



# The ABP Examiner

A Newsletter from the American Board of Pathology (ABP)

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## MISSION STATEMENT

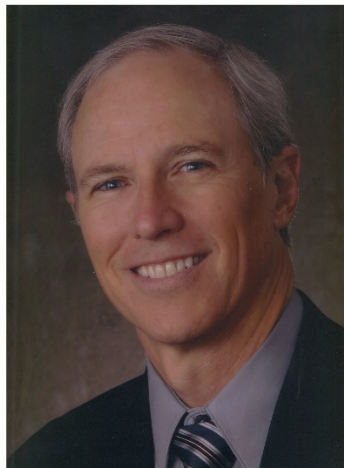
The mission of the ABP, as a member of the American Board of Medical Specialties, is to promote the health of the public and advance the practice and science of pathology by establishing voluntary certification standards and assessing the qualifications of those seeking to practice the specialty of pathology.

## AMERICAN BOARD OF PATHOLOGY OFFICERS AND TRUSTEES

The ABP officers for 2014 are: Sharon W. Weiss, M.D., President; Margaret M. Grimes, M.D., M.Ed., Vice President; Gary Procop, M.D., Secretary; James Stubbs, M.D., Treasurer; and Patrick E. Lantz, M.D., Immediate Past President. Dr. Rebecca Johnson is the Chief Executive Officer. She can be contacted at [rjohnson@abpath.org](mailto:rjohnson@abpath.org).

2014 Trustees of the ABP are (in addition to the officers listed above): Drs. Edward Ashwood, John Collin, Diane Davey, Susan Fuhrman, Michael Jones, Karen Kaul, and Steven Swerdlow. Dr. David Keren, former Trustee, has been elected Life Trustee of the ABP.

## FEATURED TRUSTEE—Dr. John V. Collin



John V. Collin, M.D.  
Trustee

Dr. John Collin has been a Trustee of the ABP since 2004 and served as Secretary from 2007-2008, Vice-President in 2009, President in 2010, and Immediate Past President in 2011. Dr. Collin is board certified in Anatomic and Clinical Pathology and is voluntarily meeting MOC requirements. He is Staff Pathologist and former Director of Pathology at El Camino Hospital in Mountain View, CA. He is current Chair of the ABP Test Development and Advisory Committee for Anatomic Pathology and serves on the Committees on Examinations, Maintenance of Certification, and Professional Qualifications. Dr. Collin has participated with the Singapore Ministry of Health in developing certification examinations in pathology, in cooperation with the American Board of Medical Specialties-International.

Dr. Collin earned his undergraduate degree at the University of California, Berkeley and received his medical degree from the University of California, San Francisco School of Medicine. He is a member of Phi Beta Kappa and Alpha Omega Alpha. He completed residency in pathology at the University of California, San Francisco and is a Clinical Professor of Pathology at UCSF.

Dr. Collin and his spouse, Edith, have three children and three grandchildren.

### **TRUSTEES IN THE NEWS**

Congratulations to **Dr. Sharon Weiss**, ABP President, recipient of the 2015 USCAP Distinguished Pathologist Award. This award is given in recognition of distinguished service in the development of the discipline of pathology and to an individual who is recognized as making major contributions to pathology over the years. Dr. Weiss is a world renowned soft tissue pathologist and lead author of *Enzinger and Weiss Soft Tissue Tumors*. She is Professor of Pathology and former Associate Dean at Emory University School of Medicine. The award will be presented at the USCAP annual meeting in March in Boston.

**Dr. Deborah Powell**, ABP Trustee from 1995-2006 and President in 2004, received the 2013 Association of American Medical Colleges Abraham Flexner Award for Distinguished Service to Medical Education. This award recognizes extraordinary individual contributions to medical schools and to the medical educational community as a whole. Dr. Powell is Dean Emeritus and Professor of Laboratory Medicine and Pathology at the University of Minnesota Medical School. While Dean, she instituted the medical school's Flexible M.D. program, an individualized model of medical education designed to be more adaptable to students' career and learning goals. Dr. Powell served on the Institute of Medicine's Committee on Governance and Financing of Graduate Medical Education, which recently published the controversial IOM report "Graduate Medical Education That Meets the Nation's Health Needs."

**Dr. James Madara**, ABP Trustee from 2000-2008 and President in 2007, was named to Modern Healthcare's 100 Most Influential People in Healthcare for the third year in a row.

Dr. Madara is the Executive Vice President and Chief Executive Officer of the American Medical Association.

### **ABP THANKS OUR COOPERATING SOCIETIES**

The ABP would like to thank the United States and Canadian Academy of Pathology and Dr. David Kaminsky, USCAP Executive Vice President, for being the accredited CME provider for the ABP's Test Development and Advisory Committees (TDACs). TDAC members receive 10 AMA PRA Category 1 CME credits for test item writing activities each year.

The ABP would like to thank the American Society for Clinical Pathology and Dr. Blair Holladay, ASCP Executive Vice President, for providing a complimentary exhibit booth to the ABP at the 2014 ASCP Annual Meeting in Tampa, FL.

The ABP would like to thank the College of American Pathologists and Dr. Gene Herbek, CAP President, for their letter of endorsement of our MOC Program.

### **ABP 2014 BOOKLET OF INFORMATION**

The *2014 Booklet of Information* is available on the ABP Web site. This document should be reviewed by Program Directors and residents at least annually to ensure that appropriate requirements are met and ABP policies and procedures are followed.

**ABP ANNOUNCES A PHYSICIAN SCIENTIST RESEARCH PATHWAY**

In response to the pathology community, the ABP has announced the creation of 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, visit our Web site and click on "Announcements."

**BOARD ACTIONS**

Since the last newsletter, the Trustees of the American Board of Pathology met on May 5 and on August 6, 2014. The August 4<sup>th</sup> and 5<sup>th</sup> Board retreat focused on creation of a physician-scientist research pathway.

The ABP has adopted the AMA Code of Ethics as a standard for ethics and professionalism.

The ABP approved the American Society for Cytopathology as a new Cooperating Society of the ABP. Congratulations to the ASC! The ABP now has ten Cooperating Societies.

The ABP will undertake formal strategic planning in 2015. The ABP Web site is undergoing major redesign.

The ABP is now requesting National Provider Identifier (NPI) numbers as an additional unique identifier, to be entered by candidates and diplomates when they log into *PATHway*. Candidates and diplomates who do not have an NPI number or have forgotten it, can log into <https://nppes.cms.hhs.gov> and apply or search the NPI registry. NPI numbers are publicly available.

**ABP SPEAKERS BUREAU**

The ABP Trustees and CEO are available to speak to pathology departments with residency training programs and 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 STATEMENT**

The Board has an 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. The ABP considers this practice to be 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.

**MAINTENANCE OF CERTIFICATION**

The ABP will begin a process of MOC continuing certification beginning in 2015. Certificates issue in 2015 and thereafter will no longer have an expiration date and will state that "Ongoing certification is contingent upon meeting the requirements of Maintenance of Certification."

By the end of 2014, the ABP will join the other 24 ABMS boards in public reporting of the MOC status of our diplomates.

MOC reports from diplomates certified in 2006, 2008, 2010, and 2012 are due January 31, 2015. Failure to meet MOC requirements will result in early expiration of certification.

The ABP, in conjunction with several of our Cooperating Societies, has developed an MOC survey to assess current diplomate practice responsibilities and their perceived adequacy of residency preparation for practice. The ABP will be asking diplomates to complete this survey when they log into *PATHway* to complete their MOC reports. Results of the survey are anonymous and confidential. The data gathered from the surveys will be used to inform ABP certification and residency training.

The *MOC Booklet of Information* is available on the ABP Web site. Diplomates with time-limited primary and subspecialty certificates 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.

MOC participation is now available to diplomates with non-time-limited certificates. These diplomates have the same MOC requirements and cycle of reporting as diplomates required to participate in MOC. Ongoing participation is not mandatory and a decision to end participation or failure to meet MOC requirements does not jeopardize the non-time limited certificate. 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. To voluntarily enroll in MOC, send a request to: [ABP-MOC@abpath.org](mailto:ABP-MOC@abpath.org).

ABMS is working with state medical licensing boards to have MOC participation meet state CME licensure requirements. This has been accepted in nine states (Iowa, New Hampshire, North Carolina, Oregon, Idaho, West Virginia, Kansas, Minnesota, and New Mexico) and is expected to be approved in more states in the future.

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

### ***ABP JOINS THE MULTISPECIALTY MOC PORTFOLIO APPROVAL PROGRAM***

The ABP now accepts institutional ABMS Portfolio Program activities as meeting the annual MOC Part IV requirement for Individual Pathologist Performance Improvement and Quality Assurance. The Program offers a process for approved healthcare organizations to support physician involvement in quality improvement and Maintenance of Certification (MOC) across multiple ABMS specialties. This program offers a streamlined approach for organizations that sponsor and support multiple well-designed quality improvement efforts involving physicians across multiple disciplines to receive MOC Part IV credit. Is your institution an approved sponsor? For more information, go to [www.mocportfolioprogram.org](http://www.mocportfolioprogram.org).

### ***MOC PART III (ASSESSMENT OF KNOWLEDGE, JUDGMENT, AND SKILLS)***

ABP MOC Part III requirements allow diplomates who hold both primary 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 fee for the MOC Part III exam is \$500 and covers all exams taken during the same exam session (spring or fall) regardless of the number of exams taken (primary and subspecialty). For diplomates with non-time limited primary certification, but time limited subspecialty certification, the ABP encourages those 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. See the ABP Web site for examination deadlines, dates, and registration information.

The MOC Part III spring exam was taken by 56 diplomates and there was a 100% pass rate. The fall exam was taken by 86 diplomates and there was a 96% pass rate.

The ABP is pursuing other sites for administration of the MOC Part III exam in the future.

### ***MOC PATIENT SAFETY REQUIREMENT***

In 2013, the American Board of Pathology adopted an MOC requirement for Patient Safety, in order to comply with the American Board of Medical Specialties (ABMS) MOC Patient Safety requirement for its member boards. The Patient Safety requirement need only be met once each ten years. An ABP approved Patient Safety course can be used to meet both some Part II (CME and SAMs) and Part IV (Diplomate Performance Improvement and Quality Assurance) MOC requirements.

The American Society for Clinical Pathology and the National Patient Safety Foundation offer ABP approved Patient Safety courses. The ASCP course is relevant to pathology and consists of seven 1.5 CME or SAM credit modules. The modules can be found on the ASCP Web site [www.ascp.org](http://www.ascp.org) under "Online CE." The National Patient Safety Foundation Patient Safety Course provides 10 CME credits for \$100 and can be found at [www.npsf.org/abms](http://www.npsf.org/abms). The ABP anticipates that other CME/SAMs providers will develop Patient Safety courses.

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

The American Board of Pathology has been approved in 2014 by the Centers for Medicare and Medicaid Services (CMS) to participate in the MOC:PQRS Additional Incentive Program. This program 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 2014.

#### **PHYSICIAN QUALITY REPORTING SYSTEM (PQRS)**

PQRS 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 CMS approved quality measures.

Physicians who did not participate in PQRS in 2013 will incur a 1.5% penalty in 2015. In 2014, 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](http://www.cms.gov) or the College of American Pathologists' PQRS Resource Center at [www.cap.org](http://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. See our Web site for information on the "more frequently" requirement.

#### **HOW TO PARTICIPATE IN MOC:PQRS**

Diplomates must use the MOC:PQRS Attestation Module available at [www.mocmatters.abms.org](http://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. The discounted cost of the Bundle is \$100. The attestation module must be completed by December 31, 2014 to qualify for the incentive payment.

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

### **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 approximated percentage of questions for each topic.

### **CERTIFICATION AND ACGME ACCREDITATION IN CLINICAL INFORMATICS**

The Clinical Informatics subspecialty examination for diplomates that qualified for the “by experience” route was given on October 6–17, 2014 at Pearson VUE test centers. Twenty-five ABP diplomates were certified in 2013. The “by experience” route to certification will be available through 2017, after which time ACGME accredited fellowship training will be required for certification. 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 having difficulty obtaining fellowship positions in CI in another department.

### **NEW DIPLOMATES**

The ABP congratulates all of the pathologists who became certified so far this year. The distribution of certificates issued is as follows:

<b>Certificate Type</b>	<b>Anatomic Pathology and Clinical Pathology</b>	<b>Anatomic Pathology</b>	<b>Clinical Pathology</b>	<b>Voluntary Recertification</b>	<b>Voluntary Recertification With examination</b>
Number of Certificates	434	81	53	1126	7

### **EXAMINATION PERFORMANCE**

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

**2014 Primary Examinations (Spring Only)**

	<b>Total Candidates</b>		<b>First-Time Takers</b>			<b>Repeaters</b>		
	<b>#</b>	<b>% Pass</b>	<b>#</b>	<b># Pass</b>	<b>% Pass</b>	<b>#</b>	<b># Pass</b>	<b>% Pass</b>
AP	637	85	560	512	91	77	26	34
CP	578	85	530	478	90	48	12	25

**2014 Subspecialty Examinations**

	<b>Total Candidates</b>		<b>First-Time Takers</b>			<b>Repeaters</b>		
	<b>#</b>	<b>% Pass</b>	<b>#</b>	<b># Pass</b>	<b>% Pass</b>	<b>#</b>	<b># Pass</b>	<b>% Pass</b>
BB/TM	55	71	43	34	79	12	5	42
CH	1	100	1	1	100			
CI	NA							
CYP	180	85	153	141	92	27	12	44
DP	86	95	79	77	97	7	5	71
FP	47	89	43	39	91	4	3	75
HEM	162	88	149	140	94	13	3	23
MMB	NA							
MGP	47	87	44	40	91	3	1	33
NP	19	84	19	16	84	0	0	0
PP	22	91	14	14	100	8	6	75

NA=Not Available

**5-year Certified Report**

<b>Primary</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
APCP	516	483	461	444	516
AP	117	120	98	89	93
CP	33	33	49	35	34

**2015 ABP EXAMINATION SCHEDULES**

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

Exams		2015 Dates
<b>Anatomic/Clinical Pathology</b>		
Spring	Starting date	11-May
Fall	Starting date	19-Oct
<b>Maintenance of Certification</b>		
Spring	Starting date	2-Mar
Fall	Starting date	17-Aug
<b>Subspecialty</b>		
Blood Banking/Transfusion Medicine		17-Sep
Chemical Pathology		21-Sep
Cytopathology	Starting date	31-Aug
Dermatopathology	Starting date	9-Sep
Forensic Pathology		15-Sep
Hematology	Starting date	28-Sep
Medical Microbiology		21-Sep
Molecular Genetic Pathology		16-Sep
Neuropathology		24-Sep
Pediatric Pathology		25-Sep





### **LOGO**

The American Board of Pathology (ABP) logo is based on a bronze plaque designed in 1954 by John R. Schenken, M.D., trustee of the ABP from 1951 to 1963. The background is a reproduction of the Mycenaean coils of intestine, thought to be the first representation of visceral pathology. This sculptured votive offering, made approximately 600 B.C., was excavated by Schliemann in 1876 from the ruins of the extinct city of Mycenae, Greece. The superimposed syringe-like cylinder represents Hooke's microscope of 1666 A.D., the first compound microscope to be accurately illustrated. The snake coiled about the barrel of the microscope depicts the sacred Aesculapian serpent which, by shedding its skin, is a sign of renewal—the symbol of medicine. Collectively, this logo represents medicine resting firmly upon the foundation of pathology.