Celebrating 75 Years

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PRESIDENT’S REPORT

ABA CELEBRATES 75 YEARS

A BAS WELCOMES NEW DIRECTOR

RESIDENT, CANDIDATE, AND
DIPLOMATE NEWS
In-Training Examination ................................................................. 9
Training Away from ACGME-Accredited Programs ....................... 10
Part 1 Examination ........................................................................ 10
Part 2 Examination ........................................................................ 11
Staged Examinations ...................................................................... 12
Update: Policy on Duration of Candidate Status for Primary Certification ... 14
Update: Alternate Entry Path (AEP) Program .................................. 16
Reporting Professional Standing ...................................................... 17

MAINTENANCE OF CERTIFICATION
Maintenance of Certification in Anesthesiology Program (MOCA) ........ 18
MOCA for Non-Time Limited Certificate Holders ............................ 20
Overview of MOCA Portal Features .............................................. 21
MOCA-SUBS Update .................................................................... 22
MOC-PQRS .................................................................................. 23
<table>
<thead>
<tr>
<th>24</th>
<th>COMBINED TRAINING PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics and Anesthesiology</td>
<td>24</td>
</tr>
<tr>
<td>Internal Medicine and Anesthesiology</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>26</th>
<th>SUBSPECIALTY CERTIFICATION UPDATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care Medicine</td>
<td>26</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>28</td>
</tr>
<tr>
<td>Hospice and Palliative Medicine</td>
<td>30</td>
</tr>
<tr>
<td>Sleep Medicine</td>
<td>31</td>
</tr>
<tr>
<td>Pediatric Anesthesiology</td>
<td>32</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>34</th>
<th>EXAMINATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012 Examination Results</td>
<td>34</td>
</tr>
<tr>
<td>Examination Security and Professional Behavior</td>
<td>36</td>
</tr>
<tr>
<td>Fees and Applying and Registering for Examinations</td>
<td>37</td>
</tr>
<tr>
<td>International Assessment Programs</td>
<td>39</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>40</th>
<th>PORTAL AND WEBSITE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABA Physician Portal: Helpful Hints and New Features</td>
<td>40</td>
</tr>
<tr>
<td>ABA Portal Accounts for Residents</td>
<td>44</td>
</tr>
<tr>
<td>The Move to Electronic Communications</td>
<td>45</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>46</th>
<th>NEWS AND UPCOMING EVENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>New ABA Office, Conference Center, and Assessment Center</td>
<td>46</td>
</tr>
<tr>
<td>2013 Information Sessions</td>
<td>48</td>
</tr>
<tr>
<td>2013 Exhibit Booths</td>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>52</th>
<th>RECOGNITION OF SERVICE AND CONTRIBUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honoring Robert M. Epstein, M.D. - 50 Years of Service</td>
<td>52</td>
</tr>
<tr>
<td>2012 Service Recognitions</td>
<td>53</td>
</tr>
</tbody>
</table>
This has included bringing in-house the item development and administration processes for all ABA examinations. Development of all examinations including the In-Training, primary certification, maintenance of certification and subspecialty certification in critical care medicine, pain medicine, and pediatric anesthesiology occurs at the Board office in Raleigh, NC. The transition from various examination development sites and vendors was completed in 2011.

The ABA has always upheld rigorous and credible standards for the certification and maintenance of certification of anesthesiologists and its subspecialists. Attention has recently focused on enhancing the assessment process to allow physicians to demonstrate the full portfolio of knowledge and skills necessary to deliver excellent care. To encourage residents to engage in more sustained study over the course of their residency training, the current ABA Part 1 Examination will be divided into two staged examinations — the BASIC Examination and the ADVANCED Examination — beginning in 2014. The staged examinations will complement the Accreditation Council of Graduate Medical Education’s (ACGME) movement toward competency-based training and promotion.

The BASIC Examination will focus on the foundations of anesthesia practice based upon anatomy, pharmacology, physiology, and the principles of physics, as well as the fundamentals of patient assessment and clinical care. This examination will be administered at the beginning of the second year (CA-2) of anesthesia training. The first BASIC Examination will be administered in 2014 and, after that, will be offered twice each year in January and August. The ADVANCED Examination will be administered for the first time in 2016 and will focus on advanced principles of practice and advanced clinical care including the various subspecialties of anesthesiology.
The American Board of Anesthesiology, Inc. 5 March 2013 Newsletter

The ABA’s current Part 2 (Oral) Examination will become the APPLIED Examination. The content and format of this examination will change to include elements of Objective Structured Clinical Examinations (OSCEs) in addition to the traditional oral examination questions. The first APPLIED Examination will be administered in 2017. The ABA has created an advisory panel of recognized experts in OSCE development, validation and deployment to aid in the creation of a broader APPLIED Examination. This examination will likely use techniques such as standardized patients, interactive computer assessments, mannequin-based short scenarios and other innovative elements as assessment tools.

To support these changes, the ABA is expanding its office space and developing a dedicated assessment center. The Board anticipates the first phase of office expansion to be complete by April 1, 2013. The second phase of expansion includes the development of a dedicated assessment center - with the goal of moving the current Part 2 (Oral) Examination to the new Raleigh assessment center in 2015. The transition to the APPLIED Examination will follow. Further details of the assessment center and transition timeline will be available as the second phase progresses.

Mary Post, the ABA Executive Director for Administrative Affairs, has developed a top-notch executive team with appropriate skills in assessment, technology and finance to facilitate examination development and assessment. This leadership group has cultivated an environment where talented and dedicated staff edit, refine, and categorize examination items as well provide the necessary expertise in secure online examination development and psychometric analysis to facilitate operation of a well-conceived, thoughtfully constructed and highly reliable testing process.

The ABA staff continues their efforts to be supportive of both the candidates for certification as well as all of our ABA diplomates. The development of an efficient, responsive and friendly communication center that strives to provide excellent service and support for our constituents has complemented a refined website and physician portal. The latter allows 24-7 access for applications, tracking of examination results, and monitoring of maintenance of certification status and requirements. Our communication center staff may be contacted by phone at: (866) 999-7501 Fax: (866) 999-7503 or email at coms@theABA.org between the hours of 9 a.m. and 5 p.m. EST. After April 15, 2013, please address any written communications with the ABA to:

Secretary
The American Board of Anesthesiology, Inc.
4208 Six Forks Road, Suite 1500
Raleigh, NC 27609-5765

All of these changes take place during the 75th Anniversary of the establishment of the ABA, which was recognized by the American Board of Medical Specialties as an independent medical specialty certifying Board in 1938. In keeping with the spirit of the mission of the ABA, the Board and its staff have chosen to celebrate this important milestone through a donation to the Food Bank of Central and Eastern North Carolina in support of the office’s local community. Please join us in recognizing the diamond Jubilee of Board certification in our specialty.
A LOOK BACK AND AHEAD

1933
American Board of Medical Specialties (ABMS) is formed

1937
June 2
Formation of the ABA as an affiliate of the American Board of Surgery.

1938
March 23
ABA Incorporation

1939
January 1
ABA issued its first certificates

1941
February 16
ABA becomes independent primary specialty Board

1985
ABMS voted to permit the ABA and several other Member Boards to issue certificates in critical care medicine

1988
September 16-17
50th Anniversary of the ABA was celebrated at a gala event in Washington, D.C.

1991
ABA began issuing certificates in pain management that would be valid for 10 years

1993
Continued Demonstration of Qualifications (CDQ) - a diplomate could demonstrate their continued qualifications by passing an examination and receiving an attestation

1995
ABA time-limited certification policy approved for all certificates issued on or after January 1, 2000

1996
March 21
ABMS approved the ABA proposal for recertification in anesthesiology

1998
ABMS approved proposals for recertification in critical care medicine and pain management
Celebrating 75 Years of Advancing the Highest Standards of the Practice of Anesthesiology

2002
ABMS approved changing the name of the subspecialty of Pain Management to Pain Medicine

2004
MOCA Program opened to ABA diplomates

2006
ABMS approved the ABA hospice and palliative medicine application for subspecialty certification

2008
ABA Part 1 Examination is delivered by computer for the first time

2009
ABA approves bringing Item development and exam assembly in-house

2009-2011

2010
ABA approves transition to a staged examination system

October
American Board of Pediatrics and ABA announced combined integrated training in pediatrics and anesthesiology

December
Last voluntary ABA Recertification Examination is administered

2011
ABMS approved the ABA sleep medicine application for subspecialty certification

August
ABA Board elected its first non-physician Public Member Director

December
American Board of Internal Medicine and the ABA announced combined integrated training in internal medicine and anesthesiology

2012
ABMS approved the ABA pediatric anesthesiology application for subspecialty certification

2013
ABA will offer its In-Training Examination (ITE) internationally

2014-2017

2014
Dedicated ABA Assessment Center to be completed

2015
First Part 2 Examinations to be given in ABA Assessment Center in Raleigh, NC

2017
First APPLIED Examination will be administered
The ABA is pleased to announce the election of Robert. R. Gaiser, M.D. to its Board of Directors. Dr. Gaiser began his term as an ABA Director at the conclusion of the Board’s meeting in October 2012.

Robert R. Gaiser, M.D.

Dr. Gaiser earned his Bachelor of Science degree in Engineering from the University of Pennsylvania in 1984. He earned his Doctor of Medicine degree in 1988 from Columbia University College of Physicians and Surgeons in New York. Dr. Gaiser earned his Master of Education degree from the University of Pennsylvania Graduate School of Education in 2008.

Dr. Gaiser completed his anesthesiology residency at Massachusetts General Hospital (1989-1992), and a Obstetric Anesthesia fellowship (1992-1993) at the Hospital of the University of Pennsylvania. Following completion of his Obstetric Anesthesiology fellowship, Dr. Gaiser began a position in the Obstetric Anesthesiology department where he has been since 1992. Dr. Gaiser was promoted to Professor of Anesthesiology in the Clinical Educator track and holds appointments in the Departments of Pharmacology and Obstetrics and Gynecology. He has been the Director of Obstetric Anesthesia and is the current Program Director. Dr. Gaiser serves as editor-in-chief of the Journal of Clinical Anesthesia.

Dr. Gaiser holds ABA certification in anesthesiology (1993), has recertified in the specialty, and participates in the ABA Maintenance of Certification in Anesthesiology Program (MOCA). He has been an ABA Associate Examiner since 1998.

Dr. Gaiser and his wife Randi reside in Mount Laurel, New Jersey with their two children.
2013 IN-TRAINING EXAMINATION

In 2013, the ABA moved to electronic administration of the In-Training Examination (ITE) as part of the transition to the staged examination system. This allowed the ITE to accurately reflect the format and content of the Part 1, BASIC and ADVANCED Examinations.

In preparation for delivering an electronic version of the ITE, a pilot test of the computer-based delivery was conducted in March 2012. A total of 350 residents across 9 residency training programs participated in the computer-based ITE pilot test. Feedback received from the program directors, administrators, proctors and residents was very positive and supported moving forward with this delivery model.

The first computer-based administration of the ITE was completed during February 28 – March 2, 2013. A total of 6,171 examinees registered for the examination, which was administered at 141 residency program sites across the United States and Canada.

Scores will be provided in April 2013 to enable examinees to track their own knowledge growth and compare their performance with the performance of other residents at the same training level. As in the past, keywords describing the questions answered incorrectly will be supplied to examinees and program directors. Program directors will receive a summary of the performance of all trainees in their program, including all years a trainee has participated.

The ABA would like to thank all of the residency training programs for their assistance in preparing their institutions, faculty and residents for the transition to a computer-based ITE. Following administration of the examination, surveys will be sent to program directors and residents to provide feedback to the ABA regarding both the computer administration of the ITE and the extended testing period for the examination.
PART 1 EXAMINATION

Candidates for primary certification in anesthesiology may begin applying to the ABA examination system in their CA-3 year. Once a candidate’s application has been approved by the ABA credentials department, the candidate will be eligible to register to take the Part 1 Examination. Candidates will receive an email notification from the ABA instructing them to complete an Online Reply Form in their ABA portal account and to pay the examination fee. Please note that the examination fee is separate from the application fee that was paid at the time of application.

After the registration information has been received by the ABA, candidates will receive an email notification with instructions as to how to schedule their Part 1 Examination at a Pearson VUE Center. Pearson VUE has a limited number of test sites available so the ABA strongly encourages candidates to schedule their examinations promptly.

This year, for the first time, the Part 1 Examination will contain questions based on video clips. This will allow more complete use of some of the features available through computer-based testing. The moving images will involve monitor screens, ultrasound images, capnographic tracings, transesophageal images or videos obtained during bronchoschopic evaluation. There will be two questions based on video clips with each Part 1 Examination administration in 2013. Sample Part 1 Examination video questions are available on the ABA website.

The ABA’s move toward the exclusive use of electronic communications as the means to register for examinations highlights the importance of maintaining accurate contact information. If you have not already done so, please provide a valid email address in your ABA portal to ensure that you receive all important messages regarding your applications for examinations, scheduling of your examination and examination results.

TRAINING AWAY FROM AN ACCREDITED PROGRAM

Residents:

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

Fellows:

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

The ABA Credentials Committee must prospectively approve clinical anesthesia or
PART 2 EXAMINATION

After candidates pass the Part 1 Examination, they are eligible to take the Part 2 Examination the following calendar year. Once eligible, candidates will receive an email notification from the ABA instructing them to complete an Online Reply Form in their portal account and pay the examination fee.

The 2014 Spring Part 2 Examination will be offered the week of April 7 - 11 and the 2014 Fall Part 2 Examination will be offered from October 27 - 31. Both examinations will be held in Chicago, IL.

Candidates who complete their Online Reply Form by November 30, 2013, will be randomly assigned to either the Spring or Fall Part 2 Examination in 2014 based on personal preference and availability of openings in either the Spring or Fall examination, as indicated on the Online Reply Form. Assignments to the Spring or Fall examination are not based on the date the reply form is completed, as long as the completed reply form is submitted by the deadline. Candidates who complete their Online Reply Form after November 30, 2013 will be assigned to the 2014 Fall Part 2 Examination. Upon request, candidates who register to take the Part 2 Examination by November 30 and are enrolled in an ACGME-accredited fellowship for which the ABA awards subspecialty certification will be assigned to the Spring Part 2 Examination in the year after they pass the Part 1 Examination. The ABA will notify candidates via email by December 31, 2013, of their assignments for the 2014 Part 2 Examination.

The ABA office must receive the request from the core or subspecialty Program Director at least four months before the resident or fellow begins the training in question.

The ABA has created a checklist which documents all of the steps for completing a request for training away from an accredited program. The Resident Training Away from Accredited Program Checklist is available on the Training Programs & Residents page of the ABA website at www.theABA.org.
The ABA is transitioning to a new assessment program that will complement the movement of the Accreditation Council of Graduate Medical Education (ACGME) toward competency-based training and promotion.

Rather than taking the Part 1 Examination at the conclusion of residency, ABA candidates who will complete residency training on or after June 30, 2016 will take a staged Part 1 Examination that will consist of two separate examinations. The first of these examinations, the BASIC Examination, will be offered in July 2014. It will be followed by the ADVANCED Examination after the conclusion of residency training in July 2016. The BASIC and ADVANCED Examinations will each consist of 200 multiple choice questions. There will be three types of multiple choice questions on the examinations: A-type, G-sets and R-sets. Examples of each of these types of questions are available on the ABA website. Some of the questions will be based on moving images such as ultrasound images, patient monitors and videos from procedures such as laryngoscopy or fiber-optic bronchoscopy. Samples of these questions are also available at the ABA website.

Content Outline:
The content outline for the BASIC and ADVANCED Examinations is available here. A description of the material covered in each examination is provided in the following figure.

The transition to the new assessment program will be implemented as follows:

- ABA candidates who complete residency training before June 30, 2016 must satisfy all requirements for Board certification, including successful completion of the traditional Part 1 (Written) Examination and the Part 2 (Oral) Examination, within 7 years of the last day of the year in which residency training was completed.
- ABA candidates who complete residency training on or after June 30, 2016 must satisfy all requirements for Board certification, including successful completion of the BASIC, ADVANCED and APPLIED Examinations, within 7 years of the last day of the year in which residency training was completed.
### BASIC

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

### ADVANCED

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

### APPLIED

In the new staged exam system, the current Part 2 (Oral) Exam will become the APPLIED Examination. Its content and format will change to include elements of Objective Structured Clinical Examinations (OSCEs) in addition to the oral examination questions.

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**APPLIED Examination:**

The ABA’s current Part 2 (Oral) Examination will become the APPLIED Examination. Beginning in 2017, its content and format will change to include elements of Objective Structured Clinical Examinations (OSCEs) in addition to the traditional oral examination questions. A dedicated assessment center is being created in Raleigh, NC to accommodate all APPLIED Examinations.

The OSCE assesses skills such as history-taking, physical exam, procedural skills, clinical decision-making, counseling, professionalism, and interpersonal communication. The OSCE in the APPLIED Examination will consist of a series of short simulated clinical situations in which each candidate is evaluated on by different examiners at each station. All candidates rotate through the same stations, completing all the stations in the circuit. This structure will allow objective assessment of candidate clinical skills and the application of their decisions in a standard manner in a variety of scenarios important for the safe practice of anesthesia.

Each station in the OSCE has a very specific task to complete. Thus, an OSCE is **not** a high-fidelity full rescue simulation. Further, completion of an OSCE will not provide credit for the ABA’s Maintenance of Certification in Anesthesiology (MOCA) Program’s Part IV Simulation Education Course requirement.

More information about the new staged examination system is available on the [Training Programs & Residents page](#) of the ABA website.

**Frequently Asked Questions:**

1. **How often will the BASIC Examination be offered?**

   Starting in July 2014, the BASIC Examination will be offered twice each year - in January and July.
In September 2011, the American Board of Medical Specialties (ABMS) Board of Directors adopted a policy on Board eligibility that mandates that no more than seven years can elapse between a physician’s completion of residency training and achievement of Board certification. In 2012, the ABA changed its policy on Duration of Candidate Status to benefit candidates striving to attain primary certification in anesthesiology.

In order to meet the requirements of this ABMS policy, the ABA’s policy on Duration of Candidate Status states that:

**Effective January 1, 2012:**

- Candidates completing residency training **prior to January 1, 2012**, must satisfy all requirements for certification by January 1, 2019.
- Candidates completing residency training **on or after January 1, 2012**, must satisfy all requirements for certification within 7 years of the last day of the year in which residency training was completed.

**How the Policy Changes Benefit Candidates:**

In April 2012, the ABA Board of Directors approved eliminating all limitations on the number of opportunities to satisfy the Part 1 and Part 2 Examination requirements for all candidates for primary certification in anesthesiology. Candidates now have one examination appointment per calendar year to successfully complete the ABA’s Part 1 and Part 2 Examinations and satisfy all other requirements for ABA certification, based on the date residency training is completed (see above).

Physicians who are required to re-establish eligibility for primary certification in anesthesiology are no longer required to take the In-Training Examination. Applicants who meet existing entrance requirements may apply to take the Part 1 Examination; however, they will not be considered candidates in the ABA Examination System until they have passed the Part 1 Examination. Once they have passed the Part 1 Examination, they will be considered to be candidates in the ABA Examination System and will be eligible to take the Part 2 Examination.
2. How often may a resident take the BASIC Examination?

Beginning in their CA-2 year residents may take the BASIC Examination every time that it is offered until they pass it.

3. Does failure of the BASIC Examination mean that the program should report that resident as unsatisfactory for Medical Knowledge on the Clinical Competence Committee (CCC) report for the 6 month reporting period in which the exam was taken?

After a resident fails the BASIC Examination a second time (or does not take the BASIC Exam on the second opportunity), the residency program is required to assign an unsatisfactory for medical knowledge for that resident for the CCC reporting period in which the exam was administered. In addition, the program will be required to assign the resident an unsatisfactory for medical knowledge for every subsequent CCC reporting period until the resident passes the BASIC Examination. An unsatisfactory for medical knowledge because of failure of the BASIC Examination will require that an overall CCC report of unsatisfactory be submitted. After candidates fail the BASIC Examination for a third time, their training will be extended by 6 months for each CCC reporting period in which they have not passed the BASIC Examination.

4. May a resident graduate from a program having NOT passed the BASIC Examination and may that resident continue to take the BASIC Examination even if they have finished three years of training?

It is not possible for a resident to graduate from residency training without passing the BASIC Examination. Residents who fail the BASIC Examination a second time will automatically receive an unsatisfactory for the CCC reporting period in which the examination was taken, and will continue to receive unsatisfactory CCC reports for every subsequent reporting period until they pass the BASIC Examination. If a training program decides to keep a resident beyond three years of training, that resident will continue to be eligible to take the BASIC Examination every time it is offered.
The ABA approved a pilot program beginning in 2007 that allowed international medical graduates who practiced anesthesiology in the United States and who were certified by the national anesthesiology organization in the country where they trained in the specialty to qualify for entrance into the ABA examination system for initial certification in the specialty via an Alternate Entry Path (AEP). The objective of the AEP is to encourage outstanding internationally trained and certified anesthesiologists to become productive research members of U.S. academic anesthesiology programs. Applicants propose a four-year customized program, and are admitted into the ABA Examination system.

To date 51 anesthesiologists have been admitted to the AEP (57% of those who applied). Of these, 29 have completed their program and taken the Part 1 Examination, and 26 (90%) passed on the first attempt. Fifteen have taken the Part 2 Examination, and 14 (93%) passed and are now diplomates of the ABA. In a survey of those who have completed their four-year program, 23 respondents indicated that they will remain in academic practice. They have published a mean of 23 papers, and obtained a mean of 4 grants, half of them from federal or foundation sources. Over half received academic promotion while in the program. Based on the outstanding contribution that AEP graduates are making to academic anesthesiology departments, the ABA is pleased to announce that the AEP program will continue beyond the pilot phase.

To be considered for entry into this program, applicants must have a pre-existing track record of significant, sustained scholarship in the areas of discovery and dissemination. The scholarship of discovery is demonstrated by receipt of peer-reviewed funding as a principal investigator or by first- or senior-authored publication of original research in peer-reviewed journals. The scholarship of dissemination is demonstrated by a record of consistent presentations at local, regional, or national professional and scientific society meetings or the publication of review articles in peer-
reviewed journals and chapters in text books. A record of documented achievement in scholarship, rather than the potential for future success, is critical to acceptance into the AEP program, as is the ability of the sponsoring department to provide an outstanding academic environment.

More information about application procedures for the Alternate Entry Path program is available on the ABA website.

REMINDER: REPORTING PROFESSIONAL STANDING

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

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

The ABA would like to remind candidates for initial certification and ABA diplomates that they have the affirmative obligation to advise the ABA of any and all restrictions placed on any of their medical licenses and to provide the ABA with complete information concerning such restrictions within 60 days after their imposition. Candidates and diplomates who fail to provide this information to the ABA may be subject to sanctions on their candidate or diplomate status.

Additionally, candidates and diplomates are advised to keep the ABA informed of any and all sanctions that have been imposed on their licenses.
NEW: REDUCED CME REQUIREMENT FOR MOCA PART 2

On January 1, 2013, the MOCA Part 2: Lifelong Learning and Self-Assessment requirement was reduced from 350 Category 1 & 2 CME credits, of which at least 250 must be Category 1 credits, to 250 Category 1 CME credits. This change was made to simplify the lifelong learning requirement, and to align with the ABMS’ standard of an average of 25 Category 1 CME credits per year.

Of the 250 Category 1 CME credits, 20 credits must be completed in ABA-approved patient safety courses and 90 credits must be completed in ABA-approved self-assessment activities. There is no minimum CME requirement per year but the maximum allowed in any one year will be 60 credits to ensure that diplomates are completing some CME in at least 5 of the 10 years.

NEW: MORE MOCA APPROVED ACTIVITIES

The ABA encourages medical societies and other healthcare organizations that offer educational activities to submit proposals for their activities to be considered by the ABA to fulfill MOCA requirements. Organizations can submit applications for the following MOCA program requirements:

- Part 2: Lifelong Learning and Self-Assessment
  - Patient Safety
  - Self-Assessment

- Part 4: Practice Performance Assessment and Improvement

Over the past year, the ABA has approved 25 activities for MOCA Part 2 and 4 requirements. Please visit the MOCA page of the ABA website for a complete list of ABA-approved MOCA activities and applications for approval of educational activities.

REMINDER: REPORTING OF MOCA PARTICIPATION

In 2010, the ABA began displaying the participation status of all diplomates enrolled in the MOCA program on the ABA Diplomate and Candidate Directory. This was the first step in providing greater transparency to the public and healthcare organizations that their physicians were actively engaged in continuous professional development.

ABMS Member Boards are now expanding their reporting to include the MOC participation status of all diplomates. The ABA Diplomate and Candidate Directory and the ABMS physician directory will indicate whether a diplomate is or is not “Meeting MOCA Requirements.” Diplomates
are considered to be meeting MOCA requirements if, by the end of the fifth year of their MOCA cycle, they have satisfactory Part 1 professional standing, have completed half of their CME credits for Part 2, and have completed one Part 4 activity. All requirements must be completed by the end of the tenth year of the MOCA program. The directory will note that ABA diplomates who hold non-time limited certificates are not required to participate in the ABA’s MOCA program.

NEW: REINSTATEMENT FEE FOR INCOMPLETE MOCA REQUIREMENTS

All diplomates who are not able to complete the MOCA program requirements within 10 years will be allowed to continue in the program for up to three additional years. Please note that time-limited certificates will expire after 10 years.

Effective January 1, 2014, all diplomates (including non-time limited certificate holders) who wish to complete the MOCA program in Years 11, 12 and 13 will be charged $525 for each year they continue in the program.

To facilitate completion of the MOCA program, the ABA will move diplomates’ 10-year MOCA cycle forward one year at a time, for up to three years. For instance, in the 11th year, any activities completed in year 1 (e.g. CME credits) will be removed and the 10-year MOC cycle will be adjusted to run year 2 through 11. Should requirements not be completed in year 11, all activities in year 2 will be deleted and the 10-year cycle will be adjusted to run from year 3 through year 12. Upon successful completion of all required MOCA activities in a 10 year period, the ABA will issue certificates for Maintenance of Certification in the specialty of Anesthesiology that are valid for 10 years from the date of completion of the program.

If, after an additional three years, the requirements for MOCA have not been completed, physicians with time-limited certificates will have to restart the process of primary certification by taking and passing all of the primary certification examinations under the same application. Upon successful completion of the primary certification process, the physicians will re-attain “diplomate” status and will be issued new time-limited certificates. Non-time limited certificate holders who do not complete MOCA within 13 years and wish to complete the program must take and pass the MOCA Cognitive Examination before they will be allowed to fulfill the remaining program requirements.
MOCA FOR NON-TIME LIMITED CERTIFICATE HOLDERS

“Why should I participate in the Maintenance of Certification in Anesthesiology Program (MOCA)?”

Since the ABA launched the MOCA program, the two most frequently asked questions from diplomates certified before 2000 are “Do I have to participate?” and “Why should I participate?” While participation is voluntary for these non-time limited certificate holders (NTLs), our response on the “why” is threefold:

1. **You have nothing to lose.**
   Diplomates with NTLs have nothing to lose when it comes to participating in MOCA. Participating in MOCA will in no way jeopardize their non-time limited certificate status and they can withdraw from the program at any time.

2. **You are doing a lot of the requirements already.**
   Diplomates are often already completing activities in three of the four parts of MOCA. Diplomates are already maintaining an unrestricted medical license in the United States or Canada (Part 1 requirement). Many diplomates exceed the ABA’s average CME requirement of 25 credits per year (Part 2 requirement). Additionally, the ABA has created a service for CME providers to report credits directly to the ABA, saving diplomates time from reporting their CME. Many diplomates participate in group quality improvement activities that can be modified to qualify for a case evaluation (Part 4 requirement). The only thing left is the Cognitive Examination (Part 3 requirement) which allows diplomates to demonstrate that their medical knowledge is up-to-date.

3. **You can demonstrate that you are keeping up with your colleagues.**
   The ABA began issuing time-limited certificates in the year 2000. It is estimated that by 2015 half of all diplomates of the ABA will be enrolled in MOCA. Only a small fraction of diplomates who were certified between 1970 and 1999 are enrolled in MOCA but that number has doubled over the past two years. With the number of time-limited certificates holders expanding by about 1,500 per year, the likelihood is that the majority of an anesthesiologist’s colleagues will be participating in Maintenance of Certification in the near future. The MOCA program is a great way for those with NTL certificates to show that they are dedicated to lifelong learning and want to keep up-to-date along side their less experienced colleagues.

Diplomates with non-time limited certificates interested in enrolling in the MOCA program can either enroll through their ABA personal portal account, or visit the ABA exhibit booths at many of the specialty society meetings in 2013 for personal assistance from ABA staff. If you have any questions about either mechanism of enrollment, or would like further information about the MOCA program requirements, please call the ABA Communications Center at (866) 999-7501.
OVERVIEW OF MOCA PORTAL FEATURES

In July 2012, the ABA released new features for its diplomates’ personal portal accounts. The portal has been redesigned for easy overall navigation, easy to understand requirements for MOCA, and a simplified view of primary and MOCA certifications.

NEW Features Available in ABA Portal Accounts:

- **Streamlined new look**: Diplomates can easily update their contact information, view the ABA website, or contact the ABA Communications Center from within their portal accounts.

- **Updated progress report with a clear view of MOCA requirements**: Simply click on the plus sign beside the MOCA Cycle dates in the certification summary screen to see specific MOCA requirements. Any requirements that are satisfactory will show a green check mark. Any requirements that are unsatisfactory or incomplete will show a yellow caution mark.

- **New interactive instructions for completing MOCA requirements**: Instructions and more information for MOCA requirements are available in each of the blue section headers within the certification summary.

- **New MOCA enrollment screen**: Diplomates with non-time limited certifications can easily enroll and view their options for expediting their first MOCA cycle.

The ABA has created a short video for diplomates to view the new ABA portal account features. Please click on the image below to view the video.
MOCA-SUBS UPDATE

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

Diplomates Eligible for Subspecialty Recertification

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

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

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

Diplomates Automatically Enrolled in MOCA-SUBS

Diplomates certified in a subspecialty after January 1, 2010 (whose certifications expire on or after December 31, 2020) are automatically enrolled in the MOCA-SUBS program after their subspecialty certification is awarded. The MOCA-SUBS program is a 10-year program that starts the day after their most recent subspecialty certification or recertification is issued. Diplomates can review their MOCA-SUBS program requirements on their ABA portal accounts.
MAINTENANCE OF CERTIFICATION AND PHYSICIAN QUALITY REPORTING SYSTEM REQUIREMENTS

A provision of the Affordable Care Act allows physicians participating in the Physician Quality Reporting System (PQRS) an incentive payment equal to 0.5% of their total estimated Medicare Part B Physician Fee Schedule allowed payments for participating in a Centers for Medicare and Medicaid Services (CMS) approved Maintenance of Certification (MOC) program. (This bonus is in addition to the 0.5% incentive payment allowed for participation in PQRS only.)

The ABA has applied to CMS to become a CMS-approved MOC:PQRS program. This will allow ABA diplomates to receive the bonus incentive for participating in both PQRS and MOC for Anesthesiologists (MOCA). Once approved, the ABA will communicate the exact requirements and mechanisms for participating in MOC:PQRS for 2013, but the general requirements are as follows:

1. **Participate in PQRS reporting**
   Satisfactorily submit data, without regard to method, on quality measures under PQRS, for a 12-month reporting period (January 1 through December 31) either as an individual physician or as a member of a selected group practice. Information can be reported: (1) to CMS on their Medicare Part B claims, (2) to a qualified Physician Quality Reporting registry, (3) to CMS via a qualified electronic health record (EHR) product, or 4) to a qualified Physician Quality Reporting data submission vendor.

   AND

2. **Participate “More Frequently” in MOCA**
   Participate “more frequently” in MOCA than is required to maintain board certification, which includes:
   - completion of a qualified MOCA practice performance assessment and improvement (PPAI) activity and patient experience of care survey each year a diplomate claims the bonus;
   - completion of additional activities to be determined by the ABA

CMS will be offering the PQRS and MOC incentives in 2013 and 2014. Beginning in 2015, CMS will impose a penalty of 1.5% for those physicians who do not participate in PQRS. The MOC incentive is not currently defined beyond 2014.

The ABA will be working with the Anesthesia Quality Institute and the ABMS to help diplomates better understand and meet the MOC:PQRS requirements.
PEDIATRICS AND ANESTHESIOLOGY COMBINED TRAINING UPDATE

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

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

Every combined training program in anesthesiology and pediatrics must be approved by both the ABP and the ABA before residents are recruited. Individuals who wish to apply to any approved program should contact the program directly.
INTERNAL MEDICINE AND ANESTHESIOLOGY COMBINED TRAINING

The American Board of Internal Medicine (ABIM) and the ABA began a combined training program in internal medicine and anesthesiology in January 2012. This program requires five, rather than six, years of training and allows physicians to be fully qualified and certified in both specialties.

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

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

Questions? Contact the ABA Communications Center
Available Monday through Friday 9:00 a.m. to 5:00 p.m. ET

Phone: (866) 999-7501  •  Fax: (866) 999-7503
Email: coms@theABA.org

Recognized Holidays

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

- New Years Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving Day
- Veteran’s Day
- Christmas Eve
- Christmas Day
- New Year’s Eve
CRITICAL CARE MEDICINE (CCM)

The ABA has provided subspecialty certification in critical care medicine to 1,616 diplomates since the first examination was offered in 1986. Since the first CCM Recertification Examination was administered in 2001, 154 diplomates have completed the recertification program.

Please visit the Examinations & Certifications page of the ABA website for complete requirements for submitting an application for subspecialty certification in critical care medicine.

The CCM Examination

The CCM Certification Examination is a comprehensive four-hour computer-based examination consisting of 200 multiple-choice questions - each with a single best answer. All 200 questions must be answered. The examination is designed to evaluate the candidate’s knowledge and clinical judgment in all areas specific to critical care medicine.

The computer-based examination is administered by the ABA and is offered every year to candidates at secure testing centers. Qualified candidates can register for the examination via their ABA portal accounts. The date for the 2014 CCM Certification Examination is August 9, 2014. The dates for the 2014 CCM Recertification Examinations are August 9 – 23, 2014. The detailed content outline is available on the ABA website at www.theABA.org.

Application to ABMS for Co-sponsorship of Anesthesiology Critical Care Medicine (ACCM) Subspecialty Certification

In September 2012, the ABA and the American Board of Emergency Medicine (ABEM) applied to the ABMS for co-sponsorship of certification in Anesthesiology Critical Care Medicine (ACCM). This co-sponsorship will provide an opportunity for ABEM diplomates to pursue fellowship training in ACCM and subsequent certification in ACCM. Approval of this co-sponsorship is an ABMS decision that we anticipate will be made by April 2013. More information is available on the ABA and ABEM websites.
Dual Training Pathway in Anesthesiology and Pediatric Critical Care Medicine

The American Board of Pediatrics (ABP) and the American Board of Anesthesiology (ABA) recently approved a dual training pathway in anesthesiology and pediatric critical care medicine (PCCM) which allows a pediatrician complete training in PCCM and anesthesiology in a shorter period of time than is required for separate training in each of the disciplines. Satisfactory completion of the pathway would confer eligibility for certification in both disciplines after 5 years of training rather than the usual 6 years.

The pathway includes the following stipulations:

- The pathway is available to those who have completed the required training for certification in general pediatrics.

- Both the anesthesiology and PCCM training must be completed in the same institution or in close geographic proximity in the same academic health system.

- Training in pediatric critical care medicine may precede or follow training in anesthesiology or the training may be fully integrated.

- An individual in the pathway must be identified by the end of the first year of training or preferably before training begins in anesthesiology and critical care medicine.

- An outline of the 5 year plan that details how the training requirements of the ABP, the ABA and the ACGME will be met must be submitted to both boards for approval. Individuals will be approved for this pathway on a case-by-case basis; programs will not be approved.

- Although double counting of scholarly activity/research experience is allowed, all clinical training requirements for each discipline must be met.

- Six months of the scholarly activity required for PCCM certification will be completed during the 6 months of research time allowed during the anesthesiology residency. The trainee’s Scholarship Oversight Committee will oversee this training, as required by the ABP’s General Criteria for Certification in the Pediatric Subspecialties.

- The 5 years of training will not confer eligibility for certification in pediatric anesthesiology by the ABA.

Continued on page 29
PAIN MEDICINE (PM)

The ABA has provided subspecialty certification in pain medicine to 4,737 diplomates since the first examination was offered in 1993. Unlike other certificates, pain medicine certificates have always been time-limited. Since the first Pain Medicine Recertification Examination was administered in 2004, 2,158 diplomates have completed the recertification program.

The transition from subspecialty recertification programs to Maintenance of Certification in Anesthesiology for Subspecialties (MOCA-SUBS) began on January 1, 2010. The last subspecialty recertification examinations will be administered in 2016, and the first MOCA-SUBS examinations will be administered in 2017.

The PM Examination

The PM Certification Examination is a comprehensive four-hour computer-based examination consisting of 200 multiple-choice questions - each with a single best answer. All 200 questions must be answered. The examination is designed to evaluate the extent of the candidate’s knowledge and clinical judgment in all areas of pain medicine.

The examination is administered by the ABA and is offered every year to candidates from the ABA, the American Board of Physical Medicine and Rehabilitation (ABPMR) and the American Board of Psychiatry and Neurology (ABPN) at the same time at secure testing centers. The 2014 Pain Medicine Certification Examination will be administered on September 20, 2014 and the 2014 Pain
Medicine Recertification Examinations will be administered from September 20 - October 4, 2014. Please visit the Examinations and Certification page of the ABA website for the complete application requirements for subspecialty certification in pain medicine.

**Computer-based In-Training Examination for Pain Medicine Fellows**

The ABA will begin offering an In-Training Examination (ITE) for pain medicine fellows in 2013. The 2013 examination will be available to all pain medicine fellows enrolled in a training program during the 2012 – 2013 training year. As such, the ABA will be working with the fellowship training programs to prepare for the administration of the computer-based examination that will be held at their sites on Friday, May 3, 2013.

The Pain Medicine In-Training Examination will consist of 150 questions. Examinees will have 3 hours in which to complete the examination. Registration and testing start times will be determined by each fellowship program.

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**CRITICAL CARE MEDICINE (CCM)...Continued on page 27**

- Trainees in the pathway will be eligible for certification in both anesthesiology and PCCM upon the satisfactory completion of all 5 years of training. Certification in one discipline is not contingent upon certification in the other.

**Pathway for Fellows Certified in Anesthesiology:**

Under current policy, a pediatrician who is certified in anesthesiology by the ABA may apply for certification in pediatric critical care medicine on the basis of completion of 2 years of training in pediatric critical care medicine, during which time the requirement for scholarly activity/research must have been fulfilled.

*The current policy is being replaced by a new Dual Pathway for Certification in Pediatric Critical Care Medicine and Anesthesiology.* The new pathway becomes effective July 1, 2013, and applies to any pediatrician without previous training in either anesthesiology or pediatric critical care medicine.

Pediatricians who are currently training in or have completed training in anesthesiology who plan to utilize the current pathway must begin training in pediatric critical care medicine by July 1, 2015. All pediatricians without previous training in either anesthesiology or pediatric critical care medicine who begin such training on or after July 1, 2013, may not utilize the current pathway but instead must utilize the **Dual Pathway for Certification in Pediatric Critical Care Medicine and Anesthesiology.**
HOSPICE AND PALLIATIVE MEDICINE (HPM)

The 10 ABMS Member Boards that co-sponsor certification in HPM are the American Boards of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry and Neurology, Radiology, and Surgery.

The ABA has provided subspecialty certification in hospice and palliative medicine to 111 diplomates since the first examination was offered in 2008. The initial period during which an applicant was permitted to qualify for subspecialty examination in hospice and palliative medicine via temporary criteria (“grandfathering”) ended in 2012.

Please visit the Examinations & Certifications page of the ABA website at www.theABA.org for a complete description of the requirements for submitting an application for subspecialty certification in hospice and palliative medicine.

The HPM Examination

The HPM Certification Examination is a comprehensive one-day computer-based examination consisting of multiple-choice questions with a single best answer. All questions must be answered.

The HPM examination is administered by the American Board of Internal Medicine (ABIM) and is offered every other year to candidates from all Boards at the same time.

The detailed content outline is available on ABIM’s website at www.ABIM.org. The next HPM Examination will be offered on October 2, 2014.

Registration for this examination is available from March 1, 2013 to February 14, 2014.
SLEEP MEDICINE UPDATE

The ABA offered its first Sleep Medicine Examination in 2011. Subspecialty certification in sleep medicine is currently offered by the ABA, ABIM, ABPN, ABP, and the American Board of Otolaryngology (ABOto).

The initial period during which an applicant was permitted to qualify for subspecialty examination in sleep medicine via temporary criteria (“grandfathering”) ended with the 2013 examination. All candidates for subspecialty certification in this area are now required to complete a 12-month fellowship in sleep medicine.

For the complete requirements for submitting an application for subspecialty certification in sleep medicine, please visit the Examinations & Certifications page of the ABA website at www.theABA.org.

The Sleep Medicine Examination

The Sleep Medicine Certification Examination is a comprehensive one-day computer-based examination consisting of multiple-choice questions with a single best answer. All questions must be answered.

The examination is administered by ABIM and is offered every other year to candidates from all Boards at the same time at secure testing centers. The detailed content outline and the examination blueprint are available on the ABIM website at www.ABIM.org.
SUBSPECIALTY CERTIFICATION IN PEDIATRIC ANESTHESIOLOGY

The ABA will administer the first Pediatric Anesthesiology Subspecialty Certification Examination on October 19, 2013. A total of 1,581 applications were received by the February 15, 2013 application deadline. An email will be sent to applicants in early April 2013 with instructions for completing the online examination reply form, submitting the examination fee, and scheduling a test appointment with Pearson VUE.

The Pediatric Anesthesiology Examination will consist of 200 multiple-choice questions designed to broadly assess knowledge in the field of pediatric anesthesiology. The examination will be given under secure conditions in a computer-based format at Pearson VUE testing centers throughout the United States. Many testing sites will be offering morning and afternoon test appointments on October 19. Candidates are encouraged to contact Pearson VUE to schedule their appointments as soon as possible after completing the online registration form and submitting the examination fee. The examination fee varies by the date paid (see page 37).

The detailed content outline for the Pediatric Anesthesiology Subspecialty Certification Examination and additional sample test items are available on the ABA website at www.theABA.org.

Physicians who apply for subspecialty certification in pediatric anesthesiology must:

• Possess an appropriate medical degree or its equivalent;

• Hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the United States or Canada that is permanent, unconditional and unrestricted;

• Be diplomates of the ABA;

• Be participants in the ABA’s Maintenance of Certification in Anesthesiology Program (MOCA);

• Have satisfactorily completed fellowship training in pediatric anesthesiology or possess the required experience in pediatric anesthesiology as described below.

Fellowship Training:
Diplomates must satisfactorily complete a one-year, fellowship program in pediatric anesthesiology that was ACGME-accredited throughout the time of enrollment, with verification from the program
directed. (Fellowships in pediatric anesthesiology have been accredited by the ACGME since 1997.)

OR

“Grandfathering” Criteria:

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

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

The last examination for which a qualified applicant can apply under the “grandfathering” criteria is the 2015 examination; after which authorized fellowship training in pediatric anesthesiology will be required.

All candidates, including those who qualify via “grandfathering” criteria, must take and pass the subspecialty examination to gain certification. Physicians with non time-limited primary certification in anesthesiology who wish to apply for subspecialty certification in pediatric anesthesiology must enroll in MOCA before submitting an application. Diplomates can visit any of the ABA exhibit booths (link to booth article) throughout the year to enroll in MOCA or contact the ABA Communications Center at (866) 999-7501 for assistance.

2014 Pediatric Anesthesiology Subspecialty Certification Examination:

The 2014 Pediatric Anesthesiology Subspecialty Certification Examination will be administered on September 13, 2014. Diplomates may apply for the 2014 examination via their ABA portal accounts from March 1, 2013 to February 15, 2014.
ANESTHESIOLOGY CERTIFICATION

The success rates on the ABA Part 1 and Part 2 Examinations for candidates taking the examination for the first time are shown in the following table.

<table>
<thead>
<tr>
<th>Exam</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1</td>
<td>88%</td>
<td>85%</td>
<td>86%</td>
<td>92%</td>
<td>85%</td>
<td>87%</td>
<td>90%</td>
</tr>
<tr>
<td>Part 2</td>
<td>76%</td>
<td>81%</td>
<td>85%</td>
<td>81%</td>
<td>84%</td>
<td>88%</td>
<td>87%</td>
</tr>
</tbody>
</table>

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

![Graph showing Part 1 and Part 2 Examination Success Rates]

The ABA has certified 49,877 physicians in anesthesiology as of December 31, 2012. The certification rate for physicians who completed their anesthesia residency between 1999 and 2011 is displayed below.

![Graph showing Certification Rate by Year Anesthesia Residency Was Completed]
MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY (MOCA)

The Cognitive Examination for the MOCA program was administered for the first time in 2005. The success rate has been greater than 90% each time that it has been offered. A total of 2,549 diplomates have successfully completed the MOCA program as of December 11, 2012.

CRITICAL CARE MEDICINE CERTIFICATION

The success rates on recent Critical Care Medicine Examinations are:

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>80%</td>
<td>83%</td>
<td>81%</td>
<td>93%</td>
<td>94%</td>
<td>97%</td>
<td>97%</td>
<td>84%</td>
</tr>
</tbody>
</table>

The ABA has certified 1,616 diplomates in critical care medicine since the program’s inception in 1986.

CRITICAL CARE MEDICINE RECERTIFICATION

The ABA initiated a voluntary CCM recertification program in 2001 and has certified 120 diplomates in the subspecialty. The success rate on the CCM Recertification Examination has been 86% since 2001.

PAIN MEDICINE CERTIFICATION

The success rates on recent ABA Pain Medicine Examinations are:

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>83%</td>
<td>86%</td>
<td>78%</td>
<td>89%</td>
<td>89%</td>
<td>89%</td>
<td>80%</td>
<td>86%</td>
</tr>
</tbody>
</table>

Since the inception of the program in 1993, the ABA has issued 4,739 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 2012 success rate was 84%.

PAIN MEDICINE RECERTIFICATION

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

The success rates on ABA Pain Medicine Recertification Examinations are:

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>93%</td>
<td>88%</td>
<td>89%</td>
<td>92%</td>
<td>86%</td>
<td>91%</td>
<td>100%</td>
<td>77%</td>
</tr>
</tbody>
</table>

HOSPICE & PALLIATIVE MEDICINE CERTIFICATION

The HPM Examination is administered by the ABIM every other year. ABA candidates took the HPM Examination for the first time in 2008. The ABA has certified 110 diplomates in hospice and palliative medicine since the program’s inception in 2008.

<table>
<thead>
<tr>
<th>Year</th>
<th>2008</th>
<th>2010</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>86%</td>
<td>74%</td>
<td>79%</td>
</tr>
</tbody>
</table>
EXAMINATIONS

EXAMINATION SECURITY AND PROFESSIONAL BEHAVIOR

The American Board of Anesthesiology, Inc.          36
March 2013 Newsletter

The ABA’s mission is to advance the highest standards of the practice of anesthesiology. To fulfill that mission, our examination and certification processes must be fair, objective, and of the utmost integrity.

Professional Behavior at ABA Examinations

The Board acts to maintain the integrity of its examination and certification process and to ensure the equitable and objective administration of its examinations to all candidates. The security of all ABA examinations is vital to the valid scoring and reporting of the ABA’s examinations and, therefore, is of paramount importance to the ABA. Information about ethical and professional behavior during ABA examinations is sent to all candidates scheduled for an examination. Prior to every ABA examination – ITE, Part 1 (computer-based) and Part 2 (Oral) – candidates are required to read and agree to the ABA’s Confidentiality Policy and its Rules of Conduct before they are allowed to take the exam. The ABA’s Confidentiality Policy advises candidates that any copying of questions, including memorizing questions and later reproducing them, constitutes copyright infringement. The ABA enforces its copyright of each examination question to the full extent of the law.

The Rules of Conduct for all ABA examinations prohibit candidates from bringing any materials or devices into the examination center unless expressly approved by the ABA and inspected by the proctor. Examinees must not falsify information required for admission to the examination or impersonate another examinee. Examinees must not copy answers from another examinee or permit their answers to be copied by another examinee. Examinees may not take any examination materials or memoranda from the examination room. The ABA uses security technology to verify the identity of examinees prior to entering the examination center and to monitor examinees during their examinations. The ABA also uses statistical analyses to verify suspected violations of its Rules of Conduct and Confidentiality Policy. Failure to abide by these rules of conduct during an examination may result in disciplinary action by the ABA, including disqualification from the current and future examinations.

The Part 2 (Oral) Examination is one of the final steps before a physician can be considered for ABA certification. It is absolutely critical that ABA examinees respect the rules for professional conduct at the Part 2 Examinations, including the rules that dictate what can and cannot be taken

Continued on page 38
ABA FEES

The ABA is pleased to announce that its fees are unchanged for 2013. Complete fee information and payment deadlines are posted on the Date & Fees page of the ABA website.

The Board of Directors has approved the following fees for staged examinations beginning in 2014:

- BASIC Examination fee of $775.
- ADVANCED Examination fee of $775.
- APPLIED Examination fee of $2,100.

Fees are due upon examination registration. There will be no application fees for staged examinations. Total fees under the staged examination system are the same as those for the current primary examination system ($3,650).

APPLYING AND REGISTERING FOR AN EXAMINATION

To submit an application or register for an examination, candidates should log into their ABA portal accounts at www.theABA.org.

As a reminder, the ABA requires credit card payment of application and examination fees. The ABA accepts American Express, Diner’s Club, Discover, MasterCard, and Visa credit cards.
EXAMINATION SECURITY AND PROFESSIONAL BEHAVIOR

Continued from page 36

into the examination rooms. Candidates must remove all of the contents from their pockets and place everything in the large, clear plastic bag provided to them in the registration room. This bag must be left outside the door of the examination room. Absolutely nothing can be taken into the examination room, including purses, briefcases, or even pens or pencils unless provided by the ABA. Candidates are reminded by the registrars and ABA staff to leave everything outside the examination room. This is done to ensure that the examination experience is in compliance with ABA rules for examination behavior. Candidates who carry any personal items into the examination room run the risk of disqualification, even if the item was carried into the room by mistake. ABA staff is available to assist candidates during their examination. The 2013 ABA Booklet of Information (BOI) lists the rules for professional behavior during examinations in Section 5.11. Click here to access the 2013 BOI.

Fraud and Detection

Sharing of examination questions, especially for the purpose of cheating on a high-stakes examination, detracts from the fairness of the examination and is detrimental to the specialty of anesthesiology. Examination questions are designed to fairly assess a candidate’s knowledge. Development of examination questions requires several layers of review and verification. Questions are compiled into examinations based on the blueprint for that examination. Examinations are reviewed for appropriate distribution of content and the range of question difficulties. Revisions of the initial form of the examination are based on the results of this review. Development of each examination requires approximately 15 months and thousands of work hours. The ABA actively protects this product by employing a number of techniques to detect cheating before, during, and after all ABA examinations including the use of fraud detection software. This software analyzes the results of multiple-choice tests and finds instances of potential cheating. The ABA will invalidate the examination of a candidate whose conduct, in the Board’s judgment, violates or attempts to violate the integrity of its examination and certification process. In such cases no examination results will be reported to the candidate. Furthermore, the candidate will be subject to punitive action as determined by the Board.

If candidates suspect any conduct that may violate the integrity of the ABA’s examination system, whether it occurs before, during or after an ABA examination, they have a professional responsibility to notify the ABA office immediately. They may contact us confidentially by calling (866) 999-7501 and asking for the Examination Hotline, which is open during our regular business hours, Monday through Friday, 9:00am – 5:00pm ET. During evenings and weekends, they should call the ABA office and leave a confidential voicemail for the ABA Communications Center.

Preparatory Courses

A number of vendors offer preparatory courses designed to help candidates pass an ABA examination. These courses are never endorsed by the ABA. The ABA has learned that some
course providers have asked recent ABA examination candidates to remember questions on their examinations. If anyone asks a candidate to provide them with questions from an ABA examination, the candidate should absolutely refuse to comply with the request, as it is an illegal and unethical. Residents should also inform their training program about the encounter. The ABA advises all examinees that they must neither give nor receive unauthorized information about the content of an ABA examination. Any copying of questions, including memorizing questions and later passing them along to others, constitutes a copyright infringement and is a violation of ABA rules. Examinees found to have violated the examination rules or who have infringed copyright protections will be subject to disciplinary actions by the ABA, including disqualification of their examination and suspension from the ABA examination system for a period of time to be determined by the ABA and potentially prosecution for copyright infringement.

Should you have questions or concerns regarding examination security, please reach out to us by using the ABA’s “Contact Us” feature in the upper right corner of every ABA web page, including the Physician Portal.

INTERNATIONAL ASSESSMENT PROGRAMS

Beginning in 2013, the ABA will offer its In-Training Examination (ITE) internationally. Similar to administration of the ITE in the United States, the international ITE will be administered via computer and scored by the ABA, and the ABA will provide performance reports to residency programs.

The ABA has formed a wholly-owned subsidiary, ABA International, LLC, to administer its international assessment programs. This entity and its international programs will be self-sustaining—no fees paid by candidates or diplomates in the United States will be expended for international activities.
ABA PHYSICIAN PORTAL: HELPFUL HINTS AND NEW FEATURES

The ABA maintains a secure portal for physicians to update personal information, check certification status, register for examinations, and review MOCA requirements. Information stored in each personal portal account is secure and requires a username and password to access.

Instructions for Logging In to an ABA Physician Portal Account

Step 1. Go to the ABA public website at www.theaba.org. The portal account is accessed by clicking the button in the upper-right-hand corner of the page labeled “Physician Login.”

Step 2. After entering requested information, the physician will click “Log In.” First time users will be prompted to set up a portal account. To do this, they will click the link marked “Create an Account.” Users who have forgotten their password may reset it there.
Checking the Certification Summary

The Certification Summary screen displays the status of a diplomate’s ABA certification (including MOCA).

**Step 1.** To do this, the physician will go to the section marked “As a MOCA participant, you can …” and click the link for “Review your progress.”

**Step 2.** The diplomates current certification status will be displayed. Each certification will be shown on separate lines. Diplomates enrolled in MOCA can click on the plus sign (“+”) before their MOCA Cycle dates to see an expanded view of their MOCA requirements and status.
PORTAL AND WEBSITE INFORMATION

Completed requirements will be designated by a green checkmark. Requirements that have not been completed will be designated by a yellow caution mark. Instructions and additional information can be viewed by clicking on blue section headers.

![Certification Summary]

Certification Summary

**Anesthesiology**
Expires: 12/31/2014

**Certification Number:**
**Certification Type:** Time Limited
**Certification Status:** Certified

- **MOCA Cycle 5/1/2004-12/31/2014**
  - **Status:** In Progress

Below is your Maintenance of Certification in Anesthesiology (MOCA) Progress Report. For questions, please contact the ABA Communications Center at (866) 999-7501 or email COMS@theABA.org. View policy on reporting of MOCA participation.

- **Part 1** Professional Standing
  - Medical Licensure
  - Update or Add Medical Licenses
  - Current status: Satisfactory

- **Part 2** Lifelong Learning and Self-Assessment (CME Credit)
  - Report / View CME
  - There is a maximum of 70 CME credits accepted per year for activities completed in 2006 and thereafter.
  - **Required**
    - **Applied**
      - Min 250 350.00 Category 1
      - Max 100 0.00 Other (Documented & Undocumented)
  - 350 350.00 Total CME
  - 0.00 Remaining Required

- **Part 3** Cognitive Examination
  - Requirement satisfied by July 2011 MOCA Cognitive Exam
    - Satisfactory Professional Standing
    - 200 LLSA/CME Credits
    - Satisfactory PPAI Activity

- **Part 4** Practice Performance Assessment and Improvement (PPAI)
  - Instructions
  - **PPAI-1** Requirement satisfied by Attestation completed on 3/31/2009
  - **PPAI-2** Requirement satisfied by Simulation Course completed on 8/25/2012

**Additional Requirements**
- **CME Release Form** Signed 2/24/2009
- **MOCA Acknowledgement and Release Form** Required: Sign Form
- **Independent Practice Requirement** Required: Sign Form
ABA Educational Videos

The ABA has created a number of educational videos to help physicians learn more about the certification process and maintenance of certification. These are available on the Videos page of the ABA website.

Step 1. Access the ABA website at www.theaba.org.

Step 2. Click the menu item on the left side of the screen marked “Videos.” The library of ABA videos will be displayed. You can view any of the videos by clicking on the “Play” button (the arrow in the middle of each video).
ABA PORTAL ACCOUNTS FOR RESIDENTS

ABA portal accounts provide residents with a single location to view and update everything associated with their professional relationship with the ABA. It is important for new residents to create a portal account at the beginning of residency training. To create your portal account, click on “Physician Login” in the upper right corner of the ABA website at www.theABA.org and then click on “How to Create a Portal Account.”

Click here for complete instructions for creating an ABA portal account.

The portal account allows residents to review a summary of the ABA credit earned during residency and the number of months required to complete the continuum of education in anesthesiology. Creation of a portal account involves verifying name, birthdate and social security number. Contact information, especially email addresses, in the portal account should be updated and confirmed for accuracy. This will allow the ABA to send residents notices, board scores and information regarding scheduling of examinations.

As a Resident or Fellow, you can...

Review your Training Summary

<table>
<thead>
<tr>
<th>Quick Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Summary</td>
</tr>
</tbody>
</table>

A summary of the number of months you have trained and for which the ABA has granted you credit is displayed for your review and information. Information is also displayed about the minimum number of months of training required to complete the continuum of education in anesthesiology, pain medicine, critical care medicine, and/or pediatric anesthesiology. If you have a question about your ABA training credit, please speak with your program director. You may also contact the Credentials Department at the ABA office at (866) 999-7501.
From within the ABA portal account, residents can track Board certification requirements, submit applications, update their medical license information, register for examinations and view their examination results.

The ABA plans to create a customized portal for residents in the near future. More details will be announced later in the year.

THE ABA’S MOVE TO PAPERLESS COMMUNICATIONS

In 2009, the ABA began a concerted effort to reduce its use of postal mail and printed materials to communicate with our candidates, diplomates, training programs and other organizations. Today, we continue to use the U.S. Postal Service when we are unable to reach our constituents with important notices by email; however, our communications are primarily sent electronically. We will continue our transition from paper-based processes to electronic communications until all possible communications are sent via electronic means. This allows us to provide better customer service through timely and accurate communications.

Constituent Email Addresses

Our move toward the exclusive use of electronic communications highlights the importance of maintaining accurate contact information. As such, it is essential that all candidates and diplomates provide the ABA with a valid email address to ensure that they receive all ABA messages. Each time they log into their ABA Portal Account, they should verify the accuracy of all of contact information. When they call the ABA Communications Center, the ABA’s Communications Specialists will ask for verification of contact information and, if they are not on file, an email address and phone number.

ABA Newsletter and Booklet of Information

The 2013 ABA Newsletter and the 2013 ABA Booklet of Information (BOI) are both available online in the Publications page of the ABA website at www.theABA.org. Links to these publications are also available within physicians’ ABA personal portal accounts.

Continued on page 47
NEW ABA OFFICE, CONFERENCE CENTER AND ASSESSMENT CENTER

The ABA has leased 32,500 square feet of space in the building where it currently has its office. A new office, conference center and assessment center will be developed in this space. Construction is underway on phase one, which includes construction of the offices and conference center, and occupancy is scheduled for April 2013. Construction of the assessment center, phase two of the project, will begin in 2014.

When completed, the ABA office will provide space for up to 60 employees in 15 fixed offices and 45 workstations and will contain four meeting rooms. With the dramatic reduction in paper processes in recent years, the new office will have much less space devoted to filing cabinets and paper storage.

The conference center will include three state-of-the-art meeting rooms and a catering kitchen. The ABA plans to move all of its Board and committee meetings to Raleigh, NC, reducing its overall meeting costs.

The ABA Assessment Center will feature 20 oral examination rooms and 20 OSCE stations, a candidate check-in area and two candidate briefing rooms. Both the assessment center and the conference rooms will be available for rental by other certification organizations.

Effective April 1, 2013, the new address for the ABA will be:

The American Board of Anesthesiology, Inc.
4208 Six Forks Road, Suite 1500
Raleigh, NC 27609-5765
THE ABA’S MOVE TO PAPERLESS COMMUNICATIONS
Continued from page 45

Next Steps

The ABA is always looking for opportunities to offer better service. By communicating via electronic means whenever possible, we are able to improve the timeliness and effectiveness of our communications. This reduces costs, eliminates postal delivery errors, and ensures that candidates and diplomates know what they need to know, when they need to know it. Today, most of the ABA’s electronic communications are sent via email. In the future, our electronic communications will involve more personalized portal-based messages.

We Want to Hear from You

The ABA exists to serve its constituents and we are always open to suggestions and feedback. Any questions or suggestions about our electronic communications, the ABA’s plans for future communication methods, or anything else of interest, should be shared with us by using the “Contact Us” form on the ABA website at www.theaba.org. Individuals can also call the ABA Communications Center at (866) 999-7501 or stop by one of the ABA exhibit booths.

Questions? Contact the ABA Communications Center
Available Monday through Friday 9:00 a.m. to 5:00 p.m. ET

Phone: (866) 999-7501  Fax: (866) 999-7503
Email: coms@theABA.org

Recognized Holidays

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

- New Years Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving Day
- Veteran’s Day
- Christmas Eve
- Christmas Day
- New Year’s Eve
The following special programs will be held to provide information and answer questions about the ABA programs for initial certification and MOCA. ABA Directors will conduct information sessions in 2013, in conjunction with annual meetings of the International Anesthesia Research Society (IARS), the American Society of Anesthesiologists (ASA) and the Post Graduate Assembly (PGA) of the New York State Society of Anesthesiologists (NYSSA).

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

This year, the format of the information sessions will change to two separate but consecutive 30-minute sessions. The first 30-minute session will focus on primary certification in anesthesiology, including the ABA’s transition to Staged Examinations, and the new Part 2 (APPLIED) Examination format and content. The second 30-minute session will focus on the MOCA Program and the program for Maintenance of Certification in Anesthesiology for Subspecialties (MOCA-SUBS).

SESSION 1: PRIMARY CERTIFICATION IN ANESTHESIOLOGY

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

ABA SESSIONS ON PRIMARY CERTIFICATION

<table>
<thead>
<tr>
<th>@ IARS Meeting</th>
<th>@ ASA Annual Meeting</th>
<th>@ NYSSA-PGA Meeting</th>
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<tbody>
<tr>
<td>Sheraton Hotel &amp; Marina</td>
<td>Moscone Center</td>
<td>Marriott Marquis,</td>
</tr>
<tr>
<td>San Diego, California</td>
<td>San Francisco, California</td>
<td>New York, New York</td>
</tr>
</tbody>
</table>

- Sunday May 5, 2013 10:00 am — 10:30 am
- Saturday October 12, 2013 4:00 pm - 4:30 pm
- Saturday December 14, 2013 5:30 pm - 6:00 pm
SESSION 2: MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY (MOCA)

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

ABA SESSIONS ON MOCA

@ IARS Meeting
Sheraton Hotel & Marina
San Diego, California

@ ASA Annual Meeting
Moscone Center
San Francisco, California

@ NYSSA-PGA Meeting
Marriott Marquis,
New York, New York

Sunday
May 5, 2013
10:30 am — 11:00 am

Saturday
October 12, 2013
4:30 pm - 5:00 pm

Saturday
December 14, 2013
6:00 pm - 6:30 pm

The Board hopes you will be able to attend one of these sessions if you have questions or are seeking information about the examination process for initial certification, the Part 2 Examination format or content, or the MOCA program. For those who cannot attend, a copy of the presentation is available on the ABA website in the News & Events section.
The ABA is pleased to announce that we will be exhibiting at the 2013 annual meetings of the International Anesthesia Research Society (IARS), the American Society of Anesthesiologists (ASA), the American Society of Regional Anesthesia and Pain Medicine (ASRA) and the New York State Society of Anesthesiologists (NYSSA).

This year, the ABA will also be exhibiting at the annual meetings of the Society of Cardiovascular Anesthesiologists (SCA) in Miami Beach, FL and the Texas State Society of Anesthesiologists in Austin, TX.

Thank you to all of the candidates and diplomates who visited the ABA exhibit booths in 2012. ABA staff will be available again this year to answer any questions you may have, help you navigate through your ABA portal account, and help you enroll in MOCA.

Please note that the following exhibit hours may change before the meetings. For additional information about the ABA, please visit our website at www.theABA.org or call the ABA Communications Center at (866) 999-7501.

<p>| Meeting: | Society of Cardiovascular Anesthesiologists |</p>
<table>
<thead>
<tr>
<th>Location:</th>
<th>Fontainebleau Hotel in Miami Beach, FL</th>
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<tbody>
<tr>
<td>Fri, Apr 5, 2013</td>
<td>7:00 a.m. – 4:20 p.m.</td>
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<tr>
<td></td>
<td>6:10 p.m. – 7:10 p.m.</td>
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<tr>
<td>Sat, Apr 6, 2013</td>
<td>6:30 a.m. – 9:50 a.m.</td>
</tr>
<tr>
<td>Sun, Apr 7, 2013</td>
<td>3:30 p.m. – 4:30 p.m.</td>
</tr>
<tr>
<td>Mon, Apr 8, 2013</td>
<td>10:00 a.m. – 3:45 p.m.</td>
</tr>
<tr>
<td>Tue, Apr 9, 2013</td>
<td>10:00 a.m. – 1:30 p.m.</td>
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</table>

<p>| Meeting: | ASRA Annual Pain Medicine Meeting and Workshops |</p>
<table>
<thead>
<tr>
<th>Location:</th>
<th>Westin Boston Waterfront in Boston, MA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thr, May 2, 2013</td>
<td>3:00 p.m. – 7:15 p.m.</td>
</tr>
<tr>
<td>Fri, May 3, 2013</td>
<td>9:30 a.m. – 4:30 p.m.</td>
</tr>
<tr>
<td>Sat, May 4, 2013</td>
<td>9:00 a.m. – 11:00 a.m.</td>
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<p>| Meeting: | IARS Annual Meeting |</p>
<table>
<thead>
<tr>
<th>Location:</th>
<th>Sheraton Hotel &amp; Marina in San Diego, CA</th>
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<tbody>
<tr>
<td>Sat, May 4, 2013</td>
<td>7:00 a.m. – 2:00 p.m.</td>
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<tr>
<td>Sun, May 5, 2013</td>
<td>7:00 a.m. – 2:00 p.m.</td>
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<tr>
<td>Mon, May 6, 2013</td>
<td>7:00 a.m. – 2:00 p.m.</td>
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<tr>
<td>Meeting:</td>
<td>Texas Society of Anesthesiologists</td>
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<tr>
<td>Location:</td>
<td>Hyatt Lost Pines Resort In Austin, TX</td>
</tr>
<tr>
<td>Fri, Sep 6, 2013</td>
<td>6:30 p.m. – 8:30 p.m.</td>
</tr>
<tr>
<td>Sat, Sep 7, 2013</td>
<td>7:00 a.m. – 2:00 p.m.</td>
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<thead>
<tr>
<th>Meeting:</th>
<th>Society for Pediatric Anesthesiology</th>
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<tbody>
<tr>
<td>Location:</td>
<td>San Francisco, CA</td>
</tr>
<tr>
<td>Fri, Oct 11, 2013</td>
<td>7:00 a.m. – 6:30 p.m.</td>
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<table>
<thead>
<tr>
<th>Meeting:</th>
<th>ASA Annual Meeting</th>
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<tbody>
<tr>
<td>Location:</td>
<td>Moscone Center in San Francisco, CA</td>
</tr>
<tr>
<td>Sat, Oct 12, 2013</td>
<td>7:00 a.m. – 6:30 p.m.</td>
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<tr>
<td>Sun, Oct 13, 2013</td>
<td>7:30 a.m. – 5:00 p.m.</td>
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<tr>
<td>Mon, Oct 14, 2013</td>
<td>7:30 a.m. – 5:00 p.m.</td>
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<tr>
<td>Tue, Oct 15, 2013</td>
<td>7:30 a.m. – 5:00 p.m.</td>
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<thead>
<tr>
<th>Meeting:</th>
<th>ASRA Annual Pain Medicine Meeting and Workshops</th>
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<tbody>
<tr>
<td>Location:</td>
<td>Phoeniz, AZ</td>
</tr>
<tr>
<td>Thr, Nov 21, 2013</td>
<td>3:00 p.m. – 6:30 p.m.</td>
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<tr>
<td>Fri, Nov 22, 2013</td>
<td>10:00 a.m. – 4:00 p.m.</td>
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<tr>
<td>Sat, Nov 23, 2013</td>
<td>10:00 a.m. – 12:00 p.m.</td>
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<tr>
<th>Meeting:</th>
<th>NYSSA PGA Meeting</th>
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<tr>
<td>Location:</td>
<td>Marriott Marquis in New York, NY</td>
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<tr>
<td>Sat, Dec 14, 2013</td>
<td>8:00 a.m. – 4:00 p.m.</td>
</tr>
<tr>
<td>Sun, Dec 15, 2013</td>
<td>8:00 a.m. – 3:00 p.m.</td>
</tr>
<tr>
<td>Mon, Dec 16, 2013</td>
<td>8:00 a.m. – 12:00 p.m.</td>
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</tbody>
</table>
Dr. Robert M. Epstein served as an Associate Examiner and Registrar for the American Board of Anesthesiology (ABA) for fifty years. The ABA first appointed Dr. Epstein as a new examiner in 1961. He later transitioned to the role of Registrar in 1996, and faithfully served in the capacity of registering and orienting oral exam candidates until retiring from the position at the ABA’s Fall 2011 Part 2 Examination.

In October 1972, Dr. Epstein was elected to the ABA Board of Directors. During his 12 year tenure (1972-1984), he provided sage advice, pragmatic counsel, and contributed significantly to the Board’s examination and certification processes. He served in a number of capacities including but not limited to, member of the Credentials, Executive, and Examinations Committees, voting representative to the Assembly of the American Board of Medical Specialties, ABA Vice President from 1977-1979, and ABA President from 1979-1980.

In addition to his ABA service, Dr. Epstein is held in high regard as a distinguished clinician. In 1972, after serving at Columbia University, Dr. Epstein was appointed Professor and Chair of the Department of Anesthesiology at the University of Virginia (UVA) School of Medicine in Charlottesville, Virginia. During his 24 year tenure as professor and chair, the department expanded in size and reputation and experienced marked growth both clinically and academically. Dr. Epstein was appointed to the Harold Carron Professorship in Anesthesiology in 1996 and occupied this chair until his retirement. In honor of his service to the department, the Robert M. Epstein Professorship in Anesthesiology, established as the Distinguished Professorship in Anesthesiology, was renamed in 1991 to honor him. The professorship (which was created with support from the UVA Health Services Foundation, UVA Department of Anesthesiology, and Dr. Epstein’s family members, friends, colleagues and former residents) is a testament of the passionate commitment to excellence in education that Dr. Epstein exhibited throughout his distinguished career. Zhiyi Zuo, M.D., Ph.D., currently occupies the Epstein chair.

Dr. Epstein received his medical degree from the University of Michigan Medical School, completed his residency at New York Presbyterian Hospital, and was awarded ABA certification in anesthesiology in 1957.

Dr. Epstein’s service to the ABA, to the specialty of anesthesiology, to his profession, and to the public has been unstinting. Throughout his career, he has contributed widely to initiatives to advance board certification and has upheld a commitment to maintaining and enhancing the highest standards in health care quality and education. The ABA deeply thanks Dr. Epstein for his 50 years of dedicated service and wishes him well in his retirement.
The ABA acknowledges a debt of gratitude to all of the ABA diplomates and other physicians who assisted the Board in 2012.

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

**PART 1 EXAMINATION**

Representatives to the Joint Council on Anesthesiology Examinations

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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<tbody>
<tr>
<td>James DiNardo</td>
<td>Robert Gaiser</td>
<td>Donald Martin</td>
</tr>
<tr>
<td>Sylvia Dolinski</td>
<td>Jeffrey Gross</td>
<td>Roger Mecca</td>
</tr>
<tr>
<td>John Emhardt</td>
<td>Jerome Klafta</td>
<td>John Rowlingson</td>
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**Senior Editors**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
<th>Name</th>
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<tbody>
<tr>
<td>Steven Allen</td>
<td>Catherine Kuhn</td>
<td>Keith Ruskin</td>
</tr>
<tr>
<td>Gregory Botz</td>
<td>Barry Kussman</td>
<td>Randall Schell</td>
</tr>
<tr>
<td>Carl Borromeo</td>
<td>Vinod Malhotra</td>
<td>Scott Segal</td>
</tr>
<tr>
<td>John Chow</td>
<td>Jill Mhyre</td>
<td>Robert Sladen</td>
</tr>
<tr>
<td>Richard Dutton</td>
<td>Kenneth Nelson</td>
<td>Richard Stypula</td>
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<tr>
<td>Stephanie Goodman</td>
<td>Mary Njoku</td>
<td>Richard Teplick</td>
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<tr>
<td>Stephen Heard</td>
<td>Christopher O'Connor</td>
<td>Michael Wall</td>
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<tr>
<td>David Hepner</td>
<td>Lazarre Ogden</td>
<td>Paul Ware</td>
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<tr>
<td>Rosemary Hickey</td>
<td>Paul Pagel</td>
<td>Helen Westman</td>
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<tr>
<td>Jeffrey Jacobs</td>
<td>Manuel Pardo</td>
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<tr>
<td>Stacy Jones</td>
<td>Anthony Passannante</td>
<td>Cynthia Wong</td>
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<tr>
<td>Eric Kitain</td>
<td>Meg Rosenblatt</td>
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Continued on page 52
Recognition of Service and Contributions

Continued from page 51

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Continued on page 54
## Recognition of Service and Contributions

### Continued from page 53

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