

### The Society for Pediatric Anesthesia

The Society for Pediatric Anesthesia (SPA) has been and continues to be instrumental in the advancement of pediatric anesthesiology. Established in 1986, their mission “to foster quality anesthesia perioperative care and alleviate pain in children” is an ongoing venture. This mission is accomplished by: 1) Assembling in one group anesthesiologists who practice and have a strong interest in pediatric anesthesia, 2) Advancing the study of pediatric anesthesia and contributing to its growth and influence, 3) Encouraging research and scientific progress in pediatric anesthesia, 4) Serving as a forum for discussion of issues (scientific and political) of importance to pediatric anesthesia, and 5) Supporting the goals of the American Society of Anesthesiologists (ASA) and the American Academy of Pediatrics (AAP).

The membership of the SPA includes more than 3,000 members from the United States and abroad, and the membership is comprised of anesthesiologists from a broad spectrum of practice models. The biannual SPA meetings, held in conjunction with the American Academy of Pediatrics (AAP), provide a venue for critical review of current research, lectures, skills workshops and networking. The membership of the AAP provides invaluable expertise regarding the care of the pediatric patient, and the SPA–AAP collaboration is a key component to the richness of the SPA learning experience.

Subspecialty research grants are provided by the pediatric counsel of the Foundation for Anesthesia Education and Research (FAER). The grants target budding researchers at both the resident and faculty level. The research grants support individuals with a focus on education, clinical and basic research, and development of the skills required to compete for National Institutes of Health funding.

Medical students who are interested in anesthesiology, pediatrics, pain management, teaching and research will find the subspecialty of pediatric anesthesiology to be a fulfilling career.

Please refer to the SPA website ([www.pedsanesthesia.org](http://www.pedsanesthesia.org)) for additional information about pediatric anesthesiology, SPA, and the SPA quarterly newsletter.

## CHAPTER 28

### The American Board of Anesthesiology: Part of Your Lifelong Career

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American Board of Anesthesiology

The American Board of Anesthesiology (ABA) is the certifying body for physicians who have completed residency training from a residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME). The ACGME accredits residency programs in all specialties and many subspecialties. As distinct from board certification, ACGME accreditation of a residency program signifies that the program is meeting national standards for its faculty, its breadth of patient conditions and types of clinical training, its teaching facilities, and its educational and research programs. Board certification of individuals who graduate from such programs indicates that they have satisfactory professional standing and have demonstrated expertise in the specialty at the level of a consultant. The key distinction is that the ACGME and its individual Residency Review Committees (RRCs – one for each specialty) accredit programs, while the ABA certifies individuals.

Anesthesiology residency training consists of a clinical base (CB) year plus three years of clinical anesthesia training (CA-1 to CA-3 years). Prospective anesthesiology trainees entering the National Internship and Residency Matching Program (NIRMP) may match either into a categorical internship as part of an overall four-year CB and CA program. Alternatively, they may match into a preliminary internship that will serve as the CB year, plus match into a separate “advanced” anesthesia residency position for the CA-1 through CA-3 years of training. On a case-by-case basis, departments can apply to both the Anesthesiology RRC and the ABA for approval to offer a prospective combined five-year program consisting of a CB year, a residency, plus an extra year of unaccredited research, or a CB year, a residency, plus an extra year of accredited fellowship training. In the scenario of a combined residency plus fellowship, at least three-fourths of the fellowship training time must occur in the fifth year, when the resident has sufficient experience to function at the fellowship level. A department offering either or both such an options usually has a small number of such positions, e.g., one to five. There can be a separate NIRMP match number for those five-year combined programs, requiring a commitment from the graduating medical student for the full five years.

A prospective anesthesiologist's lifelong record with the ABA is opened at the moment when the residency program enrolls them with the ABA. This occurs either at the beginning of the CB year for a categorical program or at the beginning of the CA-1 year for an advanced anesthesiology position. Thereafter, the residency program submits a clinical competency report to the ABA for each resident every six months throughout the individual's entire training period. The ABA requires that each training program have a Clinical Competency Committee (CCC), composed of a number of faculty experienced in residency education, chaired by a faculty member who is neither the residency program director nor the department chair. The every-six-month CCC reports include evaluations of character traits such as reliability, accountability and responsibility, as well as evaluations of other matters such as professionalism, clinical and technical skills, medical knowledge, judgement, interpersonal skills, ability to work within the health care system, and so on.

Based on the resident's satisfactory CCC reports, a final end-of-training approval by the residency program director solicited directly by the ABA, and satisfactory medical licensure standing, the ABA may approve the application of a residency graduate to enter the ABA's examination system. The examinations for primary certification in the specialty consist of two examinations, taken at minimum nine months apart.

The ABA Part 1 examination is a written examination of factual knowledge in the field of anesthesiology and in related medical and scientific content areas. It is administered in commercial computerized testing centers over a several day window once per year, currently in August. Applications are taken via the ABA website approximately eight to 10 months in advance. All final application deadlines are absolute. After approval of the prerequisite qualifications by the ABA, candidates are contacted by the testing company to select a testing venue and date for their Part 1 examination. Grading and equating of the examination to national standards are done and results are available four to six weeks following the examination dates.

The ABA Part 2 examination is an oral examination. The ABA administers its Part 2 examination twice a year in the spring and fall, each in a hotel in a single city over a one-week period. The Part 2 examination experience consists of an initial orientation session, followed by two 35-minute examination sessions in two adjacent hotel rooms, separated by a 10-minute gap for the candidate to change rooms. Each 35-minute session has its own question material and is conducted by two anesthesiologist examiners who are selected and have no knowledge of or acquaintance with the candidate. Thus, the candidate will be examined by a total of four examiners. While the Part 1 examination is designed to test factual knowledge,

the Part 2 examination is designed to test judgement in clinical situations, application of knowledge to clinical care, adaptability of knowledge to changing clinical situations, and the ability to organize and present clinical information at the level of a consultant anesthesiologist. The evaluations by the examiners are psychometrically analyzed and results are available on the ABA website within approximately four weeks following the Part 2 examination.

The oral examiners are outstanding anesthesiologists in academic or private practice, who make a great commitment of 19 years for participation in the examination process, giving up a week of their other commitments each time they contribute. The examiners already have a track record of educational and clinical accomplishment to be selected, are heavily mentored the initial years, and are audited throughout their entire tenure as oral examiners to ensure consistency in administration of the oral examination.

All ABA certificates issued after the year 2000 are valid for 10 years. Once an anesthesiologist achieves board certification, he or she is automatically enrolled in the ABA's Maintenance of Certification in Anesthesiology (MOCA) program. Completion of a 10-year MOCA cycle assures that a diplomate's certificate remains valid for the subsequent 10 years, as long as they continue to participate actively in the MOCA program, completing a cycle every 10 years. The American Board of Medical Specialties (ABMS), which oversees over 20 member boards in various specialties, has mandated MOC in every specialty to assure the public that certified physicians are keeping up with advancing knowledge in their specialty as time goes by following their initial certification. The ABMS requires that MOC in every specialty includes a 1) secure examination (SE), 2) lifelong learning and self-assessment (LL-SA), 3) participation in practice performance assessment and improvement (PPAI), and 4) satisfactory professional standing (PS).

Each successive MOCA cycle is 10 years long, commencing on January 1 of the year following the year of initial certification or of the year following completion of a prior MOCA cycle. Satisfactory PS is demonstrated by maintenance of unrestricted medical licenses in every state in which the MOCA participant holds a license. LL-SA is demonstrated by the physician recording learning activities on their personal portal on the ABA website. LL-SA activities can include continuing medical education (CME) credits acceptable for the American Medical Association (AMA) Physician Recognition Award category 1, such as attendance at CME-approved medical education meetings or participation in approved CME online educational activities, or category 2 activities such as professional committee work, teaching hours, and the like.

PPAI is met by participating in one of three categories of activities in each of the three-year segments composing years one to nine of the MOCA 10-year cycle. The three PPAI activity categories are: 1) participating in a practice improvement activity from one's own practice, by comparing baseline clinical outcomes to published benchmarks or to evidence-based standards, implementing a change in practice, and then measuring the improvements in patient care; 2) completing an ABA-approved patient safety education module, currently from the ABMS; and 3) participating in a human patient simulator education course. The ASA Committee on Simulation certifies simulation education centers to offer courses that meet the ABA MOCA PPAI requirement.

Like the initial ABA certification Part 1 written examination, the SE for MOCA is administered at commercial computerized testing sites. It is administered during one-week testing windows, twice a year. Following acceptance by the ABA that all SE prerequisites have been met, the SE may be taken any time after the seventh year of the 10-year MOCA cycle. If the examination is taken and passed prior to the end of the 10-year MOCA cycle, the certification period still extends to December 31 of the tenth year following the prior certification. The subsequent MOCA cycle will start on January 1 of the eleventh year after the prior certification was achieved.

If an ABA diplomate fails to complete a MOCA cycle before the end of their 10 years of certification, his or her certificate will expire, the ABA website will no longer list that physician as a certified anesthesiologist, and he or she can no longer represent himself or herself as a board certified anesthesiologist.

The ABA also administers subspecialty certification programs for ABA diplomates who are graduates of ACGME-approved subspecialty fellowship programs in either pain management or critical care. Fellows in those subspecialties similarly are enrolled with the ABA and have CCC reports submitted to the ABA every six months during their fellowship. After a candidate meets all of the other ABA subspecialty prerequisite requirements, the ABA may admit the candidate to its subspecialty examination systems. The subspecialty certification examinations are written examinations administered in commercial computerized testing centers. Following initial certification in an anesthesiology subspecialty, the subspecialty diplomates are eligible to become recertified prior to the tenth year expiration of their subspecialty certificate, by demonstrating satisfactory PS and taking a recertification examination. It is expected that the subspecialties that have ABA certification programs will also come to have fully developed subspecialty MOCA programs, including the LL-SA and PPAI components.

All of the details of the ABA examination programs are updated annually in the spring of each year and are published online in the ABA's Booklet of Information, which may be accessed at the ABA's website ([www.theABA.org](http://www.theABA.org)). Residency programs also have helpful information for residents regarding how to ensure that the appropriate ABA prerequisite requirements will be met in order for their graduates to be eligible for acceptance into the ABA's examination systems. Residency programs also regularly assist residents to prepare for both the primary anesthesiology certification Part 1 and Part 2 examinations.

The ASA, on behalf of its members, works with the ABA to facilitate the board certification and MOCA processes. First, the ASA and the ABA together administer the ASA-ABA in-training examinations for residents at the end of the CB and CA-1 to CA-3 years, to assist residents in assessing their progress during residency, as well as for preparation for the ABA Part 1 examination. Second, the ASA has representatives participating on the Council for the Continuous Professional Development of Anesthesiologists (CCPDA). The CCPDA advises the ABA on the structure and content of the MOCA program. Third, the ASA has a Patient Safety Education Editorial Board that develops and maintains a patient safety education module to meet MOCA PPAI requirements. Finally, the ASA Committee on Simulation is identifying and approving simulation centers that can offer simulations education sessions to meet the MOCA PPAI simulation education requirement.

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## CHAPTER 29

### The Society for Obstetric Anesthesia and Perinatology (SOAP) and Its Relationship With ASA

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The Society for Obstetric Anesthesia and Perinatology (SOAP) is a group of roughly 1,000 members who share an interest in the care of the pregnant patient and newborn. Founded in 1968, SOAP provides a forum for discussion of problems unique to the peripartum period. To quote from the SOAP website: "The mission of the Society is to promote