AMERICAN BOARD OF PATHOLOGY

Annual Report

2023 YEAR IN REVIEW HIGHLIGHTING PROGRAM ENHANCEMENTS

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About The American Board of Pathology

WELCOME

The American Board of Pathology (ABPath) was established in 1936 to advance the specialty of pathology and ensure the competence of pathologists for the benefit of the public. Certification by the ABPath is a hallmark of public and professional trust. As we face new challenges in healthcare, the vital role of board-certified pathologists is more important than ever. Our Mission and Vision statements exemplify our commitment to promote excellence in pathology and maintain the highest standards of care.

WHAT WE DO

The American Board of Pathology issues primary certificates in Anatomic and Clinical Pathology, Anatomic Pathology, Clinical Pathology, Anatomic Pathology/ Neuropathology, and certification in eleven subspecialties.

MISSION

The mission of the American Board of Pathology, a member of the American Board of Medical Specialties, is to serve the public and advance the profession of pathology by setting certification standards and promoting lifelong competency of pathologists.

VISION

The American Board of Pathology improves the health of the public by promoting excellence in the practice of pathology.

STRATEGIC GOALS

- 1. Identify and implement relevant and meaningful processes for the assessment of residents and fellows in initial certification programs.
- 2. Increase the value of Continuing Certification programs by promoting lifelong learning, creating relevant assessments, and supporting diplomates in their efforts to stay current in their area of practice.
- 3. Increase diplomates' and other stakeholders' satisfaction with and perceived value of ABPath and certification.
- 4. Develop infrastructure and implement processes that support and promote strategic and organizational effectiveness.
- 5. Ensure long term financial viability of the ABPath.
- 6. Increase the effectiveness of the Board of Trustees.

Message From The President

Innovation, accountability and transparency are among the American Board of Pathology's core values. In 2023, the Board's strategic and operational initiatives underscored the ongoing commitment to our goals of identifying and implementing relevant and meaningful processes for the assessment of residents and fellows in initial certification programs and increasing the value of continuing certification by promoting lifelong learning, creating relevant assessments, and supporting diplomates in their efforts to stay current in their areas of practice.

Recognizing the need to better prepare trainees to provide unsupervised care for patients, there has been renewed momentum by the American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME) over the past two years to accelerate the development of and transition to competency-based medical education (CBME) in the graduate medical education setting. CBME is not new. In 1999, the ACGME and the ABMS endorsed the six domains of clinical competency, and the Next Accreditation System and milestones were introduced in 2013 (1). CBME is a learner-centric, outcomes-based approach to education in which the central tenet is to "start with the end in mind" and focus on what type of graduate is needed. The needs

of patients and the health system define competencies and educational outcomes, which then inform the development of the curriculum, and assessments that are designed to drive learning, evaluate competency and support the desired outcomes.

In the CBME framework, the relationship between education and assessment is closely interwoven with a move from a single point in time, high stakes summative assessment to more continuous. multiple work-place based assessments, using direct observation with emphasis on formative feedback, followed by an end of training higher stakes certification examination. In Miller's Pyramid of competency evaluation through performance (2), assessment of knowledge by multiple choice questions still has an important place in testing large bodies of knowledge ---"the *knows* and *knows how,*" which is foundational to learning. Complimenting this with demonstration of learning and performance in the practice environment via assessment methods such as simulations and Entrustable Professional Activities (EPAs) allows us to get at the "shows" and "does" higher levels of competency that support "entrustment" decisions.

Competency Based Assessment (CBA) and Competency Based Board Eligibility (CBBE) is where the role of specialty certification boards comes into play. ABMS member boards are embracing CBME and some specialties (e.g., general surgery, orthopedic surgery, family medicine, pediatrics, and others) have piloted and have/are implementing CBME/CBA in training and certification requirements. (3) Advantages of in-training CBA include emphasizing a growth mindset, identification of gaps with time to remediate during training; better assessment of content areas not well represented on the certification exams and of competencies/skills that cannot be adequately addressed with a multiple-choice exam; as well as being able to provide more objective evidence of competency-based board eligibility (CBBE) for the trainee, program directors and certification boards. As we know, with change comes challenges- CBME/ CBA requires substantial buy-in from education leadership, faculty and learners as well as resources for successful implementation.

Determining ABPath's role in the development and implementation of CBME for Pathology was a major initiative during my presidency. In November 2023, after active engagement and many discussions with the leadership of other ABMS boards, the Pathology ACGME review committee, the National Pathology EPA Group and the Board's cooperating societies, the Trustees adopted a resolution on the ABPath's strategy for CBA. (4) Among Dr. Procop's strategic initiatives as the Board's incoming CEO, was piloting a voluntary, formative, competency-based, in-training assessment. This aligns perfectly with the Board's CBA strategy and a simulated sign-out pilot in breast pathology is expected to launch in 2025. The ACGME previously included graduated responsibility in the pathology training requirements, with the goal of attaining oversight supervision and starting in July 2024, incorporation of competency-based workplace assessments for fellow feedback will be a core requirement for pathology subspecialties. (5). ABPath will continue to engage with other stakeholders to collect data to inform meaningful future changes to certification in the CBME setting.

The Board has actively engaged in collecting data toward harmonizing training requirements, training and certification with the needs of practicing pathologists and identified gaps in training. (6, 7, 8, 9) CBA could facilitate "education equity" if learning modules are provided before the assessment, especially in "need to know areas" that not all programs are able to provide exposure to. Dr. Procop completed and recently launched a histology primer to fill a significant gap in the transition from UME to pathology residency- this has already been accessed by over 1200 users. In 2023, the Board's test development advisory committees were charged with analyzing and qualifying exam item category codes to develop detailed content specifications for primary and subspecialty examinations, beyond the exam blueprints that are currently available. The draft will be available for public comment in the latter half of 2024, before being finalized and approved for release on the recently updated ABPath website. (https://abpath.org/) Over the past year, the Board has shared data and responded to publications on trends in

primary and subspecialty examinations (11,12, 13). The exam application process has been streamlined by eliminating late deadlines and fees and a major update of PATHway is underway which will enhance diplomate communications. The ABMS recognized Health Care Administration, Leadership, and Management (HALM) as a subspecialty in February 2023 and ABPath diplomates are eligible to apply for this certification (14).

Because CBME is an approach to medical education and not just about assessment, it will be able to inform future meaningful changes to the curriculum in response to gaps that the new assessment efforts demonstrate and identify areas where higher levels of competency are better achieved in the practice setting rather than in the training period. As medical practitioners, we have the privilege of self-regulation and the ABPath supports the need for lifelong learning. The ABPath Continuing Certification (CC) Program is in compliance with the **ABMS standards for CC**, and currently enrolls close to 12,000 diplomates. As an early adopter and one of seven ABMS specialty



boards that use the CertLink platform for longitudinal assessment (10), ABPath offers a choice of 31 practice areas for a personalized assessment design. In 2023, we launched a two-year ABPath CertLink quality improvement initiative to enhance user experience and provide a robust assessment "of learning" and incorporate new content "for learning." We appreciate diplomate feedback and have an ongoing list of future enhancements that will continue to increase the value of the CC program.

> To serve the p certification sta

I am delighted to report that the **ABPath Speakers Bureau**, a pilot I initiated in the fall of 2023, was approved by the Trustees as a standing program through which each of the 142 ACGME-accredited pathology residency programs have now been contacted by the Board and will be visited once over a 4 year period by a trustee or our CEO, either in person or virtually, to engage with diplomates and educators and provide updates on the present and future initiatives of the Board.

Thanks to the commitment of our "small but mighty staff" in Tampa—led by Dr. Gary Procop (CEO) and Ty McCarthy (COO) and ~200 pathologists and trainees who lend their time and expertise to serve as volunteers for the Board of Trustees, our test development and advisory committees and CC crowdsourcing—we are well poised to address the opportunities and challenges of these exciting and transformative times in education, certification and the practice of pathology. In 2023, I had the pleasure to recognize Drs. Susan Fuhrman, Karen Kaul, and Steven Swerdlow as Life Trustees of the ABPath, thank Constance Filing, our first public member, for her service and invite Dr. Javarro Russell, Senior Director for the MCAT Program at the AAMC to fill this key role on our Board. We also welcomed the American Society of Dermatopathology (ASDP) as the Board's 16th Cooperating Society. (15)

It has been my privilege and a highlight of my professional career to have served as President of the ABPath. I am excited about the future prospects for pathologists and our specialty and look forward to my remaining years as a Trustee of the Board. For 2024, our President, Dr. Barbara Sampson brings significant experience and expertise to lead the Board forward in its continuing support of our diplomates, and ABPath's mission to serve the public and advance the specialty of pathology.

Ritu Nayar

Ritu Nayar, MD ABPath President 2023





ABPath Highlights

RESOLUTION ON COMPETENCY-BASED ASSESSMENT STRATEGY

In 2023, the American Board of Pathology (ABPath) initiated an exploration of Competency-Based Assessment (CBA) as a component of Competency-Based Medical Education (CBME) within pathology training. This initiative aims to enhance the evaluation of pathology residents' skills, abilities, and judgment, aligning more closely with the demands of the field. Additionally, this effort presents an opportunity to reconsider and potentially refine the duration, structure, and content of both primary and subspecialty certification examinations in the coming years. During this planning phase, ABPath has actively engaged with Cooperating Societies to gather input, reviewed CBA methodologies employed by other American Board of Medical Specialties (ABMS) boards, and participated in ABMS-ACGME CBME conferences and interest group discussions. These collaborative efforts have provided a wealth of information and guidance.

Following these valuable discussions, ABPath has outlined the next steps for re-evaluating certification examinations and investigating in-training CBA methods leading to the adoption of the following resolution:



WHEREAS, the assessment of skills, ability, and judgment relevant to pathology is implicit in the mission of the American Board of Pathology, in addition to the assessment of knowledge, and

WHEREAS, competency-based assessment (CBA) aligns with and supports this mission, and promotes competency-based medical education (CBME), now therefore,

BE IT RESOLVED that the American Board of Pathology will re-evaluate the length, format, and content within the primary and subspecialty certification examination(s) and **BE IT FURTHER RESOLVED** that the American Board of Pathology shall pilot in-training CBA methods as a means to provide formative and summative feedback to trainees and program directors prior to primary certification examination and

BE IT FURTHER RESOLVED that the American Board of Pathology will determine the relationship of CBA with certification.

This resolution underscores the Board's commitment to advancing the pathology profession, ensuring our certification process remains rigorous and reflective of the evolving demands of the medical field.

EXAM APPLICATION PROCESS STREAMLINED BY ELIMINATING LATE DEADLINES AND FEES

In October 2023, ABPath announced a significant change to its certification examination application and registration process.

Effective for the 2024 exam season, ABPath will no longer offer a late application/registration deadline or assess a late fee for Primary and Subspecialty certification exams.

Historically, ABPath has offered applicants a late

application deadline, accompanied by a late fee, in addition to the original deadline. However, moving forward, we honor only one application deadline per exam in order to expedite the application approval process for physicians seeking board certification in pathology.

Read the original announcement here.

ABPATH WELCOMES NEW PUBLIC BOARD MEMBER JAVARRO RUSSELL, PHD

The ABPath announced the election of Javarro Russell, PhD as the new public member to the Board of Trustees with a term beginning on January 1, 2024. Dr. Russell brings a wealth of experience in exam development and administration, making him a valuable addition to the Board.

Read the full announcement here.

<image>

JAVARRO RUSSELL, PhD

SUSAN FUHRMAN, MD; KAREN KAUL, MD, PHD; AND STEVEN SWERDLOW, MD HONORED AS LIFE TRUSTEES

Susan Fuhrman, MD; Karen Kaul, MD, PhD; and Steven Swerdlow, MD, were honored in August of 2023 as Life Trustees for their many years of dedicated service and contributions to the Board. They were awarded the Life Trustee plaques by Dr. Ritu Nayar, President at the Summer 2023 Board of Trustees meeting.

Susan Fuhrman, MD was a Trustee from 2011-2022 and served as President in 2019 and Vice President in 2018. Dr. Fuhrman is the former System Director for Pathology and Laboratory Services at OhioHealth, a large not-for-profit integrated healthcare delivery system based in Columbus Ohio.

Karen Kaul, MD, PhD was a Trustee of the ABPath from 2011-2022 and was President in 2018 and Vice President in 2017. Dr. Kaul is the Chair of the Department of Pathology and Laboratory Medicine at NorthShore University HealthSystem in Evanston, Illinois, and a Clinical Professor of Pathology at the University of Chicago Pritzker School of Medicine.

Steven Swerdlow, MD was a Trustee of the ABPath from 2011-2022 and served as President in 2020 and Vice President in 2019. Dr. Swerdlow is a former Professor of Pathology and Director, Division of Hematopathology at the University of Pittsburgh School of Medicine.

Read more about our Life Trustees here.



STEVEN SWERDLOW, MD, SUSAN FUHRMAN, MD, and KAREN KAUL, MD, PhD

LAUNCH OF THE NEW ABPATH.ORG WEBSITE

In July of 2023, ABPath launched the all-new ABPath. org website, the dedicated source for comprehensive information on board certification in pathology. The primary goal during the development of this site has been to enhance user-friendliness, providing a seamless experience for pathology residents/ fellows preparing for board certification exams and board-certified pathologists participating in the Continuing Certification Program. With a modern design and intuitive navigation, we aimed to improve our visitors' interaction with the site. Some new features include a new expanded menu, quick links for candidates, diplomates, and credentialers, and an improved search function.

ABMS RECOGNIZES HEALTH CARE ADMINISTRATION, LEADERSHIP, AND MANAGEMENT AS A SUBSPECIALTY

The American Board of Medical Specialties (ABMS) officially approved Health Care Administration, Leadership, and Management (HALM) as a subspecialty at its February 2023 Board of Directors meeting. The American Board of Anesthesiology, American Board of Emergency Medicine, American Board of Family Medicine, and American Board of Preventive Medicine co-sponsored the application for the subspecialty certificate, allowing physicians certified by 13 of the 24 ABMS Member Boards to apply for the new certificate.

In addition to the four co-sponsoring Member Boards, there are currently nine other boards whose diplomates will be eligible to apply for this subspecialty certificate through ABEM including the ABPath. Read the full announcement here.

THE AMERICAN SOCIETY OF DERMATOPATHOLOGY (ASDP) AS A COOPERATING SOCIETY

The American Society of Dermatopathology (ASDP) was approved as a Cooperating Society of the AB-Path. The addition of ASDP as an ABPath Cooperating Society was approved on February 17, 2023, at an ABPath Board of Trustees meeting. The mission of the ASDP is to improve patient care, support member needs and advance the field of Dermatopathology through education, advocacy and innovation.

Read the full announcement here.



ABPATH LAUNCHES TWO-YEAR IMPROVEMENT INITIATIVE FOR ABPATH CERTLINK TO ENHANCE USER EXPERIENCE

ABPath officially launched a two-year quality assurance/quality improvement initiative for ABPath CertLink® (ABPCL) in February 2023. ABPCL is the online longitudinal assessment platform for the Continuing Certification Program. This initiative is designed to enhance the user experience and ensure that the program continues to support the highest standards of continuous learning and professional development of board-certified pathologists.

"We have listened to the feedback from our diplomates and are taking action to make a great program even better," says CEO of ABPath Gary W. Procop, MD. "We are committed to providing the highest quality program for our physicians, and this two-year improvement initiative is a testament to our dedication to our diplomates and the profession of pathology."

Read more about the Initiative here.



ABPath CertLink

MEET OUR PLATINUM VOLUNTEER ITEM WRITERS!



David Alter, MD

Dr. Alter was one of the top contributors of items (questions) in 2022 and 2023 for ABPath CertLink, ABPath's online longitudinal assessment for the Continuing Certification Program. We appreciate his dedication and his thoughtful approach to his volunteer question submissions.

As a board-certified Clinical Pathologist in Chemical Pathology (ABPath) and its doctoral counterpart, Clinical Chemistry (ABCC) with 23+ years in non-academic and academic environments, I believe all pathologists, regardless of specialty or practice type, should be familiar with aspects of Chemical Pathology as it can be the connective tissue across most, if not all, pathology disciplines; AP and CP. To that end, I submit Chemical Pathology questions to be used in ABPath CertLink along three themes: 1) fundamental concepts; 2) as related to other pathology specialties (AP and CP) and 3) its role for the future and current laboratory medical director. In my opinion, the Continuing Certification (CC) Program provides an efficient mechanism to disseminate these concepts to practicing pathologists. For that reason, I encourage diplomates to include Chemical Pathology questions as part of their quarterly Certlink assessment. As someone with a non-time-limited certification, I have found it very helpful for my continued growth as a Pathologist.



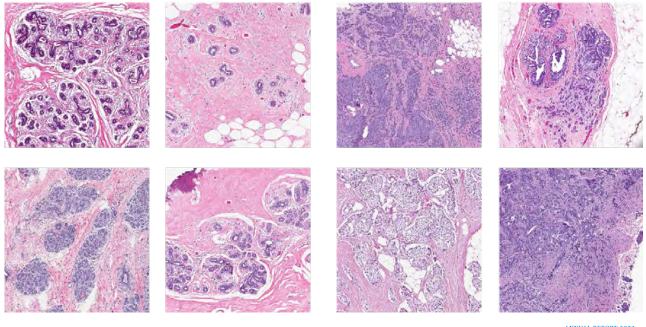
Gulisa Turashvili, MD, PhD

Dr. Turashvili generously contributed over 27 items in 2023 to be used in ABPath CertLink. We thank her for her time, dedication and expertise in support of Continuing Certification in Pathology.

Gulisa Turashvili, MD, PhD, is an Associate Professor of Pathology at the Emory University School of Medicine, and Gynecologic and Breast Pathologist at Emory University Hospital, Atlanta, GA. She is also the Surgical Pathology Fellowship Director and Gynecologic Pathology Rotation Director. Dr. Turashvili received her medical degree from Tbilisi State Medical University in Georgia. Her pathology training included Anatomic Pathology Residency at Queen's University, ON, Canada, and Gynecologic and Breast Pathology Fellowships at Memorial Sloan Kettering Cancer Center, New York, NY. She is the Deputy Editor-In-Chief of Gynecologic Pathology at PathologyOutlines and a member of the Pathology Work Group of International Gynecologic Cancer Society, College of American Pathologists Cancer Committee, and other international and national committees. Dr. Turashvili serves on the Editorial Board of Modern Pathology, Laboratory Investigation, BMC Cancer, and other peer-reviewed journals. She has co-authored several book chapters and over 115 peer-reviewed publications.

THANK YOU TO PAUL SHITABATA, MD

ABPath extends its gratitude to Dr. Paul Shitabata, President of the Dermatopathology Institute in Torrance, CA, and Director of Dermatopathology at Harbor-UCLA Division of Dermatology, for his generous donation of an impressive glass slide library. These slides will be an invaluable resource for developing certification examinations and competency-based assessments, inspiring future generations of pathologists.



Cooperating Societies

The ABPath collaborates with our Cooperating Societies to identify and address issues of importance to the profession of pathology. Through these valuable relationships, our Cooperating Societies support diplomates in their life-long learning and improvement in practice, their participation in Continuing Certification, and document their participation in educational and quality assessment activities.

The Societies' participation in our annual ABPath Summit of Cooperating Societies has been especially beneficial as training requirements for board certification evolve. In 2023, our Trustees met with the Societies in Chicago to discuss competency-based assessment in pathology and received feedback from each society. The discussion and feedback collected will be instrumental in exploring and developing competency-based assessment in pathology training.





2023 COOPERATING SOCIETIES

- Association for Academic Pathology (formerly the Association of Pathology Chairs)
- Association for the Advancement of Blood and Biotherapies
- Academy of Clinical Laboratory Physicians
 and Scientists
- American Association of Neuropathologists
- American Medical Association Pathology
 Section Council
- American Society for Clinical Pathology
- American Society of Dermatopathology
- American Society for Investigative Pathology
- American Society of Cytopathology
- Association for Molecular Pathology
- Association of Directors of Anatomic and
 Surgical Pathology
- College of American Pathologists
- National Association of Medical Examiners
- Society for Hematopathology
- Society for Pediatric Pathology
- United States and Canadian Academy of
 Pathology



CBME FOR PATHOLOGY GRADUATE MEDICAL CATION

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pefessor of Pathology or Graduate Medical Education

ege of Medicine



AMA

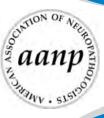


Society for Hematopathology



Association for the Advancement of Blood & Biotherapies







Association of Directors of Anatomic and Surgical Pathology (A (S (C AMERICAN SOCIETY OF Cytopathology







Board Certification Examinations

ADMINISTRATION HISTORY OF ABPATH CERTIFICATION

ABPath offers four Primary certificates and 11 Subspecialty certificates in pathology. This table reflects when we began offering each primary and subspecialty certification and how many certificates have been issued from inception through 2023.

**Statistics have been updated to reflect the reassessment and rescoring of the 2022-2024 Primary and Subspecialty exams that was conducted in October 2024.

EXAMINATION STATISTICS

Certification	Initial Year	Number of Certificates
Anatomic Pathology (AP)	1936	9,786
Anatomic Pathology and Clinical Pathology (AP/CP)	1936	25,742
Anatomic Pathology and Neuropathology (AP/NP)	1961	451
Clinical Pathology (CP)	1936	4,030
Blood Banking/Transfusion Medicine (BB/TM)	1973	1,702
Chemical Pathology (CH)	1951	182
Clinical Informatics (CI)	2013	227
Cytopathology (CY)	1989	5,001
Dermatopathology (DP)	1974	1,909
Forensic Pathology (FP)	1959	1,862
Hematopathology (HP)	1955	3,610
Medical Microbiology (MB)	1950	408
Molecular Genetic Pathology (MG)	2001	838
Neuropathology (NP)	1948	655
Pediatric Pathology (PP)	1990	634



2023 Primary Exam Statistics

The ABPath uses criterion-referenced scoring for its certification examinations. Setting the criterion standard for each exam is performed every 3-5 years. The number of candidates passing the examinations may not match the number of candidates certified for several reasons:

- Some 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 candidates who passed the examinations in a previous year but did not provide documentation of licensure or other required information until the reporting year.

See the ABPath Website for examination information.

2023 PRIMARY EXAMINATION

	(Total Candidat	es	First	-Time Ta	kers	F	'S	
	#	#Pass	% Pass	#	#Pass	%Pass	# #Pass		%Pass
AP	680	547	80%	567	500	88%	113	47	42%
СР	586	542	92%	544	520	96%	42	22	52%

5-YEAR CERTIFIED REPORT

Primary	2019	2020	2021	2022	2023
АРСР	451	397	533	500	477
AP only	58	73	105	100	75
CP only	40	25	55	54	55
APNP	10	8	17	7	5

PRIMARY EXAM PASS RATES % PASS = SPRING EXAM PASS RATE

Primary	2019 % Pass	2020 % Pass	2021 % Pass	2022 % Pass	2023 % Pass
AP only	82*	85	82	87*	84
CP only	85*	88	94	94*	94

*New criterion standard applied

Subspecialty Exam Statistics

	Тс	otal Candidat	es	Firs	t-Time Tal	kers		Repeaters	5
	#	#Pass	%Pass	#	# Pass	%Pass	#	#Pass	%Pass
BB/TM	60	58	97	49	49	100	11	9	82
СН	-	-	-	-	-	-	-	-	-
CI	22	17	77	19	16	84	3	1	33
СҮ	131	116	89	119	108	91	12	8	67
DP	50	45	90	49	44	90	1	1	100
FP	61	55	90	60	55	92	1	0	0
НР	143	134	94	134	129	96	9	5	56
МВ	11	11	100	11	11	100	-	-	-
MG	62	59	95	57	55	96	5	4	80
NP	27	26	96	25	24	96	2	2	100
РР	24	21	88	20	19	95	4	2	50
FPClinMB*	-	-	-	-	-	-	-	-	-

2023 SUBSPECIALTY CERTIFICATION EXAMINATIONS

*FPClinMB = Focus Practice Designation-Clinical Microbiology

5-YEAR CERTIFIED REPORT

Subspecialty	2019	2020	2021	2022	2023
BB/TM	47	39	39	29	58
СН	1	2	-	-	-
CI	18	17	27	25	17
СҮ	137	104	109	115	117
DP	45	34	41	43	45
FP	38	47	38	53	55
НР	119	116	108	110	133
МВ	14	6	18	10	11
MG	59	48	49	51	59
NP	12	17	11	16	21
РР	23	16	20	18	21
FPClinMB*	-	1	-	-	-

*FPClinMB = Focus Practice Designation-Clinical Microbiology

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SUBSPECIALTY EXAMINATION PASS RATES

Subspecialty	2019 % Pass	2020 % Pass	2021 % Pass	2022 % Pass	2023 % Pass
BB/TM	96	89*	81	62	97
СН	100	100	-	-	-
CI	78	89	77	66	77
СҮ	96	86*	86	83	89
DP	98	95	87	93*	90
FP	93	89*	95	98	90*
НР	97	94*	94	90	94
МВ	100	100	100	85*	100*
MG	98	98*	94	84	95*
NP	96	100	90	92*	96*
РР	96	89	91	82*	88
FPClinMB**	-	100	-	-	-

*New criterion standard applied

**FPClinMB = Focus Practice Designation-Clinical Microbiology

Continuing Certification

	2019	2020	2021	2022	2023
New Certificates Enrolled	1087	961	1091	1120	1164
Certificates Lapsed/ Revoked	90	97	64	46	47
New Diplomates Enrolled	585	525	736	659	639
Diplomates Lapsed/ Revoked	64	70	52	34	34

PARTICIPATION STATISTICS

Total Diplomates Enrolled at the End of 2022: 11,160

11,749 Diplomates are enrolled in the Continuing Certification Program

TOP IMPROVEMENT IN MEDICAL PRACTICE (IMP) ACTIVITIES REPORTED BY DIPLOMATES IN 2023

- 1. ABPath-Approved Slide Review Program
- 2. Department or Hospital/Institution Quality Assurance Committee
- 3. CLIA Mandated Cytology Proficiency Testing

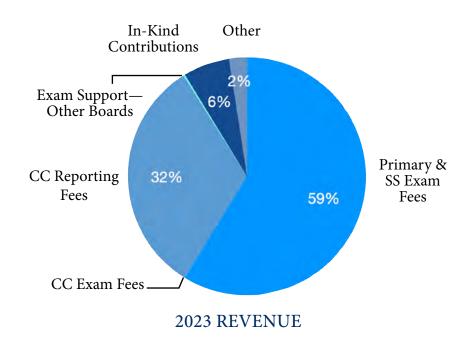
Financial Report FOR FISCAL YEAR 2023

REVENUE

ABPath revenue is generated from multiple sources. Candidates pay examination fees for the Primary, Subspecialty, and Continuing Certification reinstatement exams and diplomates pay a fee for administration of the Continuing Certification Program. The AB-Path supports two other boards with their exams each year; the revenue is captured under Exam Support. Examination questions are written by volunteer pathologists. Per the IRS, their services must be reported as an In-Kind Contribution (equivalent time a pathologist would be paid had they charged for these services).

2023 Revenue		
Primary/SS Examination Fees,	58.78%	\$ 3,259,995
Net of Refunds		
CC Examination Fees, Net of	0.03%	\$ 1,500
Refunds		
CC Reporting	32.24%	\$ 1,787,905
Exam Support: Other Boards	0.24%	\$ 13,290
In-Kind Contributions	6.29%	\$ 348,658
Other	2.43%	\$ 134,814
Total Revenue w/o Restrictions	100%	\$ 5,546,162

Source: YearEndAudited2023;



ABPATH



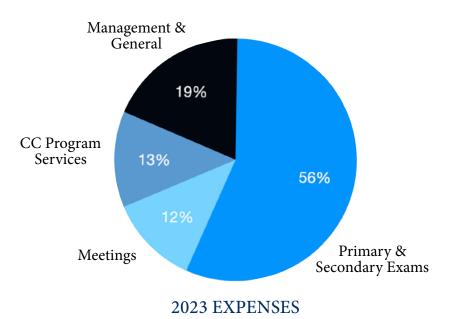
EXPENSES

Examination expenses cover the cost of credentialing candidates; the development, administration via Pearson VUE test centers, and scoring of the exams, and reporting results. Meeting expenses include the travel and administrative expenses for volunteer test committee members and Trustees. Management and general expenses include employee salaries, benefits, insurance, information technology support and licensing, facility and equipment rental and maintenance, ABMS member fees, and the cost of providing services to our diplomates, such as AC-CME PARS. CC Program Services includes all of the above type expenses that are directly affiliated with the CC Program to include ABPath CertLink[®].

Expenses		
Program Services		
Examinations	56.42%	\$ 3,341,094
Meetings	11.99%	\$ 710,231
CC Program Services*	12.80%	\$ 757,959
Management & General**	18.79%	\$ 1,112,701
Total Expenses	100%	\$ 5,921,985

*Source: CC&ABPCL2023

** Also includes management/oversight and overhead costs of the CC Program.



The 2023 Board of Trustees

The ABPath is governed by 12 physician members and one public member. Each member is highly esteemed and accomplished in their respective fields and subspecialty. ABPath Trustees are responsible for setting the strategic goals and governing and upholding the integrity of the Board's mission to serve the public and advance the profession of pathology by setting certification standards and promoting lifelong competency of pathologists.



RITU NAYAR, MD Chicago, Illinois President



BARBARA SAMPSON, MD, PhD New York, New York Vice-President



KATHLEEN G. BEAVIS, MD Chicago, Illinois Secretary



MOHIEDEAN GHOFRANI, MD, MBA Vancouver, Washington Treasurer



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The ABPath appreciates the many contributions of our Test Development and Advisory Committee members who volunteer their time as subject matter experts to provide direction and content for certification examinations. Each of the committees is chaired by an ABPath Trustee. We thank them for contributing their time and talents.

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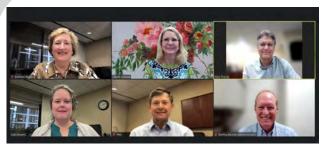


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ABPath Publications

The following posters were presented at the ABMS 2023 Annual Meeting in Chicago:

ABPath CertLink®—Taking Great to Greater Kasey Williamson, Ritu Nayar, MD, Bonnie Woodworth, Ty McCarthy, Gary W. Procop, MD, MS, MEd

Degrees of Separation—ABPath Primary Examination Pass Rate Differences by Degree (MD vs DO; MD vs PhD) from 2006-2022 Tyler J. Sandersfeld, PhD, Ty McCarthy, Gary W. Procop, MD, MS, MEd View and Download the Poster

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Degrees of Separation - ABPath Primary Examination Pass Rate Differences by Degree (MD vs. DO; MD vs. MD, PhD) from 2006 to 2022

Tyler J. Sandersfeld, PhD, Ty McCarthy, Gary W. Procop, MD, MS The American Board of Pathology

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BACKGROUND & OBJECTIVE		_	_	MD	DO - AP	_	_			_		MD	. DO - CP		_	
The American Board of Pathology administers two Primary Certification Examinations each year for practicing pathologists in Anatomic Pathology (AP) and	Year	OR	LOR	_	Effect	Favoring		P(z)	Year	OR	LOR	Cohen's	_	Favoring		P(z)
Clinical Pathology (CP). Most candidates and diplomates hold Doctor of Medicine (MD) degrees, but some candidates may instead hold Doctor of Osteopathy (DO) degrees or the combination of Doctor of Medicine and Doctor of Philosophy (MD,PhD), among others. It has been observed on occasion	2006	1.941	0.663	0.366	Small	MD	1.719	0.086	2006	0.834	-0.181	-0.100		- avoining	-0.381	0.703
Osteopatry (DU) degrees or the combination or Doctor or Medicine and Doctor or Philosophy (MD,PhU), among otners, it has been observed on occasion that DO candidates have had more difficulty passing the ABPAth Primary Certification Examinations than MD candidates. The ABPAth sought to determine	2008	1.868	0.625	0.366	Small	MD	1.269	0.085	2003	0.723	-0.325	-0.179			-0.614	0.539
whether MD candidates significantly and meaningfully differed in their pass rates versus DO candidates. Additionally, the ABPath wanted to see whether	2007	1.127	0.119	0.066	Sillan	WID .	0.186	0.853	2008	2.306	0.836	0.461	Small	MD	1.708	0.088
MD,PhD candidates performed differently from MD candidates.	2009	3.879	1.356	0.747	Medium	MD	2.626	0.009	2009	1.736	0.551	0.304	Small	MD	1.114	0.265
METHODS	2010	2,498	0.916	0.505	Medium	MD	2.244	0.025	2010	2.487	0.911	0.502	Medium	MD	2.178	0.029
The ABPath gathered all pass/fair results from the AP and CP exams from 2006 to 2022 for first-time candidates. The candidates were separated by degree	2011	1.802	0.589	0.325	Small	MD	1.545	0.122	2011	1.998	0.692	0.382	Small	MD	1.663	0.096
into three groups: MD; DO; and MD,PhD. All candidates holding other degrees (MBBS, MbChB, etc.) were excluded from this study. Comparisons were done between MD and DO candidates and MD and MD.PhD candidates: DO and MD.PhD candidates were not directly compared.	2012	0.861	-0.150	-0.082			-0.238	0.812	2012	0.744	-0.296	-0.163			-0.393	0.695
Due to the large number of candidates and with the strain may provide significant results for spurious effects. Therefore, odds ratios and Cohen's d effect	2013	1.189	0.173	0.095			0.342	0.732	2013	1.339	0.292	0.161			0.570	0.568
bic to the angle minute of calculated to determine the extent of a degree type's effect on pass rates over that on another degree type.	2014	1.320	0.277	0.153			0.546	0.585	2014	0.585	-0.536	-0.296	Small	DO	-0.865	0.387
First, the odds ratio between MD and DO or MD, PhD and MD was calculated for each individual year and the entire 17-year period from 2006 to 2022. The	2015	0.384	-0.956	-0.527	Medium	DO	-1.284	0.199	2015	0.767	-0.266	-0.147		-	-0.350	0.726
formula for the bias-corrected odds ratio (OR) is:	2016	1.876	0.629	0.347	Small	MD	1.467	0.142	2016	0.602	-0.507	-0.279	Small	DO	-0.671	0.502
$OR = \left(\frac{P_{MD}}{F_{MD}}\right) / \left(\frac{P_{DO}}{F_{DO}}\right); OR = \left(\frac{P_{MDPBD}}{F_{MDPBD}}\right) / \left(\frac{P_{MD}}{F_{MD}}\right)$		1.516	0.416	0.229	Small	MD	0.719	0.472	2017	1.669	0.512	0.282	Small	MD	0.765	0.444
	2018	2.094	0.739	0.407	Small	MD	1.594	0.111	2018	2.034	0.710	0.391	Small	MD	1.436	0.151
where P is the number of passing candidates and F is the number of failing candidates for MD, DO, or MD, PhD candidates. These odds ratios were then	2019	1.278	0.245	0.135			0.550	0.582	2019	0.650	-0.431	-0.238	Small	DO	-0.780	0.435
converted into the logarithmic odds ratio (LOR):	2020	1.326	0.282	0.155	-		0.545	0.586	2020	1.504	0.408	0.225	Small	MD	0.775	0.438
$LOR = \ln(OR)$	2021	1.799	0.587	0.324	Small	MD	1.439	0.150	2021	2.489	0.912	0.503	Medium	MD	1.541	0.123
These log odds ratios were finally converted into a standardized effect size called Cohen's d*.	2022	0.301	-1.200	-0.662	Medium	DO	-1.616	0.106	2022	0.591	-0.526	-0.290	Small	DO	-0.495	0.620
$d = (LOR * \sqrt{3})/\pi$	Overall	1.365	0.311	0.172			2.731	0.006	Overall	1.009	0.009	0.005			0.073	0.942
The absolute value of the effect size must be at least 0.2 to be considered meaningful. An effect size of 0.2 to 0.499 is "small," an effect size of 0.5 to 0.799 is "medium," and an effect size of 0.8 or greater is "large."																
Additionally, each odds ratio was converted to a z-score:																
	MD,PhD vs. MD - AP						MD,PhD vs. MD - CP									
$z = LOR / \int \frac{1}{P_{MD}} + \frac{1}{F_{MD}} + \frac{1}{F_{DO}} + \frac{1}{F_{DO}}; z = LOR / \int \frac{1}{P_{MDPhD}} + \frac{1}{F_{MDPhD}} + \frac{1}{P_{MD}} + \frac{1}{P_{MD}}$	Year	OR	LOR		Effect	Favoring	2	P(z)	Year	OR	LOR	Cohen's		Favoring	2	P(z)
	2006	1.424	0.353	0.195			0.929	0.353	2006	3.767	1.326	0.731	Medium		2.486	0.013
The two-tailed probability of each z-score was calculated and tested; a p-value of 0.05 or below was statistically significant.	2007	1.499	0.405	0.223	Small		0.819	0.413	2007	2.240	0.807	0.445	Small		1.874	0.061
RESULTS	2008	1.479	0.392	0.216	Small		0.862	0.389	2008	5.781	1.755	0.967	Large		2.894	0.004
MD vs. D0: AP test results showed a statistically significantly higher pass rate for MD candidates over D0 candidates throughout the 17-year period, but this	2009	1.348	0.299	0.165	1		0.603	0.546	2009	1.830	0.604	0.333	Small		1.229	0.219
can be attributed to the large sample size. The overall effect size between MD and DO candidates fell short of the 0.20 threshold for a "small" meaningful effect. Only two individual years showed a statistically significant advantage for MD holders with a medium effect. CP test results showed no significant or	2010	1.606	0.474	0.261	Small	MD,PhD	1.202	0.229	2010	1.513	0.414	0.228	Small		0.845	0.398
meaningful difference between MD and DO candidates throughout the 17-year period, and only one individual year with a statistically significant medium	2011	1.264	0.234	0.129	-	-	0.716	0.474	2011	2.065	0.725	0.400	Small		1.612	0.107
effect favoring MD holders.	2012	1.371	0.316	0.174	-		0.788	0.431	2012	3.337	1.205	0.664	Medium		1.629	0.103
MD vs. MD, PhD: AP test results showed a statistically significantly higher pass rate for MD, PhD candidates over MD candidates throughout the 17-year	2013	1.110	0.104	0.057	-	-	0.270	0.787	2013	7.937	2.072	1.142	Large		2.027	0.043
period, but this can be attributed to the large sample size. The overall effect size between MD and MD,PhD candidates fell short of the 0.20 threshold of a "small" meaningful effect. No individual years showed a statistically significant advantage for MD,PhD candidates. CP test results showed a statistically	2014	1.114	0.108	0.060	1		0.266	0.791	2014	4.853	1.579	0.871	Large		2.152	0.031
small meaningrul effect. No individual years showed a statistically significant advantage for MD, PhD candidates. CP test results showed a statistically significant medium effect favoring MD, PhD candidates over MD candidates throughout the 17-year period. Every individual year from 2006 to 2020 showed	2015	1.565	0.448	0.247	Small		1.165	0.244	2015	2.459	0.900	0.496	Small		1.446	0.148
a meaningful effect size favoring MD,PhD candidates, with four of those years showing a statistically significant medium-to-large effect.	2016	1.739	0.553	0.305	Small		1.012	0.311	2016	4.584	1.523	0.839	Large		1.476	0.140
DISCUSSION	2017	1.692	0.526	0.290	Small		0.825	0.409	2017	3.352	1.210	0.667	Medium		1.152	0.249
The odds ratios for MD and DO candidates' pass rates from 2006 to 2022 showed that while MD candidates did have a slightly higher pass rate on the AP, th	2018	1.088	0.085	0.047			0.177	0.859	2018	5.396	1.686	0.929	Large		1.632	0.103
difference was not great enough to justify a meaningful effect favoring MD candidates on either Primary Certification Examination.	2019	1.021	0.021	0.011	1		0.053	0.958	2019	1.667	0.511	0.282	Small		1.115	0.265
MD, PhD candidates were significantly and practically more likely to pass the CP Primary Certification Examination than MD candidates over the 17-year	2020	1.703	0.533	0.294	Small		0.968	0.333	2020	5.091	1.627	0.897	Large	MD,PhD	1.576	0.115
period. Considering that MD, PhD holders are more likely to work in clinical laboratories throughout their training than just MD holders, this may explain the	2021	1.052	0.051	0.028			0.141	0.888	2021	1.104	0.099	0.054			0.153	0.878
								4	2022	1.297	0.260	0.143		-	0.331	0.741
								2	Overall	3.054	1.116	0.616	Medium	MD,PhD	7.650	0.000
BACKGROUND & OBJECTIVE																
					B-11	(15)										
The American Board of Pathology administers two Primary Certification Examinations each year fo							and									
Clinical Pathology (CP). Most candidates and diplomates hold Doctor of Medicine (MD) degrees, but	t some ca	ndidator	mouring	tood hold	Doctor	of		1								
Osteopathy (DO) degrees or the combination of Doctor of Medicine and Doctor of Philosophy (MD																

bat DO candidates have had more difficulty passing the ABPath Primary Certification Examinations than MD candidates. The ABPath sought to determine whether MD candidates significantly and meaningfully differed in their pass rates versus DO candidates. Additionally, the ABPath wanted to see whether MD,PhD candidates performed differently from MD candidates.

METHODS

The ABPath gathered all pass/fail results from the AP and CP exams from 2006 to 2022 for first-time candidates. The candidates were separated by degree into three groups: MD; DO; and MD,PhD. All candidates holding other degrees (MBBS, MbChB, etc.) were excluded from this study. Comparisons were done between MD and DO candidates and MD and MD,PhD candidates; DO and MD,PhD candidates were not directly compared.

Due to the large number of candidates, hypothesis testing may provide significant results for spurious effects. Therefore, odds ratios and Cohen's d effect sizes were calculated to determine the extent of a degree type's effect on pass rates over that on another degree type.

First, the odds ratio between MD and DO or MD, PhD and MD was calculated for each individual year and the entire 17-year period from 2006 to 2022. The formula for the bias-corrected odds ratio (OR) is:

$OR = \left(\frac{P_{MD}}{F_{MD}}\right) / \left(\frac{P_{DO}}{F_{DO}}\right); OR = \left(\frac{P_{MDPhD}}{F_{MDPhD}}\right) / \left(\frac{P_{MD}}{F_{MD}}\right)$

where P is the number of passing candidates and F is the number of failing candidates for MD, DO, or MD, PhD candidates. These odds ratios were then converted into the logarithmic odds ratio (LOR):

 $LOR = \ln(OR)$

These log odds ratios were finally converted into a standardized effect size called Cohen's d* $d = (LOR * \sqrt{3})/\pi$

The absolute value of the effect size must be at least 0.2 to be considered meaningful. An effect size of 0.2 to 0.499 is "small," an effect size of 0.5 to 0.799 is nedium," and an effect size of 0.8 or greater is "large."

Additionally, each odds ratio was converted to a z-score:

$$z = LOR \Big/ \sqrt{\frac{1}{P_{MD}} + \frac{1}{F_{MD}} + \frac{1}{P_{DO}} + \frac{1}{F_{DO}}}; z = LOR \Big/ \sqrt{\frac{1}{P_{MDPhD}} + \frac{1}{F_{MDPhD}} + \frac{1}{P_{MD}} + \frac{$$

The two-tailed probability of each z-score was calculated and tested; a p-value of 0.05 or below was statistically significant.

RESULTS

MD vs. DO: AP test results showed a statistically significantly higher pass rate for MD candidates over DO candidates throughout the 17-year period, but this can be attributed to the large sample size. The overall effect size between MD and DO candidates fell short of the 0.20 threshold for a "small" meaningful effect. Only two individual years showed a statistically significant advantage for MD holders with a medium effect. CP test results showed no significant or meaningful difference between MD and DO candidates throughout the 17-year period, and only one individual year with a statistically significant medium effect favoring MD holders.

MD vs. MD,PhD: AP test results showed a statistically significantly higher pass rate for MD,PhD candidates over MD candidates throughout the 17-year period, but this can be attributed to the large sample size. The overall effect size between MD and MD,PhD candidates fell short of the 0.20 threshold of a "small" meaningful effect. No individual years showed a statistically significant advantage for MD,PhD candidates. Che star subs showed a statistically significant medium effect favoring MD,PhD candidates over MD candidates throughout the 17-year period. Every individual year from 2006 to 2020 showed a meaningful effect size favoring MD,PhD candidates, with four of those years showing a statistically significant medium-to-large effect.

DISCUSSION

The odds ratios for MD and DO candidates' pass rates from 2006 to 2022 showed that while MD candidates did have a slightly higher pass rate on the AP, the difference was not great enough to justify a meaningful effect favoring MD candidates on either Primary Certification Examination. MD,PhD candidates were significantly and practically more likely to pass the CP Primary Certification Examination than MD candidates over the 17-year period. Considering that MD,PhD holders are more likely to work in clinical laboratories throughout their training than just MD holders, this may explain the

medium overall effect. Only 2021 and 2022 showed no meaningful difference between MD and MD,PhD candidates on the CP. This change may reflect changes in educational content delivery during the COVID-19 pandemic.

* Cohen, J. (1988). Statistical Power Analysis for the Behavioral Sciences (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum

https://shrtm.nu/HXkecKd

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Gary W. Procop, MD, MS, MEd Chief Executive Officer

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Lily Veith TDAC Coordinator

Mario Lévesque Senior Systems Developer

Mary Pyfrom Primary Certification Coordinator

Reneé Holder Subspecialty Certification Coordinator

Ty McCarthy Chief Operating Officer

Tyler Sandersfeld, PhD Psychometrician

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In Memoriam

The American Board of Pathology family deeply mourns the loss of Mario Lévesque, who passed away in early 2024. Mario was a valued member of our team and made significant contributions to our success. We extend our heartfelt condolences to his family and loved ones. Mario will be remembered fondly by all who had the privilege of working with him.

Mario Lévesque

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Congratulations to the Following Diplomates Who Received their Primary Board Certification in 2023

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