

Advancing the Highest Standards of the Practice of Anesthesiology

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2024 Policy Book Changes

The ABA has approved the following updates to the Policy Book:

1.02 MISSION AND PURPOSES

- Added the following under A: (12) Maintenance of standards of medical professionalism as defined in this policy book.
- Removed the following under D: ~~A board-certified anesthesiologist is a physician who provides medical management and consultation during the perioperative period in pain medicine and in critical care medicine.~~
- Added the following under D: ABA certification is considered a higher standard than medical licensure. Demonstration of conduct consistent with professional norms (Professional Standing as defined in the ABA Policy Book, Section 7.06 and Professionalism as defined in the ABA Policy Book, Section 7.16) is a condition for certification by the ABA.

1.05 STATUS OF INDIVIDUALS

- Updated the definition of clinically active in paragraph two as follows: We define clinically active as providing direct patient care in anesthesiology and/or any of its related subspecialties for at least one day per week, on average for 12 consecutive months. This medical care must have taken place within the prior three years.
- Replaced the following sentence: ~~Inquiries about the current status of individuals should be addressed to our office.~~ Diplomates registering with the ABA to regain 'Clinically Active' status, please visit our website at www.theaba.org; at the top of the site, click on 'Maintain Certification' and then 'Status Designations' to access additional status designation information and forms for regaining ABA status. The forms must be completed and submitted to the ABA.

3.01 CERTIFICATION REQUIREMENTS

- Updated two instances of "licensure" to "licensure-in-good-standing"
- Removed the following language: ~~Candidates for initial certification and ABA diplomates have the affirmative obligation to advise us of any and all restrictions placed on any of their medical licenses, and to provide complete information concerning such restrictions within 60 days after their imposition or notice, whichever first occurs. Such information shall include, but not be limited to, the identity of the State Medical Board imposing the restriction as well as the restriction's duration, basis, and specific terms and conditions. Candidates and diplomates discovered not to have made disclosure may be subject to sanctions on their candidate or diplomate status.~~
- Updated the following in the second paragraph below Section F: ABA certificates in anesthesiology issued Jan. 1, 2000-~~Dec. 31, 2023~~, are valid for 10 years after the year the candidate passes the examination for certification. ~~ABA certificates in anesthesiology issued on or after Jan. 1, 2024, are valid for five years after the year the candidate passes the examination for certification.~~

3.02 THE CONTINUUM OF EDUCATION IN ANESTHESIOLOGY

- Removed the following: Graduates of medical schools outside the jurisdiction of the U.S. and Canada must have one of the following: a permanent (valid indefinitely) certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), comparable credentials from the Medical Council of Canada, ~~or documentation of training for those who entered postdoctoral medical training in the U.S. via the Fifth Pathway as proposed by the American Medical Association.~~
- Added the following language in paragraph two: The ABA will consider requests from training programs to grant CA training credit to residents for specific clinical rotations that were previously completed in another specialty. To support review of such requests, the training program must complete and submit the required Request Form for Clinical Anesthesia (CA) Credit for Training Completed in Another Specialty. A copy of the form is available via the ABA website; [click here](#) to access.
- Replaced paragraph two under letter A with the following: Twelve months of the resident's educational program must provide broad education in the fundamental clinical skills of medicine relevant to the practice of anesthesiology. The fundamental clinical skills of medicine education completed as part of an anesthesiology residency need not be contiguous but must be completed before starting the final year of the program. At least six months of the fundamental clinical skills of medicine education must include experience in caring for inpatients in family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, surgery or any of the surgical specialties, or any combination of these. In addition, during the twelve fundamental clinical skills months: 1) there must be at least one month, but at most two month(s) each of critical care and emergency medicine, and 2) no more than one month may be spent rotating on an intraoperative anesthesiology service, and no more than one month on pain medicine.
- Added the following language under 3.02B(4): An acceptable work product is anything that is created – physically or electronically – based on the research that the resident conducted. It is anything that would allow the learnings from the research conducted by the resident to be preserved and passed on to others in the future who might want to extend the research. This would include a presentation, report, manuscript, conference poster, dataset or anything else that results from the research.

3.05 PROGRAM DIRECTOR'S REFERENCE FORM

- Updated the following sentence in paragraph one: Information is requested regarding the ~~professional standing, abilities and character of the resident clinical abilities, medical licensure status, professionalism and any practice limitations of the candidate.~~

3.11 APPLIED EXAMINATION REGISTRATION ELIGIBILITY REQUIREMENTS

- Changed two instances of "licensure" to "licensure-in-good-standing" in section B
- Removed the following sentence in section B: ~~Candidates must inform us of any conditions or restrictions in force on any active medical license they hold.~~
- Changed one instance of "licensure" to "licensure-in-good-standing" in section C

MOCA 2.0 MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY PROGRAM (ANESTHESIOLOGY AND SUBSPECIALTY CERTIFICATIONS)

- Added the following note: Effective 2024, the certification cycle will move from a 10-year cycle to a 5-year cycle. The 5-year cycle will start after completion of the current 10-year cycle or as of January 1, 2024, for all newly certified diplomates.

4.03 MOCA 2.0 REQUIREMENTS

- Removed the following under B: ~~Diplomates have the affirmative obligation to advise us of any and all restrictions placed on any of their medical licenses and to provide complete information concerning such restrictions within 60 days after their imposition. Such information shall include, but not be limited to, the identity of the medical board imposing the restriction as well as the restriction's duration, basis, and specific terms and conditions. Diplomates discovered not to have made disclosure may be subject to sanctions on their diplomate status.~~
- Changed the following under section C:
 - The LLS requirement is 250 credits for continuing medical education (CME) activities ~~within a 10-year certification cycle and 125 credits for a 5-year certification cycle.~~
 - A maximum of 60 CME credits may be completed per calendar year. ~~Some CME activity must be completed in at least five years of each 10-year MOCA cycle.~~ Participants are encouraged to complete some CME activity in each of the six general competencies for physicians.
 - ~~For 10-year certification cycles,~~ half of the CME requirement (125 credits) must be completed by the end of Year 5 ~~of the diplomates' 10-year cycles~~ [see Section 4.013.F (2)].
- Added the following under section D: Diplomates must complete 30 MOCA Minute questions per calendar quarter (120 per year by 11:59 p.m. EST on Dec. 31) and/or maintain an MDT p-value of ≥ 0.10 every year ~~except for the last year of the certification cycle.~~ **During the last year of the certification cycle, diplomates must complete 30 MOCA Minute questions per calendar quarter (120 per year by 11:59 p.m. EST on Dec. 31) and maintain an MDT p-value of ≥ 0.10 .**
- Updated letter E to “IMPROVEMENT IN MEDICAL PRACTICE/QUALITY IMPROVEMENT”
- Updated the following under section E:
 - Diplomates must earn ~~25 points during the five-year certification cycle and 50 points during the 10-year cycle.~~
 - Diplomates are no longer required to submit completed activities; they will ~~attest to the completion of the QI points via the ABA GO portal.~~
- Updated the following under section F:
 - (1) Maintaining satisfactory ~~medical license~~ **professional standing**
 - ~~(c) Informing us of any actions taken against their medical license(s) within 60 days of the final action.~~
 - (2) Actively participating in Continuing Medical Education (CME):
 - (a) ~~Completing and reporting to us one half (125 credits) of the total requirement by the end of Year 5 of the 10-year MOCA cycle.~~ For 10-year certification cycles, half of the CME requirement (125 credits) must be completed and reported to the ABA by the end of Year 5. For five-year certification cycles, 125 credits must be completed and reported to the ABA by the last year of certification.
 - (b) For 10-year certification cycles, the total requirement of 250 CME credits must be completed and reported to the ABA by the last year of certification.
 - (c) For both five-year and 10-year cycles, 20 credits must be Category 1 Patient Safety CME.
 - (3) Actively participating in MOCA Minute, which includes:

5.10 REGISTRATION ELIGIBILITY REQUIREMENTS

- Changed one instance of “licensure” to “licensure-in-good-standing” under letter B
- Removed the following under letter B: ~~Registrants must inform us of any conditions or restrictions in force on any active medical licenses they hold.~~

7.06 PROFESSIONAL STANDING

- Removed the following: ~~We assess the professional standing of residents, candidates, and diplomates continually. These individuals have the affirmative obligation to advise us of any and all restrictions placed on any of their medical licenses, and to provide complete information concerning such restrictions within 60 days after their imposition. Such information shall include, but not be limited to, the identity of the medical board imposing the restriction as well as the restriction’s duration, basis, and specific terms and conditions.~~
- Added the following:

ABA candidates and diplomates are considered to have satisfactory professional standing if they meet both the ABA’s definitions of licensure-in-good-standing and medical professionalism as defined below and in the glossary. We assess the professional standing of residents, candidates, and diplomates continually.

 - Licensure-in-Good-Standing: A candidate or diplomate must hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the U.S. or province of Canada that is permanent, unconditional, and unrestricted. Further, every U.S. and Canadian medical license a candidate or diplomate holds must be free of restrictions.
 - Medical professionalism: Medical professionalism is a belief system and behaviors that support trustworthy relationships in which group members profess to each other and the public the shared competency standards and ethical values they promise to uphold in their work. Medical professionalism embraces a wide variety of behaviors, including a commitment to carrying out professional responsibilities and adhering to ethical principles; demonstrating compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population.

Please also refer to Section 7.16: ABA Policy on Professionalism.

7.07 RETAINING CERTIFICATION STATUS

- Added the following: Diplomates interested in registering with the ABA to regain a status designation, please visit our website at www.theaba.org. At the top of the page, click on ‘Maintain Certification’, then click on ‘Status Designations.’ You can locate the appropriate forms which include specific information for regaining ABA status. Please download, complete and return the form to the ABA.

7.08 ALTERNATE ENTRY PATH TO INITIAL CERTIFICATION

- Updated the following: **Anesthesiology departments may have as many as ~~four~~ **eight** international medical graduates enrolled in the AEP program at one time. A letter of justification from the department chair is required and will be reviewed for approval of any amount over ~~four~~.**

- Updated the following: The Alternate Entry Path (AEP) program allows international medical graduates who are certified by the national anesthesiology organization in the country where they trained and practicing anesthesiology in the U.S. to qualify for entrance into the ABA examination system for initial certification in anesthesiology. The objective of the program is to encourage outstanding internationally trained and certified anesthesiologists to become productive members of U.S. academic anesthesiology programs. ~~A record of d~~Documented achievement in teaching and/or scholarship, rather than the potential for future success, is ~~critical to required~~ acceptance into the AEP program. ~~Also, the application must describe, as is~~ the ability of the sponsoring department to provide an outstanding academic environment.

Documented achievement in teaching requires:

- Recognition by peers and students as an excellent teacher (evaluations, invitations to teach at conferences, authorship of teaching materials (book chapters, guidelines, review articles).
- Documented participation in faculty development programs AND application of principles of education from those programs (include previously attended courses and courses to which the faculty has applied).

Mentoring plans for candidates must demonstrate a trajectory of scholarship in education over four years.

Examples of evidence of scholarship for a **mid-career** faculty include:

1. Development of educational materials, including new curricular offerings, educational programs, textbook chapters, syllabi, computer programs, videotapes or simulation technology that make a unique contribution to the quality and methods of education.
2. Regional or national recognition of educational expertise demonstrated by participation and/or leadership in educational societies, invited lectureships, publications related to education, membership on editorial boards of education focused journals.

Examples of evidence of scholarship for a **senior** faculty include:

1. Publications of literature related to education.
 2. Development of innovative methodologies on materials which have influence and impact both regionally, nationally or internationally.
 3. Leadership in organizations focused on educational guidelines, policy and practice
 4. Visiting lectureships on educational theory or practice.
- Added the following under section E: "Should a current AEP participant request a transfer to another institution to complete the pathway, the Department Chair of the new institution must submit a written letter along with an updated 4-year plan. The Credentials Committee will review the request and determine if the new plan still meets the AEP requirements for certification."
 - Updated the following under Section E, Number 2: Provide evidence of having licensure-in-good-standing, defined by the ABA as an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the U.S. or province of Canada that is permanent, unconditional, and unrestricted. Further, every U.S. and Canadian medical license the physician holds must be free of restrictions. Physicians must inform us of any conditions or restrictions in force on any active medical license they hold. When there is a restriction or condition in force on any of the physician's medical licenses, our

Credentials Committee will determine whether, and on what terms the physician will be admitted to the ABA examination system [see Section 3.01.A].

7.16 ABA POLICY ON PROFESSIONALISM

- Added section on the ABA’s professionalism policy

GLOSSARY

- Removed definitions for “Part 1 Examination” and “Part 2 Examination”
- Updated the definition of clinically active as follows: Physicians are considered clinically active if they provide direct patient care in anesthesiology and/or any of its related subspecialties for at least one day per week, on average for 12 consecutive months. This medical care must have taken place within the prior three years.
- Added the definition of licensure-in-good-standing as follows: A candidate or diplomate must hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the U.S. or province of Canada that is permanent, unconditional and unrestricted. Further, every U.S. and Canadian medical license a candidate or diplomate holds must be free of restrictions.
- Added the definition of medical professionalism as follows: Medical professionalism is a belief system and behaviors that support trustworthy relationships in which group members profess to each other and the public the shared competency standards and ethical values they promise to uphold in their work. Medical professionalism embraces a wide variety of behaviors, including a commitment to carrying out professional responsibilities and adhering to ethical principles; demonstrating compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population.
- Updated the definition of Program Director’s (PDIR) Reference Form as follows: A form that program directors are required to file regarding the ~~professional standing, abilities, and character~~ clinical abilities, medical licensure status, professionalism and any practice limitations of a resident upon graduation.
- Updated the definition of professional standing as follows: ABA candidates and diplomates are considered to have satisfactory professional standing if they meet both the ABA’s definitions of licensure-in-good-standing and medical professionalism.

ADDITIONAL CHANGES

- Removed all references to the Traditional Exams (Part 1 & Part 2), including the entirety of Section 2 “Traditional Exams (Part 1 & 2) Initial Certification in Anesthesiology”