December 17</td>
<td>8:00 a.m. – 12:00 p.m.</td>
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</tbody>
</table>

*Exhibit hours may change before the conference.
The ABA acknowledges a debt of gratitude to all of the ABA diplomates and other physicians who assisted the Board in 2011.

The ABA Directors truly appreciate their service and are pleased to recognize and thank them for their contributions.

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Are there other topics you would like to see in future editions?

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