

UPDATE

American Board of Anesthesiology



Mark A. Rockoff, MD
Secretary, ABA



Children's Hospital Boston
Harvard Medical School



(November 2, 2008)



American Board of Anesthesiology (ABA)

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American Board of Medical Specialties (ABMS)



American Board of Anesthesiology (ABA)



CERTIFICATION

Accreditation Council for Graduate Education
(ACGME)



Residency Review Committee (RRC)



ACCREDITATION

RRC for Anesthesiology

(2008)

Members

ABA

- Douglas Coursin, MD – Madison, WI
- O. Fred Guidry, MD – Charleston, SC
- Kenneth Tuman, MD – Chicago, IL
- Mark A. Rockoff, MD (Ex-officio) – Boston, MA

ASA

- Audree Bendo, MD – New York, NY
- Neal Cohen, MD (Vice-Chair) – San Francisco, CA
- Jim Rathmell, MD – Boston, MA

AMA

- Lois Bready, MD (Chair) – San Antonio, TX
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- Rita Patel, MD – Pittsburgh, PA

Resident

- Samuel Seiden, MD – Palo Alto, CA

Executive Director

- Missy Fleming, PhD – Chicago, IL

Residency Review Committee (RRC) (2008 – 2009)

Accredited Programs

	<u># of Programs</u>	<u># of filled positions</u>
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Residency

– Anesthesiology	131	5476
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Fellowships

– Critical Care Medicine (1988)	47	92
– Pain Medicine (1992)	94	314
– Pediatric Anesthesiology (1997)	45	170
– Cardiac Anesthesiology (2006)	44	110

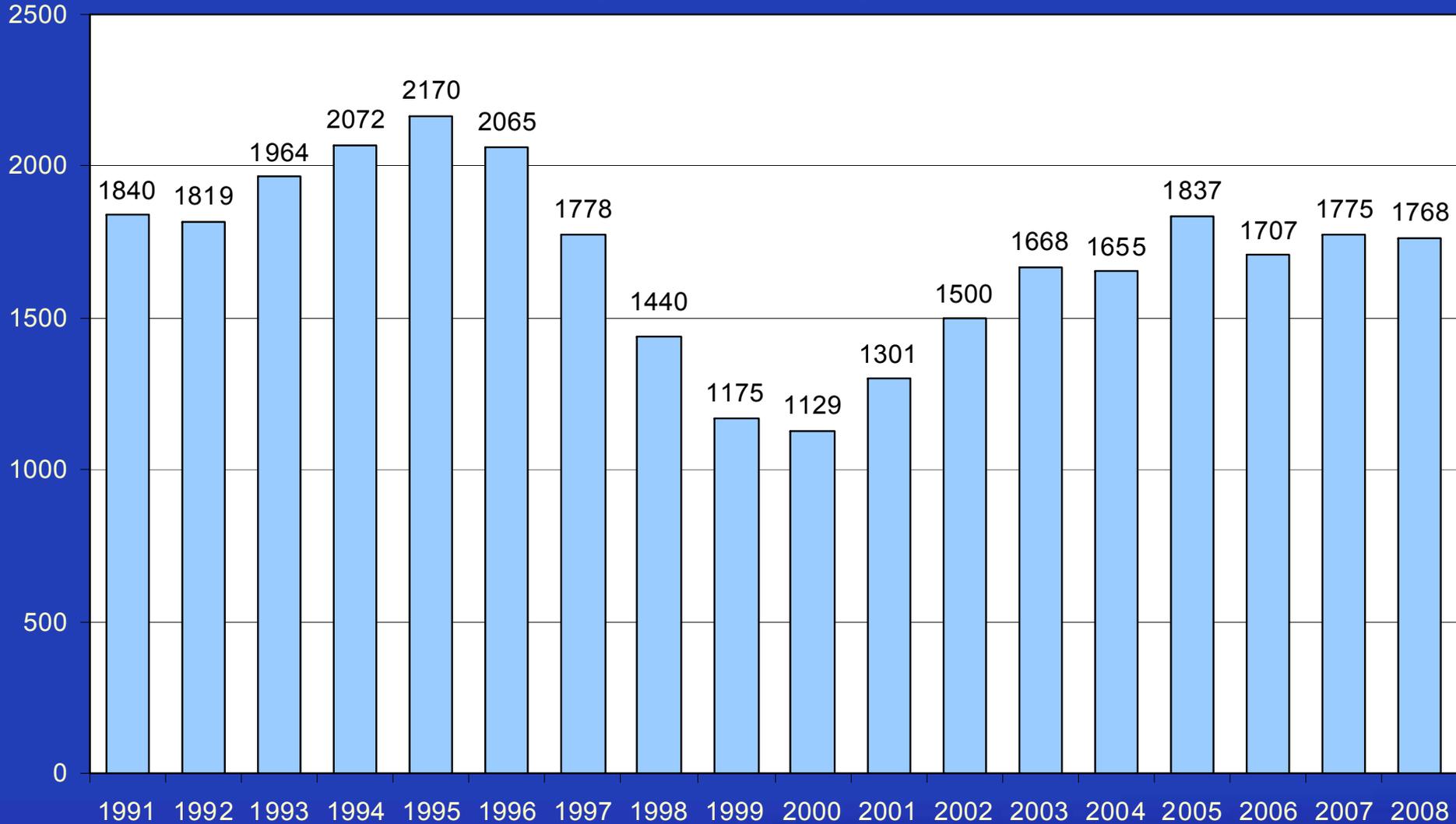
Hospice and Palliative Care Certification

- A new program sponsored by 10 ABMS member Boards, including the ABA.
- Written exam in 2008 and then every other year.
- “Grandfathering” for a limited time initially.

INTERACTIONS BETWEEN THE ABA & RRC

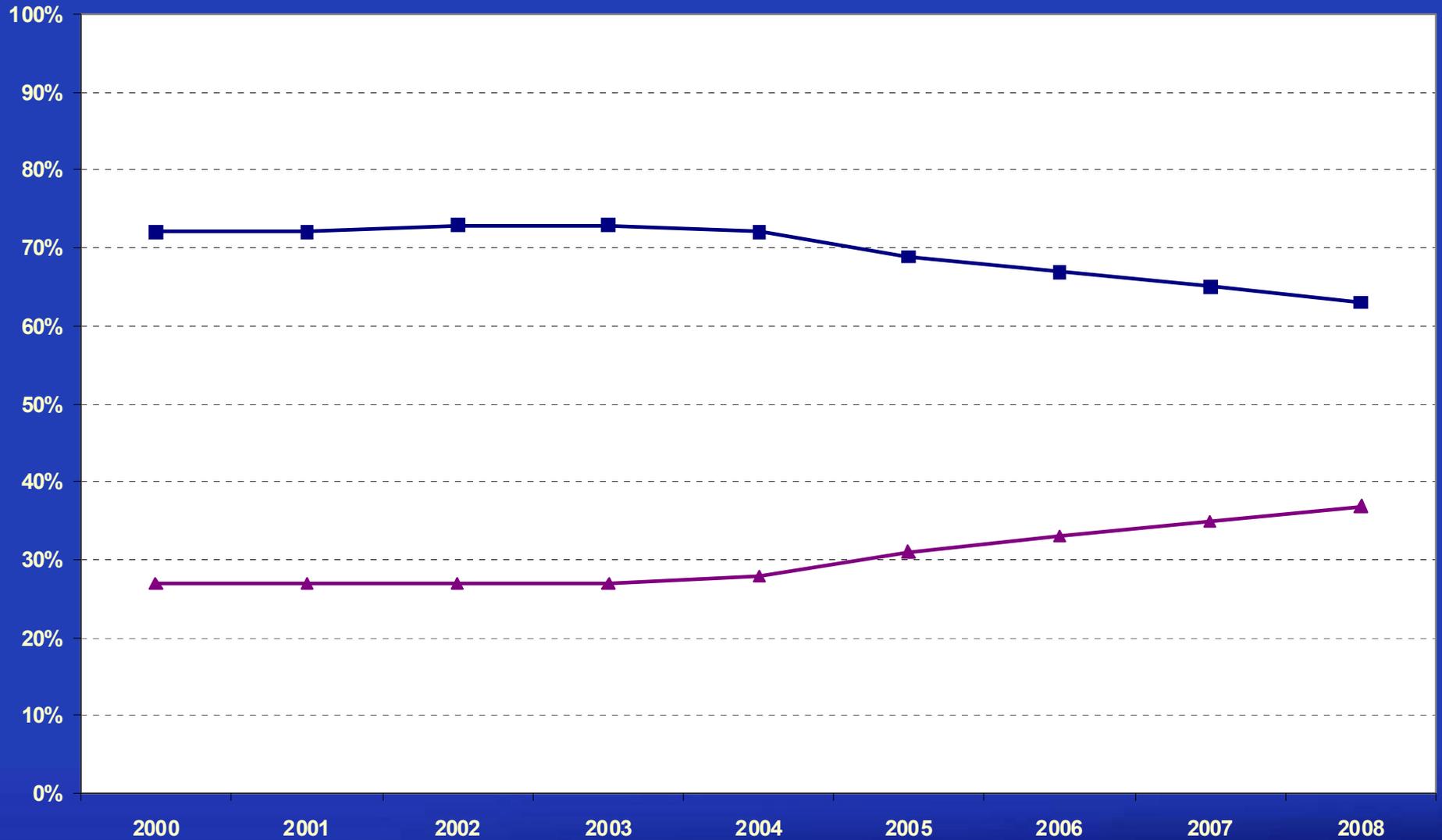
- Rotations outside the ACGME-accredited program
 - Either approved by the RRC (for the program) or the ABA (for individuals)
- Variations in training (part-time, limited call, etc.)
 - Requires prospective approval of the ABA
- Research during training
 - ≤ 6 months – up to program director
 - > 6 months – need plan, “work product”, scholarship oversight committee
 - Exceptions need ABA prospective approval
- Innovative Program Requests (combined residency or fellowship with advanced degree/research/etc.)
 - Apply to RRC
 - If certification involved, need ABA prospective approval

PRIMARY EXAMINATION APPLICATIONS (1991 - 2008)

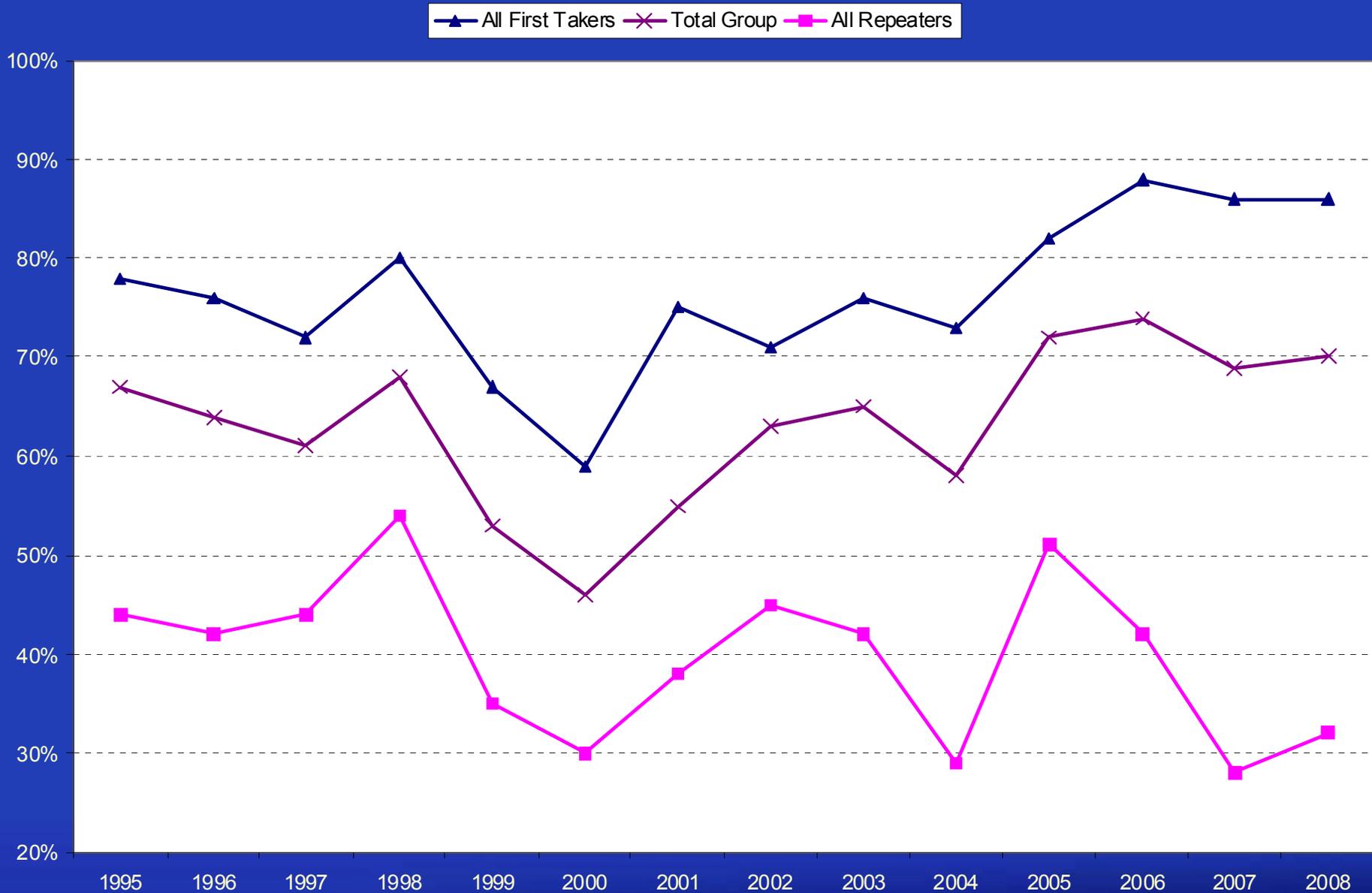


ANESTHESIOLOGY RESIDENTS BY GENDER (2000 - 2008)

■ Male ▲ Female



ABA PART 1 (WRITTEN) EXAMINATION SUCCESS RATES (1990 - 2008)

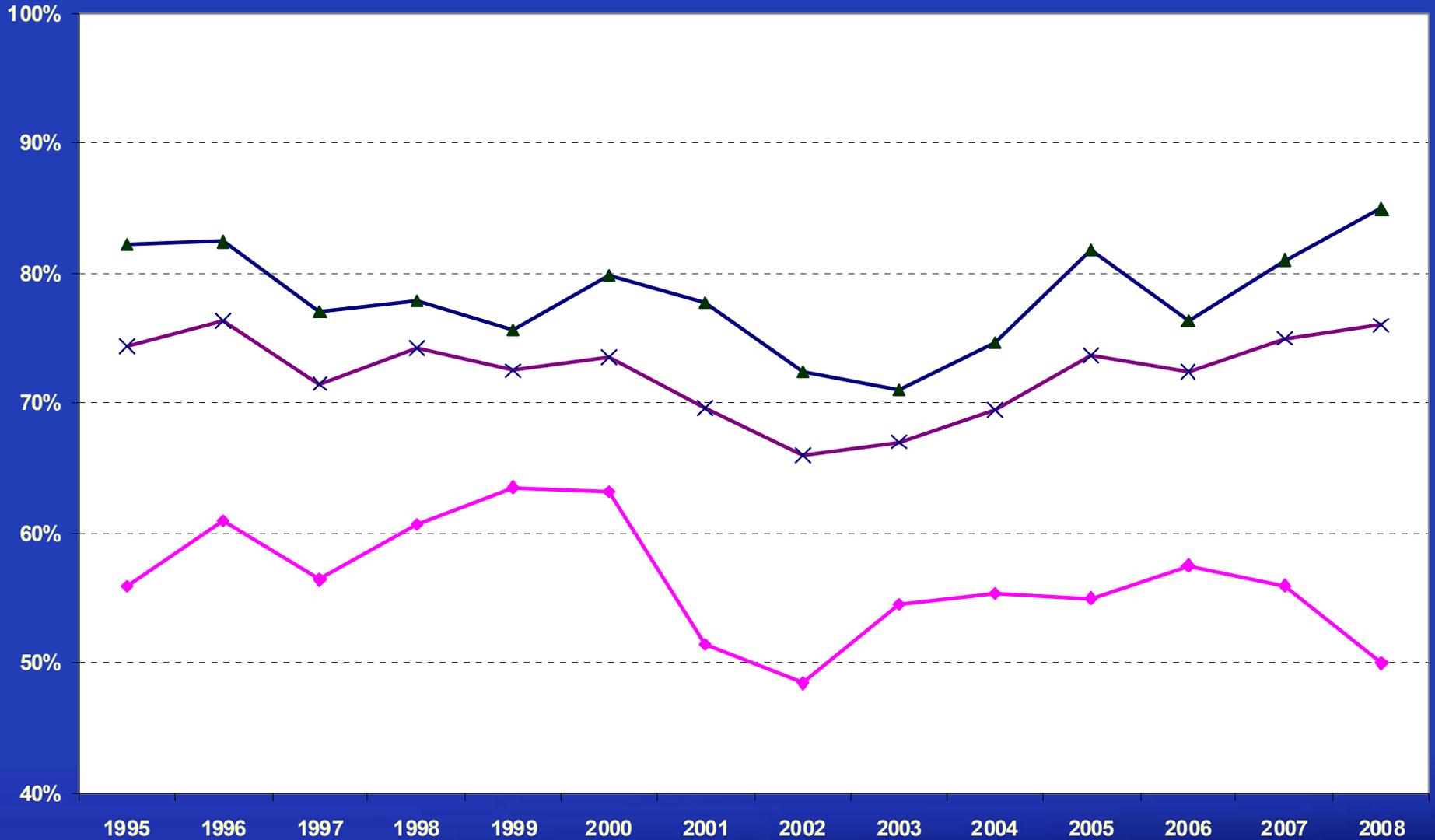


Grace Period for ABA Exam Eligibility

Recently extended from August 31 to September 30 for completion of residency/fellowship training.

ABA PART II (ORAL) EXAMINATION SUCCESS RATES (1995 - 2008)

▲ All First Takers × Total Group ◆ All Repeaters



What the ABA Expects of a Program

- Register all trainees in a timely fashion.
- Assess and report Clinical Competence every 6 months.
- Candidly identify trainees who have unsatisfactory (“U”) performance.
- Obtain permission prospectively for variations in training.
- Train individuals to practice independently (with reasonable accommodation or without it).

Most Common Mistakes

- Not completing all the information (Record of Training Information Database = RTID)
- Not entering accurate information at the time of the trainee's enrollment (correct name spelling, identification information, etc.)
- Not sending in a hard copy of signed unsatisfactory ("U") CCC reports
- Not filling in the Program Director's Reference (PDIR) for CA-3s. (Note: "I believe...")

Training Issues (re: CCC reports)

- Unsatisfactory (“U”) (overall) CCC reports
 - 70-100 per 6-month reporting period
 - 1.5 – 2.1% of trainees
 - 2 consecutive “U’s” – 10-20 per reporting period
 - 3 or more consecutive “U’s” – 5-10 per reporting period
 - Note: 2 or more consecutive “U’s” require additional training

Training Issues (Substance Abuse)

- Essential Attribute 5 states that the trainee “has no documented abuse of alcohol or illegal drugs during this reporting period”.
- Program must report EA 5 as unsatisfactory even if this is discovered after the training period.
- For each 6 month period, about 10 residents have documented problems in this regard.

RTID (re: Fellows)

- Fellows in all ACGME-accredited anesthesiology fellowships should be enrolled and have CCC reports completed every 6 months.
 - Critical Care Medicine
 - Pain Medicine
 - Pediatric Anesthesiology
 - Cardiothoracic Anesthesiology
- File CCC reports only for fellows who completed an ACGME-accredited anesthesiology residency.

Unprofessional Behavior

(Examples – cheating on exams, opioid diversion, repeated medical negligence, serious misdemeanors or felonies, misrepresenting board-certification status, other egregious behaviors, etc.)

- During training: “U” on CCC report
- After graduation, before certification, can lead to:
 - Application for certification being voided
 - Delayed/limited access to the ABA’s certification system
 - Legal/fiscal penalties (ie, copyright infringement)
- After certification, can lead to:
 - Revocation of certification
 - Reporting to ABMS/FSMB

Recertification and Maintenance of Certification

- All ABA certificates issued in or after the year 2000 are time-limited.
- Time-limited certificate holders are automatically enrolled in MOCA.
- Time-unlimited certificate holders can elect to recertify (through 2009 only) or enroll in MOCA at any time.

MOCA Components

- Part I - Professional Standing
- Part II - Lifelong Learning and Self-Assessment (LL – SA)
- Part III - Cognitive Examination
- Part IV - Practice Performance Assessment and Improvement (PPAI)
 - Patient Safety Modules
 - Simulator Course
 - Case Evaluation
 - Collect
 - Compare
 - Implement
 - Evaluate

Simulation Centers

- The ABA will reimburse 75% of the application fee (up to \$2000) for Simulation Centers that apply in 2008 and subsequently receive ASA endorsement.

RECERTIFICATION AND MOCA

- How are they the same?
 - Professional Standing (Part I)
 - Attestation of minimum clinical activity and practice assessment and improvement
 - Examination (computerized) (Part III)
- How do they differ?
 - MOCA has an explicit LL-SA / CME requirement. (Part II)
 - MOCA has specific Part IV requirements.
 - MOCA is ongoing; Recertification is episodic.

Commonly Asked Questions

Will this go away?

Commonly Asked Questions

If I was certified in Anesthesiology before 2000, do I have to do this?

- No, participation in Recertification or MOCA is voluntary.
- Your diplomate status remains intact, whether you participate in Recertification or MOCA.
- Option of Recertification (through 2009) or MOCA

Note: Deadline for applying to take the last Recertification exam (in August, 2009) is December 31, 2008!

Commonly Asked Questions

If I was certified in anesthesiology in 2000 or afterwards, do I have to do this?

– Yes

– If not completed in 10 years, certification will lapse.

WHAT ABOUT SUBCERTIFICATION?

- Both Pain and Critical Care are also time-limited (10 years)
- Currently, recertification is only option. The transition from recertification to MOCA-SUBS is beginning.
- MOCA-SUBS becomes the only option after 2013.
- Can maintain subspecialty certification even if anesthesiology certification expires

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

American Board of Medical Specialties (ABMS)

- New President and CEO – Dr. Kevin Weiss (succeeded Dr. Stephen Miller in 2007)
- “Public Trust” initiative
- Governance restructuring (more “centralized”; despite opposition of several member boards)
- Increasing requirements for individual member boards
 - Greater uniformity
 - New requirements (MOC, patient surveys, etc)
 - Increase fees (to member boards)

Alternate Entry Path

(Effective July 1, 2007)

- Objective – To encourage outstanding foreign-trained and certified anesthesiologists who have come to the US to become academically productive members of US anesthesiology programs.
- Outcome measures will be used to assess the pilot programs success.
 - Certification of candidates
 - Academic productivity
 - Individuals remain in academic practice
- 7-year pilot program.

Alternate Entry Pathway

- Applicant must already be certified in anesthesiology in another country.
- Training in the other country must be of comparable length and breadth.
- The Department Chair is responsible for submitting documentation of the physician's training and certification.
- The ABA must prospectively approve the plan submitted by the Department Chair.

Alternate Entry Pathway

- Programs must have full accreditation and at least a 3-year review cycle.
- The applicant must complete four years of continuous experience in one qualified anesthesiology program.
- Experience must consist of 4 years of resident or fellowship training, research, and/or faculty experience.
- There must be a documented program of academic development (i.e., scholarship) with objective measures of evaluation (publications, degrees, academic promotion, etc).

Alternate Entry Pathway

- There must be attestation every 6 months about progress in the program.
- Final recommendation by the department Chair.
- Candidate can then enter the ABA's examination system.

Alternate Entry Pathway

- Prospective approval is required at least 4 months in advance.
- Each program may have a maximum of 2 individuals enrolled in the pathway at any time (except in unusual circumstances).

7/1/07 – 9/25/08

of programs = 19

of individuals = 30

ABA Discussing New Initiatives With Other Boards

- Combined training in pediatrics and anesthesiology (5 vs. 6 years)
- Combined CCM fellowship exam with general surgery
- Collaboration in CCM fellowship training/exam with neurology & emergency medicine

Certification in Pediatric Anesthesiology

- Application received by the ABA from the SPA.
- Distributed by the ABA to the leadership of SAAC/AAPD, ASA and AUA.
 - Comments due by 12/31/08.
- Will be considered by the ABA in 2009.
- Options:
 - Accept as is; submit to the ABMS.
 - Accept with modifications; submit to the ABMS.
 - Reject; not submit to the ABMS.

Oral Examiners

- Nominations solicited every 2 years
- Most recent application deadline = 10/31/08
- 5 – 10% of nominees selected

Communicating with the ABA

- The ABA corresponds with Program Directors, with a cc to Chairs (assuming we know who you are!)
- Three status reports distributed annually:
 - Newly-certified diplomates - after each oral exam (twice/year)
 - Graduation class report – last 5 years of your registered graduates (certified/not certified) - December
 - Additional report – graduates who took the most recent Part 1 exam (passed/failed) – December

Note: Please maintain confidentiality of this information as it pertains to individuals!

- Updated information provided
 - Discussion annually at SAAA meeting
 - Newsletter & Booklet of Information
 - All latest information posted on the ABA's website (www.theABA.org)
- Call or mail the ABA office:

4101 Lake Boone Trail, Suite 510
Raleigh, North Carolina 27607-7506
919-881-2570



THE AMERICAN BOARD OF Anesthesiology

Member Board of the American Board of Medical Specialties

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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.

Its 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.



Important Notices



The ABA has expanded its diplomate status designations to include three new designations: "Certified-Not Clinically Active", "Retired-Certified" and "Retired."

LEARN MORE >>

Hospice and Palliative Medicine



Hospice and Palliative Medicine application information is now available for reference.

LEARN MORE >>

Verify a Physician's Certification



Using this tool, you can search for ABA Diplomates and Candidates.

SEARCH NOW >>

The American Board of Anesthesiology, Inc.
4101 Lake Boone Trail, Suite 510, Raleigh, NC 27607-7506
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