

A Newsletter from The American Board of Pathology

AMERICAN BOARD OF PATHOLOGY (ABP) OFFICERS

The following Trustees are serving as officers for 2013: Patrick E. Lantz, M.D., President; Sharon W. Weiss, M.D., Vice President; Margaret M. Grimes, M.D., M.Ed., Treasurer; Gary Procop, M.D., Secretary; Diane D. Davey, M.D., Immediate Past President. Dr. Rebecca Johnson is the Chief Executive Officer, she can be contacted at rjohnson@abpath.org.

TRUSTEES

Dr. Edward Ashwood from Salt Lake City, Utah has been elected a new trustee of the ABP beginning in 2014. Dr. Ashwood is a Professor of Pathology at the University of Utah School of Medicine and President and CEO of ARUP Laboratories. He is ABP certified in Clinical Pathology and Chemical Pathology. Dr. David Keren will retire from the Board at the end of 2013.

ABP 2013 BOOKLET OF INFORMATION

The revised *2013 Booklet of Information* is available on the ABP Web site www.abpath.org and includes the most recent Board policy changes. This document should be reviewed by Program Directors and residents at least annually to ensure that appropriate requirements are met and procedures are followed.

BOARD ACTIONS

The Trustees of the American Board of Pathology met in Chicago on May 6 and in Girdwood, AK on August 7, 2013.

Several policy changes and new policies were adopted. The ABP decided that part-time residency training will not be accepted for ABP certification. Trainees and their Program Directors should contact the ABP if they have questions or concerns about this policy.

Board policy previously required that a subspecialty candidate had to possess a full and unrestricted medical license at the time of application. This policy was changed to be the same as for primary certification, i.e. the candidate must possess or ***have applied for*** a full and unrestricted license.

The Board previously adopted a policy that Diplomates with time-limited certificates who are required to participate in Maintenance of Certification (MOC) must be current in their MOC requirements in order to sit for a subspecialty exam and qualify for subspecialty certification. The Board modified this policy to include this same requirement to sit for a primary certification exam. This would apply to diplomates that are certified in AP or CP

only and required to participate in MOC and now want to sit for the other primary certification exam.

The ABP approved a policy that Canadian trained pathologists who are ABP certified in anatomic pathology and have completed RCPSC training in neuropathology may qualify for the ABP Neuropathology subspecialty certification.

The ABP adopted a policy on public reporting of certification status. The ABP will report physicians as “certified”, “not certified”, or “expired.” The latter applies to diplomates that did not meet MOC requirements and their certification expired.

HONOR CODE STATEMENT

The Board has adopted a revised honor code statement that must be signed by applicants and registrants for Board certification. We are aware that residents and fellows have been using recalled items to prepare for Board exams. This is considered cheating and unethical and unprofessional behavior. In order to maintain a fair and secure testing process, the Board has made the honor code statement more explicit in prohibiting the use and sharing of exam recall and remembrance items. Program Directors are encouraged to talk with their residents about the honor code and professional and ethical behavior.

An excerpt of the Honor Code addressing the use of recalled items and remembrances was included in the 2013 ABP authorization form signed by new residents.

AUTOPSY REQUIREMENTS FOR CERTIFICATION

Effective for applicants for the 2013 examinations and thereafter, the ABP policy regarding the use of fetal autopsies to meet the ABP autopsy requirements is as follows:

- A fetal autopsy is defined as one that is performed on a fetus dying in-utero or born dead.
- There **must** be an autopsy consent signed for a complete autopsy. This is not the same as an anatomic disposal.
- The fetus **must** be intact.
- Examination of the placenta **must** be part of the autopsy report.
- No more than a total of 5 fetal autopsies that have no anatomic, congenital, infectious, or genetic abnormalities (Final Anatomic Diagnosis = intra-uterine fetal demise) can count toward the required 50 autopsy cases.
- No more than 2 fetal autopsies on macerated fetuses can count toward the 50 required autopsy cases.

Residents planning to take the 2014 examination, whose autopsy numbers will be affected by this new policy, should take steps to ensure they will meet the requirement for 50 autopsies by the deadline for receipt of applications for the 2014 exams.

MAINTENANCE OF CERTIFICATION

MOC reports from diplomates certified in 2006, 2008, and 2010 were due January 31, 2013. The *MOC Booklet of Information* is available on the ABP Web site www.abpath.org. Diplomates with time-limited primary and subspecialty certificates will automatically have the two and four-year reporting requirements synchronized to the primary certificate reporting requirements' timeline to reduce the complexity of recordkeeping. Part II and Part IV activities can satisfy both the primary and subspecialty MOC requirements. The Part III cognitive examinations and issuance of renewed certificates will remain on the original ten-year cycle timeline.

MOC participation is now available to Diplomates with non-time-limited certificates. These diplomates will have the same MOC requirements and cycle of reporting as Diplomates required to participate in MOC with two exceptions: 1) participation is not mandatory and a decision to end participation or failure to meet MOC requirements will not jeopardize the original non-time limited certificate; and 2) there will be a \$100 fee to enroll in the MOC program. Additional details are in the updated *MOC Booklet of Information*. Diplomates with non-time limited certificates are encouraged to participate in MOC to qualify for the CMS PQRS-MOC bonus payment. See the PQRS section below.

The Board has approved MOC Part IV credit for ACGME Residency and Fellowship Program Directors. This credit is for the supervision of residents and fellows and is similar to credit given for Part IV by some other ABMS Boards. This credit fulfills the annual "Diplomate Performance Improvement and Quality Assurance" requirement.

MOC PART III (COGNITIVE EXPERTISE) EXAM

The fee for the MOC Part III Cognitive Examination offered in 2014 and thereafter is \$500. The \$500 fee covers all exams taken during the same exam session (spring or fall) regardless of the number of exams taken (primary and subspecialty). For those diplomates with non-time limited primary certification, but time limited subspecialty certification, the ABP encourages these individuals to consider voluntary MOC recertification of their primary certificate. There is no extra cost to take the exam and failure does not jeopardize the primary certificate.

The ABP is pursuing offering the fall 2014 exam at a test center in Chicago, as well as in Tampa. See the ABP Web site www.abpath.org for examination deadlines, dates, and registration information.

The ABP changed policy to allow diplomates to take the MOC exam after three 2-year reporting cycles are successfully completed. This means that the exam may be taken as

many times as offered (currently twice per year) in the 7th, 8th, 9th, or 10th years of a 10-year MOC cycle. A diplomate cannot exceed 12 years between exams.

The ABP successfully administered the MOC pilot examination to 64 Diplomates on July 27, 2013 at the exam center in Tampa. The exam was modular (150 total questions) and registrants were able to select their modules at the time that they sat for the exam (results are pending at this time.) Diplomates that pass the MOC pilot exam will fulfill the Part III MOC requirement for their ten year MOC cycle.

MOC PATIENT SAFETY REQUIREMENT

The American Board of Pathology has a new MOC requirement for Patient Safety. This is to comply with the American Board of Medical Specialties (ABMS) MOC Patient Safety requirement for its member boards. Beginning in 2013, all diplomates enrolled in MOC will be required to complete an ABMS-approved Patient Safety course within their next two (two-year) reporting cycles. The Patient Safety requirement need only be met once during each 10-year MOC cycle. An ABMS approved Patient Safety course can be used toward both Part II (CME and SAMs) and Part IV (Diplomate Performance Improvement and Quality Assurance) MOC requirements.

The American Society for Clinical Pathology offers the only ABMS approved Patient Safety course that is relevant to pathology. It consists of seven 1.5 CME or SAM credit modules. Visit their website www.ascp.org and click on "Online CE" to learn more. The ABMS and the ABP have also approved the National Patient Safety Foundation Patient Safety Course which provides 10 CME credits for \$100.

MAINTENANCE OF CERTIFICATION : PHYSICIAN QUALITY REPORTING SYSTEM (MOC:PQRS)

The American Board of Pathology has been approved by the Centers for Medicare and Medicaid Services (CMS) to participate in the MOC:PQRS Additional Incentive Program. This approval allows ABP diplomates that are successfully participating in the PQRS incentive program to earn an additional 0.5% incentive payment on the total Medicare Part B allowed charges for participation in MOC:PQRS in 2013.

PHYSICIAN QUALITY REPORTING SYSTEM (PQRS)

PQRS, formerly known as PQRI, is a federal voluntary quality reporting program that provides an incentive payment to eligible physicians who satisfactorily report data on specified quality measures. Pathology currently has five quality measures. They are:

Breast Cancer Resection Pathology Reporting (PQRS Measure #99): Breast cancer resection pathology reports include pT, pN, and histologic grade

Colorectal Cancer Resection Pathology Reporting (PQRS Measure #100): Colon and rectal cancer resection pathology reports include pT, pN, and histologic grade

Barrett Esophagus (PQRS Measure # 249): Esophageal biopsy reports that document Barrett mucosa include a statement about dysplasia

Radical Prostatectomy Pathology Reporting (PQRS Measure #250): Radical prostatectomy pathology reports include pT, pN, Gleason score and margin status
IHC Evaluation of HER2 for Breast Cancer Patients (PQRS Measure #251): Quantitative evaluation of HER2 by IHC uses the ASCO/CAP Guidelines for HER2 testing in breast cancer

Physicians can choose to fulfill the PQRS reporting requirement through Medicare Part B claims (most commonly used by pathologists), a qualified electronic health record, or a qualified registry, such as that used by MOCMatters described below. For 2013 and 2014, the PQRS incentive payment is 0.5% of a physician's total Medicare Part B allowed charges. Physicians who do not participate in PQRS in 2013 will incur a 1.5% penalty in 2015. In 2013, if two members of a group (physicians with the same tax identification number) are reporting quality measures using a registry, the entire group can receive the incentive payment based on their total Medicare Part B allowed charges. See www.cms.gov or the College of American Pathologists' PQRS Resource Center at www.cap.org for more information.

MAINTENANCE OF CERTIFICATION: PHYSICIAN QUALITY REPORTING SYSTEM

MOC:PQRS offers eligible physicians who have satisfactorily submitted data under PQRS the opportunity to earn an **additional incentive payment of 0.5%** for participating in the CMS qualified American Board of Pathology MOC program "more frequently" than is required to maintain board certification. For diplomates with time limited certificates, "more frequently" has been defined as any **one** of the following:

MOC PART II: Complete more than 25 CME credits per year, OR

Complete more than 10 SAMs credits per year, OR

MOC PART III: Take the secure examination in years 7, 8, or 9 of the MOC cycle, OR

MOC Part IV: Complete more than one performance improvement/quality assurance (PI/QA) per year, OR

Patient Safety Course: Complete an ABMS approved patient safety course during the first MOC reporting period.

MOC:PQRS participants must satisfactorily submit data on PQRS quality measures (listed above) per CMS requirements for a 12 month period, either as an individual physician (i.e. claims-based, registry, or qualified EHR) or as part of a group practice under one of the PQRS Group Practice Reporting Options. Physicians must continue to report to CMS as usual in order to receive the baseline 0.5% incentive payment and to qualify for the additional 0.5% MOC;PQRS incentive payment.

HOW TO PARTICIPATE IN MOC:PQRS

Diplomates must use the MOC:PQRS Attestation Module available at www.mocmatters.abms.org. This module provides step-by-step instructions and an excellent explanation of the MOC:PQRS program. The discounted cost for the Attestation Module is \$30. There is also an option to purchase the MOC:PQRS Bundle which includes the Attestation Module and the PQRS Reporting via a Registry module. The PQRS Reporting via Registry qualifies for the PQRS group reporting option described above in the PQRS section. The discounted cost of the Bundle is \$100. Note

that ABP diplomates are exempt from the CMS requirement to participate in a Patient Experience of Care Survey.

All participants in MOC:PQRS are required to complete at least one MOC Part IV Practice Assessment (Performance Improvement/Quality Assessment) activity during 2013.

DIPLOMATES WITH NON-TIME LIMITED (LIFETIME) CERTIFICATES

For diplomates with lifetime certificates, voluntary enrollment in the ABP's MOC program will meet the "more frequent" CMS requirement to qualify for the additional MOC:PQRS incentive payment.

Lifetime diplomates should send an email request to ABP-MOC@abpath.org in order to enroll in the ABP's MOC program. The MOC Booklet of Information is available at the ABP website www.abpath.org. The cost of MOC enrollment is \$100. The first report of MOC activities is not due to the ABP until January 31, 2015. There is no jeopardy to the lifetime certificate if a diplomate chooses not to report or continue participation in MOC. Lifetime diplomates must also use the MOC:PQRS Attestation Module at www.mocmatters.abms.org and attest that they have completed at least one MOC Part IV Practice Assessment (Performance Improvement/Quality Assessment) activity during 2013.

The attestation module must be completed by December 31, 2013 to qualify for the incentive payment.

For questions or more information, you may contact the ABP at ABP-MOC@abpath.org or call Jill Gordon, MOC Coordinator at 813-286-2444 x222

EXAM BLUEPRINTS

The subspecialty examination blueprints are now posted on the ABP Web site www.abpath.org. The blueprints give categories of topics covered in the examinations with the approximated percentage of questions for each topic. The blueprints for the primary exams (AP and CP) will be posted following the Fall 2013 exams.

CERTIFYING EXAMINATION PERFORMANCE REPORTS

In January of each year, a Program Performance Report is generated for each ACGME accredited primary and subspecialty training program. The report includes two sets of data, each covering the previous 5 years. One set lists candidates who completed all or part of their training in that program along with their examination performance history by the year(s) when the examination was taken. The other set of data separates results of first-time candidates from results of those who have repeated an examination and includes performance only for candidates who completed all of their training in that program. This report is confidential and is available only to the residency program director.

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

The Program Performance Reports are delivered online through PATHway and the 2013 reports will be posted in January. Program directors with questions about their reports should contact restrkg@abpath.org. Any errors in the Program Performance Report must be reported by Program Directors to the ABP within 60 days. Please do not wait until your site visit review to check the report.

CERTIFICATION AND ACGME PROGRAM REQUIREMENTS IN CLINICAL INFORMATICS

The American Board of Medical Specialties approved a new Certificate in Clinical Informatics at its September 2011 meeting. This certificate is jointly sponsored by the American Board of Preventive Medicine (ABPM). The first examination, for diplomates that qualify for the “by experience” route, will be given October 7-18, 2013 at Pearson VUE test centers. The ABP has 31 diplomates taking the exam this fall. The “by experience” route to certification will be available until 2017, after which time ACGME accredited fellowship training will be required for certification. See the ABP website for more information and application.

Proposed ACGME Program Requirements have been posted at <http://www.acgme.org/acgmeweb/tabid/157/ProgramandInstitutionalGuidelines/ReviewandComment.aspx> along with a form for comment. The comment period will soon be over. The ABP, along with many other pathology organizations, opposes the proposed 24 month training requirements, and favors 12 months of accredited training, with an optional non-accredited second year of training. This would allow for flexible funding of the second year. If you would like to comment, you may do so at the above link. If you would like more information on the position of the ABP, please contact rjohnson@abpath.org.

NEW DIPLOMATES

The ABP congratulates all of the pathologists who were certified in Spring of 2013. 452 candidates were certified in AP/CP, 60 were certified in AP only, and 20 were certified in CP only. More detail will be included in the 2014 ABP Examiner.

EXAMINATION PERFORMANCE

All of the ABP examinations are graded using the criterion-referenced method. See the ABP website for examination information. Results are reported as percentage pass for individual years.

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 2012. (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 2012.

2012 Primary Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
AP	810	78%	620	554	89%	190	75	39%
CP	668	86%	558	518	93%	110	56	51%

2011 Primary Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
AP	808	70	582	475	82	226	89	39
CP	679	75	523	441	84	156	67	43

2012 Subspecialty Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
BB/TM	52	79	42	37	88	10	4	40
CYP	149	89	130	118	91	19	14	74
DP	54	87	46	42	91	8	5	62
FP	49	90	44	40	91	5	4	80
HEM	140	90	125	116	93	15	10	67
MMB	5	100	4	4	100	1	1	100
MGP	35	91	33	32	97	2	0	0
NP	26	96	23	22	96	3	3	100
PP	23	57	16	11	69	7	2	29

2011 Subspecialty Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
BB/TM	50	74	43	35	81	7	2	29
CYP	152	84	131	113	86	21	15	71
DP	57	86	51	46	90	6	3	50
FP	37	84	37	31	84	0		
HEM	133	89	118	113	96	15	5	33
MMB	11	91	9	9	100	2	1	50
MGP	65	92	59	58	98	6	2	33
NP	34	94	30	29	97	4	3	75
PP	43	77	37	30	81	6	3	50
CH	1	100	1	1	100			

2013 and 2014 ABP EXAMINATION SCHEDULES

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

Exams	2013	2014	
Anatomic/Clinical Pathology			
Spring		5/12/2014	
Fall	10/14/2013	10/20/2014	
Recertification	10/24/2013		
Maintenance of Certification			
Spring		3/10/2014	
Fall		11/3/2014	
Sub Specialty			
Blood Banking/ Transfusion Medicine	9/23/2013	9/4/2014	
Cytopathology	8/26/2013	9/15/2014	Starting date
Dermatopathology	9/9/2013	9/8/2014	Starting date
Forensic Pathology	9/4/2013	9/3/2014	
Hematology	9/24/2013	9/23/2014	Starting date
Molecular Genetic	9/11/2013	9/18/2014	
Medical Microbiology/ Chemical Pathology	9/18/2013	9/22/2014	
Neuropathology	9/17/2013	9/10/2014	
Pediatric Pathology	9/16/2013	9/11/2014	