ABA NEWS
THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.
A Member Board of the American Board of Medical Specialties
Vol. 19, No.1
June 2006

Report From The President

David H. Chestnut, MD

For the sixth consecutive year, Maintenance of Certification in Anesthesiology (MOCA®) is the primary subject of the Report from the President. The American Board of Anesthesiology is one of the 24 medical specialty certifying boards recognized by the American Board of Medical Specialties (ABMS). Primary board certification has long represented a form of self-regulation that is funded by physicians through application and examination fees and that remains under the control of the medical profession. Primary certification by an ABMS member board typically includes three components: 1) assessment of competence (e.g., successful completion of an ACGME-accredited residency program, with a positive recommendation from the residency program director; 2) assessment of cognitive knowledge (e.g., successful performance on one or more standardized examinations); and 3) assessment of professionalism and character (e.g., maintenance of an unrestricted license to practice medicine).

In recent years ABMS member boards have endorsed two major changes in the certification process. First, all boards have agreed to issue time-limited certificates. Second, all boards have agreed to participate in maintenance of certification (MOC), which emphasizes a continuous process rather than a single-point-in-time recertification.

Maintenance of Certification in Anesthesiology is the ABA response to the ABMS requirement that all of its member boards develop processes for MOC as a means of providing ongoing assessment of the knowledge, skills, performance, and professionalism of diplomate physicians. The ABMS specifically requires that all MOC programs include four components: 1) evidence of professionalism; 2) evidence of commitment to lifelong learning; 3) evidence of cognitive expertise; and 4) evidence of evaluation of practice performance.

(continued on page 2)

Inside This Issue

While the primary certification process—including both the written and oral examinations—has long been the primary focus of the ABA, the development and implementation of MOCA now also requires significant attention and effort from ABA directors and staff.

Evidence suggests that a growing number of employers, payers, and patients are dissatisfied with the relationship between healthcare quality and cost. When confronted with these expressions of dissatisfaction, many of us react negatively. I have yet to meet a physician who volunteers that he/she provides healthcare that is below average. Rather, most of us believe that we provide healthcare that is of high quality and is well above average. However, reports from the Institute of Medicine have identified clear deficiencies in patient safety and the overall quality of healthcare provided in the United States. Further, all of us have counseled frustrated family and friends who have asked us the question, "How can I be certain that my doctor is knowledgeable and competent?" Last year, a systematic review of the relationship between clinical experience and the quality of healthcare documented widespread evidence that the quality of physicians' performance decreased as the number of years in practice increased.[1] This seems to provide an objective rebuttal to the claim, "Once board certified, always competent."

Heretofore, there has been widespread public perception that physicians have obstructed efforts to police ourselves and improve the quality of our healthcare system. Patients, employers, and payers—including the federal government—are demanding that physicians actively participate in physician quality assessment and improvement. There is consensus that physicians likely have a narrow window of opportunity to lead this reformation process. Alternatively, others will lead us. Therefore ABMS-member boards have collectively concluded that MOC is a necessary addition to physicians' self-regulation portfolio.

Last year, a systematic review of the relationship between clinical experience and the quality of healthcare documented widespread evidence that the quality of physicians' performance decreased as the number of years in practice increased.[1]

The medical specialty of anesthesiology has a distinguished record with regard to patient safety. Indeed, both the Institute of Medicine and the national press have cited the specialty of anesthesiology as a leader in patient safety initiatives and improved outcomes. Directors of the ABA have endorsed the desirable goals of MOC. Candidly, however, we have struggled with some of the same questions that our fellow ABA diplomates are asking: Will MOC be relevant to the daily practice of anesthesiology? Will MOC improve the quality of patient care? Will MOC impose an undue regulatory and financial hardship on our diplomates?

Indeed, implementation of all four ABMS-required components of MOC is challenging. The ABA has long included evidence of professionalism and evidence of cognitive expertise as components of both primary certification and recertification. It is not especially difficult to add the third component, namely the evidence of commitment to lifelong learning. Implementation of the fourth component (i.e., evidence of evaluation of practice performance) is a great challenge. Although population-based evidence clearly implicates that anesthesia today is safer than at any time in our history, it is much more difficult to evaluate practice performance at the level of the individual anesthesiologist. Indeed, the ABMS (www.abms.org) acknowledges that "most health outcomes researchers feel it is currently not possible to accurately discriminate individual physician performance owing to the many variables involved in the care of patients and the fact that few physicians have patient populations large enough to fairly assess their performance in practice."

It is our desire to encourage evaluation of practice performance in a way that not only results in improved patient care, but also results in improved satisfaction among patients and anesthesiologists. For example, a process that improves communication between anesthesiologists and patients should result in better patient care, improved patient satisfaction, and enhancement of the public image of anesthesiologists, which in turn should enhance anesthesiologist career satisfaction. Of course, this also relates to the first component of maintenance of certification (i.e., professionalism), which has been defined as a "personal commitment to welfare of patients, reaffirming the doctor-patient relationship, and collective efforts to improve the healthcare system for the welfare of society."[2,3]

Another benefit to MOC is that it is possible that MOC may be used as a

surrogate outcome measure by payers who are beginning to implement pay-for-performance (P4P) programs. It seems intuitive that a physician-directed measurement process should be more attractive to physicians than a process directed by individuals outside the practice of medicine.

The directors of the ABA are sensitive to the growing number of regulatory demands placed on anesthesiologists and other physicians. We have tried —and we will continue to strive—to make MOCA as diplomate friendly as possible. We have not—and we will not—implement a standard that we do not expect of ourselves. For several years, recertification or more recently, participation in MOCA, has been a requirement for all ABA directors and oral examiners.

References

1. Choudry NK, Fletcher RH, Soumerai SB. Systematic review: The relationship between clinical experience and quality of health care. Ann Intern Med 2005; 142:260-273.
2. ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine. Medical professionalism in the new millennium: A physician charter. Ann Int Med 2002; 136:243-246.
3. Nahrwold D. ABIM Foundation Issue Brief. September, 2005.

New Director—J. Jeffrey Andrews, MD

The ABA is pleased to announce the election of J. Jeffrey Andrews, MD, to its Board of Directors. His term as an ABA Director began at the conclusion of the Board's meeting in the autumn of 2005.

Dr. Andrews earned his Bachelor of Arts degree in Microbiology at the University of Texas at Austin (1975) and his Doctor of Medicine degree from the University of Texas Medical Branch, Galveston in 1980, where he also completed his residency in anesthesiology (1980-83). He holds ABA certification in anesthesiology (1985), has recertified in the specialty, and has been an ABA Associate Examiner since 1996.

Jeff is Professor of Anesthesiology, Vice Chair for Education, and Director of Resident Education in the Department of Anesthesiology at the University of Alabama at Birmingham. He is Chair of the ASA Committee on Patient Safety Risk Management (2006-2008) and serves on the Residency Review Committee for Anesthesiology (2003-2006). Dr. Andrews has served on the ASA Subcommittee on Equipment, Monitoring, and Engineering Technology and on the ASA Committee for Scientific Papers. He has been an editorial consultant for Anesthesiology and for Anesthesia and Analgesia.

Jeff lives in Birmingham with his wife, Alison, their sons, Jay and Eric, and their daughter, Caitlin.

Revocation of ABA Certification

Individuals who are certified by the ABA are justifiably proud of this accomplishment. This is because the requirements for certification are rigorous and entail successful completion of an anesthesia residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME), as well as satisfactory performances on the ABA's written and oral examinations. In addition, individuals must maintain a professional standing acceptable to the ABA which includes holding a permanent, unconditional and unrestricted license to practice medicine in at least one state in the United States or province of Canada. If more than one medical license is held, all licenses must be valid and unrestricted.

Certification by the ABA, or any of the 24 member boards of the American Board of Medical Specialties (ABMS) for that matter, is important because many patients and healthcare organizations accord great value to those who have completed this comprehensive process. However, the public rightly expects that physicians will continue to meet the high standards implicit in board certification. This has been the impetus behind the requirement by the ABMS that all of its member boards develop programs of Maintenance of Certification. Thus, a certificate issued by an ABMS member board is different than a diploma from a college or medical school which is awarded for life and not altered by conduct after graduation. On the contrary, all diplomates of the ABA, including those with non-time limited certificates as well as those with time-limited certificates, can be subject to revocation of their certification status if they fail to maintain satisfactory professional standing.

With respect to licensure, the ABA defers to the state medical licensure boards for determination of licensure status. Recently, the Federation of State Medical Boards (FSMB) has begun notifying all ABMS member boards whenever one of its diplomates incurs a change in status of a medical license as a result of a disciplinary action. When the ABA is informed that one of its diplomates has had a state medical license revoked, suspended, or surrendered in lieu of revocation, suspension or inquiry, the ABA initiates its own investigation for the purpose of determining the conduct that led to any of these actions.[1]

During the past year, the ABA has been informed by the FSMB of disciplinary actions involving ABA diplomates, resulting in revocation of a number of ABA certificates. Individuals who have had their certification revoked will be able to apply to re-attain certification once the license restrictions have been removed. However, depending on the conditions that resulted in certification revocation and the length of time an individual has been unable to practice anesthesia or its subspecialties, certain additional requirements may need to be satisfied before ABA certification can once again be achieved. These may include requiring individuals to obtain additional education, anesthesia training, and once again pass the ABA's written and/or oral examinations. It should be noted that all certificates awarded by the ABA in or after the year 2000 are time-limited; therefore, individuals who re-attain certification will be awarded a time-limited certificate.

The ABA does not take revocation actions lightly. Nonetheless, individuals subject to sanctions by state medical licensing boards may place their ABA certification(s) in jeopardy. It has been a longstanding requirement that all diplomates notify the ABA office within 60 days of any disciplinary action imposed on any of their state medical licenses. As noted above, the ABA will investigate reports from the FSMB indicating that its diplomates have had a medical license revoked, suspended, or surrendered in lieu of revocation, suspension or inquiry. Therefore, diplomates and diplomate candidates who surrender a state medical license in lieu of revocation, suspension or inquiry should consider the implications of such an action.

The ABA has a responsibility to uphold the high standards represented by ABA certification. Physicians who have successfully completed the requirements for ABA certification and who maintain these standards have distinguished themselves in many ways and can justifiably be proud to hold ABA diplomate status.

References

1. It is the policy of the ABA that participation in an approved treatment plan for impaired physicians is not considered a restriction on a medical license in and of itself. If a state medical licensing board permits the practice of medicine while a physician is compliant with an approved rehabilitation plan, the ABA will allow certification to be maintained.

Maintenance of Certification Update

Maintenance of Certification team members Diana Kitchener, Credentialing Administrator; Rhonda Oletti, Manager, Credentialing Services; and Ashley Rich, Credentialing Evaluator, review a diplomate's self-reported lifelong learning activities.

The ABA is one of 24 Member Boards of the American Board of Medical Specialties (ABMS). The ABMS requires all Member Boards to establish a program for Maintenance of Certification (MOC) with components for Professional Standing, Lifelong Learning and Self-Assessment (Part II, LLSA), Cognitive Examination, and Practice Performance Assessment and Improvement (Part IV, PPAI). The MOC concept is dynamic, the ABMS guidelines for MOC components have been modified since they first were approved by the ABMS Assembly, and there is every reason to believe those guidelines will continue to evolve.

The ABA opened the Maintenance of Certification in Anesthesiology (MOCA®) program to diplomates in January 2004. Since then, the Board made the following modifications to the requirements for Part II (LLSA) and Part IV (PPAI) in response to comments from ABMS about the ABA program for Maintenance of Certification:

- The ABA will grant at most 70 LLSA credits per year for activities completed in 2006 and each year thereafter. This modification assures that diplomates are engaged in self-assessment and CME activities during at least 5 years of their 10-year MOCA cycle.
- The Part IV component includes a 4-step process for assessing and improving practice that has diplomates collect data from their practice or their group practice, compare the data to approved standards or guidelines, develop and implement an improvement plan, and reassess their practice. Diplomates will have to attest to these activities and, if selected for audit, to provide the ABA with evidence of their completion.
- The Part IV component also may include activities with the aim of improving patient safety. Such activities could be web-based modules, simulator education programs, or mini-fellowships or other kinds of additional training. The Board is considering ways to incorporate these activities into the requirements for completion of the Part IV component of the MOCA program.

The ABMS formally approved the ABA MOCA program, including these modifications in February 2006.

As part of its ongoing effort to make participation in the MOCA program easier for ABA diplomates, the Board made the following changes to the way the MOCA program is conducted:

- Diplomates are automatically enrolled in MOCA when they are awarded initial certification or when they complete the voluntary recertification program or a MOCA cycle.
- There no longer is a MOCA application fee. The only fee for the MOCA program is the fee for cognitive examination.
- The cognitive examination is offered to MOCA candidates twice each year beginning in 2007.
- MOCA candidates can take the cognitive examination as a self-assessment exercise or for practice any time during the first 6 years of their MOCA cycle.

These changes make the program more facile for ABA diplomates. We urge you to access your MOCA portal via the ABA website, www.theABA.org, to see your timeline for fulfilling all of the requirements for MOCA.

A project that will enable the ABA to import CME data directly from the sponsor of the CME activity is nearing completion. The major impediment at this time is devising

(continued on page 12)

The Oral Examination: Objectives, Design, and the Future

Prior to entering the ABA examination system, a potential diplomate must demonstrate appropriate clinical performance, technical skills, and personal characteristics, and the Program Director makes these assessments. The ABA written examination (ABA Part 1) helps assure adequate factual knowledge across a broad range of topics. The written examination is designed to test knowledge gained during training in anesthesiology and related knowledge expected of physicians in general. The required knowledge is the information one would expect to be of importance to the delivery of anesthesia care of a high standard. The oral examination is the final step in the process of Board certification.

Examination Services Coordinators Darlene Hicks and Anna Menzies review oral examination results with Joe McClintock, Manager, Examination Services and Research.

The main objective of the oral examination (ABA Part 2) is to identify the qualified candidate who consistently demonstrates the attributes of an ABA diplomate. The examination is designed to test the candidate's 1) judgment, 2) application of knowledge, 3) logical organization, prioritization, and effective presentation of information, and 4) adaptability. Of special importance is the candidate's ability to explain why various data are required before or during delivery of anesthesia care or why a certain anesthesia care plan was chosen. The most common questions are "why," why not," or "what would you do if …?"

The current design of the oral examination hinges upon the use of guided questions, and they provide the framework to help identify the diplomate. Thus, the guided question is the primary assessment tool of the oral exam. The guided questions are designed to minimize redundancy and to maximize both the depth and breadth of various topics. The guided questions elicit an unfolding story of management, and they help provide examination uniformity.

The oral examination process involves two 35-minute sessions with a 10-minute break between sessions. Prior to session "A," the candidate is provided with a long stem that supplies all relevant patient information necessary prior to administering an anesthetic. For the first 10 minutes, examiner "A" questions the candidate about the intraoperative management of the case. For the next 15 minutes, examiner "B" asks questions about the postoperative management of the patient. Finally, examiner "A" questions the candidate on three unrelated additional topics. After a 10-minute break, session "B" begins. Prior to session "B," the candidate is given a short stem describing a patient scenario. For 10 minutes, examiner "C" questions the candidate about the preanesthetic evaluation of the patient. For the next 15 minutes, examiner "D" asks questions regarding the intraoperative management. Finally, for the remaining 10 minutes, examiner "C" asks questions on three unrelated additional topics.

Every effort is made to help assure that each candidate receives a fair, high-quality, examination. To determine whether an individual candidate passed, the ABA uses a scaled score derived from a multifaceted analysis that considers candidate ability, module content difficulty, and examiner grading severity. Current or former ABA Directors audit the performance of examiners during the exam week. Audit criteria include content and style, and all examiners are given feedback at specific intervals.

The oral examination process is continuously reassessed, and a few changes are on the horizon in the near future. Currently, visual graphics are not used during the oral exam. At most, ABGs or other lab values may be presented to the candidate on a sheet of paper. In the near future, enhanced graphics will be used to demonstrate patient conditions or clinical scenarios. For example, EKGs, chest X-rays, end-tidal CO2 waveforms, charts, graphs, or other enhanced visual information may be incorporated in the oral examination. Enhanced graphics will add a degree of realism to the examination, and will help those candidates who are more visually oriented to view a relevant EKG or

(continued on page 7)

chest X-ray. All graphics will be carefully edited and evaluated prior to use to help assure clinical applicability and accuracy. Initially, the format of enhanced graphics will be paper hard-copy. In the future, computers could be used in each examination room to portray dynamic clinical scenarios such as TEE video loops. Eventually, integrated patient simulators may play a role in assessing qualifications of candidates for certification in anesthesiology.

Call for Oral Examiner Nominations

The ABA is seeking anesthesiologists to assist with its oral examinations. The nomination process is open until October 31, 2006. New oral examiners will be chosen by the Board of Directors in 2007 and 2008, and will serve at their first exam in either 2008 or 2009. Typically, 5 to 10 percent of nominated diplomates are invited to serve as an oral examiner. Individuals may nominate themselves or be nominated by another ABA diplomate.

Nominees must satisfy the following two minimum requirements:

1. Certified in Anesthesiology by the ABA between 2000 and 2003 or recertified in Anesthesiology by the ABA between 2000 and 2006 or completed the ABA Maintenance of Certification in Anesthesiology Program® (MOCA®) between 2005 and 2006.
2. Clinically active in the practice of Anesthesiology.

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 12 consecutive months over the past three years.

Nominees must be prepared to devote one week as an oral examiner every year for 18 consecutive years. They must remain clinically active for their entire tenure as an oral examiner. They must recertify or successfully complete the MOCA program every ten years. Additionally, they must not participate in activities that constitute conflicts of interest, including practice oral examinations when a fee is charged for such examinations and in courses devoted solely to preparing candidates to secure ABA certification.

The ABA conducts oral 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. They enjoy the camaraderie with other examiners and take advantage of frequent opportunities to network with leaders of 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.

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 8 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, 2006, to the ABA.

Via US Mail or Overnight Delivery:
The American Board of Anesthesiology, Inc.
c/o Oral Examiner Nominations
4101 Lake Boone Trail, Suite 510
Raleigh, NC 27607-7506

Via Facsimile:
(919) 881-2575

RECOGNITION OF DIPLOMATES' SERVICE AND CONTRIBUTIONS IN 2005

The American Board of Anesthesiology acknowledges a debt of gratitude to the ABA diplomates who assisted the Board in 2005. Although not ABA directors, they voluntarily contributed their time and energy. The ABA directors truly appreciate their service and are pleased to recognize and thank them for their contributions.

WRITTEN EXAMINATION:

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

Arnold Berry, MD
James DiNardo, MD
Robert Gaiser, MD
Jeff Gross, MD
Philip Lebowitz, MD
Charles Otto, MD
Patricia Petrozza, MD
Mark Rosen, MD
John Rowlingson, MD

Examination Question Senior Editors:

Steven Allen, MD
Audree Bendo, MD
James DiNardo, MD
Sylvia Dolinski, MD
John Ebert, DO
John Emhardt, MD
Robert Gaiser, MD
Eric Kitain, MD
Bruce Kleinman, MD
Laurence Krenis, MD
Lawrence Kushins, MD
Vinod Malhotra, MD
Donald Martin, MD
Roger Mecca, MD
John Moyers, MD
Julia Pollock, MD
Linda Rice, MD
Raymond Roy, MD
Robert Sladen, MD
Richard Stypula, MD
Richard Teplick, MD
Helen Westman, MD
Thomas Wolfe, MD

Examination Question Junior Editors:

Joseph Antognini, MD
Michael Ault, MD
Carolyn Bannister, MD
Edward Bertaccini, MD
Craig Bonnema, MD
Carl Borromeo, MD
Gregory Botz, MD
Russell Brockwell, MD
John Chow, MD
Joseph Cravero, MD
Denise Daley, MD
Steven Dunn, MD
Richard Dutton, MD
W. Brooks Gentry, MD
Timothy Gilbert, MD
Stephanie Goodman, MD
Katherine Grichnik, MD
Eric Hanson, MD
Stephen Heard, MD
David Hepner, MD
Rosemary Hickey, MD
Jeffrey Jacobs, MD
Stacy Jones, MD
Judy Kersten, MD
Jerome Klafta, MD
Barry Kussman, MB, BCh
Catherine Lineberger, MD
Spencer Liu, MD
Thomas Mancuso, MD
Michael Mazurek, MD
James Munis, MD
Kenneth Nelson, MD
Dolores Njoku, MD
Mary Njoku, MD
Lazarre Ogden, MD
Paul Pagel, MD
Manuel Pardo, MD
Anthony Passannante, MD
Meg Rosenblatt, MD
Keith Ruskin, MD
Randall Schell, MD
Scott Segal, MD
John Sullivan, MD
Paul Ting, MD
Michael Wall, MD
Paul Ware, MD
Guy Weinberg, MD
David Wlody, MD
Cynthia Wong, MD

ORAL EXAMINATION:

Candidate Registration and Orientation:

Harry Bird, MD
Francis James, MD
Philip Larson, MD
William Owens, MD
Myer Rosenthal, MD
Lawrence Saidman, MD
Alan Sessler, MD
Robert Stoelting, MD
Stephen Thomas, MD

Oral Examiners:

David Alfery, MD
John Algren, MD
John Allyn, MD
John Ammon, MD
Valerie Arkoosh, MD
Donald Arnold, MD
Douglas Bacon, MD
Melinda Bailey, MD
Keith Baker, MD
John Barbaccia, MD
Steven Barker, MD
Richard Bartkowski, MD
Karl Becker, MD
Stephen Bell, MD
Arnold Berry, MD
James Berry, MD
Casey Blitt, MD
Edwin Bowe, MD
James Boyce, MD
Ferne Braveman, MD
Lois Bready, MD
Morris Brown, MD
Raeford Brown, MD
Sorin Brull, MD
Brenda Bucklin, MD
Charles Buffington, MD
Napoleon Burt, MD
John Butterworth, MD
John Byrne, MD
Michael Cahalan, MD
James Cain, MD
William Camann, MD
Donn Chambers, MD
Michael Champeau, MD
Gilles Chemtob, MD
Grace Chien, MD
May Chin, MB, BS
Cantwell Clark, MD
Miguel Cobas, MD
Daniel Cole, MD
C. David Collard, MD
Neil Connelly, MD
Joanne Conroy, MD
D. Ryan Cook, MD
John Cooper, MD
Joseph Coyle, MD
Joseph Cravero, MD
Gregory Crosby, MD
Bruce Cullen, MD
Deborah Culley, MD
Saundra Curry, MD
Michael D'Ambra, MD
Laurie Davies, MD
Fred Davis, MD
Steven Deem, MD
James DiNardo, MD
Carter Dodge, MD
Karen Domino, MD
Kevin Donovan, MD
John Drummond, MD
Stevin Dubin, MD
Bryan Dunlop, MD
John Ebert, DO
Steven Edelstein, MD
Jan Ehrenwerth, MD
James Eisenach, MD
James Eisenkraft, MD
Sheila Jo Ellis, MD
John Emhardt, MD
Jerry Epps, MD
Lucinda Everett, MD
Brenda Fahy, MD
Jeffrey Feldman, MD
Eugene Fibuch, MD
Richard Fine, MD
David Fish, MD
Joseph Fitzgerald, MD
Robert Forbes, MD
Arthur Foreman, MD
Robert Gaiser, MD
Thomas Gal, MD
T. James Gallagher, MD
Thomas Gayeski, MD
Mark Gerhardt, MD
N. Martin Giesecke, MD
Kathryn Glas, MD
Nancy Glass, MD
Michael Goldberg, MD
Salvatore Goodwin, MD
Gilbert Grant, MD
Joel Gunter, MD
Alexander Hannenberg, MD
John Hasewinkel, MD
Kenneth Haspel, MD
Joy Hawkins, MD
Frederick Hensley, MD
Mark Hershey, MD
Roberta Hines, MD
Jack Isler, MD
Richard Jaffe, MD
W. Scott Jellish, MD
Richard Kaplan, MD
Jeffrey A. Katz, MD
Jeffrey Katz, MB, ChB
Sean Kennedy, MD
Gregory Kerr, MD
James Kindscher, MD
Charles Kingsley, MD
Eric Kitain, MD
Jonathan Kraidin, MD
Jan Kramer, MD
Lawrence Kushins, MD
Carol Lake, MD
John Lang, MD
William Lanier, MD
Charles Laurito, MD
Robert Leckie, MD
Jacqueline Leung, MD
Michael Licina, MD
Della Lin, MD

Alan Lisbon, MD
Ronald Litman, DO
Keith Littlewood, MD
Spencer Liu, MD
Jonathan Mark, MD
Wayne Marshall, MD
Thomas Martin, MD
Douglas Martz, MD
M. Jane Matjasko, MD
Jocelyn McClain, MD
Brian McGrath, MD
William McIlvaine, MD
Thomas McLoughlin, MD
Patrick McQuillan, MD
Roger Mecca, MD
Robert Melashenko, MD
Christina Mora Mangano, MD
Michele Moro, MD
John Moyers, MD
Stanley Muravchick, MD
Michael Murray, MD
Joseph Neal, MD
Mary Neal, MD
Lars Newsome, MD
Chong Nicholls, MD
Kenneth Niejadlik, MD
Mary Njoku, MD
Mark Norris, MD
Edward Ochroch, MD
Christopher O'Connor, MD
Kirsten Odegard, MD
John O'Donnell, MD
L. Lazarre Ogden III, MD
Michael Olympio, MD
Charles Otto, MD
Paul Pagel, MD
Susan Palmer, MD
Anthony Passannante, MD
Ronald Pearl, MD
William Perkins, MD
Kenneth Petroni, MD
Charise Petrovitch, MD
Gail Pirie, MD
Gerald Piserchia, MD
Richard Prielipp, MD
Donald Prough, MD
Zenaide Quezado, MD
Kang Rah, MD
Thomas Rahlfs, MD
John Rask, MD
James Rathmell, MD
Linda Rice, MD
Peter Rock, MD
Mark Romanoff, MD
Mark Rosen, MD
Meg Rosenblatt, MD
Carl Rosow, MD
David Rothenberg, MD
John Rowlingson, MD
Roger Royster, MD
Deborah Ann Rusy, MD
Paul Samuelson, MD
Theodore Sanford, MD
Frank Sarnquist, MD
Scott Schartel, DO
William Schechter, MD
Steven Schwalbe, MD
Alan Schwartz, MD
Jeffrey Schwartz, MD
James Scott, MD
Phillip Scuderi, MD
Barry Segal, MD
Joseph Seltzer, MD
Nancy Setzer-Saade, MD
Leslie Shaff, MD
Sam Sharar, MD
James Shear, MD
Robert Sladen, MD
Richard Smiley, MD
Richard Sommer, MD
Sulpicio Soriano, MD
M. Christine Stock, MD
Richard Stypula, MD
Santhanam Suresh, MD
Daniel Thys, MD
Michael Todd, MD
Kevin Tremper, MD
Christopher Troianos, MD
Donald Tyler, MD
Gregory Unruh, MD
Albert Varon, MD
Susan Vassallo, MD
David Vertullo, MD
Christopher Viscomi, MD
Russell Wall III, MD
John Waller, MD
A. Terry Walman, MD
David Warner, MD
Matthew Weinger, MD
Charles Whitten, MD
Richard Wiklund, MD
Mark Williams, MD
William Young, MD
James Zaidan, MD
Barry Zimmerman, MD
David Zvara, MD

Test-Writing Committee:

Douglas Bacon, MD
John Butterworth, MD
William Camann, MD
May Chin, MD
Neil Connelly, MD
John Cooper, MD
Karen Domino, MD
John Emhardt, MD
Eugene Fibuch, MD
Robert Gaiser, MD
Nancy Glass, MD
Jack Isler, MD
William McIlvaine, MD
Joseph Neal, MD
Christopher Troianos, MD
Charles Whitten, MD
Mark Williams, MD
William Young, MD

CRITICAL CARE MEDICINE EXAMINATIONS:

Examination Committee:

Neal Cohen, MD
Brenda Fahy, MD
Michael Murray, MD
Richard Prielipp, MD
David Rothenberg, MD

Test Question Authors:

Timothy Angelotti, MD
Daniel Brown, MD
Jean Charchaflieh, MD
Martin De Ruyter, MD
Sylvia Dolinski, MD
Todd Dorman, MD
Michael Gropper, MD
Jonathon Ketzler, MD
Michael O'Connor, MD
Marc Popovich, MD
J. David Roccaforte, MD
Elizabeth Sinz, MD
Stephen Surgenor, MD
Michael Wall, MD
Joel Zivot, MD

PAIN MEDICINE EXAMINATIONS:

Examination Committee:

Stephen Abram, MD
Charles Argoff, MD (ABPN)
James Rathmell, MD
Richard Rosenquist, MD
Scott Ross, MD (ABPMR)
John Rowlingson, MD
Anne Savarese, MD
William Spillane, MD
Jon Streltzer, MD (ABPN)
Santhanam Suresh, MD

Test Question Authors:

Misha-Miroslav Backonja, MD (ABPN)
Honorio Benzon, MD
Timothy Brennan, MD
Donald Denson, PhD
Martin Drooker, MD (ABPN)
Gilbert Fanciullo, MD
Naeem Haider, MD
Christina Herring, MD (ABPN)
Karin Westlund High, PhD (ABPN)
Bryan Kaplansky, MD (ABPMR)
Joel Kent, MD
Jeffrey Koh, MD
Henry Kroll, MD
Raphael Leo, MD (ABPN)
Stephen Long, MD
T. Phillip Malan, MD
David Martin, MD
Srdjan Nedeljkovic, MD
Marco Pappagallo, MD (ABPN)
Karen Park, MD
Jaroslaw Przybyl, MD
Christine Sang, MD
David Sibell, MD
Walter Strauser, MD (ABPMR)
Richard Vaglienti, MD
Gilbert Wong, MD

REVIEW PANEL:

John Ammon, MD
Lois Bready, MD
Edwin Bowe, MD
John Cooper, MD
Aubrey Maze, MD
Susan Porter, MD
Mark Rosen, MD
Myer Rosenthal, MD
Alan Schwartz, MD

COUNCIL FOR THE CONTINUAL PROFESSIONAL DEVELOPMENT OF ANESTHESIOLOGISTS:

Arnold Berry, MD
Joanne Conroy, MD
Leslie Jameson, MD
William Owens, MD
Patricia Petrozza, MD
Meg Rosenblatt, MD
James Steven, MD

Nonstandard Examinations

The ABA supports the intent of the Americans with Disabilities Act by altering examination conditions as appropriate to accommodate a particular physical or cognitive disability. These accommodations are called nonstandard examinations and most often involve extended testing time. ABA policies for Nonstandard Examinations are explained in detail in Section 7 of the ABA Booklet of Information, which is available on the ABA website www.theABA.org.

The ABA Nonstandard Examinations Committee reviews each request for accommodations on the In-Training Examination and all ABA examinations. A request for accommodation must contain assessments performed by a licensed professional demonstrating that the individual has a disability and that the disability impacts the individual's ability to take the specific examination (e.g., written or oral) under standard testing conditions. Because disabilities may change over time, the professional assessment must be current, which the ABA defines as within 5 years of the test date. In order to confirm the validity of a request for accommodation, the Nonstandard Examinations Committee frequently obtains one or more outside consultations from licensed professionals who have expertise in disability assessment. The committee then considers and acts upon the data supporting each individual request for accommodations. In order to provide sufficient time to properly evaluate each request for accommodations, the ABA office requires that the request for accommodation be received no later than six months prior to the examination date and that all documentation substantiating the disability be received no later than four months before the examination date (see table).

Frank Hughes, Executive Director, and Shirline Fuller, Executive Assistant, review nonstandard examination requests prior to consideration by the Nonstandard Examinations Committee.

The experience of the Nonstandard Examinations Committee indicates that candidates requesting accommodations may misunderstand the ABA's process. One such misunderstanding is a candidate's (or a candidate's professional psychologist's) assumption that a diagnosis of attention deficit disorder automatically qualifies for extended testing time. Many individuals who have this diagnosis do not qualify for extended testing time, because their psychological testing does not show that the disability significantly impacts specific skills needed to take the examination under standard conditions. Another frequent misunderstanding is a candidate's assumption that previous examination accommodations (e.g., high school or college) automatically deserve accommodation for the ABA examination. The ABA considers each request on its current merits and bases each accommodation decision upon a current professional assessment that may or may not support a previous decision by another testing group to provide accommodation. The possibility also exists that the ABA will provide a greater or lesser degree of accommodation than a previous testing group provided. Candidates may request a formal review of an ABA decision about exam accommodations through the formal review process described in section 6.05 of the ABA Booklet of Information.

NONSTANDARD EXAMINATIONS – REQUEST AND DOCUMENT DEADLINES

	2006 Examinations		2007 Examinations	
Examination	**Request Deadline**	**Document Deadline**	**Request Deadline**	**Document Deadline**
In-Training Examination	January 15, 2006	March 15, 2006	January 15, 2007	March 15, 2007
Primary Certification				
Part I (Written)	January 15, 2006	March 15, 2006	January 15, 2007	March 15, 2007
Part II (Oral) Spring	October 31, 2005	December 31, 2005	October 31, 2006	December 31, 2006
Part II (Oral) Fall	March 15, 2006	May 15, 2006	March 15, 2006	May 31, 2007
MOCA/Recertification				
July 2006	January 15, 2006	March 15, 2006	---	---
January 2007	---	---	July 15, 2006	September 15, 2006
August 2007	---	---	February 15, 2007	April 15, 2007
Subspecialty Certification or Recertification	March 15, 2006	May 15, 2006	May 31, 2007	May 31, 2007

Changes to the Annual Mailing to Trainees

For many years the ABA has sent a copy of its Booklet of Information to all residents and fellows in ACGME-accredited anesthesiology and subspecialty training programs annually. In addition, the ABA posts the Booklet of Information on its website for easy reference. The annual mailing includes a number of enclosures of interest to residents and fellows that also are posted on the ABA website.

The Board continually looks for more efficient ways to provide trainees, candidates and diplomates with information about ABA policies, procedures and certification processes and more cost-effective ways to conduct ABA business. Given the growing preference for online reference materials, beginning with the fall 2006 mailing the ABA will send the Booklet of Information only to newly-enrolled anesthesiology residents and fellows. The letter to all other residents and fellows will direct them to the ABA website for the current Booklet of Information, the ABA document that defines the first steps toward Board certification, ABA examination content outlines, and ABA newsletters published within the past 5 years.

Any individual may request a single printed copy of the Booklet of Information, free-of-charge, by fax or by writing the ABA. Requests for multiple copies of the Booklet of Information are subject to a fee of $25 for every ten copies or portion thereof.

Training & Certification team members Rudy Puryear, Senior Credentialing Evaluator; Linda Parrish, Credentialing Administrator; and Holly Keeling, Credentialing Evaluator, discuss the upcoming annual mailing to trainees.

Finance & Administration team members John Markey, Director, Finance & Administration; Clayton Atwood, Office Services Coordinator; and James Crawford, Senior Accountant, assemble the annual 6,000+ piece mailing to trainees.

Changes in ABA Fee Policies

The Board of Directors has approved a number of changes in ABA fee policies. These changes are as follows:

CANCELLATION FEES:

The ABA expects every candidate who accepts an examination opportunity to keep the examination appointment. Beginning January 1, 2007, the ABA will charge a cancellation fee when candidates inform the ABA they will not be able to keep their examination appointment. The cancellation fee is $750.00 for the oral examination and $100.00 for all other examinations. The fee must accompany the candidate's letter canceling the examination appointment. Candidates who cancel their examination appointment may forfeit the examination opportunity.

MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY (MOCA®) FEES:

The MOCA application fee (formerly $200.00) was eliminated in November 2005. The MOCA cognitive examination fee is $750.00, beginning with the July 2006 examination. Diplomates who paid a $200.00 application fee in 2004 or 2005 will receive a $200.00 credit plus an additional credit of $50.00 toward their first cognitive examination fee.

ANESTHESIOLOGY RECERTIFICATION FEES:

The application fee for anesthesiology recertification (formerly $200.00) was eliminated in April 2006. For 2006, the anesthesiology recertification examination fee is $500.00. Beginning in January 2007, the examination fee will be $750.00.

APPLICATION LATE FEES:

Effective October 15, 2006, all application late fees will be set at $300.00. A late fee is due with any application received by the ABA after the standard deadline and no later than the late deadline. There are no late fees associated with MOCA or anesthesiology recertification examinations.

The ABA is a nonprofit organization and its fees are based on the cost of maintaining the functions of the Board. Complete details on the ABA's fee policies are available in the April 2006 Booklet of Information, which is available on the ABA website at www.theABA.org.

New ABA Website Features

The ABA recently re-launched its public website (www.theABA.org). It has a clean new look and feel that is being carried over to all ABA webpages. We encourage you to visit the site regularly and stay tuned for future updates.

The Important Notices section contains up-to-date information about the ABA, including information about the websites, exam opportunities and various events.

The Diplomate and Candidate Directory allows the public and others to find board-certified anesthesiologists. You can search in three ways: by name and location, by name and the last four digits of the Social Security Number, or by name and ABA ID Number (ABAIDN). Any search yields a list of physician names and locations (city and state only). Selecting a name displays a printable page containing the details of that physician's certifications and/or candidacy.

Software Engineers Vincent Smith and Andy Gulya collaborate on the ABA's Diplomate and Candidate Directory. The ABA has made a significant investment in technology to reduce paper and facilitate constituent interactions with the Board office.

Maintenance of Certification Update (concluded)

a way to identify duplicate entries for the same activity, one self-reported by the diplomate and the other submitted electronically by the CME sponsor, and to avoid them in the future.

When the procedure is implemented, CME sponsors that register with the ABA can participate in the electronic submission program, thus relieving diplomates who complete a sponsor's CME programs of the burden of self-reporting their CME activities to the ABA.

These are some of the enhancements the Board has made to the MOCA program. Our goal is to make the MOCA process as facile as possible for the diplomates. That goal is ongoing, and we look forward to reporting to you on additional improvements in the future.

Trecia Debnam, Receptionist, warmly greets callers and routes them to Credentialing Services, Examination Services or the Help Desk.

ABA Information Sessions: October 2006 - March 2007

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 2006, in conjunction with annual meetings of the American Society of Anesthesiologists, the New York State Society of Anesthesiologists and the International Anesthesia Research Society.

FOLLOWING IS THE SCHEDULE FOR THE SPECIAL PROGRAMS:

DATE & LOCATION: **Saturday, October 14, 2006**, in conjunction with the Annual Meeting of the American Society of Anesthesiologists (ASA) in **Chicago, Illinois.**

TIME: 5:30 pm – 6:30 pm

DATE & LOCATION: **Saturday, December 9, 2006**, in conjunction with the 59th Post Graduate Assembly in Anesthesiology of the New York State Society of Anesthesiologists (NYSSA) in **New York, New York.**

TIME: 5:30 pm – 6:30 pm

DATE & LOCATION: **March 25, 2007,** in conjunction with the 81st Clinical and Scientific Congress of the International Anesthesia Research Society (IARS) in **Orlando, Florida** at the **Wyndham Palace Resort & Spa.**

TIME: 10:15 am – 11:45 am

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

INITIAL CERTIFICATION

- Comparison of the written and oral examinations, what each is designed to test.
- Specific areas evaluated in the oral examination.
- The mechanism of the oral examination.
- Common problems encountered by candidates in the examination system.
- Common reasons for failure in the oral 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 and Improvement.
- Cognitive Examination and the prerequisites for examination.
- Internet-based processes developed by the ABA to facilitate diplomate registration and participation.

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

2005 Examination Results

ANESTHESIOLOGY CERTIFICATION

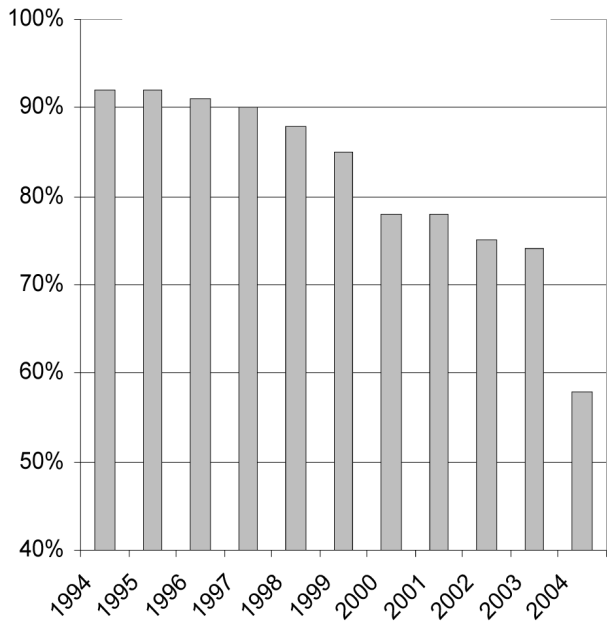
The ABA reports the success rate on its written and oral examinations for candidates taking the examination for the first time.

	2001	2002	2003	2004	2005
Written	75%	71%	76%	73%	82%
Oral	78%	72%	71%	75%	82%

The ABA has certified 38,995 physicians in Anesthesiology as of December 31, 2005.

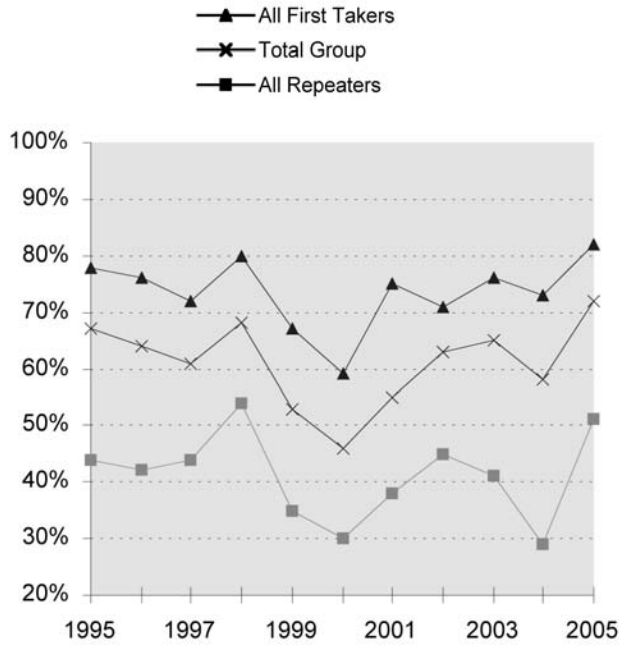
The ABA has certified 38,995 physicians in Anesthesiology as of December 31, 2005. The certification rate for physicians who completed their anesthesia residency between 1994 and 2004 is displayed below.

CERTIFICATION RATE BY YEAR ANESTHESIA RESIDENCY COMPLETED

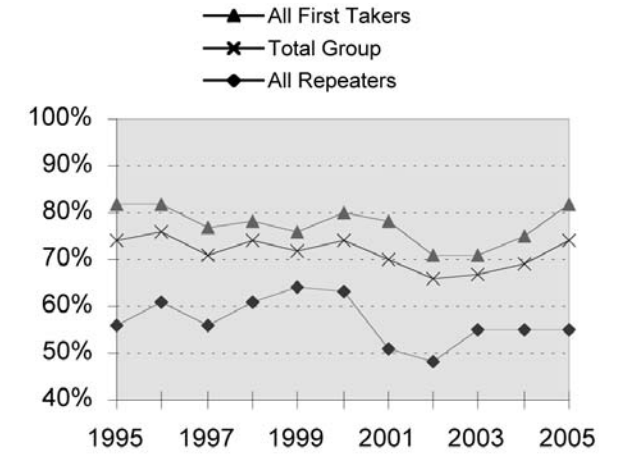


The written and oral examination success rates for the entire candidate group and the subgroups of all first-takers and all repeaters are displayed in the following charts:

ABA WRITTEN EXAMINATION SUCCESS RATES 1995-2005



ABA ORAL EXAMINATION SUCCESS RATES 1995-2005



ANESTHESIOLOGY RECERTIFICATION

The success rate on examinations for voluntary recertification has varied between 98 and 100 percent. In recent examinations it is as follows:

2000	2001	2002	2003	2004	2005
100%	100%	99%	99%	100%	100%

The ABA has recertified 1,964 diplomates in anesthesiology since the inception of the voluntary program in 1993.

MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY (MOCA®)

The Cognitive Examination for the MOCA program was administered for the first time in 2005. Seventy-eight candidates took the examination, and seventy-eight passed.

CRITICAL CARE MEDICINE CERTIFICATION

The success rate on recent critical care medicine examinations is as follows:

1999	2001	2002	2003	2004	2005
87%	82%	67%	76%	84%	80%

The ABA has certified 1,174 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 35 diplomates in the subspecialty.

PAIN MEDICINE CERTIFICATION

The success rate on recent pain medicine examinations is as follows:

2000	2001	2002	2003	2004	2005
71%	72%	70%	83%	79%	83%

Since the inception of the program in 1993, the ABA has issued 3,298 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 2005 success rate was 70 percent.

PAIN MEDICINE RECERTIFICATION

All ABA certificates in pain medicine are time-limited. The ABA has recertified 763 diplomates in the subspecialty since beginning a PM recertification program in 2000.

The success rate on recent pain medicine recertification examinations is as follows:

2000	2001	2002	2003	2004	2005
63%	75%	89%	89%	88%	93%

Upcoming Examinations

July 8, 2006:	Written Examination
July 8-22, 2006:	Computer-administered Examination for MOCA® and Primary Recertification
Sept 9, 2006:	Computer-administered Critical Care Medicine Certification Examination Computer-administered Pain Medicine Certification Examination
Sept 16-30, 2006:	Computer-administered Critical Care Medicine Recertification Examination Computer-administered Pain Medicine Recertification Examination
Sept 11-15, 2006:	Fall Oral Examination
Apr 16-20, 2007:	Spring Oral Examination

The American Board of Anesthesiology, Inc.
Address Change Request

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

First Name | Middle Name | Last Name | Suffix

Organization Line 1

Organization Line 2

Address Line 1

Address Line 2

City | State | Postal Code/ZIP

Signature | Date

Please send via facsimile to (919) 881-2575. No cover sheet is required.

THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.
4101 Lake Boone Trail, Suite 510
Raleigh, North Carolina 27607-7506