



The ABP EXAMINER

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OUR MISSION

The mission of the American Board of Pathology, as a member of the American Board of Medical Specialties, is to promote the field of pathology and the continuing competency of practicing pathologists.

NEW LOGO



Inside

Meet the Trustees

Tuscon Testing Facility

Secure Remote Testing

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MOC Pilot

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Revised in 2015, the logo of the American Board of Pathology depicts the origin and evolution of pathology. The traditional microscope in the foreground symbolizes cellular pathology and laboratory medicine. In the background the double helix reflects the evolving discipline in the molecular era.

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2016 AMERICAN BOARD OF PATHOLOGY OFFICERS AND TRUSTEES

The ABP Officers and Executive Committee for 2016 are: President Gary Procop, MD; Vice President James Stubbs, MD; Secretary Karen Kaul, MD, PhD; Treasurer Susan Fuhrman, MD; and Immediate Past President--Margaret Grimes, MD, MEd.

The 2016 Trustees of the ABP are (in addition to the officers listed above): Drs. Edward Ashwood, Eric Glassy*, Jeffrey Goldstein*, Michael Jones, Patrick Lantz, Ritu Nayar*, and Steven Swerdlow (* new 2016 Trustees).

Dr. Rebecca Johnson is the Chief Executive Officer. She can be contacted at rljohnson@abpath.org.



front row: Rebecca Johnson, MD (CEO); Ritu Nayar, MD; James Stubbs, MD (Vice-President); Gary Procop, MD (President); Susan Fuhrman, MD (Treasurer); Margaret Grimes, MD (Immediate Past-President), Steven Swerdlow, MD

back row: Karen Kaul, MD, PhD (Secretary); Jeffrey Goldstein, MD; Patrick Lantz, MD; Michael Jones, MD; Edward Ashwood, MD; Eric Glassy, MD



MEET OUR TRUSTEES

Dr. Gary Procop, ABP President

Dr. Gary Procop has been a Trustee of the ABP since 2007 and is our current President. He chairs the Microbiology Test Development & Advisory Committee and the Maintenance of Certification Committee and has served as ABP Secretary and Vice President. Dr. Procop is ABP certified in Anatomic Pathology and Clinical Pathology and Medical Microbiology and is participating in the Maintenance of Certification program.

Dr. Procop is the Medical Director for Enterprise Test Utilization and Pathology Consultative Services and is the Director of Molecular Microbiology, Virology, Mycology and Parasitology at the Cleveland Clinic. He is past Chair of the Departments of Clinical and Molecular Pathology, and past Section Head for Clinical and Molecular Microbiology. He earned a BS degree at Eastern Michigan University, followed by M.D. and M.S. degrees at Marshall University School of Medicine. He trained in Anatomic and Clinical Pathology at Duke University Medical Center and completed a Clinical Microbiology Fellowship at the Mayo Clinic. He is a Fellow of the American Academy of Microbiology, the College of American Pathologists (CAP), the American Society for Clinical Pathology (ASCP), the Infectious Diseases Society of America, and the Royal Society of Tropical Medicine and Hygiene. He has given more than 550 scientific presentations, and has 176 published manuscripts, 39 chapters, and two books. He is the Chair of the Microbiology Resource Committee for the CAP and a member of the Council on Scientific Affairs and Quality Practices Committee. He is a member of the Effective Test Utilization Subcommittee of the Commission on Science, Technology & Policy of the ASCP. His primary interests are developing and promoting best practices in laboratory testing, the practical applications of molecular diagnostic methods for the diagnosis and treatment of infections; infectious disease pathology; mycology and parasitology. He enjoys sailing, fencing, magic, and genealogical research.

CALL FOR TRUSTEE NOMINATIONS

The ABP is soliciting nominations for two new Trustees, to begin in 2017. One position will be for an ABP certified forensic pathologist and the other for an ACP certified pathologist, preferable in non-academic practice. Nominations and nominee CVs can be electronically submitted to Dr. Karen Kaul, Secretary, and sent to rljohnson@abpath.org.

TRUSTEES IN THE NEWS



Dr. Eric Glassy presented the 2016 Nathan Kaufman Timely Topics Lecture *Riffs on Future Path: the Fall of Paper, the Rise of Smarties, and the Quest for Selfies* at the USCAP Annual Meeting in Seattle on March 14th.

Dr. Ritu Nayar was re-elected to the International Academy of Cytology Executive Council as USA representative for a second term beginning May 2016.

ABP PUBLICATIONS

Weiss SW, Johnson RL. 2016. Physician Scientist Research Pathway Leading to Certification by the American Board of Pathology. *Academic Pathology* 3. doi:10.1177/2374289516632234

Weiss SW, Johnson RL. 2016. Physician Scientist Research Pathway Leading to Certification by the American Board of Pathology. *Human Pathology*, Vol. 52, p179–181.

Monaghan S, Felgar R, Kelly M, Ali A, Anastasi J, Bellara A, Rinder H, Sargent R, Wagner J, **Swerdlow S**, Johnson R. 2016. Does Taking the Fellowship In-Service Hematopathology Examination and Performance Relate to Success on the American Board of Pathology Hematology Examination? *Am J Clin Pathol* 145:1-6. DOI: 10.1093/AJCP/AQW085

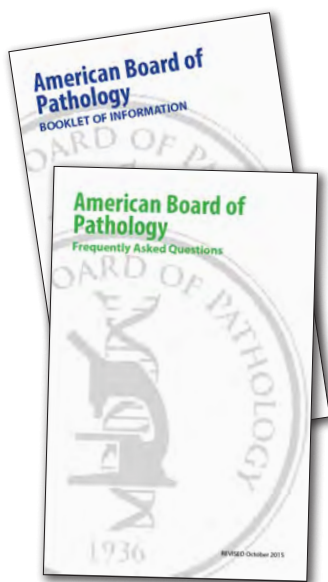
2016 BOARD ACTIONS

The ABP met on May 1-2. Drs. John Collin, Diane Davey, and Sharon Weiss were elected Life Trustees. An MOC Advisory Committee will be appointed with Dr. Eric Glassy, Chair. Other significant actions by the ABP are included in relevant sections of this newsletter.

ABP THANKS OUR COOPERATING SOCIETIES

The ABP would like to thank the ASCP, CAP and USCAP for providing an ABP complimentary exhibit booth at their annual meetings. Stop by and meet our staff.

The ABP held its annual meeting with our Cooperating Societies on May 3. ABP updates were given. The Societies were asked to provide their organizations' definition of professionalism, their code of ethics (if they have one), and answer how should the ABP assess professionalism as part of continuing certification. Excellent discussion ensued.

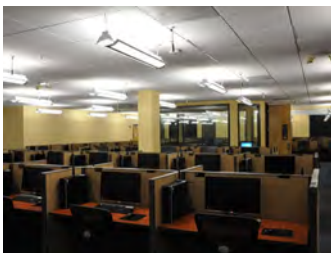


ABP BOOKLET OF INFORMATION

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

RESIDENT TRACKING and PATHWAY

Beginning in 2016, program directors will be asked to provide resident emails in Resident Tracking. The ABP will then provide residents with an ABP identification number. This ID number will allow residents to log into Pathway, create an account, update their contact information, and see the certification application. We request that residents submit their Authorization Form and agreement to the Honor Code electronically.



Tucson Exam Center

ABP SPRING EXAMINATIONS IN TUCSON, AZ

The ABP has partnered with the American Board of Radiology to use the ABR examination center in Tucson, AZ on June 20-22, 2016. They have a facility similar to the Tampa test center and microscopes will be provided, just as in Tampa. In the future, applicants for certification can select either the Tampa or the Tucson test center when applying for their spring examination.

CLINICAL INFORMATICS TRAINING AND CERTIFICATION

The ABP has approved allowing a trainee to complete the 24 months of ACGME required training in Clinical Informatics (CI) concurrently with another 12-month fellowship, completed over the same 24 months. The rationale for this decision is that most 12-month pathology fellowships have or can have a significant component of informatics. This concurrent training complies with the ACGME Program Requirements for Clinical Informatics and pathology subspecialties. With this approval, a trainee could qualify for certification in CI and another ACGME accredited subspecialty with only two years of training, rather than three years. Since many trainees are doing two fellowships, this dual track will shorten their time of training and hopefully encourage more pathologists to train in informatics. The CI fellowship may also be combined with a non-ACGME accredited fellowship.

The “by experience” (grandfather) route to certification in CI will be available through 2017, after which time ACGME accredited fellowship training will be required for certification. The ABP will consider extending eligibility on an individual basis for those who are in the middle of meeting “by experience” requirements in 2017. See the ABP Web site for more information and application.

ACGME is accrediting only one Clinical Informatics training program in an institution, so pathology departments that have or are considering a CI fellowship are encouraged to submit an application for accreditation promptly or risk having their trainees competing for fellowship positions in CI in another department.

ABP PHYSICIAN-SCIENTIST RESEARCH PATHWAY

In response to the pathology community, the ABP has created a Physician-Scientist Research Pathway with the goals of increasing the number of physician-scientists in pathology, attracting exceptional and committed young physician-scientists to pathology, preparing trainees for careers in academic medicine centered on basic science or clinical research, and providing flexibility in training pathways, while assuring the clinical competency of trainees that select this pathway. For more information, see the Booklet of Information.

CERTIFYING EXAMINATION PROGRAM PERFORMANCE REPORTS

The ABP annually generates Program Performance Reports for each ACGME accredited primary and subspecialty training program. These reports were modified in 2015 to reflect new July 2015 ACGME Program Requirements (PR). This report is confidential and is available only to the program director.

The program performance data (not individual candidate performance) is provided annually to the ACGME Review Committee for Pathology as part of the Next Accreditation System. The accuracy of these reports depends on the accuracy of resident information that the ABP receives from program directors through the ABP Resident Tracking System and submitted on applications.

ABP SPEAKERS BUREAU

The ABP Trustees and CEO are available to speak to pathology departments with residency training programs and national, state and local pathology societies on topics such as ABP Updates and Maintenance of Certification. Please contact Rebecca Johnson, MD, CEO, if you would like to schedule a speaking engagement.

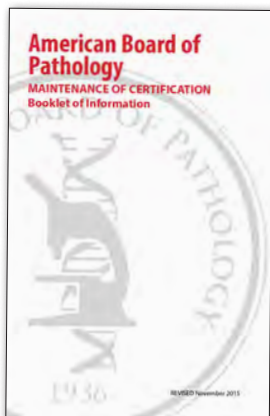
HONOR CODE

The Board has an honor code statement that must be signed by applicants and registrants for ABP certification exams. We are aware that residents and fellows have been using recalled items to prepare for Board exams. The ABP considers this practice to be cheating, unethical and unprofessional behavior. Program Directors are encouraged to talk with their residents about the honor code, professionalism, and ethical behavior.

NEW IN PRACTICE SURVEY

The ABP, in collaboration with APC, ASCP, CAP, and USCAP, participates in a Pathology Workforce Task Force. This Task Force was created as a result of a Pathology Workforce Summit, attended by representatives from 24 pathology organizations, in December 2013. For the past two years, the Task Force has conducted a survey of new-in-practice pathologists. This survey is linked to diplomates' MOC biennial reporting. The survey listed 48 different practice areas in pathology and asked survey participants

to rate on a 5-point scale 1) how important is this practice area in your current job and 2) how was the amount of training you received relative to what you need in your current job. In 42 of the 48 practice areas, respondents indicated that their training was “about right”; however, there were four practice areas that were rated as important, very important, or critically important in their current job, but the amount of training was less or much less than needed. These four areas were Laboratory Administration, Molecular Diagnostics, Informatics, and Coding and Billing. We are sharing this information with residency program directors. There have been several initiatives in the past few years aimed at improving training in these areas (e.g. Pathology Informatics Essentials for Residents (PIER) and Training Residents in Genomics (TRIG)). The ongoing survey should help assess the impact of these structured curricula. An abstract was accepted and a presentation was made in May at the 12th Annual AAMC Physician Workforce Research conference.



MAINTENANCE OF CERTIFICATION (MOC)

MOC is a program of continuing certification, therefore certificates issue in 2015 and thereafter no longer have an expiration date and state: “Continuing certification requires participation in Maintenance of Certification.” Failure to participate in MOC and failure to meet MOC requirements results in early expiration of certification.

The updated MOC Booklet of Information is available on the ABP Web site.

MOC participation is also available to diplomates with non-time-limited certificates. Cancelling voluntary MOC participation or failure to meet MOC requirements does not jeopardize the non-time limited certificate. To voluntarily enroll in MOC, send a request to: ABP-MOC@abpath.org.

All Trustees of the ABP are participating in the ABP’s MOC Program.



MOC PART III: ASSESSMENT OF KNOWLEDGE, JUDGMENT, and SKILLS

ABP MOC Part III requirement allows diplomates who hold both primary (AP and/or CP) and subspecialty certifications to sit for a single examination that includes 50 primary and 150 subspecialty questions, graded as a single 200-question exam. Successful diplomates will fulfill Part III MOC requirements for both certificates. The ABP publishes comprehensive study guides for the MOC exam modules on our website. The MOC exams do not include glass slides or virtual microscopy questions.

In 2016, there have been new modules added in order to make the exam more relevant to a diplomate's practice. These are 50 question mandatory modules in AP and APCP. Diplomates need to choose only one 50-question module in their area of primary certification (APCP, AP only, or CP only). These new modules are: APCP and AP with forensic pathology emphasis, APCP and AP with pediatric pathology emphasis, APCP with AP emphasis, and APCP with CP emphasis.



REMOTE, SECURE TESTING

Last fall and this spring, the ABP conducted a pilot to administer the MOC Part III exams remotely (from home, office, or other site of the diplomates' choosing) in order to reduce the burden of time, travel, and associated costs for coming to the Tampa exam center. This pilot was successful, with 374 diplomates taking the remote exam, and the feedback generally very positive.

For remote testing, diplomates are required to do a system check (hardware, webcam, and software) and take a practice exam prior to taking their MOC exam. Diplomates are video recorded during the exam for security purposes. Remote exams are available for a two-week window of time in the spring and fall. Diplomates still have the option to take their MOC exams in the Tampa exam center.

See the ABP Web site for examination deadlines, dates, and registration information.



NEW ASSESSMENT INITIATIVE: ABMS MOC PART III PILOT

The ABP has been selected to participate in the American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC) Assessment Initiative pilot called CertLink™. Currently MOC Part III assesses a diplomate's knowledge, judgment, and skills with a secure examination. This new initiative will develop and test a new model for assessment that will be both formative and summative. In response to feedback from our diplomates participating in MOC, the ABP continues to modify the MOC program to be more relevant and valuable, and this initiative will likely help achieve that goal.

Longitudinal assessment models represent an evolution from traditional, point-in-time secure exams. In addition to being an assessment of learning, this will be an assessment for learning. While the program specifics

are still being developed, the plan is for the ABP to send multiple choice questions at periodic intervals to volunteer participants. They will have a specified amount of time during which they answer a question. They then receive immediate feedback with the correct answer, a short narrative about the topic, and references. The assessment will incorporate many of the features of the American Board of Anesthesiology's (ABA) MOCA Minute™. See <http://www.theaba.org/MOCA/MOCA-Minute> for more information on their program.

The ABP plans to launch the Assessment Initiative pilot in 2017 for volunteer diplomates who are certified in APCP or AP. Volunteers will be expected to answer a minimum number of items each year, commit to the duration of the pilot, and provide feedback to the ABP on the initiative. During the initial phase of the pilot, the ABP will not assess any diplomates' performance. Participation in the MOC Assessment pilot will allow our diplomates to have a voice and active role in creating the next generation of MOC Assessment, which may be used in lieu of the MOC Part III exam in 3-5 years. Diplomates will still have the requirement to take and pass the MOC examination before the end of their first ten years after initial time-limited certification.

The greatest challenge to make this assessment relevant for all ABP diplomates will be developing a sufficiently large and diverse enough item bank of questions to be able to offer specialty and practice relevant assessment. This will take several years, so we anticipate that the pilot will last for 3-5 years. ABP plans to add volunteers to the pilot as subspecialty items are developed. We are soliciting volunteers who are interested in being item writers and/or reviewers. Email us at PathCertLink@abpath.org if you are interested.

ABMS MOC DIRECTORY POWERED BY MedEdPORTAL'S CE DIRECTORY

The American Board of Medical Specialties (ABMS) has partnered with the AAMC to offer a centralized repository of approved MOC activities relevant to multiple medical specialties and subspecialties. CME providers can submit and receive approval to list their CME offerings in the directory. This directory will increase the inventory of MOC CME activities for our diplomates and will identify activities that may be relevant to more than one specialty. The directory can be accessed at <https://www.mededportal.org/abmsmoc/continuingeducation/>.

EXAM BLUEPRINTS

The primary and subspecialty examination blueprints are posted on the ABP Web site. The blueprints give categories of topics covered in the examinations with the approximate percentage of questions for each topic.

ABP FEES

ABP is often asked how our fees compare with other ABMS Boards. Recently ABMS did a data analysis comparing boards. We are very pleased to report that we are the lowest of the 24 member boards for operating revenue per diplomate, operating revenue per certificate issued, operating expense per diplomate, and operating expense per certificate issued. Our certification fee ranks at the 30th percentile and the fees have not increased since 2003. The ABP 10-year MOC fee is the lowest of all boards, at \$1200, including the exam. The most expensive board has 10-year MOC fees of \$5,230.



EXAMINATION PERFORMANCE

All of the ABP examinations are graded using the criterion-referenced method. See the ABP Web site for examination information.

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 the reporting year. (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 the reporting year.

2015 Primary Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
AP	731	79%	597	534	89%	134	45	34%
CP	645	85%	546	507	93%	99	43	43%

5-year Certified Report

Primary	2011	2012	2013	2014	2015
APCP	461	444	516	495	504
AP only	98	89	93	105	90
CP only	49	35	34	65	48

2015 Subspecialty Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
BB/TM	67	81	55	47	85	12	7	58
CI	21	81	19	17	89	2	0	0
CYP	160	89	140	129	92	20	13	65
DP	75	95	71	67	94	4	4	100
FP	45	96	40	40	100	5	3	60
HEM	156	85	140	128	91	16	5	31
MMB	11	100	11	11	100			
MGP	55	95	49	48	98	6	4	67
NP	32	94	29	28	97	3	2	67
PP	31	84	28	25	89	3	1	33

Maintenance of Certification

MOC	Total Candidate #	% Pass
Spring 2016	437	100
Spring 2015	213	100
Fall 2015	187	100
Spring 2014	58	100
Fall 2014	89	96.6

2016 ABP EXAMINATION DATES

Dates are subject to change. Please check the ABP Web site for current information.

Exams	2016 Dates	
Anatomic/Clinical Pathology		
Spring (Tampa)	Starting	May 16
Spring (Tucson)	Starting	June 20
Fall	Starting	October 17
Maintenance of Certification		
Spring	Starting	March 7
Fall	Starting	August 18
Subspecialty		
Blood Banking/ Transfusion Medicine		September 6
Chemical Pathology		September 16
Clinical Informatics (Pearson Vue)		October 3-14
Cytopathology	Starting	August 29
Dermatopathology	Starting	September 7
Forensic Pathology		September 19
Hematopathology	Starting	September 20
Medical Microbiology		September 16
Molecular Genetic Pathology	Starting	September 15
Neuropathology		September 14
Pediatric Pathology		September 12

2017 ABP EXAMINATION DATES

Dates are subject to change. Please check the ABP Web site for current information.

Exams	2017 Dates	
Anatomic/Clinical Pathology		
Spring (Tampa)	Starting	May 15
Spring (Tucson)	Starting	TBD
Fall	Starting	October 16
Maintenance of Certification		
Spring	Starting	March 6
Fall	Starting	August 21
Subspecialty		
Blood Banking/ Transfusion Medicine		September 7
Chemical Pathology		September 14
Clinical Informatics (Pearson Vue)	TBD	October
Cytopathology	Starting	August 28
Dermatopathology	Starting	September 11
Forensic Pathology		September 6
Hematopathology	Starting	September 20
Medical Microbiology		September 14
Molecular Genetic Pathology	Starting	September 13
Neuropathology		September 18
Pediatric Pathology		September 19



MISSION OF THE AMERICAN BOARD OF PATHOLOGY

To promote the field of pathology and the continuing competency
of practicing pathologists

Questions may be addressed to

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