

# *Subspecialties in Anesthesiology: Certification*

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# *Subspecialty Certification*

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- Standardized evaluation method
  - Based on (cognitive) examination developed by “content experts”
  - One method for validation of (core) competencies in subspecialty
  - Limited assessment of procedural skills
  - Establishes a “bar”
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# *Is Subspecialty Certification a Measure of “Competence”?*

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- State or quality of being adequately (or “well-qualified”) to perform a specific role
  - Standardized requirement(s) for an individual to properly perform a specific task
  - Knowledge, skills, and behavior required to maintain and improve performance
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# *Subspecialty Certification Implications for Credentialing*

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- Certification is primarily a cognitive evaluation
    - Assessment of procedural skills of increasing importance
  - Certification is pass-no pass
    - Credentials no longer a “blanket” approval
    - Privileges must be more granular
  - Process measures less important than outcome measures
    - Attributing outcomes to individual provider is challenging
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# *Subspecialty Certification Is it Appropriate?*

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- Despite the debate, the train has left the station!
  - When body of knowledge and skills define specialty services, accreditation *and* certification are appropriate and responsible
  - Health plans and others are mandating specialty certification *in some cases*
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# *Subspecialty Certification*

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- But, not everyone practicing the subspecialty may need or qualify for certification!
  - Who determines the standard?
    - Does certification validate competence for anyone practicing a subspecialty?
    - Can other providers participate in subspecialty care?
    - If so, what is needed to validate competence?
    - What is relationship to standards for other specialties with same credential?
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# *Subspecialty Certification Unresolved Issues*

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- Medical staff credentialing committees now require certification as one measure of competence – but only one
  - Department and committee has to set the standards
    - Will define standards for other providers providing the same service as well
      - ◆ Hospitalists providing “conscious” sedation
      - ◆ Pediatricians and Neonatologists providing anesthesia care
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# *Subspecialty Certification Unresolved Issues*

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- When should certification be *awarded*?
    - At a single point in time?
    - Continuously?
  - How is ongoing competency demonstrated?
    - Role of department, credentials committee
    - Is there a role for simulation?
    - Does MOCA have a role?
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# *Subspecialty Certification Ramifications on Clinical Care*

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- Patient care needs
  - Surgeon expectations
  - OR staffing implications
  - Call coverage
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