

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

**ABP OFFICERS**

The following trustees were elected as officers for 2010: John V. Collin, M.D., President; David F. Keren, M.D., Vice-President; Diane D. Davey, M.D., Secretary, Patrick E. Lantz, M.D., Treasurer; Rebecca L. Johnson, M.D., Immediate Past President.

**TRUSTEES**

Dr. Janet Roepke has resigned from the ABP and Dr. Robert McKenna has elected not to serve his fourth term. The ABP is, therefore, seeking nominations for two trustees to begin a term of service on January 1, 2011. The Trustees are particularly interested in receiving names of potential candidates with special expertise in hematopathology and experience in community practice. Nominations, with a copy of a current curriculum vitae, should be sent to Dr. Diane Davey, Secretary of the ABP, at the ABP office.

**COMPUTER UPDATES AT ABP OFFICE**

The new Resident Tracking interface as well as online applications and registration for primary examinations were implemented in 2009. The system has worked well, from the ABP's perspective, and should allow us to process applications and assign dates for examinations more rapidly than the previous application process. The information provided in the Resident Tracking system provides the basis for residents to receive access to the online applications.

Applications and registration for subspecialty examinations will be online shortly. Following the posting of this information, applications/registration for the fall, 2010 primary examination will open.

We appreciate the cooperation of program directors and candidates as we implement this new system.

**ABP 2010 BOOKLET OF INFORMATION**

The revised *2010 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.

**SUBSPECIALTY EXAMINATIONS**

Beginning in 2012, the ABP plans to administer all subspecialty examinations every year.

**COMBINED CERTIFICATION**

The ABP voted to retain combined certification for AP/NP candidates. Beginning in 2012, AP/NP will be the only combined certification available. As noted last year, candidates who began residency training in 2008, will be allowed to obtain combined certification in other areas. Please note, however, that this request complicates the application process and, except for AP/NP, makes no difference in the length of training. The order in which examinations must be taken and the cost of the examinations are the same as if the certifications were separate. Given this information, candidates are encouraged to apply for AP or CP only certification followed by subspecialty certification, rather than taking the combined primary/subspecialty route.

## **MAINTENANCE OF CERTIFICATION**

The initial MOC reporting period for 2006 diplomates ended December 31, 2008 and their first report was due by January 31, 2009. There was considerable confusion among the diplomates about this process and ABP staff went to great effort to contact 2006 diplomates to ensure they were aware a report was required. By mid 2009, reports had been received from all except approximately 25 (out of approximately 870) diplomates. These diplomates were e-mailed one last time and told that they would be given the option to report 4 years worth of data at the time of their next mandatory report (January 31, 2010). For these candidates, failure to report will likely result in revocation of their certification.

Other recent decisions of the MOC committee include:

1. The ABP will accept local licensure for candidates practicing outside the US. The license must be in the jurisdiction where the diplomate practices.
2. Diplomates who are certified in AP and/or CP and in a subspecialty will be allowed to synchronize reporting of MOC for multiple certificates.

The ABP plans to have MOC reporting available through PATHway by January 31, 2011. At that time, any diplomate with a non-time-limited certificate who wishes to participate in MOC will be able to enroll via the Internet.

The *2010 MOC Booklet of Information* is available on the ABP web site.

## **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 *2010 Voluntary Recertification Booklet of Information* is available on the ABP Web site.

The Voluntary Recertification examination is a secured, proctored examination and 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 in conjunction with the spring and fall primary examinations, 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.

The Voluntary Recertification program will accept applications through July 1, 2013. After this date, the MOC examination will be available to diplomates who require a secure, proctored examination to obtain a medical license.

## **CERTIFYING EXAMINATION PERFORMANCE REPORTS**

In January of each year, a Program Performance Report is generated for each primary and subspecialty program director which includes candidates in their program who have taken the certifying examination. The report includes two pages, each covering the previous 5 years. The first page lists candidates and their examination performance histories by year of examination taken and is sent only to the program director. The second page separates results of first-time candidates from results of those who have repeated an examination and includes 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. The second page 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.

The 2010 Program Performance Reports will be delivered online through PATHway and should be available in late February this year.

### **NEW DIPLOMATES**

The ABP congratulates all of the pathologists who were certified in 2009. The exact number of diplomates who received primary or primary plus subspecialty certification will be posted as an addendum to this newsletter at a later date. For subspecialty certification, 30 physicians were certified in blood banking/transfusion medicine, 135 in cytopathology, 51 in dermatopathology, 28 in forensic pathology, 124 in hematology, 9 in medical microbiology, 44 in molecular genetic pathology, 34 in neuropathology, and 24 in pediatric pathology. We also congratulate the 83 pathologists who recertified in 2008.

### **EXAMINATION PERFORMANCE**

All of the ABP examinations given in 2009 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 AP/CP candidates who passed either the AP or CP examination previously and requested single certification during 2009. (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 2009.

#### **Primary Examinations**

##### **2009**

	<b>Total Candidates</b>		<b>First-Time Takers</b>		<b>Repeaters</b>	
	<b>#</b>	<b>% Pass</b>	<b>#</b>	<b>% Pass</b>	<b>#</b>	<b>% Pass</b>
AP	781	76	606	88	175	35
CP	791	71	543	85	248	42

##### **2008**

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

## Subspecialty Examinations\*\*

### 2009

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
BB/TM	37	81	32	27	84	5	3	60
CYP	158	85	138	117	85	20	18	90
DP	65	78	59	47	80	6	4	67
FP	30	93	28	27	96	2	1	50
HEM	141	88	130	119	92	11	5	46
MGP	49	90	46	44	96	3	0	0
MMB	11	82	11	9	82	-	-	-
NP	40	85	35	31	89	5	3	60
PP	41	71	33	25	76	8	4	50

\*\* all exams graded using criterion reference method

### 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

\*\* all exams graded using criterion reference method

### 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
NP	32	84	26	23	88	6	4	67
MMB*	10	90	9	9	100	1	1	0
MGP*	66	85	60	51	85	6	5	83
PP	33	64	32	21	66	1	0	0

\*graded using the reference group method.