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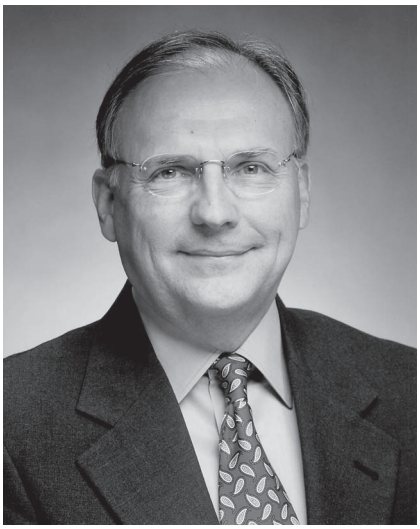
Report From The President

CERTIFICATION VERSUS ACCREDITATION

The difference between accreditation and certification is confusing. In simple terms anesthesiology residency and fellowship programs are accredited by the Residency Review Committee (RRC) for Anesthesiology—part of the Accreditation Council for Graduate Medical Education (ACGME), and individuals are certified by the ABA.



Orin F. Guidry, MD

Currently there are accredited programs and subspecialty certification in critical care and pain medicine. There has been an accreditation process for Pediatric Anesthesiology programs for a number of years. The ACGME recently approved program requirements for Adult Cardiothoracic Anesthesiology fellowships and a number of programs are in the process of being accredited. An application to accredit Obstetric Anesthesiology fellowships has been submitted by the Society for Obstetric Anesthesia and Perinatology.

In the past the ABA has not been a strong advocate of accrediting subspecialty fellowships and certifying subspecialists. Critical Care and Pain were the initial subspecialties and they were likely initiated in response to external competitive pressures. Other physician specialists had subspecialty certification in critical care, i.e. internists, surgeons, pediatricians. A non ABMS Member board was developing a pain medicine certification process. Part of the impetus to accredit pediatric anesthesiology programs was to put them on a level playing field in competing for institutional funds. The current impetus for new subspecialties

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is likely driven by a genuine desire to improve the clinical practice of the subspecialties and to expand their unique body of knowledge.

However, you always have to be careful about what you ask for because you might get it. There are downsides to subspecialty program accreditation. Many disadvantages revolve around the fact that the programs lose their autonomy and suddenly have to play by the rules set by the ACGME and RRC in regards to issues such as case number requirements, the number of positions allowed, and the financial arrangements with fellows. A downside to individual certification is a commitment to a lifelong process of Maintenance of Certification in the subspecialty. Another downside (perhaps) is that subspecialty certification raises the bar for those without the certification. This is already apparent in California where the California Society of Anesthesiologists suggests that anesthesiologists providing anesthetic care to pediatric patients at increased risk for anesthetic complications should be graduates of pediatric anesthesiology fellowship training programs accredited by ACGME.

The subject of subspecialization is important because of the increasing concern about the future of anesthesiology. This concern is evident in the last three Rovenstine Lectures by Drs. Modell, Warner, and Reves, the reports of the ASA Task Force on Future Paradigms of Anesthesia Practice, and a series of retreats organized by FAER. In 2006 there were articles published in Anesthesiology by Schwinn and Balser and by Knight and Warltier that called for drastic changes in anesthesiology training to correct the specialty's poor research performance. These articles resulted in a number of letters in response and an editorial "Research Training in Anesthesiology—Expand It Now!" by Mark A. Warner, M.D., Chair, Anesthesiology Residency Review Committee and Steven C. Hall, M.D. Secretary, American Board of Anesthesiology.

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We are entering a period of increasing concern about the future of the specialty. The ABA is part of the discussion and is actively considering steps it can take to improve anesthesiology and how we care for our patients. This increasing rate of change means that it is important to all of us in academic and private practice to understand certification and accreditation and how changes will affect the future.

FOREIGN TRAINED ANESTHESIOLOGISTS

In the distant past, the ABA accepted applicants who trained in some but not all foreign anesthesiology residency programs. This pathway to the examination system was eliminated in 1993, and by 1998 all applicants had to have completed a clinical base year and three years of clinical anesthesia training in ACGME accredited programs in the United States. The primary reason for this change was the inability of the ABA to accurately assess the quality of overseas residency training programs. This has resulted in a relative hardship for anesthesiologists who have trained and been certified in other countries and are practicing in the United States, and it may dissuade others from moving to the U.S. The 2007 ABA Booklet of Information contains details of a seven-year pilot program that defines an alternate entry path to the ABA examination system for these anesthesiologists.

The objective of the pilot program is to encourage outstanding foreign trained and certified anesthesiologists to become productive members of U.S. academic anesthesiology programs, while providing them a less onerous path to ABA certification. The program is modeled on a successful program developed by another specialty. After seven years, the Board will assess the pilot program's success in achieving its objectives.

International medical graduates practicing anesthesiology in the United States may use this alternate path once to qualify for entrance into the ABA initial certification examination system. They must fulfill all of the entrance requirements except ACGME-accredited residency training. In lieu of a residency done in the United States, the international medical graduate must be enrolled by an anesthesiology department that has at least one ACGME-accredited anesthesiology residency or fellowship training program. At the time of the physician's enrollment, the training program must have continued full accreditation and a review cycle of three years or more. An anesthesiology department can have no more than two international medical graduates enrolled in the pilot program at the same time.

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Medical Licensure Restrictions—Implications For ABA Certification Status

A fundamental requirement for certification by the ABA is that candidates for primary certification, subspecialty certification, recertification, and maintenance of certification must "hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the United States or province of Canada that is permanent, unconditional and unrestricted. Further, every United States and Canadian medical license the applicant holds must be free of restrictions." (ABA Booklet of Information (BOI), 2.01A) Applicants for certification must inform the ABA of any conditions or restrictions in force on any of their medical licenses. The Credentials Committee of the ABA will determine whether and on what terms, the applicant shall be admitted to the ABA examination system (BOI 2.04C, 3.05B, 4.03A).

In addition, ABA diplomates, for so ever long as they remain diplomates, have the affirmative obligation to advise the ABA of any and all restrictions placed on any of their medical licenses and to provide the ABA with complete information concerning such restrictions within 60 days after their imposition. Such information shall include, but not be limited to, the identity of the State Medical Board imposing the restriction as well as the restriction's duration, basis, and specific terms and conditions. Candidates and diplomates discovered not to have made disclosure may be subject to sanctions on their candidate or diplomate status (BOI 2.01A).

Unrestricted medical licensure status is a fundamental component for the ABA applicant, examination candidate, or diplomate to be deemed to have a professional standing status that is acceptable to the ABA (BOI 5.06). An applicant with a medical license that is revoked, suspended or surrendered in lieu of revocation or suspension, will not be accepted as a candidate for ABA examination and certification. Applicants with less severe restrictions on a medical license will be accepted into the ABA examination system, but certification will be deferred until the

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Maintenance Of Certification In Anesthesiology (MOCA®)—An Update

The components of the maintenance of certification programs of the 24 ABMS Member Boards are the same: Professional Standing, Lifelong Learning and Self-Assessment, Cognitive Expertise, and Practice Performance Assessment and Improvement (PPAI). The ABA periodically assess diplomates in each component except Cognitive Expertise, which is examined only once during their MOC cycle.

Maintenance of Certification in Anesthesiology (MOCA®) is dynamic and evolving. The Board continues to consider improvements to the program, particularly the performance assessment and practice improvement component. It endorsed phasing in changes to the program.

MOCA PART IV: PERFORMANCE ASSESSMENT AND PRACTICE IMPROVEMENT

Diplomates certified in and after 2008 will have to complete at least one case evaluation as part of their Part IV requirement. Diplomates certified between 2004 and 2007 will have to complete one case evaluation during the 7th to 9th years of their current MOCA cycle.

A case evaluation has the diplomate assess an aspect of her/his current practice of anesthesiology and then work towards improving that aspect of her/his practice. During the two-step assessment the diplomate:

- Collects clinical outcomes data on patients from a specific period of time or from a group of patients, and
- Compares the data from her/his practice with evidence-based practice guidelines or, if guidelines are not available, to explicit expert consensus or to peer data.

During the two-step improvement of her/his practice, the diplomate:

- Designs and implements a plan to improve outcomes (i.e., clinical reminders, personal education, system or process change, clinical pathway), and
- Collects new patient outcomes data, compares the latest outcomes to the chosen guidelines or standards, and determines the amount of improvement since the original assessment.

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Alternate Path For Entry To Examinations For ABA Certification In Anesthesiology

The ABA has approved a seven-year pilot program that would allow international medical graduates, certified by the national anesthesiology organization in the country where they trained in the specialty and practicing anesthesiology in the United States, to qualify for entrance into the ABA examination system for initial certification in the specialty at most once via an alternate entry path. The objective of the pilot program is to encourage outstanding foreign trained and certified anesthesiologists, who come to the United States, to become productive members of U.S. academic anesthesiology programs.

ALTERNATE ENTRY PATH

International medical graduates interested in using the alternate entry path must complete a total of four years of prospectively approved, continuous experience in one anesthesiology department that commences on or after July 1, 2007. At the time the anesthesiology department enrolls the international medical graduate with the ABA, the department must have an ACGME-accredited anesthesiology residency or fellowship training program that has continued full accreditation and a review cycle of three years or more. An anesthesiology department can have no more than two international medical graduates enrolled in the pilot program at one time.

No later than four months before the department enrolls the foreign certified anesthesiologist with the ABA, the department chair must submit to the ABA a four-year plan, co-signed by the physician, for prospective approval by the ABA Credentials Committee. This experience will consist of four years of resident or fellowship training, research, faculty experience or combination thereof, in the same institution in which the anesthesiology program resides. The four-year plan must provide the education and research foundations needed for a successful career in academic anesthesiology and should be specifically designed and identified for the candidate.

The department chair also must attest to the ABA at six-month intervals that the physician is currently a resident or fellow in an ACGME-accredited program, or is actively engaged in research, or is a faculty member with a full-time primary appointment in the ACGME-accredited program. At the same time, the department chair will provide the ABA with an assessment of the physician's performance relative to the ABMS- and ACGME-approved six general physician competencies.

OUTCOME MEASURES TO ASSESS THE PILOT PROGRAM'S SUCCESS

The ABA will judge the success of this seven-year pilot program and the continued ability of departments to participate in the process on the basis of the certification success and subsequent academic productivity of their participants in the alternate entry path. Thus, department chairs should encourage participants in this pilot project to actively participate in department educational activities, to take the in-training examination annually, and to otherwise retain or gain basic anesthesiology knowledge and experience that would help them to attain ABA certification.

The ABA will evaluate the success of the pilot program in toto. However, there could be consequences for a specific department's continued participation in the program if its participants do not achieve ABA certification or are not academically productive subsequent to completing the program.

Please go to the ABA website www.theABA.org for additional information and details about the prospective approval process, physician enrollment procedure, and requirements for entrance into the ABA examination system via the alternate entry path.

"Grace Period" For Completing Training Now Ends September 30th

The "grace period" allows physicians to take a relatively short leave of absence during their residency or fellowship training for family, health or other reasons without having to delay entering the ABA examination system for specialty or subspecialty certification.

The Board established a formal two-month "grace period" almost three decades ago. It recently reviewed the policy in response to inquiries from a number of residents and program directors and decided to extend the "grace period" to three months.

Effective immediately:

- Residents who could satisfactorily complete their 48-month anesthesiology training program by September 30th may apply to the take the ABA Part 1 (written) examination in that year.
- Fellows who could satisfactorily complete training by September 30th in a subspecialty in which ABA certification is available may apply to take the ABA subspecialty examination in that year if they are an ABA diplomate or are scheduled for ABA Part 2 (oral) examination in that year.

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The department chair must provide the ABA with the following documentation for each physician enrolled in the alternate entry path: (1) anesthesiology certification in another country preceded by anesthesiology postgraduate training that is comparable in duration to training provided by U.S. anesthesiology programs, (2) written verification of anesthesiology certification from the certifying body and (3) a plan for the international medical graduate to complete a total of four years of continuous experience in one anesthesiology department. This experience will consist of four years of resident or fellowship training, research, faculty experience, or combination thereof, in the same institution in which the anesthesiology program resides. The four-year experience must commence on or after July 1, 2007. The plan must be co-signed by the applicant and be prospectively approved by the ABA Credentials Committee. The four-year plan would reasonably be expected by the ABA to provide the education and research foundations needed for a successful career in academic anesthesiology.

Attestations will be required periodically from the department chair that the physician is currently a resident or fellow in an ACGME-accredited program or a faculty member with a fulltime primary appointment in the ACGME-accredited program. In the former instance, the program will submit a semi-annual training report and performance evaluation as it does for residents and fellows. In the latter instance, the department chair will provide the ABA with an assessment of the physician's performance relative to the ABMS- and ACGME-approved six general physician competencies at six-month intervals.

MAINTENANCE OF CERTIFICATION

Maintenance of Certification has been the subject of six previous reports, and no President's Report would be complete without mentioning it.

The ABA continues to represent its diplomates' interests in providing the best care for our patients. MOC is obviously important, particularly in assuring the public of our competence. It is an initiative of the American Board of Medical Specialties which continues to guide its maturation. Anesthesiology is fundamentally different from most of medicine in many ways. We don't fit well into the generic assessment methods that have been developed, particularly for Practice Performance Assessment and Improvement. It has been a particular challenge for the ABA to develop realistic and meaningful measures of practice performance. ASA's interest in simulation education as expressed in the October 2006 Annual Meeting is a welcome change because simulation may well become a big part of the practice assessment portion of MOC.

References

1. Schwinn DA, Balser JR: Anesthesiology physician scientists in academic medicine: A wake-up call. ANESTHESIOLOGY 2006; 104:170–8
2. Knight PR, Warltier DC: Anesthesiology residency programs for physician scientists. ANESTHESIOLOGY 2006; 104:1–4
3. Warner MA, Hall SC: Research Training in Anesthesiology—Expand It Now! ANESTHESIOLOGY 2006; 105:446–448

New Names For ABA Examinations

The ABA requires that a candidate pass two examinations in order to be certified in Anesthesiology: a multiple-choice examination that assesses the candidate's knowledge of basic and clinical sciences as applied to anesthesiology, and an oral examination that assesses the candidate's ability to demonstrate the attributes of an ABA diplomate when managing patients in clinical scenarios.

Formerly these examinations were called the Written Examination and the Oral Examination. However, "Written Examination" is no longer an appropriate designation for the multiple-choice examination, as that examination will be administered by computer beginning in 2008. These examinations have been renamed the ABA Part 1 Examination and the ABA Part 2 Examination.

Subspecialty Certification In Hospice And Palliative Medicine

The ABA is one of ten ABMS Member Boards that are co-sponsors of certification in the subspecialty of Hospice and Palliative Medicine (HPM). The sponsoring boards are collaborating to create a common examination for subspecialty certification and to establish joint programs for fellowship training.

The co-sponsors intend to administer a common HPM examination via computer once every two years. The first examination will be administered on October 29, 2008.

The Member Board co-sponsors agreed upon the criteria that all applicants for HPM certification must meet. Applicants to the ABA for the 2008 HPM examination must have the following qualifications:

- Be a diplomate of the ABA or be a candidate for ABA Part 2 (oral) examination in 2008.
- Fulfill the medical licensure requirement for ABA certification.
- Have a professional standing satisfactory to the ABA.
- Verification of satisfactory completion of twelve months of ACGME-accredited HPM training; or, during the first five years of HPM certification, verification of having met Temporary Criteria as described below.
- Verification of clinical competence in Hospice and Palliative Medicine.

Details of the ABA licensure requirement and the ABA professional standing policy are available on the ABA website in the ABA Booklet of Information.

For the first five years of the HPM certification program only, candidates who have not had formal training in an ACGME-accredited HPM fellowship may be admitted to the examination via Temporary Criteria. During the last five years prior to application, they must demonstrate at least 800 hours of clinical involvement of subspecialty level HPM practice. Clinical involvement in HPM practice includes:

- At least two years and 100 hours of participation with a hospice or palliative care team, and active care of at least 50 terminally ill patients (25 for pediatrics). Or,
- Prior certification by the American Board of Hospice and Palliative Medicine and evidence of clinical activity in hospice and palliative medicine in the two years preceding the application.

ABA diplomates interested in attaining HPM certification should apply to the ABA by accessing the Board's Electronic Application System via the ABA website. The application process for the 2008 examination will be available January 15 to March 15, 2008. For an additional fee, late filers may apply by March 31, 2008.

The ABA awards subspecialty certification only to qualified ABA diplomates who do not hold a valid certificate in the same subspecialty from another ABMS Member Board. ABA subspecialty certificates are valid for ten years after the year the candidate passes the subspecialty examination. Holders of a time-limited certificate may apply to the ABA to recertify in the subspecialty no sooner than three years before their subspecialty certification ends. ABA subspecialty certificates are subject to ABA rules, regulations and Bylaws, including its Booklet of Information, all of which may be amended from time to time without further notice.

Examination Cancellation Policy, Procedure and Fees

POLICY

The ABA expects a candidate who accepts an examination opportunity to keep the examination appointment. A candidate who does not cancel an examination appointment and does not keep the appointment forfeits the examination fee and the examination opportunity.

Candidates who are unable to keep an examination appointment may retain their examination fee by submitting a written cancellation request to the ABA along with the appropriate cancellation fee. A candidate may submit a cancellation request for more than one administration of the same examination; however, the ABA will excuse a candidate at most once from an opportunity to satisfy an examination requirement. The ABA's decision regarding the examination fee is independent of its decision regarding the examination opportunity.

PROCEDURE

To cancel an examination appointment, candidates must:

- Inform the ABA in writing that they are canceling their examination appointment.
- Include with the notice of cancellation a check payable to the ABA in the amount of the cancellation fee.

To save an examination opportunity, candidates must submit their request in writing.

Candidates should submit their request to cancel an examination appointment or to save an examination opportunity as soon as possible. The ABA will consider only those requests received no later than three weeks after the examination date.

FEES

When a candidate accepts an examination opportunity, the ABA incurs a number of unavoidable costs even if the candidate does not sit for the examination. Cancellation fees are intended to cover the ABA's unavoidable costs while preserving the candidate's examination fee and possibly the examination opportunity. Cancellation fees are listed in the following table:

Examination	Cancellation Fee
Part 1 (written) examination	$100.00
Part 2 (oral) examination	$750.00
Anesthesiology recertification examination	$100.00
MOCA cognitive examination	$100.00
Subspecialty certification or recertification examination	$100.00

Important Announcements

ONLINE REQUEST FOR CERTIFICATION FORMS

The ABA continues its efforts to better serve diplomates and candidates by developing electronic processes to replace paper-based forms. The ABA requires diplomates who successfully complete all certification requirements to complete a Request for Certificate Form. This form allows the diplomate to request a name variation on the certificate, or have the certificate sent to a different address than the address on file, or restrict the ABMS from publishing the diplomate's city and state of residence. Now diplomates may log onto their ABA portal account and submit the completed Request for Certificate Form to the ABA electronically.

CREDIT CARD PAYMENT OF ABA APPLICATION AND EXAMINATION FEES

Over 90% of applicants and candidates in the ABA's online application and examination registration systems opt to pay their application and examination fees by credit card. Beginning March 16, 2009, the ABA will require credit card payment of application and examination fees. Check payment will continue to be required for all other fees, such as examination cancellation fees and status request fees.

In addition to Visa and Mastercard, the ABA is pleased to announce that it now accepts American Express, Diner's Club and Discover credit cards for application and examination fees.

RECOGNITION OF DIPLOMATES' SERVICE AND CONTRIBUTIONS IN 2006

The American Board of Anesthesiology acknowledges a debt of gratitude to the ABA diplomates who assisted the Board in 2006. The ABA directors truly appreciate their service and are pleased to recognize and thank them for their contributions.

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Diplomate Status Designations

The ABA has expanded its diplomate status designations to include three new designations:

- "Certified-Not Clinically Active,"
- "Retired-Certified," and
- "Retired."

The ABA defines the new diplomate designations as follows:

- A Certified-Not Clinically Active Diplomate holds a valid ABA certificate and does not plan to perform, teach or supervise anesthesia in the operating room or other anesthetizing areas an average of one day per week during 12 consecutive months.
- A Retired-Certified Diplomate holds a valid ABA certificate, no longer is actively performing, teaching or supervising the practice of anesthesiology, and no longer has a professional responsibility to the specialty of anesthesiology.
- A Retired Diplomate no longer holds a valid ABA certificate, no longer is actively performing, teaching or supervising the practice of anesthesiology, and no longer has a professional responsibility to the specialty of anesthesiology.

Certified Diplomates must submit an attestation form with a request to change their certification designation. To be designated as Not Clinically Active, they must attest that they do not meet the ABA definition of clinical activity. To be designated as Retired-Certified or Retired, they must attest that they do not meet the ABA definition of clinical activity and do not plan to return to the practice of anesthesiology at any time in the future.

Diplomates with a certification designation other than Certified must apply to the ABA to re-attain the designation Certified. Attestation forms and additional information about this process can be found on the ABA web site at www.theABA.org. The ABA Credentials Committee will review each request to reinstate the diplomate designation Certified.

The ABA routinely reports through its web site or by mail, whether a physician is a Candidate in the ABA examination system or an ABA Diplomate. The ABA's Diplomate and Candidate Directory will display these new diplomate status designations to the public and others interested in obtaining information about Board certified anesthesiologists. Diplomate status is limited to the period of time the physician's certification or application for certification is valid.

Medical Licensure Restrictions—Implications For ABA Certification Status (continued from page 3)

medical license is unrestricted or the Credentials Committee of the ABA recommends and the Board approves awarding certification to the physician.

Candidates already admitted to any of the ABA's examination systems, who have a medical license subsequently revoked, suspended or surrendered in lieu of revocation or suspension, will not be permitted to take ABA examinations until the license is unrestricted, and then only if the ABA application period is still valid. Candidates already in the ABA examination system, who receive less severe restrictions on a medical license, will be permitted to take ABA examinations, but certification will be deferred until the medical license is unrestricted or the Credentials Committee of the ABA recommends and the Board approves awarding certification to the physician.

The Federation of State Medical Boards (FSMB) provides electronic information monthly to the American Board of Medical Specialties (ABMS) regarding licensure sanctions against each ABMS member board's diplomates. In compliance with ABMS standards, the ABA regularly reviews the FSMB sanction reports from ABMS. The ABA will initiate proceedings to revoke the certification(s) of diplomates with a medical license that is revoked, suspended or surrendered in lieu of revocation or suspension. The ABA has the authority and may decide at a later date to undertake proceedings to take action against diplomates with other, less severe medical licensure restrictions (e.g., probation or "conditions"), which may include revocation of their certification.

Applicants, candidates already in the ABA examination system, or diplomates should write to the ABA Secretary at the ABA office address if they have questions or concerns related to their licensure status in regard to ABA certification, or if they need to disclose changes in their licensure status to the ABA within the 60-day allowable reporting period.

ABA Information Sessions 2007-2008

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 2007-2008, 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 13, 2007**, in conjunction with the Annual Meeting of the American Society of Anesthesiologists (ASA) in **San Francisco, California** at the **Moscone Convention Center.**

TIME: 4:00 pm – 5:00 pm

DATE & LOCATION: **Saturday, December 8, 2007**, in conjunction with the 61st Post Graduate Assembly in Anesthesiology of the New York State Society of Anesthesiologists (NYSSA) in **New York, New York** at the **Marriott Marquis.**

TIME: 5:30 pm – 6:30 pm

DATE & LOCATION: **Sunday, March 30, 2008,** in conjunction with the 82nd Clinical and Scientific Congress of the International Anesthesia Research Society (IARS) in **San Francisco, California.**

TIME: To be determined—*Pending IARS approval*

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

INITIAL CERTIFICATION

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

ABA Part 1 Examination By Computer

The ABA will complete its transition from paper-and-pencil examinations to computer-based examinations in 2008, when the ABA Part 1 Examination (formerly the Written Examination) is administered by computer through the Pearson VUE network. The ABA/ASA In-Training Examination (ITE) will not make this transition in 2008 and will be administrated as a paper-and-pencil examination.

A number of other changes should result in an improved test-taking experience for the ABA candidate without compromising the objective of the examination as an assessment of the candidate's knowledge of basic and clinical sciences as applied to anesthesiology. These changes will be implemented for the first time in 2008 and are:

More Test Dates: The ABA Part 1 Examination will be administered on August 4, 5, and 6 in 2008. Candidates will register in advance to take the examination on one of these three dates. The ITE will be administered on a different date than the ABA Part 1 Examination.

The ABA will inform eligible candidates in March about their opportunity to take the 2008 Part 1 Examination and request payment of the examination fee. Candidates have until May 15 to accept the opportunity and pay the fee. In June, the ABA will send details on how to register for the 2008 Part 1 Examination to candidates who have accepted the examination opportunity and paid the fee.

Please note that not all test dates for the ABA Part 1 Examination will be available in all areas. If you are a candidate for the 2008 Part 1 Examination, you should register for the examination as soon as possible after receiving the June communication from the ABA. This will increase your chances of being scheduled at your preferred test site on your preferred test date.

Number of Questions: The ABA Part 1 Examination will consist of 250 questions, of which 225 will be scored. Interspersed at random throughout the exam will be 25 experimental items, which will be evaluated for possible use on future examinations. The experimental items will not appear differently than the actual scored items, and they will never be used in the calculation of a candidate's score on the examination.

The ITE will consist of 250 questions in 2008. There will be no experimental items on the ITE, and there will be few if any items in common between the ITE and the ABA Part 1 Examinations.

Testing Time: Candidates will have five hours to complete the ABA Part 1 Examination. Including the tutorial and optional survey, candidates should expect to spend around six hours at the examination site.

Elimination of K-type Questions: K-type questions will no longer appear on either the ABA Part 1 Examination or the ITE in 2008. A K-type question is sometimes referred to as a multiple true-false question in which the examinee is presented with a question and four statements and must choose one of the following five options:

A	B	C	D	E
1, 2, 3 only	1, 3 only	2, 4 only	4 only	All are correct

Updated Content Outline: The Content Outline is the same for the ITE and the ABA Part 1 Examination. It has been updated and will be the basis of both 2008 examinations. The Content Outline can be accessed from the ABA website through the "Examinations and Certifications" link.

Some things will remain the same in 2008. The passing standard for the ABA Part 1 Examination will be the same, and the examination fee for ABA candidates will remain $400.

Visit the ABA website at www.theABA.org for up-to-date info

Annual ABA/ASA In-Training Examination New Resident Registration Process

From 1975 to 2006, training programs used a manual paper-driven process to register residents for the annual in-training examination (ITE) with the ASA. At the request of the ABA/ASA Joint Council, in 2007 the ABA launched an electronic ITE registration process within its Record of Training Information Database (RTID) system. Training programs now have a unified system for enrolling new residents and registering new and existing residents for the ITE. With the new electronic system, the timeline for pre- and post- ITE activities now is as follows:

January 15	Deadline for submitting ITE test accommodation requests to the ABA.
March 1	ABA informs training programs that the ITE registration system is open.
March 1 – May 1	Regular ITE enrollment period. Training programs enroll new residents, register new and existing residents for the ITE and select ITE test centers.
March 15	Documents deadline for nonstandard ITE requests.
May 1	Regular ITE registration deadline is midnight on May 1.
May 2 – May 15	Late ITE registration period. Training programs enroll new residents, register new and existing residents for the ITE and select ITE test centers. A late fee applies to each resident registered after the regular deadline but before the late deadline.
May 15	Late ITE registration deadline is midnight on May 15. The May 15 deadline is absolute.
May 16 – May 31	Training programs receive an invoice for their ITE candidates.
June 15 – 20	Residents receive their schedule permits and ITE instructions.
June 15 – 20	Training programs receive copies of schedule permits for each resident and ITE instructions. Training programs provide copies to residents who misplace or do not receive their information.
June 30	Deadline for payment of the ITE invoice.
July	ITE is administered.
August	Training programs receive ITE reports.

Training programs may "pre-enroll" residents who are missing required enrollment information (such as a Social Security Number) and register these residents for the ITE. Once the missing information is obtained, training programs convert the pre-enrolled resident to an enrolled resident through new RTID functionality. Existing ITE information for the pre-enrolled resident is automatically associated with the enrolled resident.

Training programs also have an easy-to-use set of tools for uploading new resident information from the NRMP's Electronic Resident Application System (ERAS) into RTID. Uploading ERAS data is a very efficient method for creating resident enrollment records. Training programs are not required to use the upload tools—they may enroll new residents using the resident enrollment functionality to which they already are accustomed.

Canadian residents and ABA requalifiers continue to apply for the ITE through the ASA.

Feedback on the new system has been very positive. It is one of many electronic processes the ABA has developed as part of its strategic plan to reduce or eliminate paper processes.

ormation about ABA policies, procedures, schedules and fees.

2006 Examination Results

ANESTHESIOLOGY CERTIFICATION

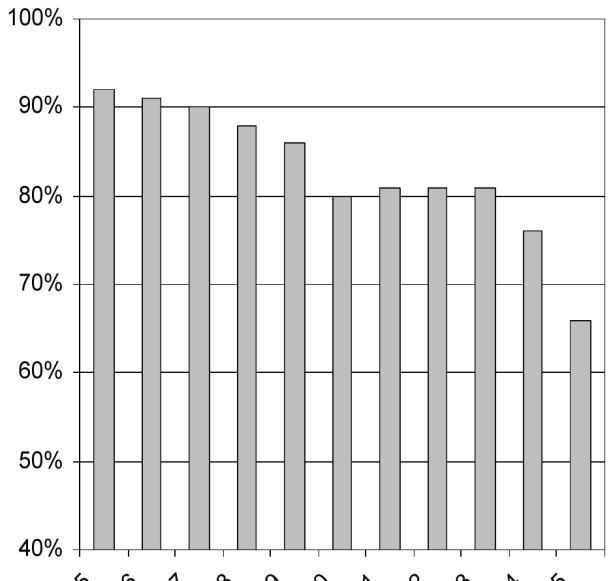
The ABA reports the success rate on its Part 1 (written) and Part 2 (oral) examinations for candidates taking the examination for the first time.

	2002	2003	2004	2005	2006
Part 1	71%	76%	73%	82%	88%
Part 2	72%	71%	75%	82%	76%

The ABA has certified 40,523 physicians in Anesthesiology as of December 31, 2006.

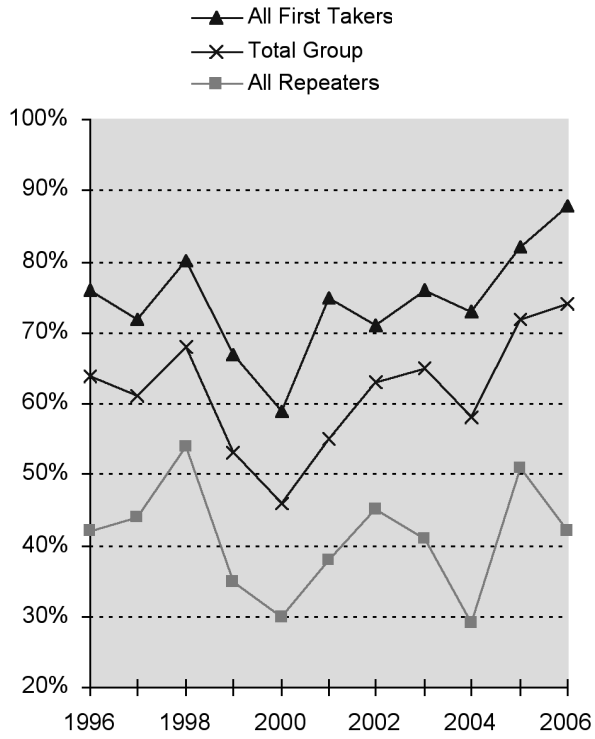
The ABA has certified 40,523 physicians in Anesthesiology as of December 31, 2006. The certification rate for physicians who completed their anesthesia residency between 1995 and 2005 is displayed below:

CERTIFICATION RATE BY YEAR ANESTHESIA RESIDENCY COMPLETED

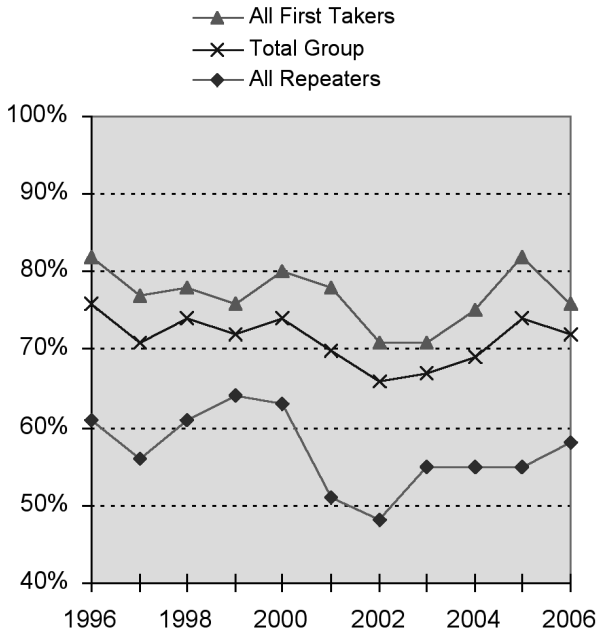


The Part 1 (written) and Part 2 (oral) examination success rates for the entire candidate group and the subgroups of all first-takers and all repeaters are displayed in the following charts:

ABA PART 1 (WRITTEN) EXAMINATION SUCCESS RATES 1996-2006



ABA PART 2 (ORAL) EXAMINATION SUCCESS RATES 1996-2006



ANESTHESIOLOGY RECERTIFICATION

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

2001	2002	2003	2004	2005	2006
100%	99%	100%	100%	100%	99%

The ABA has recertified 2,077 diplomates in anesthesiology since the inception of the voluntary program in 1993.

MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY (MOCA®)

The Cognitive Examination for the MOCA program was administered for the first time in 2005. The success rate was 100% in 2005 and 2006. 112 diplomates have successfully completed the MOCA program as of December 31, 2006.

CRITICAL CARE MEDICINE CERTIFICATION

The success rate on recent critical care medicine examinations is:

2001	2002	2003	2004	2005	2006
82%	67%	76%	84%	80%	83%

The ABA has certified 1,224 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 44 diplomates in the subspecialty. The success rate on the CCM recertification examination from 2001-2006 was 90%.

PAIN MEDICINE CERTIFICATION

The success rate on recent pain medicine examinations is:

2001	2002	2003	2004	2005	2006
72%	70%	83%	79%	83%	86%

Since the inception of the program in 1993, the ABA has issued 3,475 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 2006 success rate was 79%.

PAIN MEDICINE RECERTIFICATION

All ABA certificates in pain medicine are time-limited. The ABA has recertified 578 diplomates in the subspecialty since beginning a PM recertification program in 2000.

The success rate on recent pain medicine recertification examinations is:

2001	2002	2003	2004	2005	2006
75%	89%	89%	88%	93%	88%

Maintenance Of Certification In Anesthesiology (MOCA)—An Update (continued from page 3)

The Board is developing examples of PPAI case evaluations and will post them on the ABA website www.theABA.org by the end of 2007.

The Board is considering a PPAI model that would have diplomates complete at least one PPAI activity every three years. In addition to the case evaluation, patient safety and a simulator education program could be other areas of PPAI activity. The Board's plan would be to phase in specific requirements as the ways to fulfill them become readily available to ABA diplomates.

MOCA ADVISORY

Diplomates with a time-limited certificate have to complete the MOCA program within 10 years or they will lose their ABA diplomate status. At this time a number of diplomates certified in 2000 are at risk to lose their ABA certification status at the end of 2010. The primary reason is a lack of Lifelong Learning and Self-Assessment (CME) credits recorded in their portal account on the ABA website. The Board encourages all ABA diplomates to visit their portal account often and to keep the ABA record of their Lifelong Learning and Self-Assessment activities up-to date.

The American Board of Anesthesiology, Inc.
Address Change Request

To notify the ABA of an address change, 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 (if business address)

Organization Line 2 (if business address)

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.
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