

***A Newsletter from The American Board of Pathology***

***ABP OFFICERS***

The following trustees were elected as officers for 2009: Rebecca L. Johnson, M.D., President; John V. Collin, M.D., Vice-President; Diane D. Davey, M.D., Secretary, David F. Keren, M.D., Treasurer; Robert W. McKenna, M.D., Immediate Past President.

***TRUSTEES***

Drs. M. Desmond Burke, James L. Madara, and Jeffrey McCullough ended their term of service on the ABP on December 31, 2008. The trustees appreciate the service and dedication of these individuals during their term with the board.

Three new trustees began service on the ABP on January 1, 2009. These are Drs. Ricardo V. Lloyd, Janet E. Roepke, and James R. Stubbs.

***COMPUTER UPDATES AT ABP OFFICE***

The ABP has completed implementation of our new item banking and test delivery system. After a less than perfect start, the system is now working well.

We are now working on updating the remaining computer services in the office. The Resident Tracking interface for use by program directors is almost ready. Since the system was not available for 2008 data, we will ask program directors to enter both 2008 and 2009 data beginning in July.

We are also working on AP/CP on-line applications. We anticipate that these will be available by fall of 2009 (for 2010 applications) and will be followed shortly by on-line applications for subspecialty certification. Each resident will be given a user name and password when they apply for certification and will carry these over into MOC. When the system is totally implemented, all communication between the ABP and its diplomates and applicants will occur via e-mail and communications placed in the individual's board web site.

We hope that the extension of the application system to MOC will occur relatively quickly once both AP/CP and subspecialty applications are implemented. Each diplomate who became certified on or after January 1, 2006 will be given a user name and password and will have an MOC file on their board web space. This file will be available to receive downloads from pathology societies regarding CME and Part IV activities, and will make documentation of compliance with MOC easier for both the ABP and the diplomates. We anticipate that the MOC system will be complete in early 2010. Manual reporting via forms posted on the Internet will occur for the first MOC reporting periods for 2006 (already completed) and 2007 diplomates.

***ABP 2009 BOOKLET OF INFORMATION***

The revised 2009 Booklet of Information is now available on the ABP Web site. This document should be reviewed by Program Directors and residents at least annually to ensure that appropriate requirements are met and procedures are followed.

***CHANGE IN COMBINED CERTIFICATION***

The trustees of the ABP have eliminated the combined certification programs for residents entering training in 2009 and beyond. All residents currently in a training program will be allowed to follow a

combined certification pathway if they wish. However, effective immediately, all newly qualified candidates must take and pass the primary certification examination before they will be allowed to sit for the subspecialty examination. Due to a large number of requests by neuropathologists, the ABP has appointed a sub-committee that is reviewing the possibility of maintaining combined certification in AP/NP. A decision on this issue is expected at the May 2009 board meeting.

### ***MAINTENANCE OF CERTIFICATION***

The Maintenance of Certification (MOC) Committee of the ABP is continuing to finalize details of Parts I-IV of the MOC program. The 2009 version of the Maintenance of Certification Booklet of Information is now on the web site and contains the latest information. A summary of the current status of MOC follows:

The American Board of Pathology Maintenance of Certification (MOC) program consists of four parts.

**Part I - Professional Standing** requires (1) maintenance of a full and unrestricted medical license in all states where the diplomate holds a license; and (2) documentation of medical staff membership and healthcare organization privileges. Evidence of licensure and documentation of staff membership and privileges must be submitted at the end of the 4th and 8th years of the MOC cycle. A description of practice may be substituted for documentation of medical staff membership and healthcare privileges if these are not applicable.

**Part II - Life-Long Learning and Self-Assessment** requires completion of an average of 35 Category I CME credits per year for each two-year period within the 10-year MOC cycle. Ten (10) of these credits must be obtained from completion of self-assessment modules. (This portion of the requirement has been waived through 2009. Each diplomate must still complete an average of 35 Category I CME credits per year or 70 credits for each 2-year reporting cycle). Eighty per cent (80%) of CME must be related to the diplomate's practice. Participation in an ACGME-accredited fellowship will meet these requirements for a two-year period. These activities must be reported to the ABP at the end of each two-year period within the MOC cycle. Electronic reporting should be available in 2010. Until then, a reporting form is posted on the ABP Web site for use by 2006 and 2007 diplomates. The form is designed for reporting of no more than 70 CME credits. Additional credits should not be included.

**Part III - Cognitive Expertise** requires satisfactory completion of a secure examination. The examination will be available beginning in the 8th year of the MOC cycle and must be passed before the end of the 10th year.

**Part IV - Evaluation of Performance in Practice** requires that the diplomate provide (1) peer attestations regarding interpersonal and communication skills, professionalism, ethics, and effectiveness in practice; (2) documentation of laboratory accreditation, where applicable; (3) participation by the diplomate's laboratory in inter-laboratory performance improvement and quality assurance programs; and (4) participation by the diplomate in at least one performance improvement and quality assurance activity or program per year appropriate for his/her principal professional activities. Peer attestation and documentation of laboratory accreditation must be provided to the ABP at the end of the 4th and 8th years of the MOC cycle. Documentation of laboratory and individual participation in practice improvement and quality assurance activities must be provided at the end of each two-year period of the MOC cycle.

Part IV requirements seem to have generated the most confusion among diplomates. The ABP has approved a number of activities sponsored by pathology societies that are listed on our web site. These are designed to meet the requirements for inter-laboratory and individual participation in quality improvement activities. Our thought was that virtually all diplomates would be involved either through their laboratory or individually, in at least some of these activities and would be able to use them to meet both MOC and CLIA requirements. For example, if a laboratory is accredited and participates in proficiency testing, this meets the inter-laboratory requirements. Some programs, such as the CAP PIP program, may meet both part II and Part IV individual requirements. The ABP encourages diplomates to use these society activities when possible. Otherwise the diplomate has to submit an approval form for a local activity. The latter is more work for both the diplomate and the ABP.

*It is vital that diplomates realize that a certificate issued by the ABP is valid for 10 years **contingent upon** meeting all interim-reporting requirements for the various parts of the MOC program. Failure to meet reporting deadlines will result in a period of probation followed by loss of certification if the reporting requirements are not met.*

### **VOLUNTARY RECERTIFICATION**

The Voluntary Recertification program is still available for diplomates with lifetime certificates who do not wish to participate in the MOC program. The 2009 Voluntary Recertification booklet is available on the ABP Web site.

The Voluntary Recertification examination is a secured, proctored examination and it is available only to diplomates who are required to take such an examination in order to obtain or maintain licensure in a particular state. This examination is given annually in the fall, at the ABP Examination Center in Tampa. This exam will be in AP, CP, or AP/CP and must be taken in the area(s) in which the diplomate was originally certified. The AP/CP diplomate cannot, for example, take the AP only recertification examination.

The fee for Voluntary Recertification without examination remains \$1000. The fee for Voluntary Recertification with a secured, proctored examination is \$1800.

### **CERTIFYING EXAMINATION PERFORMANCE REPORTS**

Each year in January, primary and subspecialty program directors receive performance reports for candidates in their programs who have taken the certifying examination. As in previous years, the director receives two reports, each covering the last 5 years. One lists candidates and their examination performance histories by year of examination taken. This report goes only to the program director. The second report separates results of first-time candidates from results of those who have repeated an examination. It also reports performance for candidates who completed all of their training in a given program versus those who did only part of their training in that program. This second report is also provided to the Residency Review Committee for Pathology at the time of the program's ACGME accreditation visit. The accuracy of these reports depends on the information that the ABP receives from program directors through the Resident Tracking system. If you have questions about your report, please contact Dr. Bennett.

### **NEW DIPLOMATES**

The ABP congratulates the 972 pathologists who were certified in 2008. Six hundred fifteen pathologists were certified in a primary area of pathology, including 464 in combined anatomic pathology and clinical pathology, 112 in anatomic pathology, 39 in clinical pathology, and 16 in combined primary and subspecialty areas. Twenty-nine physicians were certified in blood banking/transfusion medicine, 107 in cytopathology, 53 in dermatopathology, 38 in forensic pathology, and 114 in hematology. We also congratulate the 160 pathologists who recertified in 2008.

### **EXAMINATION PERFORMANCE**

All of the ABP examinations given in 2008 were graded using the criterion-referenced method. Results are reported as % Pass for individual years. Cumulative results for previous years using the norm-referenced method are available on the ABP Web site in previous editions of the Newsletter.

The number of candidates passing the examinations does not match the number of candidates certified for several reasons: (1) Many AP/CP candidates, both first-time takers and repeaters, take only one portion (either AP or CP) of the examination. These candidates are not certified until both AP and CP are passed. (2) Certified candidates include those AP/CP candidates who passed either the AP or CP examination previously and requested single certification during 2008. (3) Certified candidates also

include AP/CP candidates who passed the examinations in a previous year but did not provide documentation of licensure or other required information until 2008.

### Primary Examinations

#### 2008

|    | Total Candidates |        | First-Time Takers |        | Repeaters |        |
|----|------------------|--------|-------------------|--------|-----------|--------|
|    | #                | % Pass | #                 | % Pass | #         | % Pass |
| AP | 798              | 76     | 588               | 88     | 210       | 44     |
| CP | 809              | 64     | 534               | 77     | 275       | 37     |

#### 2007

|    | Total Candidates |        | First-Time Takers |        | Repeaters |        |
|----|------------------|--------|-------------------|--------|-----------|--------|
|    | #                | % Pass | #                 | % Pass | #         | % Pass |
| AP | 774              | 73     | 581               | 86     | 193       | 34     |
| CP | 732              | 59     | 530               | 72     | 202       | 24     |

### Subspecialty Examinations

#### 2008

|       | Total Candidates |        | First-Time Takers |        |        | Repeaters |        |        |
|-------|------------------|--------|-------------------|--------|--------|-----------|--------|--------|
|       | #                | % Pass | #                 | # Pass | % Pass | #         | # Pass | % Pass |
| BB/TM | 42               | 81     | 34                | 29     | 85     | 8         | 5      | 63     |
| CYP   | 138              | 80     | 115               | 96     | 84     | 23        | 15     | 65     |
| DP    | 59               | 92     | 49                | 48     | 98     | 10        | 5      | 50     |
| FP    | 43               | 95     | 36                | 36     | 100    | 7         | 5      | 71     |
| HEM   | 133              | 90     | 110               | 102    | 93     | 23        | 17     | 74     |

#### 2007

|       | Total Candidates |        | First-Time Takers |        |        | Repeaters |        |        |
|-------|------------------|--------|-------------------|--------|--------|-----------|--------|--------|
|       | #                | % Pass | #                 | # Pass | % Pass | #         | # Pass | % Pass |
| BB/TM | 36               | 69     | 28                | 22     | 79     | 8         | 3      | 38     |
| CYP   | 154              | 82     | 127               | 109    | 86     | 27        | 17     | 63     |
| DP    | 59               | 85     | 36                | 34     | 94     | 23        | 17     | 74     |
| FP    | 47               | 89     | 34                | 30     | 88     | 13        | 12     | 92     |
| HEM   | 128              | 84     | 115               | 100    | 87     | 13        | 8      | 62     |