

A Newsletter from The American Board of Pathology

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 (ABP) OFFICERS

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, 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.

TRUSTEES

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. Edward Ashwood, Salt Lake City, Utah is a new trustee of the ABP 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. The ABP would like to thank Dr. David Keren for his service as a Trustee, Treasurer and President of the ABP. Dr. Keren retired from the Board at the end of 2013.

FEATURED TRUSTEE PROFILE—Dr. Sharon Weiss



Dr. Weiss is the 2014 President of the ABP.

Dr. Weiss is a world renowned soft tissue pathology expert and lead author of *Enzinger and Weiss's Soft Tissue Tumors*. She is currently Professor and Associate Dean for Faculty Affairs at Emory University School of Medicine. She is a diplomate of the ABP and is participating in the ABP's Maintenance of Certification Program.

A native of Lynn, Massachusetts, Dr. Weiss graduated from Wellesley College and the Johns Hopkins School of Medicine. She completed residency training at Hopkins, where she served as Chief Resident. Dr. Weiss had an illustrious career at the Armed Forces Institute of Pathology before becoming the Director of Anatomic and Surgical Pathology at the University of Michigan. In 1998, she joined Emory University as Director of Anatomic Pathology, where she also served as Vice Chair and Interim Chair of the Department. Dr. Weiss is Past President of the US and Canadian Academy of Pathology. She has authored over 160 publications and is a highly regarded and sought after lecturer. She has received numerous honors and awards during her distinguished career including Phi Beta Kappa, Alpha Omega Alpha, Wellesley Alumnae Achievement Award, and Johns Hopkins University Circle of Scholars (Distinguished Alumna) Award. The ABP is very proud to have Dr. Weiss as a Trustee and President.

ABP 2013 BOOKLET OF INFORMATION

The revised 2014 *Booklet of Information* will soon be available on the ABP website (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 Tampa on November 16-19, 2013.

The ABP approved the Association for Molecular Pathology as a new Cooperating Society of the ABP. Congratulations to the AMP.

Several policy changes and new policies were adopted. The Board clarified the policy for individuals who have not been successful in certification during their 5-year period of qualification. The required additional year of training must occur after the period of Board qualification has ended. Additional training during the five year period of Board qualification will not count towards an additional 5-year period of qualification. The additional training must occur within 5 years of the end of the period of qualification.

The Board approved new policy that a diplomate who has a single primary certificate (e.g. AP or CP), who then applies for certification for the other primary certificate using previous training, must have previous training that is no more than five years old to qualify to take the examination.

The ABP MOC Part III (Assessment of Knowledge, Judgment, and Skills)) requirements were modified to allow diplomates who hold both a primary and a subspecialty certification to be able to sit for a single examination that will include 50 primary and 150 subspecialty questions, graded as a single 200-question exam. Successful diplomates will fulfill Part III requirements for both certifications for the MOC ten-year cycle. The ABP hopes that this change will encourage diplomates to maintain all certificates.

UPCOMING BOARD MEETINGS

The next meeting of the ABP Board of Trustees will be May 4-5, 2014 in Chicago. The annual meeting of the ABP with the Cooperating Societies will be on May 6. The ABP BOT annual retreat will be August 4-6, 2014. The summer retreat will explore the pros and cons of an ABP Physician Scientist Research track for training. The ABP has already received significant input from the pathology community and welcomes additional comments and perspectives.

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.

An excerpt of the Honor Code addressing the use of recalled items and remembrances is now included in the ABP authorization form signed by new residents each July.

AUTOPSY REQUIREMENTS FOR CERTIFICATION

Effective 2013, 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.

Program Directors are now required to view the autopsy lists of their resident applicants for ABP certification. It is the responsibility of Program Directors to assess and attest to the competency of residents in the performance of autopsies.

MAINTENANCE OF CERTIFICATION

MOC reports from diplomates certified in 2007, 2009, and 2011 were due January 31, 2014. 113 diplomates did not meet reporting requirements for 2011 and 2012, resulting in early expiration of certificates and complete loss of Board certification in some cases.

The revised 2014 *MOC Booklet of Information* will soon be available on the ABP website (www.abpath.org) and includes the most recent Board policy changes. Diplomates with time-limited primary and subspecialty certificates will automatically have their 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 primary and subspecialty MOC requirements. The Part III examinations and issuance of renewed certificates remain on a 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 MOC:PQRS incentive payment. See the PQRS section below.

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

MOC PART III (Assessment of Knowledge, Judgment, and Skills) EXAM

New ABP MOC Part III (requirements allow diplomates who hold both a primary and a subspecialty certification 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 requirements for both certifications for the MOC ten- year cycle. The ABP hopes that this change will encourage diplomates to maintain all certificates.

The registration fee for the MOC Part III 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. See the ABP website (www.abpath.org) for examination deadlines, dates, and registration information.

In 2013, the ABP adopted a policy to allow diplomates to take the MOC exam after three 2-year reporting periods 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 passed the MOC pilot exam met the Part III MOC requirement for their ten-year MOC cycle.

MOC PATIENT SAFETY COURSE REQUIREMENT

In 2013, the American Board of Pathology adopted a new 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. Beginning in 2013, all diplomates enrolled in MOC are required to complete an ABP-approved Patient Safety Course (PSC) within their first two (two-year) reporting periods. The Patient Safety requirement need only be met once during each 10-year MOC cycle. An ABP-approved PSC can be used to meet both Part II (CME and SAMs) and Part IV (Diplomate Performance Improvement and Quality Assurance) MOC requirements.

The American Society for Clinical Pathology (ASCP) and the National Patient Safety Foundation (NPSF) offer ABP-approved Patient Safety Courses that meet MOC requirements. The ASCP course is relevant to pathology and consists of seven 1.5 CME/SAMs credit modules. The course can be found on the ASCP website (www.ascp.org) under "Online CE". The NPSF course consists of ten 1.0 CME/SAMs credit modules. To access the course for the discounted rate of \$100, go to www.npsf.org/abms and enter registration code ABMSPSC. The ABP hopes that other CME/SAMs providers will develop PSCs that meet MOC requirements.

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

The American Board of Pathology was approved in 2013 by the Centers for Medicare and Medicaid Services (CMS) to participate in the MOC:PQRS Additional Incentive

Program. Approval for 2014 is anticipated this spring. This approval will allow 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, formerly known as PQRI, is a federal voluntary quality reporting program that provides an incentive payment to eligible physicians (EPs) 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 (EHR), or a qualified registry, such as that used by MOCMatters described below. For 2014, the PQRS incentive payment is 0.5% of a physician's total Medicare Part B allowed charges. Physicians who are EPs but do not participate in PQRS in 2013 will incur a 1.5% penalty in 2015 placed upon their 2013 claims. 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 PQRS 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 (EPs) 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 ABP-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 complete the MOC:PQRS Attestation Module available at www.mocmatters.abms.org/default.aspx. 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 (PEC) Survey.

For ABP time-limited certificate holders to be eligible for the additional MOC:PQRS incentive in 2014 they must do all of the following:

1. already be reporting for the PQRS incentive
2. be current in their participation in the ABP MOC program
3. complete one of the "more frequently" requirements (refer to list above)
4. complete a MOC Part IV-C activity (practice assessment) in 2014
5. complete the MOC Matters Attestation Module by December 31, 2014

For ABP non-time-limited certificate holders that voluntarily enrolled in MOC during 2013 to be eligible for the additional MOC:PQRS incentive in 2014 they must do all of the following:

1. already be reporting for the PQRS incentive
2. be current in their participation in the ABP MOC program
3. complete one of the "more frequently" requirements (refer to list above)
4. complete a MOC Part IV-C activity (practice assessment) in 2014
5. complete the MOC Matters Attestation Module by December 31, 2014

For ABP non-time limited certificate holders not already enrolled in MOC to be eligible for the additional MOC:PQRS incentive in 2014 they must do all of the following:

1. already be reporting for the PQRS incentive
2. enroll in the ABP MOC program in 2014 (E-mail enrollment requests to ABP-MOC@abpath.org. Enrollment in MOC during 2014 by a non-time limited certificate holder meets the participation as well as the "more frequently" requirement of CMS.)
3. complete a MOC Part IV-C activity (practice assessment) in 2014
4. complete the MOC Matters Attestation Module by December 31, 2014

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

ABMS EVIDENCE LIBRARY

The American Board of Medical Specialties (ABMS) has developed the ABMS Evidence Library which highlights research studies and articles supporting the value of board certification and MOC programs. It reflects an effort to systematically present the empirical evidence in the current peer-reviewed literature. Access to the Evidence Library is at www.abms.org/EvidenceLibrary. The ABP welcomes any research and publications on the value of ABP certification and Maintenance of Certification.

EXAM BLUEPRINTS

The primary, subspecialty, and MOC examination blueprints are now posted on the ABP website (www.abpath.org). The blueprints give categories of topics covered in the examinations with the approximated percentage of questions for each topic.

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 2014 reports have been posted. 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 ABP and the American Board of Preventive Medicine (ABPM). The first examination, for diplomates that qualified for the “by experience” route, was given on October 7-18, 2013 at Pearson VUE test centers. Twenty-four ABP diplomates were certified. 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 website for more information and application.

Final ACGME Program Requirements for Clinical Informatics are expected in several months. Despite numerous comments opposing the two year fellowship requirement, the ACGME has decided to keep that requirement.

NEW DIPLOMATES

The ABP congratulates all of the pathologists who were certified in 2013. The ABP awarded a total of 1,145 certificates in 2013. 516 candidates were certified in AP/CP, 92 were certified in AP only, and 34 were certified in CP only. 492 candidates were certified in subspecialties. A total of 1,133 diplomates participated in the Voluntary Recertification Program and will receive certificates dated 1/1/2014.

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 2013. (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 2013.

2013 Primary Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
AP	814	76%	615	549	89%	210	71	34%
CP	635	84%	548	500	91%	87	34	39%

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%

2013 Subspecialty Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
BB/TM	48	69	40	30	75	8	3	38
CI	31	77	31	24	77			
CYP	164	82	146	127	87	18	7	39
DP	91	91	85	81	95	6	2	33
FP	43	93	38	37	97	5	3	60
HEM	149	89	134	125	93	15	8	53
MMB	9	100	9	9	100			
MGP	54	83	51	45	88	3	0	0
NP	20	100	19	19	100	1	1	100

PP	33	61	24	16	67	9	4	44
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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

2014 and 2015 ABP EXAMINATION SCHEDULES

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

Exams	2014	2015	
Anatomic/Clinical Pathology			
Spring	5/12	5/11	
Fall	10/20	10/19	
Recertification			
Maintenance of Certification			
Spring	3/10	3/9	
Fall	11/3	11/2	
Sub Specialty			
Blood Banking/ Transfusion Medicine	9/4	9/14	
Clinical Informatics	10/6-17		
Cytopathology	8/25	8/31	Starting date
Dermatopathology	9/8	9/9	Starting date
Forensic Pathology	9/3	9/15	
Hematology	9/22	9/28	Starting date
Molecular Genetic	9/17	9/16	
Medical Microbiology/ Chemical Pathology	9/16	9/21	
Neuropathology	9/10	9/22	
Pediatric Pathology	9/15	9/23	