ABA NEWS

THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.
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Report From The President

MAINTAINING THE PROMINENCE OF THE SPECIALTY OF ANESTHESIOLOGY, AND THE ROLE OF THE ABA

The leaders of the profession of anesthesiology are now in the midst of carefully considering what the anesthesiology practitioners of 2015 or 2025 will be facing in their professional practice. What is the role of the ABA in addressing this major concern? What can the ABA do to foster the changes in the direction of the profession which appear indicated at this time?

Patricia A. Kapur, MD

These serious concerns are being considered by many constituent groups of the profession of anesthesiology, starting with the leaders of our political and economic organizations, such as the ASA, the state component societies, and the subspecialty societies. These concerns are also being considered by the leaders of our academic and educational organizations such as the Association of University Anesthesiologists (AUA), the Society of Academic Anesthesiology Chairs/Association of Anesthesiology Program Directors (SAAC/AAPD), and the Society for Education in Anesthesiology (SEA). The ASA has had an ad-hoc committee on the Future of Anesthesiology, while the AUA has had panel presentations on how to organize and manage academic departments for the newer generations, along with the interactions of the private practice environment vis-à-vis the newer generations.

The organizations which provide starter grant funds to beginning anesthesiology researchers, such as the Foundation for Anesthesiology Education and Research (FAER) of the ASA, and the International

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Report From The President (continued)

Anesthesia Research Society (IARS), are also carefully considering what research topics should be funded, in regard to a changing vision of the profession of anesthesiology. The research committees of FAER and the IARS are concerned not only to fund research which will secure the future of the profession of anesthesiology, but also which research topics will be most likely to secure the ability of fledgling anesthesiology researchers to eventually compete for national funding from the NIH, the AHA, the NSF, etc. An effort to break out of narrow boundaries of investigation has been emphasized. Both the ASA and IARS, at their annual meetings, have highlighted frontier research being done in academic departments of anesthesiology, and have actively brought together top-tier investigators for lively interchange on some of these matters.

The Editors of our largest journals are concerned with publishing research results on topics which extend the influence of the research productivity of anesthesiologists to broad topics within the field of medicine, again to confirm the relevance of our research outside of narrow boundaries. Editors can actively influence the research work which comes for publication in our journals through editorials and invited articles, as well as by actively soliciting manuscripts from laboratories doing cutting edge research of broad import. Some of the topics which have come up in regard to anesthesiology research with broad implications, have included anesthetic effects on the developing brain, perioperative cognitive dysfunction and its relation to other neurodegenerative disorders, pharmacogenomics, outcomes research, etc. The Editors-in-Chief of the journals, Anesthesiology and Anesthesia & Analgesia, have recently revamped the formats and content emphasis of both journals to heighten the sense of timeliness and relevance of the research being done within the domain of anesthesiology.

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It is no wonder that the Residency Review Committee (RRC) for Anesthesiology of the ACGME (Accreditation Council on Graduate Medical Education), the organization which accredits residencies nation-wide, is similarly concerned that our residency training programs are preparing our residents for the changing future which they will face. Radiology, for example, already has faced some US hospitals contracting with radiologists on the other side of the globe, to remotely review radiographs and other radiology study results, and electronically send back their interpretations. Some hospitals' ICUs have remote physician oversight via cameras in patient rooms and electronic connections to monitors, lab data, etc., with the remote physicians able to talk with the ICU staff and patients via computer screen links. How long will it be until straightforward anesthetics for low co-morbidity patients are set up by OR staff, with computer controlled infusion TIVA (Total Intravenous Anesthesia), with physician oversight provided remotely via cameras, monitors, web-cams or the like? How long will it continue to be relevant to provide physician personally performed anesthetics in the face of new drugs and newer non-invasive, minimally invasive, and transcutaneous monitoring capabilities of high reliability? Practice models are already being tried, under CMS auspices, to experiment with delivering perioperative anesthesiology care by a flat fee, with the practice's decision makers allocating the level of practitioner and the level of supervision tailored to the patient's surgical needs and co-morbidities, versus rigid supervision/medical direction ratios and rigid supervisor/supervisee interaction time-points.

Mark Warner, M.D., in his Rovenstine Lecture at the 2006 ASA Annual Meeting, challenged us to consider whether anesthesiology as a profession would go the way of Xerox Corporation, which invented the graphic user interface (GUI), but let it go, preferring to view itself as a paper copying company. Xerox was rapidly outdistanced by competitors which saw themselves in general terms as data communication companies and therefore embraced and promoted electronic data transfer technologies. Dr. Warner suggested that anesthesiology should not limit itself to being an OR-anesthetic-delivering specialty, but should view itself more broadly as a "pain-relieving (where ever the venue) and acute care" specialty. It seems likely that an aggressive evolution of the anesthesiology role will mean that anesthesiology physicians will be overseeing such pain relief and acute care activities in a large number of locations across healthcare systems, but may only personally provide care for the highest level of acuity, meanwhile expanding our value to hospitals and colleague departments in a variety of newly related activities.

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Voluntary Recertification Program – Last Call

The ABA is phasing out its voluntary Anesthesiology Recertification Program in 2009. Only ABA diplomates certified before 2000 are eligible for the voluntary recertification program. If your ABA certificate is not time-limited and you think you have a need to recertify, you have to apply for admission for recertification examination in 2009 by December 31, 2008.

The ABA will administer the Anesthesiology Recertification examination for the last time during two testing windows in 2009: January 3 – 17 and August 1 – 15. Diplomates who want to have two opportunities to take the Anesthesiology Recertification Examination in 2009 must submit a completed application to the ABA by June 30, 2008. Diplomates submitting an application between July 1 and December 31, 2008 will have only the August 2009 opportunity to satisfy the recertification examination requirement.

Please note the following deadlines for Anesthesiology Recertification examinations in 2009:

Deadlines	January 3-17, 2009 Examination	August 1-15, 2009 Examination
Application submission	June 30, 2008	December 31, 2008
Receipt of reference, including a practice performance evaluation, at ABA	August 31, 2008	March 31, 2009
Register at www.theABA.org to sit for the exam and pay the exam fee	September 25, 2008	April 19, 2009

Applications for entrance into the voluntary Anesthesiology Recertification Program must be submitted no later than **December 31, 2008** via the ABA web site at www.theABA.org. After December 31, 2008, Maintenance of Certification in Anesthesiology (MOCA®) will be the only recertification option for diplomates certified before 2000.

Resident News

ABA PORTAL ACCOUNTS

The ABA web site (www.theABA.org) provides anesthesiologists and residents the ability to establish a "portal" account. If you have not yet established your ABA portal account, you can quickly and easily set one up by visiting the ABA web site, selecting the login feature, then selecting the "Account Set Up and Password Recovery" feature. The next screen you see will present a form which will ask you to provide your social security number (SSN), first name, last name, birth date, and email address. After submitting this information, your portal account information will be emailed to you at the address you provided.

For residents, one of the most important portal features is the ability to rapidly review the credits the ABA has granted for Clinical Base and Clinical Anesthesia training (and research, if applicable). Information is also displayed about the minimum number of months of training required to complete the Continuum of Education in Anesthesiology. Your portal account also provides quick links to the ABA Booklet of Information, the ABA Newsletter and other important notices.

2009 ABA/ASA IN-TRAINING EXAMINATION

For 2009, the Joint Council has changed the date for the administration of the annual In-Training Examination (ITE) to early March. This new test date will allow CA-3 residents to take the In-Training examination as a "warm-up" for the August 2009 ABA Part I Examination, as they should receive scores and key words in late April of 2009.

Residents who desire test accommodation for the 2009 In-training Examination as a result of a documented disability must submit their request to the Joint Council Secretariat, c/o The American Board of Anesthesiology, 4101 Lake Boone Trail, Suite 510, Raleigh, NC 27607-7506 by October 15, 2008 and must provide all necessary supporting documentation by November 15, 2008. The Request for Test Accommodation form can be downloaded from the ABA web site at www.theABA.org by clicking on the "Publications" link on the left-hand side of the web page, which will in turn direct you to the link for "Nonstandard Examination Request Forms". Be sure to download the form for the In-Training Examination and not for the ABA Part 1 Examination ■

Why Should An ABA Permanent Certificate Holder Participate In Maintenance of Certification in Anesthesiology (MOCA)?

Maintenance of Certification (MOC) is a mandatory program for all American Board of Medical Specialties (ABMS) member boards, of which the ABA is one. ABA's mandatory MOCA program affects all ABA diplomates with certificates dated 2000 or later. Diplomates with an ABA certificate that is not time-limited (NTL) will retain their ABA certificates with or without participation in MOCA as long as they retain professional standing acceptable to the ABA (see article on page 5 of the newsletter).

ABA diplomates with NTL certificates may find it beneficial to enroll in MOCA even though their certificates are permanent. The American Board of Internal Medicine (ABIM) began their recertification program in the early 1990s, and that board reported in 2006 that a growing minority of ABIM permanent certificate holders enroll in MOC because their employer requires it (Lipner RS, Ann Int Med 2006;144:29-36). This requirement may be based upon the perception that the public expects physicians to be periodically evaluated for competency, as indicated by a Gallup Poll also conducted by ABIM (Brennan TA, JAMA 2004;292:1038-1043). Most respondents to this poll indicated that they would change physicians if their current physician failed to maintain certification. Nevertheless, most respondents had not checked specifically on the status of their physician's board certification.

Choudry et al. (Ann Intern Med 2005;142:260-3) systematically reviewed the literature on the relationship between years in practice and quality of physician performance. Those authors found that over half of the 62 studies found showed some negative correlation between years of experience and medical knowledge or quality-of-care outcomes. Approximately 20% of the studies reviewed found no such association, however, and two studies found a concave relationship whereby physician performance initially increased and then gradually decreased over the course of a career. Most of these studies assessed primary care physicians. ABA is unaware of any study assessing the impact of an anesthesiologist's years of practice experience on clinical outcomes or medical knowledge.

Several state medical boards have already discussed a concept called Maintenance of Licensure (MOL), which would involve concepts similar to MOC, i.e., some continuing demonstration of physician competency and quality improvement that goes beyond continuing medical education credits. The Federation of State Medical Boards (FSMB), which is the parent organization to the individual state medical boards, has drafted a white paper recommending the concept of mandatory MOL. This document, which has not yet been discussed by the FSMB Board of Directors, specifically suggests the possibility that mandatory MOL could serve as a motivation for physicians with NTL certificates to participate in MOC. To date there is no state medical board with a mandatory MOL or MOC requirement. It is also possible that some payers may eventually require practitioners to participate in MOC in order to receive reimbursement. Influential quality-based initiatives such as the Leapfrog Group and the National Quality Forum seem likely to support such initiatives. If you are aware of payers that currently require MOC for NTL ABA certificate holders, I would appreciate the opportunity to learn about your experiences (glenn.gravlee@uchsc.edu).

The ABA is not considering any retroactive action to movethe cutoff date for permanent certificates to a date earlier than 2000, but over time ABA diplomates holding permanent certificates may find it increasingly advantageous to enroll in MOCA. In fact, the likelihood appears high that ABA diplomates certified in the 1990s will find it difficult to complete their natural careers without enrolling in MOCA, and that such difficulty will arise from factors outside ABA. ABA diplomates with non-time limited certificates should also be aware that they still have the option of simple recertification if they apply by December 31, 2008, and that an expedited MOCA program is also available. The ABA web site (www.theABA.org) contains explanations of these options as well as a recently updated set of frequently asked questions about MOCA. ABA staff will be happy to address individual questions as well. These questions should be addressed to MOCA@theABA.org ■

Your Guide To Maintenance Of Certification In Anesthesiology (MOCA)

AS MORE ABA DIPLOMATES PARTICIPATE IN THE MOCA PROGRAM, THE MOST COMMON QUESTIONS ASKED OF THE ABA ARE "WHAT IS MOCA?" AND "WHAT DO I HAVE TO DO IN ORDER TO COMPLETE THE REQUIREMENTS?".

So, what is MOCA?

The Maintenance of Certification (MOC) concept originated with the American Board of Medical Specialties (ABMS). ABMS mandated that its 24 Member Boards offer a MOC program to their diplomates. The Maintenance of Certification in Anesthesiology Program® (MOCA) enables ABA diplomates with a time-limited certificate to maintain their anesthesiology certification. Additionally, MOCA allows all diplomates to demonstrate continuing qualifications. Each MOCA cycle is a 10-year period that includes ongoing Lifelong Learning and Self-Assessment; continual assessment of Professional Standing (medical licensure); periodic assessments of Practice Performance; and a decennial assessment of Cognitive Expertise.

MOCA is an opportunity for physicians to maintain and improve their skills in six general competencies, namely, Medical Knowledge; Patient Care; Practice-Based Learning and Improvement; Professionalism; Interpersonal and Communication Skills; and Systems-Based Practice.

What do I have to do in order to complete the requirements? There are four requirements for MOCA, as follows:

PART I: PROFESSIONAL STANDING (PS)

ABA diplomates must hold an active, unrestricted license to practice medicine in at least one jurisdiction of the United States or Canada. Further, all US and Canadian medical licenses that a diplomate holds must be unrestricted.

Action Items:

- Review and update your medical license information via your portal account at the ABA web site www.theABA.org.
- Check your ABA portal account periodically to ensure that all of the information is current (e.g., expiration dates).

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

LLSA is personalized and self-directed professional development. It should begin with a diplomate's assessment of his/her current knowledge and practice of anesthesiology. It includes participation in continuing medical education (CME) activities and other learning opportunities that meet the diplomate's professional development needs.

The LLSA (CME) requirements are prorated for diplomates who hold a time-limited certificate issued before 2004 when the MOCA program became available. The requirement for diplomates is as follows:

Year Certified	LLSA Credit Requirements		
	Total	Minimum Category 1	Cognitive Exam Prerequisite
2000	210	150	120
2001	245	175	140
2002	280	200	160
2003	315	225	180
2004 and after	350	250	200
Prior to 2000 (non-time limited certificate holders)	350	250	200

Beginning with the 2006 calendar year, the ABA will grant at most 70 LLSA credits for all CME activities completed in a single calendar year. Self-reported CME activities are subject to audit and verification by the ABA within three years of submission, whereas CME activities reported to the ABA by qualified CME providers, such as the ASA, are not subject to audit.

Action Items:

- Submit your CME activities to the ABA via your portal account using the electronic form (instructions are available on the ABA web site at www.theABA.org). **Do not mail your documents until the ABA requests them from you.**
- Urge your state society of anesthesiologists to register with the ABA for this purpose, if it is a qualified CME provider.

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Consequences Of Irregular Examination Behavior

Most of the examinations offered by the ABA and ABA/ASA Joint Council on In-Training Examinations are considered "high stakes" examinations. Certification, subspecialty certification and maintenance of certification each depend on the individual's satisfactory performance on them. Advancement through residency training may depend on achieving a certain score on the in-training examination. Because of this, pressure to do well on these examinations is great and temptation to succeed by any means exists. It is essential that residents and candidates understand that any irregular behavior during an in-training or any ABA examination will have adverse consequences. This behavior is defined as any conduct that, in the sole discretion of the ABA or the Joint Council, may jeopardize the integrity or validity of the ABA or Joint Council examination process.

It is the ABA's mission to maintain the highest standards of the practice of anesthesiology and to serve the public, medical profession and health care facilities and organizations. These entities are entitled to absolute confidence that all ABA-certified physicians achieved their certification honestly, through application of their knowledge and abilities. Those found trying to achieve it in unethical ways or to prosper from any portion of the examination process do not represent the ideals of the ABA or the expectations of the public it serves. As a consequence, their success in the certification process will, at a minimum, be delayed.

Irregular behavior is any conduct that may jeopardize the integrity or validity of the ABA examination process. This behavior includes, but is not limited to, cheating (copying answers from or providing answers to another candidate taking the examination) and copying or reproducing any portion of an examination for personal use or the use of a third party. It also can include such things as disruptive behavior during the examination and failure to follow the proctors' instructions.

Disruptive behavior and inability to follow instructions will result in the loss of that examination opportunity without any refund of examination fees. In the case of any examinee who attempts to appropriate the copyrighted examination materials of the ABA or the ASA, the ABA and the ASA will pursue more substantial penalties.

The following warning is sent to those taking the in-training examination and candidates for the Part 1 examination of the ABA:

Any copying of questions, including memorizing questions and later reproducing them, constitutes copyright infringement. Examinees found to have violated the copyright protection by engaging in the above activities, or in some other manner, will be subject to disciplinary actions by the Joint Council and/or the ABA, including disqualification from this examination and from the examination system for a period of time to be determined by the ABA.

The ABA/ASA Joint Council on In-Training Examinations enforces its copyright of each examination question to the full extent of the law. The security of this examination is vital to the fair grading of the examination and is of paramount importance to the ABA and the ABA/ASA Joint Council on In-Training Examinations.

Cheating or copyright infringement behaviors demonstrate unsatisfactory performance in the essential attribute of professionalism. The consequences for both the resident and the ABA candidate are significant. For residents they include the following:

- Residents will receive an unsatisfactory rating for both the appropriate essential attribute and clinical competence on the six month Clinical Competence Committee report that includes the test date for the in-training examination.
- The score obtained on the in-training examination will not be reported to the resident's training program.
- The ABA will not consider an application to the examination process from any individual found to have engaged in those behaviors until a minimum of two years after the date when the candidate could have otherwise taken the examination.

This means that ABA certification will not be possible for the resident participating in irregular behavior until a minimum of three years after successful completion of residency training. For ABA candidates found to have engaged in cheating or copyright infringement, their application to the ABA for examination and certification will be declared void. The ABA will not consider an application from those individuals for re-entry into the examination system for a minimum of two years.

Note that consequences may be more severe than those already described. Examination material is copyrighted and unapproved use of the ABA and the ABA/ASA Joint Council on In-Training Examination's material is a serious transgression. The copyright of each examination question is enforced to the fullest extent of the law. If the ABA chooses, it may require any individual found to have engaged in irregular behavior to wait a longer period of time before applying to take the ABA examination. For those already certified by the ABA, certification may be revoked.

The successful resident or candidate possesses all of the seven essential attributes of an ABA diplomate. Two of these are: 1. demonstrates ethical/moral behavior and 2. is reliable, conscientious, responsible and honest. As unfortunate as it is to have to state it, the successful candidate does not cheat on the examination or steal any portion of it ■

Independent Practice Requirement
(For Admission to Examination and for Certification)

Admission into the ABA examination system and success with the examinations are important steps in the ABA certification process. Nevertheless, they do not by themselves guarantee certification. The Board reserves the right to make the final determination of whether each candidate meets all of the requirements for certification after successful completion of examinations for certification, including the medical licensure, professional standing and independent practice requirements established by the ABA.

The independent practice requirement is a longstanding ABA requirement for entrance into the ABA examination system and, ultimately, for certification and recertification by the ABA.

What is the ABA independent practice requirement?

The ABA defines independent practice in its Booklet of Information as follows:

- At the time of application to enter the examination system, the applicant must be capable of performing independently the entire scope of anesthesiology (see Sections 1.02.A and 1.02.D) without accommodation or with reasonable accommodation.
- For initial certification in anesthesiology or an anesthesia subspecialty, the physician must be capable of performing independently the entire scope of practice in the specialty or subspecialty without accommodation or with reasonable accommodation.
- For recertification or maintenance of certification in anesthesiology or an anesthesia subspecialty, the physician must be capable of performing independently in the specialty or subspecialty without accommodation or with reasonable accommodation.

At the time of application or at the time of certification, the Board will investigate and examine the relevant information available to it when it has reason to believe that an individual may not meet the ABA independent practice requirement. In these instances, if the Board determines that the individual does not meet the requirement, it will deny an applicant admission to the ABA examination system at that time and it will defer awarding ABA certification to a candidate who has passed the ABA certification examinations until such time as the Board determines that the candidate meets the ABA independent practice requirement.

What constitutes Reasonable Belief?

A notation will be placed in an individual's ABA record when the Board receives information that gives rise to reasonable belief based on current medical knowledge that the individual may not meet the independent practice requirement. This reasonable belief notation will be disclosed to the members of the ABA Credentials Committee, either at the time the individual's application for admission to the ABA examination system is considered or after the individual has been admitted

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Subspecialty Certification In Hospice And Palliative Medicine

FIRST EXAMINATION

The first examination for subspecialty certification in Hospice and Palliative Medicine (HPM) will be administered on October 29, 2008. The ABA, along with 10 other ABMS Member Boards, is co-sponsoring certification in the HPM subspecialty.

The examination is designed to evaluate the extent of the candidate's knowledge and clinical judgment in the areas in which a physician practicing hospice and palliative medicine should demonstrate a high level of competence. Expertise in the broad domain of Hospice and Palliative Medicine and the diagnosis and treatment of both common and rare conditions that have important consequences for patients, will be assessed.

ABA candidates who have not yet scheduled an appointment for the October 29 examination, which will be administered at Pearson-VUE test centers, should do so immediately to secure a convenient test site location. Pearson-VUE has over 200 test centers in the U.S., however, the capacities are small and average approximately 7 – 8 seats per center. Pearson-VUE will release all unused seats on August 25, after which time the seats are released to other Pearson-VUE clients.

IMPORTANT INFORMATION

HPM candidates are encouraged to visit the American Board of Internal Medicine's (ABIM) web site at www.ABIM.org to obtain important information regarding examination day instructions, required forms of identification, security procedures, the online tutorial explaining the computer testing process, and other information relevant to the process. Examination results are scheduled to be released to candidates approximately 12 weeks after the exam date.

The next HPM examination will be offered in 2010. Applications for admission to the 2010 HPM examination system may be submitted to the ABA electronically from January 15 to March 15, 2010. For an additional fee, late filers may apply by March 31, 2010.

Applicants who have not satisfactorily completed 12 months of formal training in an ACGME-accredited Hospice and Palliative Medicine fellowship may be admitted to the examination via Temporary Criteria. The Temporary Criteria include a Training Pathway and a Practice Pathway that can be fulfilled in one of two ways.

Training Pathway:

The satisfactory completion of 12 months of formal fellowship training in hospice and palliative medicine, whose content and setting are acceptable to the ABA, which must meet the following criteria:

1. Training begun on or after July 1, 2010 must be completed in an *ACGME-accredited Hospice and Palliative Medicine program from the date the training begins to the date it ends.

2. Hospice and Palliative Medicine fellowship training completed prior to July 1, 2010, must be conducted within a program affiliated with an ACGME-accredited residency or fellowship program. Until the ACGME establishes formal guidelines, the training experience must be consistent with guidelines established by the ACGME or the Palliative Medicine Review Committee (PMRC).

Practice Pathway:

1. At the time of application, the applicant must demonstrate at least 800 hours of clinical involvement in subspecialty level practice of hospice and palliative medicine during the last five years, including:

   a. At least two years and 100 hours of participation with a hospice and palliative care team, AND

   b. Participation in the active care of at least 50 terminally ill patients or patients requiring palliative care (25 for pediatrics).

Or,

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

*The Accreditation Council for Graduate Medical Education (ACGME) approved Program Requirements for Hospice and Palliative Medicine. The effective date of the new HPM program requirements is February 12, 2008. The Residency Review Committee (RRC) for Family Medicine will review and accredit all hospice and palliative medicine programs ■

Alternate Entry Path For Outstanding Research Faculty In Academic Departments

In 2007 the ABA initiated a 7-year pilot program allowing outstanding international medical graduates, certified by the national anesthesiology organization in the country where they trained and practicing anesthesiology in the United States, to qualify for entrance into the ABA examination system for initial certification in our specialty. The objective of the pilot program is to encourage outstanding foreign-trained and certified anesthesiologists who come to the United States to become outstanding and productive research members of U.S. academic anesthesiology programs.

The details of the program are outlined in the ABA Booklet of Information, which is found at www.theABA.org. In brief, the chair of the academic anesthesiology department that sponsors the foreign certified anesthesiologist must submit to the ABA a 4-year plan, co-signed by the physician, for prospective approval by the ABA Credentials Committee before a candidate is eligible for the program. The Credentials Committee takes its role seriously as this is truly a program to facilitate outstanding research faculty obtaining primary certification in our specialty through this alternate pathway. The four-year plan submitted needs to detail the plans for the candidate to demonstrate excellence in teaching, clinical anesthesiology and discovery of new knowledge in the specialty. The plan must identify the planned research activity in sufficient detail for the Credentials Committee to make an informed decision.

In 2007 the ABA initiated a 7-year pilot program allowing outstanding international medical graduates, certified by the national anesthesiology organization in the country where they trained and practicing anesthesiology in the United States, to qualify for entrance into the ABA examination system for initial certification in our specialty.

This pilot program is underway. During the first year, 24 candidates have been entered into the four year alternate pathway experience. A single academic department is allotted two potential candidate positions for the alternate pathway. The candidates must come from departments with an ACGME-accredited anesthesiology residency or fellowship training program that has continued full accreditation and a review cycle of three years or more. Once approval is granted for a candidate to enter this alternate pathway the department chair has to send a report on the candidate's progress in meeting the outlined goals every six months.

The ABA will judge the success of this 7-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 Alternate Entry Pathway 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, do not remain in academic anesthesiology or are not academically productive subsequent to completing the program ■

RECOGNITION OF DIPLOMATES' SERVICE AND CONTRIBUTIONS IN 2007

The American Board of Anesthesiology acknowledges a debt of gratitude to the ABA diplomates who assisted the Board in 2007. The ABA directors truly appreciate their service and are pleased to recognize and thank them for their contributions.

PART 1 EXAMINATION:

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

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Stevin Dubin
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James Eisenach
James Eisenkraft
Sheila Ellis
John Emhardt
Jerry Epps
Lucinda Everett
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Your Guide To Maintenance Of Certification In Anesthesiology (MOCA)

(continued from page 5)

PART III: COGNITIVE EXAMINATION (CE)

MOCA candidates must demonstrate their cognitive expertise once every ten years by passing an ABA examination administered via computer under secure, proctored, standardized testing conditions. They may satisfy the examination requirement no earlier than the 7th year of their 10-year MOCA cycle.

Examination prerequisites for the purpose of satisfying the Part III requirement are:

1. Professional standing acceptable to the ABA.
2. Practice Performance Assessment and Improvement (PPAI) participation acceptable to the ABA (see below).
3. The minimum number of LLSA credits (Cognitive Examination Prerequisite) applied toward the MOCA program requirement by the examination decision deadline.

There are no prerequisites for diplomates who want to take the examination for practice prior to the 7th year of their MOCA cycle.

Action Items:

- Qualify for the examination by completing the prerequisites.
- Appear for and pass the Maintenance Of Certfication In Anesthesiology (MOCA) Cognitive Examination.

PART IV: PRACTICE PERFORMANCE ASSESSMENT AND IMPROVEMENT (PPAI)

The ABA recently made significant changes and enhancements to the Part IV requirements. The current Part IV requirement, which consists of the ABA obtaining attestations of a diplomate's clinical activity and on-going program of practice assessment and performance improvement, is being phased out. Taking its place is a three-part PPAI program with requirements for case evaluation, patient safety education, and simulation education.

Diplomates enrolled in MOCA in 2008 and thereafter must complete all three PPAI activities over their 10-year MOCA cycle. They must complete at least one of the three activities in each of the following segments of their MOCA cycle: Years 1-3, Years 4-6, and Years 7-9. Each activity must be completed at least once in the diplomate's 10-year cycle. Each year, the ABA will audit a sample of the case evaluations submitted by MOCA candidates.

Evidence of two PPAI activities acceptable to the ABA is a prerequisite for the MOCA Cognitive Examination. Evidence of three PPAI activities is a requirement for completion of the MOCA Program.

The transition has begun from a Part IV requirement consisting of attestations in the 5th and 9th years of a diplomate's MOCA cycle to three distinct PPAI activities during the 10-year MOCA cycle.

Additional information regarding the MOCA Program (including updated Frequently

Your Guide To MOCA (continued)

THE PART IV REQUIREMENTS FOR INDIVIDUAL DIPLOMATES ARE DETERMINED BY THE YEAR IN WHICH THEIR TIME-LIMITED CERTIFICATION EXPIRES OR THE YEAR IN WHICH THEY ARE COMPLETING THE PROGRAM (SEE CHART).

Year Primary Certification Expires/ Year Completing MOCA	1st PPAI Activity	2nd PPAI Activity	3rd PPAI Activity
2010	2005 - Attestation	2009 - Attestation	None
2011	2006 - Attestation	2010 - Attestation	None
2012	2007 - Attestation	2011 - Attestation	None
2013	2008 - Attestation	2012 - Attestation	None
2014	2009 - Attestation	2011 – 2013 Case Evaluation or Patient Safety or Simulation	None
2015	2010 - Attestation	2012 – 2014 Case Evaluation or Patient Safety or Simulation	None
2016	2011 - Attestation	2013 – 2015 Case Evaluation or Patient Safety or Simulation	None
2017	2012 - Attestation	2014 – 2016 Case Evaluation or Patient Safety or Simulation	None
2018	2009 – 2011 Case Evaluation or Patient Safety or Simulation	2012 – 2014 Case Evaluation or Patient Safety or Simulation	2015 – 2017 Case Evaluation or Patient Safety or Simulation

Action Items:

- Determine the PPAI activities you must complete as well as the date by which you must complete them (see chart above).
- Complete your Part IV requirements in the years indicated.

Asked Questions (FAQs) may be referenced from the ABA web site at www.theABA.org.

Independent Practice Requirement

(For Admission to Examination and for Certification) (continued from page 7)

to the ABA examination system and has passed the examinations for certification, whichever event first occurs after the notation is placed in the individual's file. Otherwise, the reasonable belief notation will only be accessible to appropriate ABA administrative staff and shall not be disclosed to any other person (including ABA Directors and Oral Examiners) during the admission and examination processes.

How does the ABA determine that an applicant satisfies the independent practice requirement?

The Board routinely reminds all program directors that they will be required to attest to whether the resident meets all of the criteria for admission to the ABA examination system, including the independent practice requirement, at the time each resident who is an ABA applicant or candidate for certification completes his or her residency training program.

The Board routinely advises all applicants and candidates that after successful completion of the examinations for certification, the ABA will make the final determination of whether a candidate meets all of the criteria for certification, including the independent practice requirement.

As part of the application process for ABA examination, all applicants are presented with the ABA definition of independent practice and are asked whether or not they satisfy the requirement. When applicable, an applicant is asked to identify each reason why he or she is unable to meet the independent practice requirement. When the applicant has a reasonable belief notation in the ABA record, the Board will attempt to resolve any differences regarding the applicant's ability to meet the ABA independent practice requirement by investigating and examining relevant information in the ABA record, including information provided by the applicant or submitted by the program director in the applicant's final evaluation.

The Board will present the applicant with the results of its investigation. If the conclusion is that the applicant does not meet the independent practice requirement at that time, the Board will give the individual an opportunity to rebut the evidence. The Board will accept the application if the applicant is able to demonstrate that he or she is able to meet the independent practice requirement and all other entrance criteria; otherwise, the Board will deny the application.

How does the ABA determine that a candidate satisfies the independent practice requirement?

The Board will defer awarding ABA certification to any candidate with a reasonable belief notation in his or her ABA record until it determines that the candidate meets the independent practice requirement. After the candidate with a reasonable belief notation in his or her ABA record passes the ABA certification examinations, the Board will investigate and examine all of the relevant information in the ABA record, including information provided by or on behalf of the candidate, to determine whether or not the candidate meets all of the certification criteria, including the independent practice requirement. The Board will award certification if it determines that the candidate satisfies the independent practice requirement and all other entrance criteria; otherwise, the Board will continue to defer certification.

How could someone who completed training not satisfy the ABA independent practice requirement?

As an example, an individual might through the onset or progression of a serious illness, a catastrophic accident or other similar circumstances develop a condition that prevents him or her from meeting the independent practice requirement at the time of application or certification. It is conceivable that such circumstances might result in the ABA's receipt of information prior to, during or at the completion of the examination process, from state medical licensing authorities, from the candidate himself or herself or other knowledgeable and credible sources, which might give rise to a reasonable belief that the individual might not be capable of practicing independently the entire scope of anesthesiology ■

ABA Information Sessions 2008-2009

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 2008 - 2009, in conjunction with annual meetings of the American Society of Anesthesiologists, the New York State Society of Anesthesiologists and the International Anesthesia Research Society.

FOLLOWING IS THE SCHEDULE FOR THE SPECIAL PROGRAMS:

DATE & LOCATION: **Saturday, October 18, 2008**, in conjunction with the Annual Meeting of the American Society of Anesthesiologists (ASA) in **Orlando, Florida.**

TIME: 4:00 pm – 5:00 pm

DATE & LOCATION: **Saturday, December 13, 2008**, in conjunction with the 62nd 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 15, 2009,** in conjunction with the 83rd Clinical and Scientific Congress of the International Anesthesia Research Society (IARS) in **San Diego, California.**

TIME: 10:15 am – 11:15 am – *To be confirmed*

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

INITIAL CERTIFICATION

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

MAINTENANCE OF CERTIFICATION (MOCA)

- The components of the MOCA program.
- Lifelong Learning and Self-Assessment (LLSA) requirements and CME activities that would be acceptable to the ABA.
- Assessments of Professional Standing and Practice Performance 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 Part 2 examination format or content, or the MOCA program.

Call For Oral Examiner Nominations

The ABA is seeking anesthesiologists to assist with its oral examinations. The nomination process is open until October 31, 2008. New oral examiners will be chosen by the Board of Directors in 2009 and 2010, and will serve at their first exam in either 2010 or 2011. Typically, 5% – 10% 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 2002 and 2005 or recertified in Anesthesiology by the ABA between 2002 and 2008 or completed the ABA Maintenance of Certification in Anesthesiology Program (MOCA) by December 31, 2008.
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 twelve consecutive months over the past three years.

Nominees must be prepared to devote one week as an oral examiner every year for 22 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 25 hours of Category II credit and 25 hours of LLSA credit towards the MOCA program requirement.

The ABA seeks examiners from private practice as well as academic medical centers. It will ask character referees to comment about how nominees stay current in their practice and how they interact with their surgical and anesthesia colleagues. When new examiners are selected, the ABA invites them to examine as soon as 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, 2008, to The American Board of Anesthesiology.

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

Credit Card Payment Required For 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. The ABA accepts American Express, Diner's Club, Discover, MasterCard, and Visa credit cards for application and examination fees.

Check payment will continue to be required for all other fees, such as:

- Examination cancellation fees
- In-training examination fees
- Status request fees

Report From The President (continued from page 2)

Resident applicants preparing to start internships in July 2008, will be entering the workforce in 2012. The broad discussions going on across the country today indicate that the incoming housestaff need to take advantage of the training opportunities in their programs to undertake the most rigorous caseload their institution offers. In their future practice, they will need to understand the needs and procedural requirements for all levels of care, but specifically be able to directly provide care for the most rigorous, difficult and complex cases. They should undertake broad training in fundamentals of medicine so that they can participate actively in pre-operative/pre-procedural evaluation and care of patients, including being comfortable advising and modifying risk factors, as well as instituting proven therapies in the pre-operative period, such as being comfortable prescribing outpatient beta blocker therapy.

Other emphases for future training paradigms include advice to incoming residents to undertake as much critical care training as provided in their program, so that they can participate as experts in the perioperative care of the more seriously ill hospitalized patient before and after procedures. They should receive training and role-modeling in the oversight of and participation in team-based care with fully-trained non-physician anesthesiology providers, which is very different in goals and approach to the common resident experience of introducing medical students or junior residents to anesthesia practice.

Furthermore, if interested, residents should apprentice to faculty who have healthcare delivery leadership roles, such as directing OR suites, interventional suites, ambulatory suites, ICUs, pain clinics, pre-operative evaluation clinics, and the like. Organizational skills such as personnel decision making, standards and protocol development, and experience in how to balance fiscally-based decision making with best patient care, should be gained. If available, incoming residents should gain experience with practice venues outside of the hospital setting, such as office-based anesthesia and/or gain experience with private practice leaders of integrated anesthesiology groups, including business management decision making. Residents may also choose to gain training experiences with out-of-hospital transport of critically ill patients, as well as with the anticipated evolution of the remote monitoring and supervision of anesthetics provided by other medical personnel in distant locations. Additional clinical care leadership opportunities which already exist in some departments of anesthesiology include medically directing respiratory therapy care, or providing 24 hour TEE evaluation and/or pacemaker interrogation/evaluation services.

With this as background, the ABA has been actively working with the RRC for Anesthesiology to coordinate respective changes in program accreditation requirements (RRC), which determines what residency training programs make available and expect from their trainees, along with the Board's expectations of the training accomplishments necessary for a graduate from an accredited program to qualify to apply for admission to the ABA examination system. Starting with changes becoming effective in July 2008, the RRC and ABA have synchronized those two aspects of training and examination admissibility, to emphasize bedside care of patients in the clinical base year, increased critical care and pain management training across the 4-year curriculum, longer formal preoperative evaluation exposure, contiguous PACU experience, and refinements of the case log "quotas". Additionally, in order to develop the researchers needed to continue to move the profession forward, both the RRC and the ABA have developed more flexibility than in years past, for the purpose of keeping the research flame alive in those with research interests, by permitting research experiences to be encountered across a 4 - 5 year curriculum, instead of all postponed to the end the PGY-4 year and a separate post-graduate year.

Furthermore, as long as all of the total requirements and total time-lines are met, the ABA has been evaluating on a case by case basis, proposals from residency training programs for novel combinations of residency and subspecialty fellowships, with or without an enhanced research component. In addition, proposals have been approved for combinations of residency training and masters programs, such as masters of clinical investigation, or potentially masters of business administration, masters in public health, or masters in health care administration.

It is a very exciting time, which will involve the collective wisdom of all parties involved in the specialty. The political and economic leaders at the national and state levels, the subspecialty society leaders, the academic and educational leaders, the research and publication leaders, the accreditation and certification leaders, as well as the practicing ABA diplomates, all need to come together to meet the challenges of the potential changes in practice paradigms which we could find arriving over a very short time-frame. We all need to be sure that we do not become the Xerox of medical specialties. Instead, we all need to coordinate our efforts to position the profession of anesthesiology to take charge of its evolution to the next level of clinical practice, as well as its evolution in value for patients and for the institutions where they present themselves for care ■

2007 Examination Results

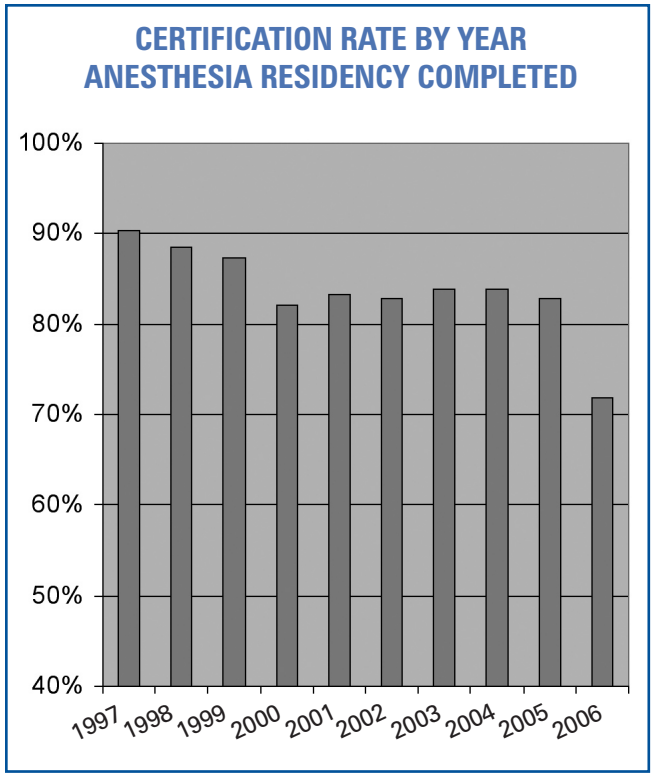
ANESTHESIOLOGY CERTIFICATION

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

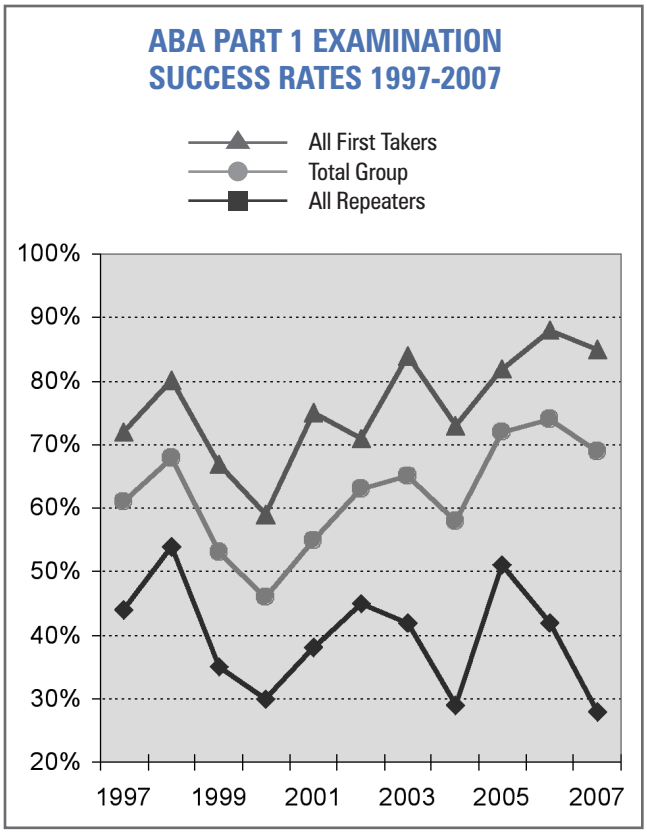
	2003	2004	2005	2006	2007
Part 1	76%	73%	82%	88%	85%
Part 2	71%	75%	82%	76%	81%

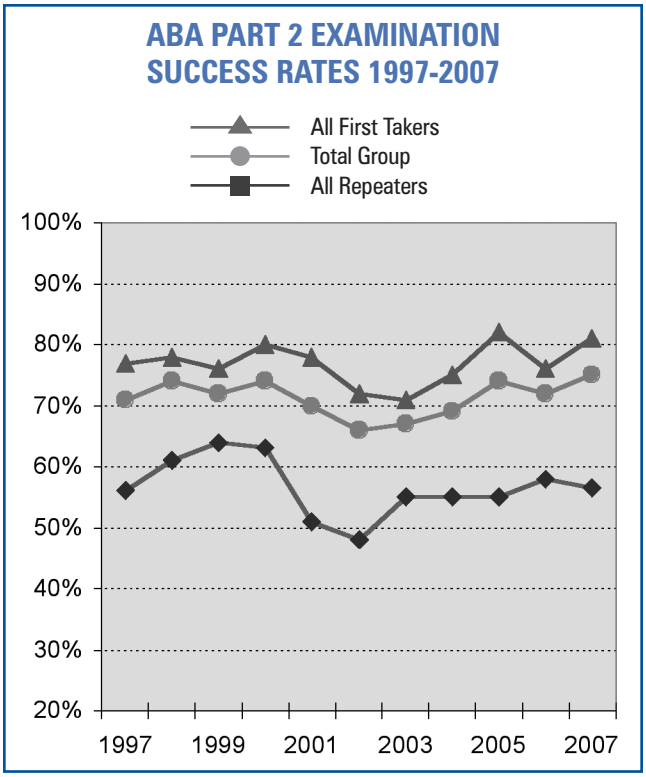
The ABA has certified 42,118 physicians in Anesthesiology as of December 31, 2007, including 12,056 physicians in the previous ten years.

The ABA has certified 42,118 physicians in Anesthesiology as of December 31, 2007, including 12,056 physicians in the previous ten years. The certification rate for physicians who completed their anesthesia residency between 1997 and 2006 is displayed below:



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





ANESTHESIOLOGY RECERTIFICATION

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

2002	2003	2004	2005	2006	2007
99%	100%	100%	100%	99%	100%

The ABA has recertified 2,184 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 - 2007. 148 diplomates have successfully completed the MOCA program as of December 31, 2007.

CRITICAL CARE MEDICINE CERTIFICATION

The success rate on recent critical care medicine examinations is:

2002	2003	2004	2005	2006	2007
67%	76%	84%	80%	83%	81%

The ABA has certified 1273 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 46 diplomates in the subspecialty. The success rate on the CCM recertification examination from 2001 – 2007 was 91%.

PAIN MEDICINE CERTIFICATION

The success rate on recent pain medicine examinations is:

2002	2003	2004	2005	2006	2007
70%	83%	79%	83%	86%	78%

Since the inception of the program in 1993, the ABA has issued 3675 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 2007 success rate was 80%.

PAIN MEDICINE RECERTIFICATION

All ABA certificates in pain medicine are time-limited. The ABA has recertified 1031 diplomates in the subspecialty since beginning a PM recertification program in 2000.

The success rate on pain medicine recertification examinations is:

2002	2003	2004	2005	2006	2007
89%	89%	88%	93%	88%	89%

Application And Examination Fee Changes

The Board of Directors has approved a number of changes in ABA application and examination fees. New fees and effective dates are as follows:

Applications	New Fee	Effective Date
Anesthesiology Certification	$750.00	October 15, 2008
CCM Certification and Recertification	$450.00	January 15, 2009
PM Certification and Recertification	$450.00	January 15, 2009
HPM Certification	$450.00	January 15, 2010

Examinations	New Fee	Effective Date
Anesthesiology Certification, Part 2	$1,850.00	Exams administered in 2009
MOCA Cognitive	$900.00 $1,050.00 $1,200.00	Exams administered in 2009 Exams administered in 2010 Exams administered in 2011

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 2008 Booklet of Information, which is available on the ABA web site at www.theABA.org.

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