



# **THE AMERICAN BOARD OF ANESTHESIOLOGY**

**INFORMATION SESSIONS  
POWERPOINT PRESENTATION**

# TOPICS FOR DISCUSSION

- Certification by the American Board of Anesthesiology
- Maintenance of Certification – Anesthesiology
- Maintenance of Certification – Anesthesiology Subspecialties

# ACHIEVING BOARD CERTIFICATION

- Defining the Board Certified Anesthesiologist
- Specifics about the examinations
- Assessment of candidate performance
- Candidate problems

# WHO IS A DIPLOMATE?

- Physician possessing knowledge, judgment, adaptability, clinical skills, technical facility and personal characteristics to perform independently the entire scope of the practice of anesthesiology
- Physician able to function as the leader of an anesthesiology care team

Continued...

# WHO IS A DIPLOMATE?

- Physician able to communicate effectively with peers, patients, their families and others involved in the medical community
- Physician who can serve as an expert in matters related to anesthesiology, deliberate with others and provide advice and defend opinions in all aspects of the specialty

# EVALUATION OF THE POTENTIAL DIPLOMATE

- Residency – Program Director
  - Personal characteristics
  - Technical skills
  - Clinical performance
- Independent Practice Requirement
- Professional Standing
  - All medical licenses are full and unrestricted

Continued...

# EVALUATION OF THE POTENTIAL DIPLOMATE

- Part 1 Examination
  - Factual knowledge
- Part 2 Examination
  - Judgment, adaptability, applicability
  - Prioritization, organization of presentation

# GUIDED PART 2 (ORAL) QUESTIONS: A BASIC ASSESSMENT TOOL

- General Principles
  - 2 distinctly different cases
  - Elicit unfolding story of management
  - Minimize redundancy, increase breadth of exam
- Provides -
  - Exam uniformity
  - Structure without excess limits

# ORGANIZATION OF GUIDED QUESTION

- Session A: 35 min (long stem)
  - Intraop Management – 10 min
  - Postop Care – 15 min
  - 3 Additional Topics – 10 min
- 10 minute break
- Session B: 35 min (short stem)
  - Preop Evaluation – 10 min
  - Intraop Management – 15 min
  - 3 Additional Topics – 10 min

# CONTENT OF GUIDED QUESTIONS

- Common Clinical Scenarios
  - Airway
  - Pulmonary, including one lung ventilation
  - Cardiac
  - Renal and hepatic
  - Bleeding/transfusion
  - Common complications/management dilemmas
- Topics Always Covered
  - Cardiac, neurosurgery, OB, pediatrics, regional, pain

# TYPICAL CANDIDATE PROBLEMS

- Superficial knowledge
- Adequate knowledge, but does not:
  - **Apply** to clinical situation
  - **Adapt** to changing clinical condition
  - **Communicate** or defend ideas convincingly
  - **Transmit** enough information in a reasonable time

Continued...

# TYPICAL CANDIDATE PROBLEMS

- Faulty judgment
- Tries to control exam
  - Asks too many questions
  - Uses long pauses, speaks slowly
  - Talks fast, long answers to consume time

# COMMONLY ASKED QUESTIONS

- When are the Part 1 exam results reported?
  - By 2 months after test date
- When is the Part 2 exam online reply form due?
  - By November 30<sup>th</sup> to be considered for SPRING Part 2 exam
  - If submitted later, assigned to FALL Part 2 regardless of personal preference

Continued...

# COMMONLY ASKED QUESTIONS

- SPRING and FALL assignments
  - Exam assignments are random
  - Assignment is based on space availability and personal preference (as noted on reply form)
  - Candidates informed by December 15th

# CONGRATULATIONS!

You are now a Diplomate of  
The American Board of  
Anesthesiology.

## WHAT NEXT?

# TIME-LIMITED CERTIFICATION

- Diplomate status is based on
  - First, acquiring the knowledge and skills needed
  - Second, maintaining knowledge and skills throughout your career
  - Third, emphasizing quality of practice
- The emphasis is on Maintenance of certification, not Recertification

# MAINTENANCE OF CERTIFICATION (MOCA)

- Mandatory for those who received their initial certification in 2000 or later
- Certification lasts at most 10 years
- Emphasis on lifelong learning, ongoing evaluation of practice
- Cognitive examination small part of the process

# FOUR COMPONENTS OF MOCA

1. Professional Standing
2. Lifelong Learning and Self-Assessment
3. Cognitive Examination
4. Practice Performance Assessment and Improvement

# PART I – PROFESSIONAL STANDING

- Unrestricted state licensure
- License(s) must be unrestricted in all jurisdictions
- If a license is revoked or restricted, ABA has responsibility to evaluate
- Potential consequences of surrendering a license in lieu of revocation, suspension or investigation.

# PART II - LIFELONG LEARNING AND SELF-ASSESSMENT

- 350 Credits in 10 years
  - 200 credits before cognitive examination
- 250 Credits Must Be Category I (ACCME)
- Up to 100 credits can be for other CME
  - Self-study
  - Committee participation
  - Teaching
- No more than 70 credits for CME completed in a calendar year, beginning with 2006
- Must have CME credit at least 5 out of 10 years

# PART II - LIFELONG LEARNING AND SELF-ASSESSMENT

- Diplomates who enter MOCA after January 1, 2010, are required to complete the following once during their 10-year MOCA cycle:
    - 90 Category 1 credits of either the American Society of Anesthesiologists' (ASA) Self-Education and Evaluation (SEE) program, the ASA's Anesthesiology Continuing Education (ACE) program, or a combination of both programs.
- AND
- 20 Category 1 credits of Patient Safety CME
    - Both the ASA and the American Board of Medical Specialties (ABMS) offer Patient Safety Modules

# PART II - LIFELONG LEARNING AND SELF-ASSESSMENT

- **Not Audited** – CME reported to ABA electronically by a registered provider (e.g., ASA, NYSSA, ASRA, Mayo)
- **Subject to AUDIT** – self reported CME
  - At least once during MOCA cycle
  - Documentation of CME reported within 3 years of audit

# PART III - COGNITIVE EXAM

- For MOCA requirement, take in years 7 - 10
- May take up to twice a year
  - January and July
- Content is based on Clinical Practice
- All 200 questions must be answered.
- Designed to test “Walking Around” Knowledge
- i.e., less basic science, more clinically oriented than ABA Part 1 (written) exam

# Cognitive Exam Content

- Through December, 2009
  - 50% “general” content, 50% subspecialty content (CT, Neuro, Peds, CC, Pain, Ob)
  - Can deselect up to 50 questions
- For 2010 and beyond
  - 75% “general” content, 25% subspecialty, no deselect option
  - Subspecialty content watched more closely for absence of fellowship-level content

# PART IV - PRACTICE PERFORMANCE ASSESSMENT AND IMPROVEMENT (PPAI)

- The physician is practicing anesthesiology or an anesthesiology subspecialty
- There are evaluations of the participant's clinical practice at the local level
- The participant is engaged in practice improvement activities
- The mechanism has changed to include specific requirements

# PART IV REQUIREMENTS

## PRACTICE PERFORMANCE ASSESSMENT AND IMPROVEMENT (PPAI)

- **2 Activities**
  - Case Evaluation (4-Step process)
  - Simulation Training (at an ASA-endorsed center)
- **MOCA** candidates have to complete **at least 1 activity every 5 years** and **both activities during the 10-year MOCA cycle.**

# CASE EVALUATION 4-STEP PROCESS

- **Collect** data from individual or group practice
- **Compare** practice data to approved standards or guidelines
- **Develop and Implement** an improvement plan
- **Reassess** individual or group practice

# ACCESS to MOCA SYSTEM

- Automatically enrolled upon:
  - Initial Certification
  - Maintenance of Certification
- All other functions are web-based at [www.theABA.org](http://www.theABA.org)
- Information is entered as soon as certified
- Personal portal page

# HOW TO ACCESS PERSONAL PORTAL PAGE FROM ABA WEBSITE



The screenshot displays the homepage of the American Board of Anesthesiology. At the top left is the ABA logo, a circular emblem with 'THE AMERICAN BOARD OF ANESTHESIOLOGY' and 'AMABS' in the center. To its right, the text 'The American Board of Anesthesiology' is displayed in a blue serif font. A red arrow points from the 'Physician Login' button to the right. Below the header is a blue navigation bar with 'Apply for Certification' and 'Contact Us' links. On the left side, a vertical menu lists various services, with a red arrow pointing to 'Apply for Certification'. The main content area features two paragraphs of text and four image-based navigation buttons: 'Physicians >', 'Training Programs >', 'Organizations >', and 'Consumers >'.

**Home**

**Apply for Certification** ←

**Dates & Fees**

**Examinations & Certifications**

**Maintenance of Certification (MOCA)**

**Combined Training Programs**

**Important Notices**

**Publications**

**About the ABA**

**Verify a Physician's Certification**

First Name

**Physicians >**

**Training Programs >**

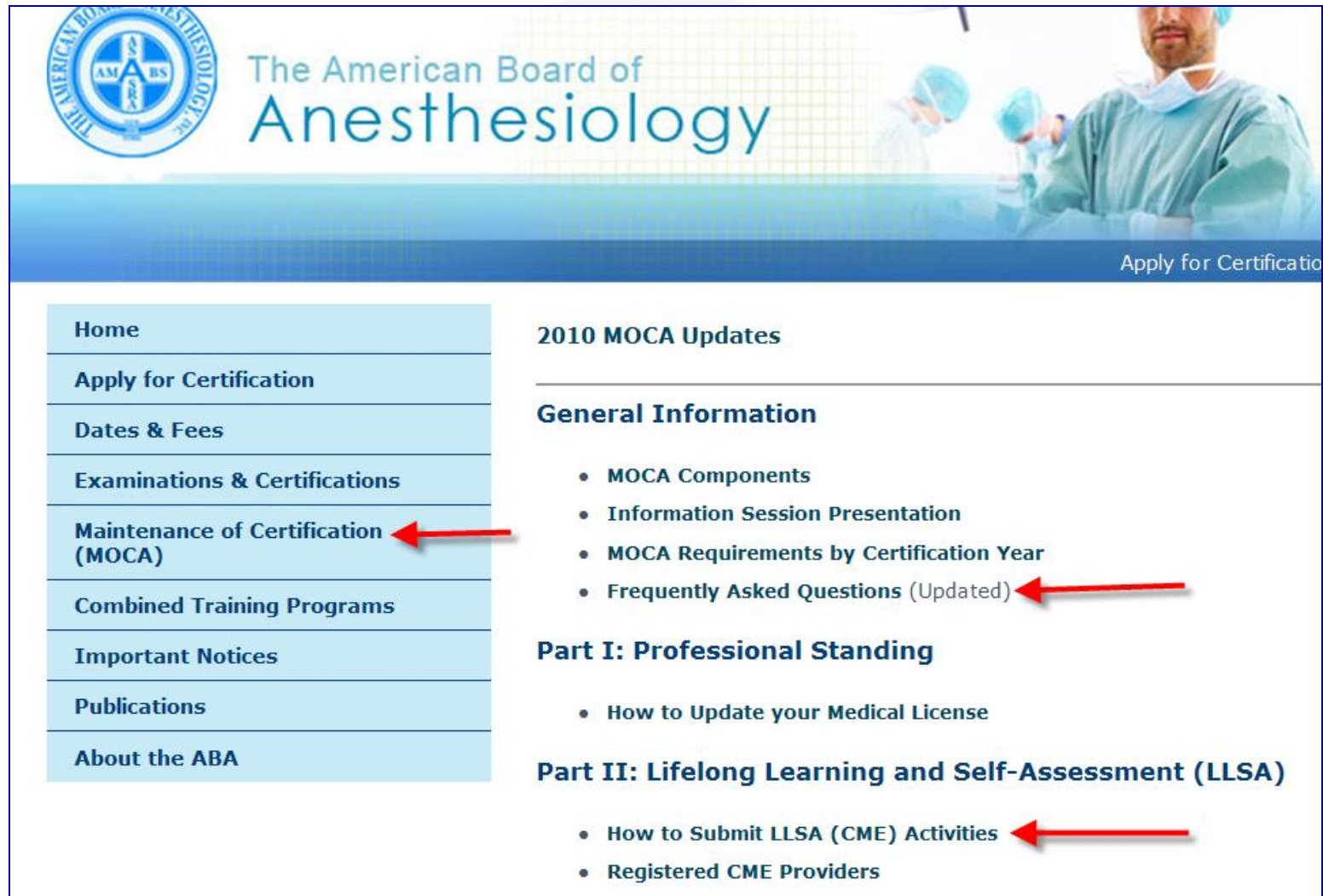
**Organizations >**

**Consumers >**

The American Board of Anesthesiology examines and certifies physicians who complete an accredited program of anesthesiology training in the United States and voluntarily apply to the Board for certification or maintenance of certification.

Our mission is to maintain the highest standards of the practice of anesthesiology and to serve the public medical profession and health care facilities and organizations.

# HOW TO ACCESS MOCA FAQs & LLSA SUBMISSION INSTRUCTIONS FROM THE ABA WEBSITE



The screenshot shows the website for The American Board of Anesthesiology. The header features the organization's logo and name, along with a photograph of anesthesiologists in a surgical setting. A navigation menu on the left lists various sections, with red arrows pointing to 'Maintenance of Certification (MOCA)'. The main content area is titled '2010 MOCA Updates' and includes sections for 'General Information' and 'Part II: Lifelong Learning and Self-Assessment (LLSA)'. Red arrows highlight 'Frequently Asked Questions (Updated)' under General Information and 'How to Submit LLSA (CME) Activities' under Part II.

**The American Board of Anesthesiology**

Apply for Certification

- Home
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- Combined Training Programs
- Important Notices
- Publications
- About the ABA

### 2010 MOCA Updates

#### General Information

- MOCA Components
- Information Session Presentation
- MOCA Requirements by Certification Year
- **Frequently Asked Questions (Updated)**

#### Part I: Professional Standing

- How to Update your Medical License

#### Part II: Lifelong Learning and Self-Assessment (LLSA)

- **How to Submit LLSA (CME) Activities**
- Registered CME Providers

# COMMONLY ASKED QUESTIONS

- If I certified before 2000, do I have to do this?
- What happens if I don't fulfill all the requirements in 10 years?
- What about subcertification?

# IF I CERTIFIED BEFORE 2000, DO I HAVE TO DO THIS?

- No, participation in Recertification and MOCA is voluntary
- Your diplomate status remains intact, whether you participate in or complete MOCA
- {It is possible that your employer or hospital may require it}

# WHAT IF I DON'T FULFILL ALL THE REQUIREMENTS IN 10 YEARS?

- At the end of 10 years, if all requirements are not met, no longer ABA certified
- Can regain certification by finishing all requirements in previous contiguous 10 years
  - 350 CME Credits
  - 2 Part IV Requirements
  - Cognitive exam

# WHAT ABOUT SUBCERTIFICATION?

- Currently, Pain, Critical Care and Hospice & Palliative Medicine are time-limited certificates (10 years)
- Currently, recertification is only option. The transition from recertification to MOCA-SUBS begins in 2010.
- Can maintain subspecialty certification even if anesthesiology certification expires
- Can maintain both subspecialty and anesthesiology certification, if desired, using the SAME CME, Patient Safety CME, Part IV case evaluation and simulation-based training.
- Will require separate exams to maintain each certificate.

# MOCA – SUBS APPROVAL PROCESS

- ABA has to apply to ABMS
- ABMS review and approval process
  - COCERT – Committee on Certification, Subcertification and Recertification
  - ABMS Board of Directors
  - ABMS Assembly

# MOCA

## A WORK IN PROGRESS

- The MOC concept is evolving
- ABMS changes requirements as MOC evolves
- ABA has to change MOCA programs to comply with ABMS requirements