

# ABA NEWS



THE AMERICAN BOARD OF ANESTHESIOLOGY®, INC.

June 2004

A Member Board of the American Board of Medical Specialties

Vol. 17, No. 1

## Report From the President

The president's report this year addresses three topics: Maintenance of Certification in Anesthesia (MOCA™), the philosophy of the ABA with regard to clinical competence, and a more diplomate- and candidate-responsive ABA office.

**Maintenance of Certification.** The ABA is one of 24 Member Boards of the American Board of Medical Specialties (ABMS), all of whom have endorsed the ABMS requirements for maintenance of certification. Consequently, MOCA™ will replace recertification. It would be easy to assume that MOCA™ is just recertification plus continuing medical education, but that would ignore the major thrust of the MOC movement which is practice evaluation.<sup>1</sup> In response to concerns about patient safety and the lack of current evaluations of certified physician specialists, the ABMS Member Boards will obtain and assess evidence of evaluations of practice performance and practice improvements as part of their MOC programs.<sup>2</sup>

Demonstrating a clear connection between primary certification, MOC, practice improvement, and patient outcomes will become the key to justifying why any physician should seek and retain certification by their respective ABMS Member Board in the future. Four steps are required: 1) defining the training required to be capable of performing independently the entire scope of specialty practice before a physician even becomes eligible to enter the board certification process; 2) designing a certification assessment and examination process that is sufficiently challenging to identify those candidates with the requisite knowledge base and the ability to apply it to complex clinical situations; 3) demonstrating that board certified physicians as a group have better outcomes than those who either did not become board certi-



Raymond C. Roy, MD

fied or do not maintain their certification; and 4) demonstrating that the individual diplomate produces outcomes that match or exceed national benchmarks. Steps 1 and 2 have been accomplished. Steps 3 and 4 are the challenge.

Published evidence exists to support a positive correlation between board certification and clinical outcomes. In the late 1990's the ABA provided grant support to study the effect of ABA diplomate status on perioperative outcomes of 144,833 patients in the Pennsylvania Medicare database who had undergone general surgical and orthopedic procedures between 1991 and 1994. Mortality and failure-to-rescue (death after complication) rates were found to be higher in cases involving mid-career anesthesiologists who were not certified by the ABA than in those who were certified.<sup>3</sup> This observation is consistent with the observation that mortality and morbidity in patients after segmental colon resection is least for surgeons who were certified by the American Board of Surgery (ABS) and operated in university hospitals and greatest among surgeons who were not certified by the ABS and operated in non-university hospitals.<sup>4</sup>

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A meta-analysis of all studies attempting to establish a link between board certification and clinical outcomes identified 33 separable relevant findings, 16 of which were positively related to certification.<sup>5</sup>

The process by which diplomates enrolled in MOCA™ will be required to document or demonstrate practice improvement is evolving. The ABA and other ABMS Member Boards believe there is much to learn about how to do this. It is the long-range objective of ABMS "...to have a Web-based patient safety education/improvement module that ABMS Member Boards can use for MOC and that will enable physicians to learn about safety and apply this information to improve care in their practice through a required local improvement."<sup>2</sup> We appreciate your patience as we work together to achieve this common goal.

**Clinical Competence.** It is important periodically to remind the public and ourselves that ABA certification represents qualities in addition to those necessary for clinical competence. Clinical competence is acquired during residency training and practice and maintained through practice assessment and improvement and continuing education. Clinical competence is assessed where the practice of anesthesia occurs through the credentialing process. Credentialing is the responsibility of health care facilities. To establish the credentials necessary to deliver, direct, or supervise anesthesia requires at a minimum graduation from an

ACGME-approved anesthesia residency and state medical licensure. From this point anesthesiologists can practice with or without ABA certification. The important points are that board certification is not required to practice, that competence has already been assessed as sufficient before an application for entry into the board certification process is accepted, that assessing competence is part of the local credentialing process, and that clinical competence is necessary but not sufficient for ABA certification.

**Your Friendly ABA Office.** The ABA office staff has worked very hard to become even more responsive to the needs of candidates, diplomates and the public. There is now a real person answering the phone and directing your inquiries. The ABA accepts credit card payments. Payment of the written and oral examination fees will soon be separated with only the written examination fee and the administrative services fee due at the time of application. The ABA's website now permits on-line application for all examinations and maintenance of certification, verification of diplomate and candidate status, and changes in personal information. Our ultimate goal is to conduct all routine board business on-line.

The ABA desires and welcomes feedback from its candidates for certification and its diplomates. Please take the time to email your comments and suggestions to the ABA at [president@theABA.org](mailto:president@theABA.org) and be assured they will be considered. ■

1. Horowitz SD, Miller SH, Miles PV: Board certification and physician quality. *Med Educ* 2004; 38:10-1.
2. The ABMS Record. 2004; 13 (1):1.
3. Silber JH, Kennedy SK, Even-Shoshan O, Chen W, Mosher RE, Showan AM, Longnecker DE: Anesthesiologist board certification and patient outcomes. *Anesthesiology* 2002; 96:1044-52.
4. Prystowsky JB, Bordage G, Feinglass JM: Patient outcomes for segmental colon resection according to surgeon's training, certification, and experience. *Surgery* 2002; 132:663-70.
5. Sharp LK, Bashook PG, Lipsky MS, Horowitz SD, Miller SH: Specialty board certification and clinical outcomes: the missing link. *Acad Med* 2002; 77:534-42.

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# Maintenance of Certification in Anesthesiology

**M**aintenance of Certification in Anesthesiology (MOCA™) is a program primarily, but not exclusively, for ABA diplomates with time-limited certification. The ABA developed MOCA™ so ABA diplomates who hold a time-limited anesthesiology certificate could continue their certification status without interruption. The MOCA™ requirements are ongoing lifelong learning and self-assessment activities, continual professional standing assessment, periodic assessment of practice performance and quality improvement efforts, and an examination of current knowledge of the discipline. Diplomates with a time-limited certificate maintain their certification status for an additional 10 years each time they successfully complete MOCA™.

ABA diplomates participating in MOCA™ will continually engage in learning and self-assessment activities to improve the quality of their clinical practice and patient care. This effort is self-directed. Each diplomate takes the initiative to (1) determine his/her educational needs; (2) formulate goals for learning; (3) identify educational resources; (4) choose and implement appropriate learning strategies; and (5) evaluate the outcomes of those strategies. These ongoing educational activities are the core of the MOCA™ Lifelong Learning and Self-Assessment (LL-SA) component. During each 10-year MOCA™ cycle, the LL-SA requirement is 350 credits for continuing medical education activities. Of this total, at least 250 credits must be Category 1 credits for ACCME-approved programs or activities. Diplomates may attest to at most 100 credits for formal or informal educational programs and activities for which Category 1 credit is not awarded.

Professional standing requires that the ABA diplomate hold an active, unrestricted license to practice medicine in at least one U.S. or Canadian jurisdiction. Further, every U.S. and Canadian medical license held by the diplomate must be unrestricted at all times. ABA diplomates, and candidates for ABA certification, 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.

The ABA is designing a process to satisfy the MOCA™ requirement for periodic assessment of the diplomate's practice performance and quality improvement efforts. The approach being considered would have the ABA solicit attestations of the diplomate's clinical activity, acceptable clinical practice and participation in practice improvement activities from individuals identified by the diplomate as being familiar with her or his current practice of the specialty (e.g., the Department Chair or Chief of Staff). Practice Performance assessment would occur during the 5th and 9th years of each 10-year MOCA™ cycle.

To be eligible for the Cognitive Examination, a MOCA™ participant must have Professional Standing and Practice Performance assessments acceptable to the ABA and must have reported at least 200 LL-SA credits to the ABA prior to the examination year. MOCA™ participants may take the cognitive examination no sooner than the 7th year of their MOCA™ cycle. There will be two testing windows annually, and there is no limit to the number of times a participant may take the examination. The secure, standardized examination will be administered via computer at test centers nationwide.

Diplomates awarded ABA certification between 2000 and 2003 have less than 10 years to complete MOCA™ before their certification ends. The ABA prorated the LL-SA requirement for their first MOCA™ cycle so they could complete the program without a lapse in certification. In February 2004, the ABA mailed these diplomates a letter with the particulars of the LL-SA requirements for their first MOCA™ cycle. Diplomates certified between 2000 and 2003 who did not receive a letter from the ABA regarding MOCA™ should visit the ABA website ([www.theABA.org](http://www.theABA.org)) or contact the Board office for additional information.

A diplomate's 10-year MOCA™ cycle begins the year following certification, or the year the diplomate registers for MOCA™, whichever occurs later. Diplomates may register for MOCA™ the year in which they are certified. To avoid a lapse in certification, they have to register for MOCA™ no later than the year following their certification.

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# MOCA™ for Diplomates with a Non-Time Limited Certificate

The anesthesiology certificate issued to diplomates certified before 2000 does not have an expiration date. These diplomates do not have to complete the ABA voluntary recertification program, which ends in 2009, or the maintenance of certification in anesthesiology (MOCA™) program to maintain their certification status. Participation in either program does not jeopardize their ABA diplomate status. Either program is an option should they have a future need to document current anesthesiology qualifications.

The recertification and MOCA programs are very similar. Both have requirements for Professional Standing, Practice Performance and Cognitive Examination. They differ in that the recertification program presumes Lifelong Learning and Self-Assessment (LL-SA) as a requirement for medical licensure renewal and MOCA™ has an explicit LL-SA requirement (see page 3, *Maintenance of Certification in Anesthesiology*.)

Professional standing requires that the ABA diplomate hold an active, unrestricted license to practice medicine in at least one U.S. or Canadian jurisdiction and that every U.S. and Canadian medical license held by the diplomate is unrestricted at all times. All ABA diplomates and certification candidates 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.

When diplomates with a non-time limited certificate register for MOCA™ for the first time, they may complete all of the requirements for maintenance of certification in as soon as one year. The ABA continually assesses the Professional Standing of every diplomate. Within six months of MOCA™ registration, the Board will solicit attestations of the diplomate's clinical activity, acceptable clinical practice and participation in practice improvement activities from individuals the diplomate identified as being familiar with her or his current practice of the specialty (e.g., the Department Chair or Chief of Staff). Diplomates with Professional Standing and Practice

Performance assessments acceptable to the ABA may take the cognitive examination when they have satisfied the LL-SA prerequisite for examination.

The LL-SA requirement is 350 credits for CME activities the diplomate completed after certification and within the past 10 years. At least 250 credits must be Category 1 credit for ACCME-approved CME activities, and the participant may attest to at most 100 credits for other, formal or informal medical educational activities. The LL-SA prerequisite for cognitive examination is 200 LL-SA credits reported to the ABA. The ABA will audit and verify all CME activities completed within three years of their submission; therefore, diplomates in the expedited MOCA™ program should have documentation of a Category 1 CME activity for at least three years. The ABA will ask an individual identified by the diplomate (e.g., Department Chair or Chief of Staff) to attest to the diplomate's participation in non-Category 1 activities selected for audit.

Diplomates with a non-time limited certificate may complete the expedited MOCA™ program only once. Their non-time limited certificate remains intact after they complete the expedited program, but each subsequent MOCA™ cycle will be 10 years and will begin the year they completed MOCA™ or the year of MOCA™ re-registration, whichever is later.

Registration for MOCA™ must be done electronically via the ABA website ([www.theABA.org](http://www.theABA.org)). The \$200.00 registration fee is payable at the time of registration either electronically via credit card or by mailing payment to the ABA office. The cognitive examination fee, currently \$500.00, is payable when the diplomate satisfies the requirements for cognitive examination.

The Directors encourage you to visit the ABA web site ([www.theABA.org](http://www.theABA.org)) for more information about the recertification and MOCA™ programs and for responses to frequently asked questions about MOCA™. ■

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# MOCA™ Information Sessions: 2004-2005

**M**OCA™ is the program for maintenance of certification in anesthesiology that the ABA developed so diplomates with a time-limited anesthesiology certificate could maintain uninterrupted certification status. ABA Directors will conduct MOCA™ information sessions in 2004 and 2005, in conjunction with annual meetings of the American Society of Anesthesiologists (ASA), the New York State Society of Anesthesiologists (NYSSA) and the International Anesthesia Research Society. The purpose of these special programs is to provide information and answer questions about the MOCA™ program.

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

- The components of the MOCA™ program.
- Life-Long Learning and Self-Assessment (LL-SA) requirements and CME activities that would be acceptable to the ABA.

- Assessments of Professional Standing and Practice Performance.
- Cognitive Examination and the prerequisites for examination.
- Internet-based processes developed by the ABA to facilitate diplomate registration and participation.

The Board hopes you will be able to attend one of these sessions if you have a time-limited anesthesiology certificate or have questions or are seeking information about MOCA™, the ABA program for maintenance of certification in anesthesiology.

The schedule for the first three special programs is shown below. The schedule for special programs at the 2005 ASA and NYSSA-PGA meetings has not yet been set. ■

## MOCA™ Information Sessions

**Saturday, October 23, 2004**, in conjunction with the Annual Meeting of the American Society of Anesthesiologists in **Las Vegas, Nevada**.

5:30 PM – 6:30 PM

**Saturday, December 11, 2004**, in conjunction with the 58th Post Graduate Assembly in Anesthesiology of the New York State Society of Anesthesiologists in **New York, New York**.

5:30 PM – 6:30 PM

**Sunday, March 13, 2005**, in conjunction with the 79th Clinical and Scientific Congress of the International Anesthesia Research Society in **Honolulu, Hawaii**.

(Time to be announced)

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## New Director

The ABA is pleased to announce the election of David L. Brown, M.D., to its Board of Directors. His term as an ABA Director began at the conclusion of the Board's meeting in the autumn of 2003.

Dr. Brown earned Bachelor of Science degrees in zoology (1972) and medicine (1976) and the Doctor of Medicine degree from the University of Minnesota in 1978. He was a surgery intern at the David Grant USAF Medical Center in California (1978-79) and an anesthesiology resident at Wilford Hall USAF Medical Center in Texas (1980-82). Dr. Brown is a member of Alpha Omega Alpha. At Wilford Hall, he was Chief Resident in Anesthesiology and received the Publication Award and the Outstanding Anesthesiology Resident Award. David holds ABA certification in anesthesiology (1984) and pain medicine (1993) and has recertified in the specialty and the subspecialty.

Dr. Brown has held positions in Departments of Anesthesiology at the University of Washington (1985-90), the Virginia Mason Medical Center (1985-90) and the Mayo Medical School (1990-97), where he received a Teacher-of-the-Year



David L. Brown, MD

Award and attained the rank of Professor. Since 1997, Dr. Brown has held the positions of Professor and Head of the Department of Anesthesiology at the University of Iowa.

Dr. Brown has served as an ABA associate oral examiner since 1987. He was Chair of the ASA Anesthesia Subspecialties Committee and served on the ASA Pain Management Committee. He was a Director of the American Society of

Regional Anesthesia, served as the Society's Secretary/Treasurer and President, and was Editor-in-Chief of *Regional Anesthesia and Pain Medicine*. He was appointed to the Residency Review Committee for Anesthesiology in 2000 and currently is the committee's Chair. Dr. Brown was Secretary/Treasurer of the Association of Anesthesiology Program Directors/Society of Academic Anesthesia Chairs and currently is the AAPD President.

Dr. Brown holds a commercial pilot's license and enjoys flying with his wife Kathryn. Their daughter Sarah is a pediatric resident in Milwaukee, Wisconsin and their son Cody is a law student in St. Paul, Minnesota. ■

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### Maintenance of Certification in Anesthesiology (continued from page 3)

Diplomates register for MOCA™ via the ABA website ([www.theABA.org](http://www.theABA.org)). They may pay the \$200.00 registration fee for the 10-year MOCA™ cycle electronically via credit card or by mailing payment to the ABA office. The ABA will assess an additional fee, currently \$500.00, when the diplomate registers for the cognitive examination.

Following registration, MOCA™ participants submit their CME activities and credits to the ABA electronically via the Board's website. CME activities are subject to audit and verification by the ABA within three years of their submission. Therefore, diplomates must keep documentation of a Category 1 CME activity for at least three years after they submit it to the ABA for LL-SA credit. If a non-Category 1 activity is audited, the ABA will ask an individual identified by the diplo-

mate as having knowledge of the diplomate's participation in the activity to attest to that participation.

The Directors encourage ABA diplomates to visit the Board's website ([www.theABA.org](http://www.theABA.org)) for more information about the MOCA™ requirements and responses to frequently asked questions about the program. You may email your comments and suggestions about the MOCA™ program, the Internet-based systems developed to facilitate diplomate registration and participation, or the ABA website generally to the ABA ([president@theABA.org](mailto:president@theABA.org)). The ABA will acknowledge receipt of the emails it receives but will not send a personal response to them. However, your views will be summarized and presented to the entire Board for its information and consideration. ■

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## ABA Directors

Raymond C. Roy, MD *President*  
Kenneth J. Tuman, MD *Vice President*  
Patricia A. Kapur, MD *Secretary*  
David H. Chestnut, MD *Treasurer*

David L. Brown, MD  
Douglas B. Coursin, MD  
Glenn P. Gravlee, MD  
Orin F. Guidry, MD  
Steven C. Hall, MD  
M. Jane Matjasko, MD  
Mark A. Rockoff, MD  
Mark A. Warner, MD

## ABA Committee Chairs

Mark A. Rockoff, MD	<i>Credentials</i>
Kenneth J. Tuman, MD	<i>Examinations</i>
David H. Chestnut, MD	<i>Finance &amp; Strategic Planning</i>
Steven C. Hall, MD	<i>Maintenance of Certification</i>
Mark A. Warner, MD	<i>Oral Examination</i>
Douglas B. Coursin, MD	<i>Critical Care Medicine Examination</i>
Steven C. Hall, MD	<i>Pain Medicine Examination</i>
Glenn P. Gravlee, MD	<i>Nonstandard Examinations</i>
Mark A. Warner, MD	<i>Research</i>
Mark A. Rockoff, MD	<i>Bylaws</i>
Douglas B. Coursin, MD	<i>Technology</i>

## ABA Management Team

Francis P. Hughes, PhD	<i>Executive Vice President</i>
John Markey, MBA, CPA	<i>Director, Finance &amp; Administration</i>
Rhonda J. Oletti	<i>Manager, Credentialing Services</i>
Joseph C. McClintock, PhD	<i>Manager, Examination Services &amp; Research</i>
Michael R. Rothwell	<i>Manager, Information Technology</i>

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## New Primary Certification Fees and Collection Schedule

The ABA is a nonprofit organization. The Board of Directors maintains ABA examination and administrative services fees at the level necessary to cover the costs of developing and administering ABA examinations; tracking and reporting resident training activities; processing examination applications; and providing support services to residents, applicants, candidates, diplomates and the general public. The Board performs a comprehensive cost and fee review for each of its examination systems every three years. These reviews utilize the latest forecasts of examination expenses and numbers of candidates to determine the fee levels necessary to cover those expenses.

In 2003, the Board reviewed the costs associated with the ABA primary certification system and determined that it was necessary to change the administrative services fee to \$550.00 and the oral examination fee to \$1,725.00. The written examination fee remained unchanged at \$400.00.

These new fees are published in the March 2004 Booklet of Information. Applicants for the 2005 written examination as well as candidates for reexamination in 2005 are subject to these new fees.

To reduce the financial burden on residents applying for certification in their CA-3 year, the Board decided to separate the collection of the oral examination fee from the fees due at the time of application. Beginning with the 2005 primary application cycle, which opens on October 15, 2004, only the administrative services fee (\$550.00) and the written examination fee (\$400.00) are payable at the time of application. The ABA will collect the designated oral examination fee from candidates after they have passed the written examination and before they are scheduled for any oral examination. Candidates will be assessed the oral examination fee that is in effect when they schedule their examination. ■

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# Recognition of Diplomates' Service and Contributions in 2003

The ABA acknowledges a debt of gratitude to the ABA diplomates who assisted the Board in 2003. The diplomates voluntarily contributed their time and energy. The Directors truly appreciate their service and are pleased to recognize and thank them for their contributions.

## Written Examination:

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

Arnold Berry, MD	Philip Lebowitz, MD	Patricia Petrozza, MD
John Cooper, MD	Charles Otto, MD	Mark Rosen, MD
Jeff Gross, MD		

### In-Training Examination Senior Editors:

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

### In-Training Examination Junior Editors:

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

## Oral Examination:

### Candidate Registration and Orientation:

Harry Bird, MD	Philip Larson, MD	Stephen Slogoff, MD
Carl Hug, MD	Alan Sessler, MD	Robert Stoelting, MD
Francis James, MD	E.S. Siker, MD	

### Oral Examiners:

Stephen Abram, MD	James Gallagher, MD	Michael Olympio, MD
John Algren, MD	Thomas Gayeski, MD	Charles Otto, MD
John Allyn, MD	Martin Giesecke, MD	William Owens, MD
John Ammon, MD	D. David Glass, MD	Paul Pagel, MD
Jeffrey Andrews, MD	Nancy Glass, MD	Susan Palmer, MD
Joseph Annis, MD	Michael Goldberg, MD	Ronald Pearl, MD
Douglas Bacon, MD	Gilbert Grant, MD	William Perkins, MD
John Barbaccia, MD	Joel Gunter, MD	Charise Petrovitch, MD
Steven Barker, MD	Marc Hahn, DO	Gerald Piserchia, MD
Richard Bartkowski, MD	Alex Hannenberg, MD	Susan Porter, MD
Karl Becker, MD	Ronald Harter, MD	Richard Prielipp, MD
Arnold Berry, MD	John Hasewinkel, MD	Donald Prough, MD
Casey Blitt, MD	Kenneth Haspel, MD	Kang Rah, MD
Edwin Bowe, MD	Joy Hawkins, MD	Thomas Rahlfs, MD
James Boyce, MD	Frederick Hensley, MD	John Rask, MD
Ferne Braveman, MD	William Hetrick, MD	Peter Rock, MD
David Brown, MD	Roberta Hines, MD	Mark Romanoff, MD
Morris Brown, MD	Jack Isler, MD	Meg Rosenblatt, MD
Raeford Brown, MD	Richard Jaffe, MD	Myer Rosenthal, MD
Sorin Brull, MD	Scott Jellish, MD	Carl Rosow, MD
Charles Buffington, MD	Richard Kaplan, MD	John Rowlingson, MD
Napoleon Burt, MD	Jeffrey Katz, MD	Theodore Sanford, MD
John Butterworth, MD	Jeffrey A. Katz, MD	Frank Sarnquist, MD
John Byrne, MD	Barbara Keller, MD	Scott Schartel, DO

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**Recognition of Diplomates' Service and Contributions in 2003** (continued from page 8)

Michael Cahalan, MD  
Donn Chambers, MD  
Michael Champeau, MD  
Grace Chien, MD  
May Chin, MD  
Cantwell Clark, MD  
Neil Connelly, MD  
Joanne Conroy, MD  
Ryan Cook, MD  
John Cooper, MD  
Joseph Coyle, MD  
Gregory Crosby, MD  
Bruce Cullen, MD  
Saundra Curry, MD  
Laurie Davies, MD  
Fred Davis, MD  
Steven Deem, MD  
James DiNardo, MD  
Carter Dodge, MD  
Kevin Donovan, MD  
John Drummond, MD  
Stevin Dubin, MD  
Burdett Dunbar, MD  
Bryan Dunlop, MD  
John Ebert, DO  
Paul Eckenbrecht, MD  
Jan Ehrenwerth, MD  
James Eisenkraft, MD  
John Emhardt, MD  
Jerry Epps, MD  
Lucinda Everett, MD  
Brenda Fahy, MD  
Jeffrey Feldman, MD  
Donald Finck, MD  
David Fish, MD  
Robert Forbes, MD  
Arthur Foreman, MD  
David Frankville, MD  
Robert Gaiser, MD  
Thomas Gal, MD

Robert Kelly, MD  
Sean Kennedy, MD  
Gregory Kerr, MD  
James Kindscher, MD  
Charles Kingsley, MD  
Eric Kitain, MD  
Bruce Kleinman, MD  
Lawrence Kushins, MD  
Carol Lake, MD  
John Lang, MD  
William Lanier, MD  
Charles Laurito, MD  
Robert Leckie, MD  
Michael Licina, MD  
Alan Lisbon, MD  
Keith Littlewood, MD  
Spencer Liu, MD  
Henry Louderbough, MD  
Philip Lumb, MB, BS  
Thomas Mancuso, MD  
Michael Marsh, MD  
Wayne Marshall, MD  
Thomas Martin, MD  
Jocelyn McClain, MD  
Brian McGrath, MD  
William McIlvaine, MD  
Thomas McLoughlin, MD  
Patrick McQuillan, MD  
Roger Mecca, MD  
Robert Melashenko, MD  
Ronald Miller, MD  
Christina Mora Mangano, MD  
John Moyers, MD  
Joseph Neal, MD  
Mary Neal, MD  
Lars Newsome, MD  
Kenneth Niejadlik, MD  
Mark Norris, MD  
John O'Donnell, MD

Dawn Schell, MD  
Steven Schwalbe, MD  
Alan Schwartz, MD  
Jeffrey Schwartz, MD  
Phillip Scuderi, MD  
Barry Segal, MD  
Joseph Seltzer, MD  
Nancy Setzer-Saade, MD  
Leslie Shaff, MD  
Sam Sharar, MD  
James Shear, MD  
Stanton Shernan, MD  
Joseph Simpson, MD  
Robert Sladen, MD  
Richard Smiley, MD  
Richard Sommer, MD  
Sulpicio Soriano, MD  
Christine Stock, MD  
Richard Stypula, MD  
Daniel Thys, MD  
Michael Todd, MD  
Kevin Tremper, MD  
Donald Tyler, MD  
Gregory Unruh, MD  
Albert Varon, MD  
Susan Vassallo, MD  
David Vertullo, MD  
Christopher Viscomi, MD  
Stephen Vitkun, MD  
Russell Wall, MD  
John Waller, MD  
Terry Walman, MD  
David Warner, MD  
Charles Whitten, MD  
Richard Wiklund, MD  
Roger Wilson, MD  
William Young, MD  
James Zaidan, MD  
Barry Zimmerman, MD

**Critical Care Medicine Examinations:**

Examination Committee:

Neal Cohen, MD  
Heidi Kummer, MD

Michael Murray, MD  
Richard Prielipp, MD

David Rothenberg, MD

Test Question Authors:

Daniel Brown, MD  
Jean Charchafieh, MD  
Martin De Ruyter, MD  
Todd Dorman, MD  
Andrew Gabrielli, MD

Michael Grooper, MD  
J. Steven Hata, MD  
Thomas Higgins, MD  
James Hunter, MD  
Michael O'Connor, MD

Marc Popovich, MD  
John Schweiger, MD  
Elizabeth Sinz, MD  
Stephen Surgenor, MD  
Michael Wall, MD

**Pain Medicine Examinations:**

Examination Committee:

Stephen Abram, MD  
James Rathmell, MD  
Richard Rosenquist, MD  
John Rowlingson, MD

Anne Savarese, MD  
William Spillane, MD  
Santhanam Suresh, MD  
Jon Streltzer, MD (ABPN)

Misha-Miroslav Backonja, MD (ABPN)  
Scott Ross, MD (ABPMR)  
Nicolas Walsh, MD (ABPMR)

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# ABA Policy Changes

In 2003, the ABA made substantive changes to its policy on medical licensure and on residents training away from their ACGME-accredited anesthesiology program. The policies are published in the March 2004 ABA Booklet of Information, which is available on the ABA website ([www.theABA.org](http://www.theABA.org)) or from the ABA office upon request.

**Unrestricted medical licensure.** All ABA diplomates and every candidate for ABA certification must hold a permanent, active, unrestricted license to practice medicine in at least one jurisdiction of the U.S. or Canada, and every U.S. and Canadian medical license that they hold must be unrestricted. ABA diplomates and certification candidates have the affirmative obligation to advise the ABA of any and all restrictions that are placed on any of their medical licenses and to provide the ABA with complete information concerning such restrictions within 60 days of their imposition. Diplomates and candidates discovered not to have made such disclosure may be subject to sanctions on their candidate or diplomate status. See section 2.01.A of the ABA Booklet of Information for more details about this policy.

**Training away from the accredited program.** An ACGME-accredited anesthesiology program includes the parent institution and institutions that have an integration or affiliation agreement with

the parent institution that is approved by the Residency Review Committee for Anesthesiology.

RRC requirements currently limit the number of months a resident may train in institutions not integrated with the resident's ACGME-accredited program to a maximum of 12 months throughout the CA 1-3 years. The ABA will accept no more than 6 of these months in institutions that are not affiliated with the ACGME-accredited program. Thus, residents must complete at least 24 months of Clinical Anesthesia training in their ACGME-accredited program's parent and integrated institutions and may complete no more than 6 months of Clinical Anesthesia training away from their ACGME-accredited program.

Residents cannot train away from their accredited program during their CA-1 year or the last 3 months of their CA-3 year unless such training will be in another ACGME-accredited anesthesiology program. The ABA Credentials Committee must approve Clinical Anesthesia training away from the ACGME-accredited program, even if the training will be in another ACGME-accredited program. The ABA office must receive the Program director's request for a resident to train away from the ACGME-accredited program at least 4 months before the training is scheduled to commence. For more details about this policy, see section 2.02.C (4) of the ABA Booklet of Information. ■

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## Misrepresentation of ABA Status

The ABA wishes to call to its diplomates' attention that it vigorously defends the integrity and significance of granting its certification, for the benefit of its valid diplomates. The ABA will pursue remedies when it discovers either: 1) misrepresentation by uncertified individuals that they are certified by the ABA, 2) misrepresentation by non-time limited diplomates (those certified prior to 2000) that they have been recertified by the ABA, or 3) misrepresentation by diplomates that they have achieved subspecialty certification from the ABA in either Critical Care Medicine or Pain Medicine.

Unfortunately, a very few individuals in the above categories have misrepresented their status with respect to certification, by way of falsified docu-

ments with the ABA trademark. Discoveries occur by a variety of avenues, including medical staff verification processes as well as patients or their legal counsel attempting to verify with the ABA the purported certification status of an anesthesiologist.

The ABA has and will aggressively defend the integrity of its trademarks, which may include but not be limited to available legal and financial remedies, restrictions upon subsequent entrance of the offending individual into any of the ABA examination systems, possible revocation of prior certification, and/or notification of medical licensure boards known by the ABA to have licensed the offending individual. ■

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# ABA Examinations Under Nonstandard Testing Conditions

All ABA examinations are administered under secure, standardized testing conditions. This assures that no candidate has advanced knowledge of specific examination content and that all candidates taking the same examination have the same amount of time to complete it in similar settings and conditions.

To comply with the requirements of the federal Americans with Disabilities Act, the ABA will modify the standard testing conditions for an examination when it has satisfactory evidence that a candidate has a diagnosed physical or mental impairment covered by the federal act that substantially limits her or his ability to take the examination under standard testing conditions. Only when there is such evidence does the ABA offer modifications to the standard testing conditions, and the ABA offers only modifications it believes will reasonably accommodate the candidate's diagnosed impairment and that will not fundamentally alter the measurement the examination is designed to provide. Test accommodations offset the impact of a candidate's diagnosed impairment of her or his ability to take the examination without giving the candidate an advantage.

The existence of a diagnosed impairment covered by the federal act, or a history of prior test accom-

modations, by itself, is not sufficient grounds for the ABA to approve test accommodations. There must be evidence of the current nature and severity of the candidate's impairment that satisfactorily demonstrates that the impairment substantially limits the candidate's ability to take the ABA examination under standard testing conditions. Therefore, where appropriate under applicable diagnostic guidelines for a candidate's impairment, the ABA requires evidence that is based on the results of standardized testing and evaluations of the candidate that were administered by a qualified, licensed professional within the past five years. The evidence is reviewed by qualified consultants as needed and by the ABA Nonstandard Examinations Committee, after which a decision is made about the requested accommodation. The ABA then informs the candidate in writing of this decision.

The ABA publishes its policy on examination under nonstandard conditions in its Booklet of Information. The policy identifies the deadline and procedure for requesting test accommodations. It provides details about the evidence and other documentation that must accompany a request. The ABA Booklet of Information is available on the ABA website ([www.theABA.org](http://www.theABA.org)) or from the ABA office upon request. ■

**The ABA Electronic Application System  
may be accessed through the  
ABA's website:  
[www.theABA.org](http://www.theABA.org)**

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# The ABA Website – What’s New?

The ABA website provides timely information about the Board’s specialty and subspecialty certification and recertification programs. It includes the latest editions of the ABA Booklet of Information and ABA News, the Board’s annual newsletter, as well as announcements of current interest. A number of new website features are highlighted below:

**New Website Address.** The ABA website has a new address ([www.theABA.org](http://www.theABA.org)), to make it even easier to remember and to find online. We invite you visit this site soon.

**Online Portal.** Diplomates, candidates and residents may access a number of personalized services through the secure online portal at [www.theABA.org](http://www.theABA.org). The website contains instructions for obtaining your initial password and unique ABA Identification Number (a more secure replacement for the Social Security Number) that are used to log into the secure portal. Once inside the secure online portal, users may:

- Update personal information such as mailing addresses and phone numbers.
- Apply for an ABA examination.
- Register for the ABA’s Maintenance of Certification in Anesthesiology (MOCA™) program.
- View Frequently Asked Questions about the MOCA™ program.
- Change user passwords.

**Electronic Application System.** In 1999, the ABA began accepting examination applications and credit card fee payments online. Beginning with the 2004 application cycle, the Electronic

Application System added several important enhancements:

- Candidates preferring to pay their examination fee by check now are able to submit an electronic, rather than a paper, application. Paying by credit card continues to be the quickest and most popular method of payment; however, electronic applicants also have the option of printing an invoice and paying by check. As a result of this new service, 81% of applicants submitted an electronic application in 2004, up from 73% in 2003.
- Candidates now are able to sign their application acknowledgement and release statements electronically rather than mailing paper copies to the ABA.
- Candidates now are able to enter medical license information online without having to mail copies of their licenses to the ABA office.

**Online Diplomate Directory.** Visitors to [www.theABA.org](http://www.theABA.org) may utilize the ABA Diplomate and Candidate Directory to determine the certification status of specific anesthesiologists or to search for board-certified anesthesiologists by city and/or state. The Directory provides dates of issuance and expiration for each certificate the ABA has awarded to the diplomate, as well as her or his most recently reported city and state. Be sure to keep your ABA address information current so patients and credentialing verification organizations can quickly find you in this online directory.

The ABA has many exciting plans for both the website and the online portal in the coming years, all aimed at making information and services more readily accessible. We welcome your ideas, input and feedback. ■

**The new address for the ABA website is:**

**[www.theABA.org](http://www.theABA.org)**

**Please be sure to bookmark this new address!**

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# Call for Oral Examiner Nominations

The ABA is seeking anesthesiologists to assist with its oral examinations. The nomination process is open until January 2, 2005. New oral examiners will be chosen by the Board of Directors in 2005 and 2006, and will serve at their first exam in either 2006 or 2007. Typically, 5% – 10% of nominated diplomates are invited to serve as an oral examiner. Individuals may nominate themselves or be nominated by another ABA diplomate. Nominees must satisfy the following two minimum requirements:

1. They must be certified in Anesthesiology by the ABA within 4-7 years of the nomination year (i.e., between 1998 and 2001) or recertified in Anesthesiology by the ABA within 7 years of the nomination year (i.e., between 1998 and 2004).
2. They must be clinically active in the practice of Anesthesiology.

The ABA defines clinically active as performing, directing or supervising anesthesia in the operating room or other anesthetizing areas an average of one day per week during twelve consecutive months over the past three years.

Nominees must be prepared to devote one week as an oral examiner every year for 18 consecutive years. They must remain clinically active for their entire tenure as an oral examiner. They must recertify or successfully complete maintenance of certification in anesthesiology (MOCA™) every ten years. Additionally, they must not participate in practice oral examinations when a fee is charged for such examinations and in courses devoted solely to securing ABA certification for the regis-

trants or other activities that constitute conflicts of interest.

The ABA conducts oral examinations twice each year, in April and September or October. Examiners typically are invited to one examination every 12 months. They are required to remain at the examination site from Sunday afternoon until the following Friday afternoon, inclusive. The ABA covers the examiner's reasonable travel and hotel expenses and provides a modest service per diem and a travel per diem.

Most examiners derive a strong sense of satisfaction from providing an important service to the profession. They enjoy the camaraderie with other examiners and take advantage of frequent opportunities to network with leaders of the profession. Finally, they receive outstanding continuing medical education during each week of examination activity, for which the ABA officially acknowledges 24 hours of Category II credit.

The ABA seeks examiners from private practice as well as academic medical centers. It will ask character referees how nominees stay current in their practice and how they interact with their surgical and anesthesia colleagues. When new examiners are selected, the ABA invites them to examine as soon as 8 months after their appointment. For those who are interested, a letter of nomination and the nominee's postal and email addresses, telephone number and a current Curriculum Vitae, as well as the name and postal and email addresses of three ABA diplomates who could serve as referees, should be sent by January 2, 2005, to the ABA.

**Send oral examiner nominations to:**

**The American Board of Anesthesiology  
c/o Oral Examiner Nominations  
4101 Lake Boone Trail, Suite 510  
Raleigh, NC 27607-7506**

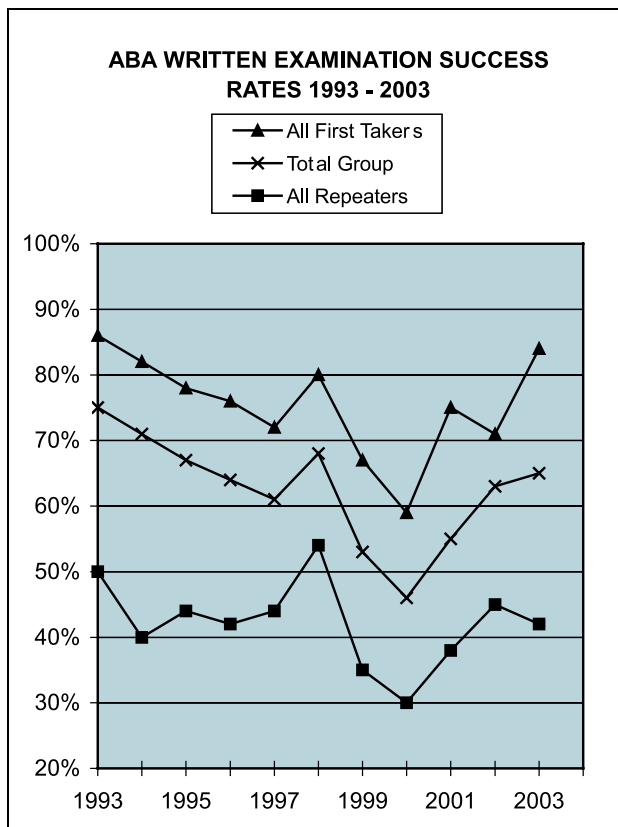
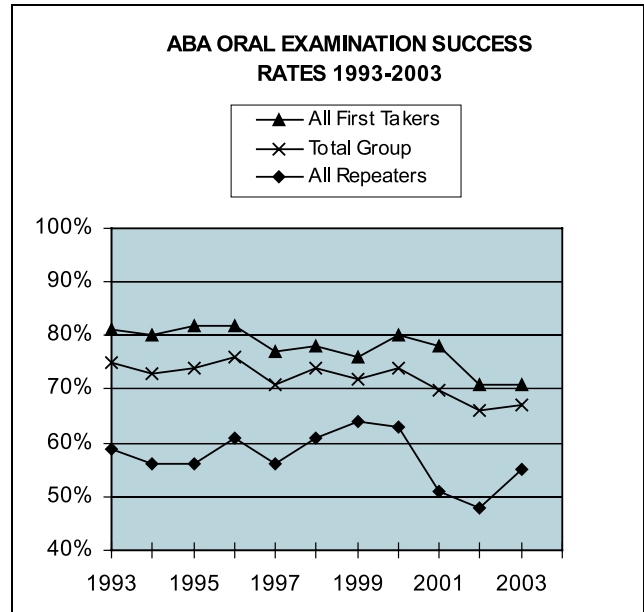
# 2003 Examination Results

## Anesthesiology Certification

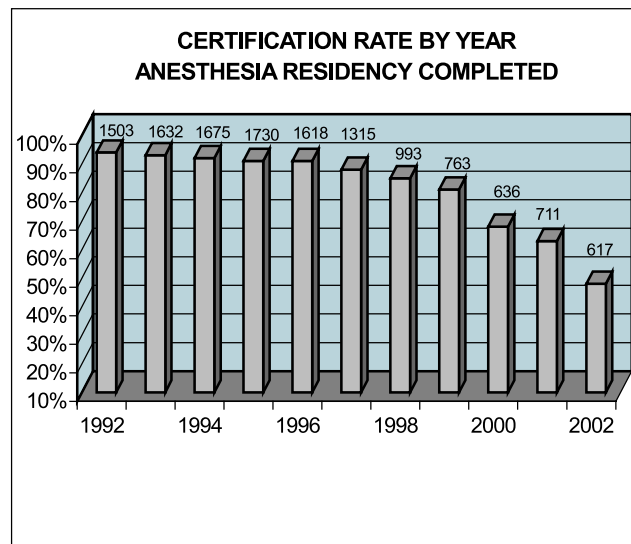
The ABA reports the success rate on its written and oral examinations for the subgroup of U.S. medical school graduates who took the examination for the first time.

	1999	2000	2001	2002	2003
<b>Written</b>	74%	71%	77%	84%	86%
<b>Oral</b>	78%	83%	81%	81%	79%

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



The ABA has certified 36,458 physicians in Anesthesiology as of December 31, 2003. The certification rate for physicians who completed their anesthesia residency between 1992 and 2002 is displayed below:



### **Anesthesiology Recertification**

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

<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
100%	100%	100%	100%	99%	100%

The ABA has recertified 1735 diplomates in anesthesiology since the inception of the voluntary program in 1993.

### **Critical Care Medicine**

The success rate on recent critical care medicine examinations is:

<u>1995</u>	<u>1997</u>	<u>1999</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
98%	87%	87%	82%	65%	77%

The ABA has certified 1098 diplomates in critical care medicine since the program's inception in 1986.

### **Critical Care Medicine Recertification**

The ABA initiated a voluntary CCM recertification program in 2001 and has recertified 19 diplomates in the subspecialty.

### **Pain Medicine Certification**

The success rate on recent pain medicine examinations is:

<u>1996</u>	<u>1998</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
89%	81%	71%	72%	71%	83%

Since the inception of the program in 1993, the ABA has issued 2984 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 2003 success rate was 73%.

### **Pain Medicine Recertification**

All ABA certificates in pain medicine are time-limited. The ABA has recertified 381 diplomates in the subspecialty since beginning a PM recertification program in 2000. The success rate on recent pain medicine recertification examinations is:

<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
63%	75%	89%	89%

**The toll-free ABMS  
telephone number  
for certification verification is  
(866) ASK-ABMS  
(866) 275-2267**

# The American Board of Anesthesiology®

## Address Change Request

To notify the ABA of a change in your address, you may visit [www.theABA.org](http://www.theABA.org), or complete the following detachable form and send it via facsimile to the ABA.

_____	_____	_____	_____
First Name	Middle Name	Last Name	Suffix
_____			
Organization Line 1			
_____			
Organization Line 2			
_____			
Address Line 1			
_____			
Address Line 2			
_____			
_____	_____	_____	
City	State	Postal Code/Zip	
<b>Have you retired from the practice of anesthesiology?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
_____			_____
Signature			Date
<b>Please send via facsimile to (919) 881-2575. No cover sheet is required.</b>			



**The American Board of Anesthesiology®**  
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Raleigh, North Carolina 27607-7506