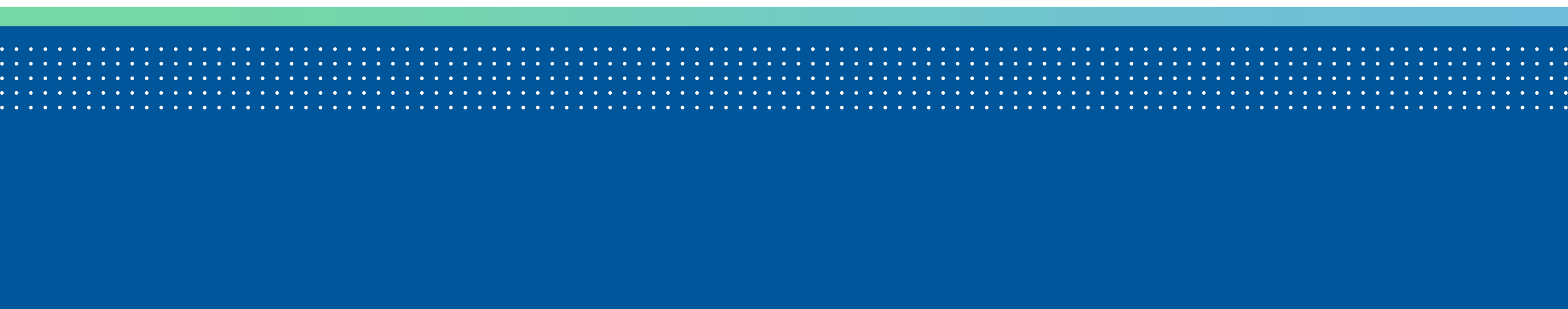




2025 Policy Book Updates

Revised: January 2025



**The ABA has approved the following updates
to the Policy Book.**

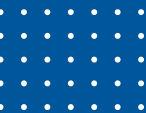


3.02 THE CONTINUUM OF EDUCATION IN ANESTHESIOLOGY

The Credentialing Committee recommended and the BOD previously approved updates to Section 3.02(C)(3) of the ABA Policy Book regarding the requirement for training programs to automatically issue an unsatisfactory rating on the Clinical Competence Committee (CCC) report for residents who fail the BASIC examination two or more times.

Policy was updated as seen below:

A resident who fails the BASIC Examination [see Section 3.06.A] may take the examination again at the next opportunity. The ABA strongly encourages residents to register and take the BASIC Examination as soon as they meet the eligibility requirements defined in Section 3.07 to enable them to address any deficits while in their programs.



3.03 ABSENCE FROM TRAINING

Policy was updated as seen below:

The ABA has established certain training requirements for a candidate to enter the ABA examination system. The following outlines permissible absences that will not result in delay in a candidate being eligible to enter the examination system:

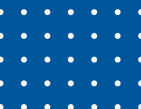
- Without prior approval from the ABA, a candidate may be absent from training up to a total of 80 working days (16 weeks) during the CB-CA3 years of training.
- Attendance at scientific meetings, not to exceed five working days per year, and the day of the BASIC Examination shall be considered part of the training program and not count toward the absence calculation.
- The ABA will consider requests for up to 40 additional days (eight weeks) away from training (over and above the 80 working days). Such additional leave of absence time must be approved by the ABA as follows:
 - Any request for such leave must be received by the ABA office within four weeks of the resident's resumption of the residency program.
 - The request shall be completed by the program director using the designated form located in the Record of Training Information Database (RTID), countersigned by the department chair (if that person is different than the program director), and the resident.
 - The request must include: (1) the reason for the absence training request covered under the Family and Medical Leave Act would be reasons acceptable to the ABA and (2) documentation about how all clinical experiences and educational objectives will be met.
- For absences in excess of those described above, the ABA will require lengthening the total training time to compensate for the additional absences from training. The additional training days required will be equal to the total number of working days missed beyond (1) the 80 working days allowed during the CB-CA3 years; and (2) the additional 40 working days if approved by the ABA.

3.13 NOTIFICATION AND CANCELLATION OF EXAMINATIONS

Policy was updated as seen below:

D. A candidate who cancels or misses a scheduled APPLIED Examination for reasons not related to an unavoidable or catastrophic event will be prioritized behind newly eligible candidates for rescheduling purposes and will be guaranteed a new exam date within two years of the date of the cancelled or missed appointment.

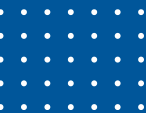
E. Candidates should notify the ABA immediately at APPLIEDexam@theABA.org if they are unable to make their scheduled APPLIED Examination.



4.03 MOCA 2.0 REQUIREMENTS

Policy was updated as seen below:

Candidates will be allowed to accumulate MOCA CME credit and as many as 25 points of MOCA QI activities that were accumulated at the time of certification.



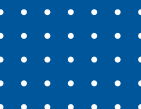
5.05 CERTIFICATE OF CLINICAL COMPETENCE

Policy was updated as seen below:

The ABA requires every candidate seeking an anesthesiology subspecialty certification to have the candidate's training program electronically file an Certificate of Clinical Competence in January and July on behalf of each fellow who has spent any portion of the prior six months in subspecialty anesthesia training in or under the sponsorship of the fellowship program and its affiliates. **For purposes of the ABA required Certificate, the program director or department chair must not chair the Clinical Competence Committee that issues the Certificate.**

Entry into the ABA examination system is contingent upon the registrant having a Certificate of Clinical Competence on file with the ABA attesting to satisfactory clinical competence during the final period of fellowship training in or under the sponsorship of each program. The ABA will deny entry into the ABA examination system until this requirement is fulfilled.

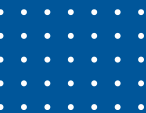
Fellows who wish to appeal a Certificate of Clinical Competence must do so through the reporting institution's grievance and due process procedures. The ABA does not provide an appeal procedure.



7.06 PROFESSIONAL STANDING

Policy was updated as seen below:

Individuals with a medical license that is revoked, suspended, surrendered in lieu of revocation or suspension, or has restrictions, may be permitted to take ABA examinations under some circumstances in the discretion of the ABA. Candidates with less severe restrictions on a medical license will be permitted to take ABA examinations. In both instances, certification may be deferred until the ABA reviews and approves awarding certification. Individuals in these circumstances that proceed to take any examination assume the risk that the ABA may defer or deny certification or continuing certification. ABA approval or permission to take an examination is not a guarantee that the ABA will grant certification or continuing certification.



7.08 ALTERNATE ENTRY PATH TO INITIAL CERTIFICATION

The Exceptional Clinician Pathway was added to the Alternate Entry Path program with the following language:

Documented achievement in clinical excellence, rather than the potential for future success, is required for acceptance into the AEP program. Also, the application must describe the ability of the sponsoring department to provide an outstanding academic environment.

Documented achievement in clinical practice requires:

1. Recognition by peers and students as an excellent clinician (evaluations, invitations to teach at conferences, authorship of guidelines and practice parameters).
2. The expectation for faculty concentrating on this area of focus is superb performance as clinicians or public health practitioners to improve patient care.
3. Documented participation in faculty development programs (i.e. leadership training, ultrasound workshops) AND application of principles of leadership and/or clinical skills from those programs (include previously attended courses and courses to which the faculty has applied).
4. Greater than 80% of time spent taking care of patients in the clinical setting.

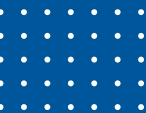
Mentoring plans for candidates must demonstrate a trajectory of scholarship in leadership and or clinical practice over four years.



7.08 ALTERNATE ENTRY PATH TO INITIAL CERTIFICATION (CONT.)

Examples of clinical excellence for a **mid-career** faculty may include:

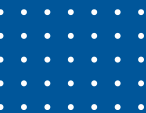
1. Important contributions to quality assurance programs, clinical or public health practice guideline development or policy panels.
2. Membership on editorial boards of clinical or public health specialty journals.
3. Development of guidelines/patient care or public health protocols which are used locally, regionally, or nationally.
4. Recognition by peers and students as a health care professional delivering to quality patientcare or related patient service or direct public health interventions if applicable. Expertise within the faculty members discipline should be evident, though leadership may not be predominant.
5. Academic citizenship demonstrated by service on departmental, local, national organization committees and leadership in University/national professional organizations.



7.08 ALTERNATE ENTRY PATH TO INITIAL CERTIFICATION (CONT.)

Examples of clinical excellence for a **senior** faculty may include:

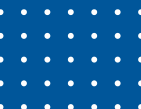
1. Publication of reviews and book chapters related to the clinical or public health discipline.
2. National or international recognition as an expert in the clinical or public health discipline.
3. Service as a consultant to federal agencies charged with assessing clinical treatments or public health intervention programs.
4. Invited lectureships or teaching related to the discipline on a national or international level.
5. Prominent role on national organizations/committees defining treatment methodologies, care guidelines, technologies or public health interventions that change practice.
6. Recognition by peers and students as a health care professional delivering quality patientcare, related patient service or direct public health service interventions if applicable. Expertise within the faculty members discipline should be evident, though leadership may not be predominant.
7. Academic citizenship demonstrated by service on departmental, University, local, national organization committees and/or leadership in University/national professional organizations.



ADDITIONAL CHANGES

Updated Privacy Policy per legal counsels and added in the following statement:

Participate in an examination. When you participate in an examination, we record your performance and in doing so also collect your audio and visual information. We use the recordings, together with your personal identifiers, to score your exam and for quality control purposes. We will also use the recordings to create deidentified transcripts which we will use, with the help of an artificial intelligence (AI) tool, to determine common issues and mistakes with a view to improve future exams. We will not use the information externally in identified format. All video and audio recordings, as well as all transcripts produced from the audio recordings will be retained for the time necessary to complete the scoring and the deidentification in accordance with ABA retention policies following which only deidentified information will be retained.



ADDITIONAL CHANGES

Replacing instances of “maintenance of certification” with “continuing certification”: We have begun phasing out the “maintenance of certification” nomenclature in alignment with ABMS’ request for Member Boards to suspend use of this terminology as the “Maintenance of Certification” moniker has fallen out of favor. The ABMS BOD voted to mandate this change during their October 2024 meeting.

