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The ABP EXAMINER

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www.abpath.org

OUR MISSION

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

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2017 AMERICAN BOARD OF PATHOLOGY OFFICERS AND TRUSTEES

The ABP Officers and Executive Committee for 2017 are:

President: James Stubbs, MD; Vice President: Karen Kaul, MD, PhD; Secretary: Steven Swerdlow, MD; Treasurer: Susan Fuhrman, MD and Immediate Past President: Gary Procop, MD.

The 2017 Trustees of the ABP are (in addition to the officers listed above): Drs. Edward Ashwood, Mohiedean Ghofrani*, Eric Glassy, Jeffrey Goldstein, Michael Jones, Ritu Nayar, and Barbara Sampson* (* new 2017 Trustees). Dr. Rebecca Johnson is the Chief Executive Officer. She can be contacted at rljohnson@abpath.org.



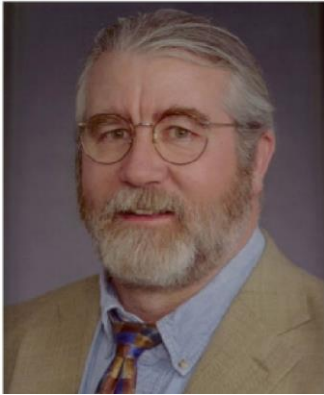
front row: Ritu Nayar, MD; Susan Fuhrman, MD (Treasurer); Karen Kaul, MD, PhD (Vice President); James Stubbs, MD (President); Steven Swerdlow, MD (Secretary); Barbara Sampson, MD, PhD; Rebecca Johnson, MD (CEO)

back row: Mohiedean Ghofrani, MD, MBA; Gary Procop, MD, MS (Immediate Past President); Jeffrey Goldstein, MD; Edward Ashwood, MD; Michael Jones, MD; Eric Glassy, MD



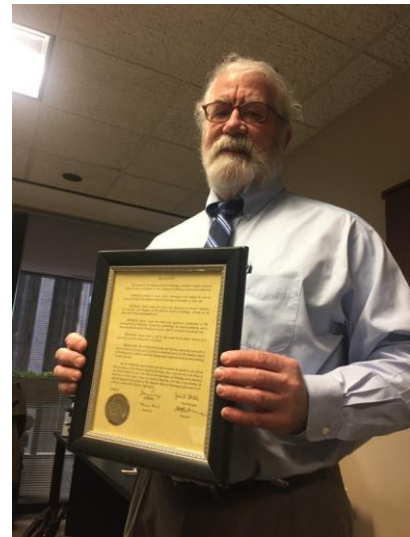
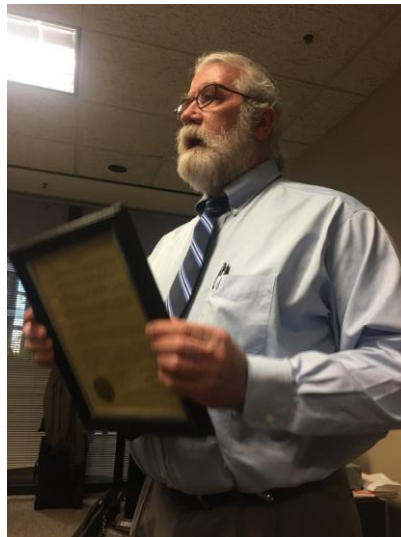
ABP Officers: Gary Procop, MD (Immediate Past President); Karen Kaul, MD, PhD (Vice-President); James Stubbs, MD (President); Susan Fuhrman, MD (Treasurer); Steven Swerdlow, MD (Secretary)

MEET OUR TRUSTEES



Patrick Lantz, MD

Dr. Patrick Lantz has been a Trustee of the ABP since 2005 and is completing his terms on the Board of Trustees in 2016. He served as President of the ABP in 2013 and as Treasurer, Vice President and Immediate Past President. He has been Chair of the ABP Ethics and Professionalism Committee and the Forensic Pathology Test Development and Advisory Committee and a member of the Committee on Examinations and the Finance Committee. Dr. Lantz is Professor of Pathology at Wake Forest University School of Medicine, Forsyth County Medical Examiner, Regional Forensic Pathologist for North Carolina, and Director of Autopsy Services for North Carolina Baptist Hospital. Dr. Lantz earned his medical degree from the Southern Illinois University School of Medicine and completed his residency and fellowship training in pathology and forensic pathology at the University of New Mexico.



Dr. Procop honors Dr. Lantz for his many contributions as an American Board of Pathology Trustee.

2017 NEW TRUSTEES



Mohiedean Ghofrani, MD, MBA

Dr. Ghofrani is Director of Cytopathology and Women's Health at PeaceHealth Laboratories in Vancouver, WA. He earned his medical degree in Tehran, followed by residency in Anatomic and Clinical Pathology and Fellowship in Cytopathology at Yale University. Dr. Ghofrani has subspecialty training and expertise in breast and gynecologic pathology. He holds a Master of Business Administration with focus on healthcare from George Washington University, and has a special interest in clinical informatics. Dr. Ghofrani is active in state, national and international pathology societies, and has served as President of the Washington State Society of Pathologists, President of the Oregon Pathologists Association, Chair of the American Society of Cytopathology Budget and Finance Committee, and Vice-Chair of the College of American Pathologists Cytopathology Committee. He is board certified in Anatomic and Clinical Pathology, Cytopathology, and Clinical Informatics and is participating in the Maintenance of Certification Program.



Barbara Sampson, MD, PhD

Dr. Barbara Sampson has been the Chief Medical Examiner of the City of New York since December 2014 and is the first woman appointed to lead the Office of Chief Medical Examiner. She earned her Bachelor's degree at Princeton, Ph.D. in Molecular Biology at Rockefeller University, her degree in medicine at Cornell University Medical College, and residency at Brigham and Women's Hospital. She brings years of experience to her new role; she has served as the Acting Chief Medical Examiner, First Deputy Chief Medical Examiner, Senior Medical Examiner, and Cardiovascular Pathology Consultant, among other positions since 1998. She serves as President of the Society of Cardiovascular Pathology, and is a member of the National Association of Medical Examiners, the United States and Canadian Academy of Pathology, and the American Academy of Forensic Sciences. Dr. Sampson has published widely on forensic pathology and microbiology, including 29 articles and 4 book chapters, and serves as an Associate Editor of the journal Cardiovascular Pathology. She is the recipient of the Young Investigator Award from the Society of Cardiovascular Pathology and the E.R. Squibb and Sons Senior Thesis Prize for Contribution to Scientific Research. Dr. Sampson is board certified in Anatomic and Clinical Pathology and Forensic Pathology and is participating in the Maintenance of Certification Program.

MEET OUR STAFF



Thomas "Ty" McCarthy Chief Operating Officer

Thomas "Ty" McCarthy joined the ABP staff in November 2016 as Chief Operating Officer (COO), a newly created position. The COO, working with the CEO, provides leadership, oversight, and support for the Board of Trustees, staff and all internal operations including finance, accounting, human resources, information systems and technology, psychometrics, exam development, primary and subspecialty exam applications and certification, and the Maintenance of Certification Program.



Before joining the ABP, Mr. McCarthy had a 28-year United States Marine Corps career, beginning as a naval aviator and retiring as a Colonel. He was most recently Chief of Staff, Marine Corps Installations East – Marine Corps Base, Camp Lejeune, NC, prior to which he was the Operations Director, 2d Marine Expeditionary Brigade. He has experience providing executive level management, strategic and operational planning, team building, training and assessment, crisis management, and problem solving. He served in Operation Iraqi Freedom and Operation Enduring Freedom. He is a graduate of the U.S. Naval Academy and has Master's degrees in Strategic Studies and Military Studies. We are very pleased to have him as a new member of the ABP team.



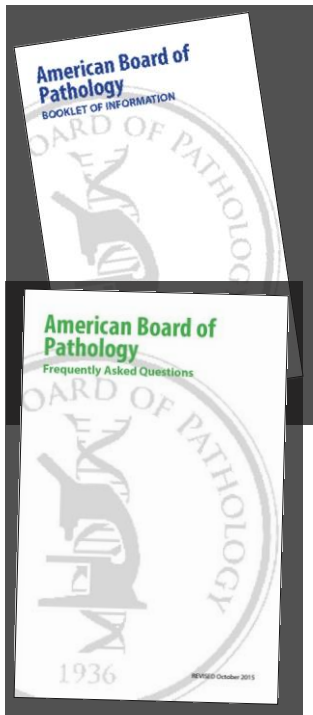
2016 BOARD ACTIONS

The ABP BOT met in May, August and November and had monthly conference calls of the Executive Committee. Drs. Mohiedean Ghofrani and Barbara Sampson were elected new Trustees beginning in 2017. Drs. Susan Fuhrman, Karen Kaul and Steven Swerdlow were re-elected to their third terms of office and Drs. Edward Ashwood and Michael Jones to their second terms. The ABP will be adding a public member to the BOT in 2018 and solicitations for nominations will be sent in 2017. The ABP and APC PRODs have created a joint Task Force to investigate Entrustable Professional Activities for pathology. Other significant actions by the ABP are included in relevant sections of this newsletter.



NEW RESIDENT TRACKING and PATHWAY

Beginning in 2016, program directors were asked to provide resident email addresses in Resident Tracking. The ABP will then assign residents an ABP identification number. This ID number will allow residents to log into PATHway, create an account, update their contact information, and view the certification application. In 2017, residents will submit their Authorization Form and agreement to the Honor Code electronically.



ABP BOOKLET OF INFORMATION

The updated *Booklet of Information* is available on the ABP Website, www.abpath.org. This document should be reviewed by program directors and residents at least annually to ensure that appropriate requirements are met and ABP policies and procedures are followed.

SPRING AP AND CP EXAMINATIONS OFFERED IN TUCSON, AZ

The ABP administered the spring AP and CP examinations at the American Board of Radiology’s examination center in Tucson, AZ on June 20-22, 2016. The new location was well received by candidates. In 2017 applicants for primary certification can select either the Tampa or the Tucson exam center when applying for their spring examination. Fall primary and subspecialty exams will only be administered in Tampa.



Exam center in Tucson, Arizona.

ABP THANKS OUR TDAC MEMBERS

The ABP would like to thank the more than 100 members of our fifteen Test Development and Advisory Committees (TDACs) for their volunteerism and contributions to our examination process and to the advancement of our profession. These Committee members collectively donate more than 2600 hours of their time and expertise to the ABP each year. The TDACs consist of ABP Trustees and other pathologists who are recognized experts in pathology. You can see who these subject matter experts are on our website under “Our Organization”, “Test Committees”.



CLINICAL INFORMATICS TRAINING AND CERTIFICATION

The ABP requested an extension of the “by experience” (grandfather) route to certification in CI from ABMS, because of the paucity of ACGME accredited training programs. Approval was granted, so the “by experience” route will be available through 2022, after which time ACGME accredited fellowship training will be required for certification. See the ABP Website for more information on certification in Clinical Informatics and the application process.

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

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



ABP PHYSICIAN-SCIENTIST RESEARCH PATHWAY

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



CERTIFYING EXAMINATION PROGRAM PERFORMANCE REPORTS

The ABP annually generates Program Performance Reports for each ACGME accredited primary and subspecialty training program. Subspecialty program performance reports will only be provided if there are at least three fellows in the program for the past five years, to maintain candidate confidentiality. *This report is confidential and is available only to the program director.*

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

Beginning in 2017, the performance reports will be more detailed with more categories than previously provided. This should be useful to both programs and failing candidates to identify areas of weakness. The feedback to candidates will include:

Reference based performance—how the candidate did as compared to others who took that exam in the same sitting; reported in tritiles—upper, middle, lower.

Criterion based performance—how the candidate did as compared to a criterion of 50%; reported as either “good” (more than 50% of items in that

category were answered correctly) or “low” (less than 50% of the items in that category were answered correctly).

A candidate could theoretically be “good” but “lower” if two-thirds of candidates scored better in that category (easy questions) or a candidate could be “low” but “upper” (difficult questions).

Aggregated data that is both reference based and criterion based will be reported to training programs.



ABP SPEAKERS BUREAU

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

HONOR CODE

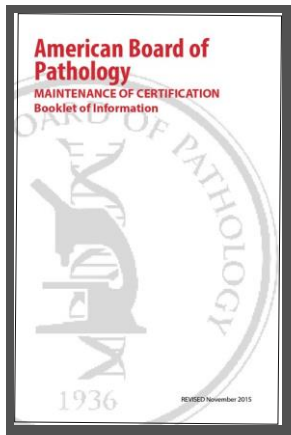
The Board has an honor code statement that must be signed by applicants and registrants for ABP certification exams. We are aware that residents and fellows have been using recalled items to prepare for Board exams. The ABP considers this practice to be cheating, unethical and unprofessional behavior.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



NEW-IN-PRACTICE SURVEY

The ABP, in collaboration with APC, ASCP, CAP, and USCAP, participates in a Pathology Workforce Task Force. For the past three years, the Task Force has conducted a survey of new-in-practice pathologists. This survey is linked to diplomates’ MOC biennial reporting. The survey lists 48 practice areas in pathology and asks survey participants to rate on a 5-point scale 1) how important is this practice area in your current job? and 2) how was the amount of training you received relative to what you need in your current job? For most practice areas, respondents indicated that their training was “about right”; however, there were four practice areas that were rated as important, very important, or critically important in their current job, but the amount of training was less or much less than needed. These four areas were Laboratory Administration, Molecular Diagnostics, Informatics,

and Coding and Billing. We are sharing this information with residency program directors. There have been several initiatives in the past few years aimed at improving training in these areas (e.g. Pathology Informatics Essentials for Residents (PIER) and Training Residents in Genomics (TRIG)). The ongoing survey should help assess the impact of these structured curricula.



MAINTENANCE OF CERTIFICATION (MOC)

MOC is a program of continuing certification, therefore certificates issued in 2015 and thereafter no longer have an expiration date and state: “Continuing certification requires participation in Maintenance of Certification.” Failure to participate in MOC and failure to meet MOC requirements results in early expiration of certification. The updated *MOC Booklet of Information* is available on the ABP Website.

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

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

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

In 2016, new 50 question mandatory modules were added in response to diplomates’ requests to make the exam more relevant to their practice. Diplomates need to choose only one 50-question module in their area of primary certification (APCP, AP only, or CP only). These new modules are: APCP and AP with Forensic Pathology emphasis, APCP and AP with Pediatric Pathology emphasis, APCP with AP emphasis, and APCP with CP emphasis.



REMOTE, SECURE TESTING

The ABP has received final approval from ABMS for a change in our MOC Part III. We completed successful pilots in the fall of 2015 and spring of 2016, administering the MOC Part III exams remotely (from home, office, or other site of the diplomates' choosing). The ABP invested in creating remote administration to reduce the burden of time, travel, and associated costs for coming to the Tampa exam center for diplomates. The remote, secure exam will be offered in the spring and fall of each year.

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

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



NEW ASSESSMENT INITIATIVE— ABMS MOC PART III PILOT: *ABPath CertLink*

The ABP is participating in an MOC assessment pilot delivered through the CertLink™ Assessment Platform sponsored by the American Board of Medical Specialties. The ABPath CertLink MOC Assessment Pilot will evaluate a longitudinal assessment model, which uses more frequent assessments of knowledge and judgment and which could help diplomates identify knowledge gaps for further study. The results of this pilot will help determine whether this assessment format can be an alternative to the current secure MOC Examination taken once every ten years.

The ABPath CertLink Pilot development is underway and is targeted for launch in late 2017. It will last for 3-5 years, during which time the process and platform will be evaluated. During the pilot, participants will be regularly surveyed to capture their feedback and suggestions for improvement. The results of the pilot and surveys will be analyzed to determine if this new assessment is reliable and valid and can be an alternative to the current exam.

The ABPath CertLink Pilot will be delivered through the CertLink platform, which is accessible via web browser or mobile app. Volunteers will be expected to answer a minimum number of items each year, commit to the

duration of the pilot, and provide feedback to the ABP on the initiative. During the initial phase of the pilot, the ABP will not assess any diplomates' performance. Participation in the MOC assessment pilot will allow our diplomates to have a voice and active role in creating the next generation of MOC assessment. Participating diplomates will take an interactive assessment of 25 questions per quarter. The process will allow the diplomate to individualize the recertification process while learning. Diplomates will choose when, where and how they take questions, presented one at a time, with the ability to end a session after answering any single question.

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

The ABP has heard your concerns about the secure MOC examination and the relevance of MOC to your practice. Assessments offered through the CertLink platform are intended to offer exposure to relevant information to support diplomates' lifelong learning. The assessment is also expected to fulfil the ABP's mission to protect the public by ensuring that diplomates are current in their medical knowledge.

We have an MOC Advisory Group made up of diplomates participating in MOC. They have met monthly to give feedback and suggestions to continuously improve the continuing certification process. We have conducted focus groups at national pathology meetings to receive additional feedback on the proposed ABPath CertLink program design. Participation in the pilot will be entirely voluntary. We will begin with a small number of diplomates initially and then expand open enrollment as our item (question) bank expands to include subspecialty areas. A significant challenge to make this assessment relevant for all ABP diplomates will be developing a sufficiently large and diverse enough item bank of questions to be able to offer specialty and practice relevant assessment. To help meet this challenge, we are crowd sourcing for items. Anyone wanting to contribute items can go to www.pathcertlink.com,

take the tutorial on good item writing, and then submit questions. We appreciate all volunteers, including residents.

If you have any questions or would like to volunteer, email us at PathCertLink@abpath.org



ABMS MOC DIRECTORY POWERED BY MedEdPORTAL'S CE DIRECTORY

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



CMSS STATEMENT ON "PRINCIPLES OF SELF-REGULATION"

The Council of Medical Specialty Societies (CMSS) is an organization of 43 medical specialty societies. CMSS member societies collaborate to enhance the quality of care delivered in the U.S. healthcare system and to improve the health of the public. The American Society for Clinical Pathology is a CMSS member.

CMSS has issued a statement on "Principles of Self-Regulation (including life-long learning and on-going performance improvement)" which outlines the roles of specialty societies and certification boards in Maintenance of Certification. It states:

"CMSS supports the principle of professional self-regulation, including life-long learning and on-going performance improvement. Specialty societies are formed to fulfill professional self-regulation through continually educating specialists through life-long learning, and facilitating on-going performance improvement in practice. Certifying boards are formed to fulfill professional self-regulation through on-going assessment of physician knowledge and practice performance.

Therefore, with complementary goals, societies and boards should collaborate to continually improve the care of patients and the health

outcomes of populations. Specifically, societies and boards should work together to change and evolve existing processes of on-going assessment of physician knowledge and practice performance to be consistent with these principles of professional self-regulation, and to be more relevant and less burdensome to practicing physicians.”

The ABP is pleased to have outstanding collaboration with our pathology specialty societies to foster life-long learning and on-going performance improvement.



EXAM BLUEPRINTS

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

ABP FEES

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



EXAMINATION PERFORMANCE

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

The number of candidates passing the examinations does not match the number of candidates certified for several reasons: (1) Many AP/CP candidates, both first-time takers and repeaters, take only one portion (either AP or CP) of the examination. These candidates are not certified until both AP and CP are passed. (2) Certified candidates include AP/CP candidates who passed either the AP or CP examination previously and requested single certification during the reporting year. (3) Certified candidates also include AP/CP candidates who passed the examinations in a previous year but did not provide documentation of licensure or other required information until the reporting year.

2016 Primary Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
AP	704	79%	569	509	89%	135	44	33%
CP	595	89%	526	494	94%	69	36	52%

5-Year Certified Report

Primary	2012	2013	2014	2015	2016
APCP	444	516	495	504	484
AP only	89	93	105	90	79
CP only	35	34	65	48	36

2016 Subspecialty Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
BB/TM	67	85	57	54	95	10	3	30
CI	34	74	32	25	78	2	0	0
CYP	162	91	147	137	93	15	10	67
DP	85	98	82	79	96	3	2	66
FP	54	89	52	48	92	2	0	0
HEM	149	96	132	130	98	17	13	76
MMB	7	100	7	7	100			
MGP	60	95	49	46	94	11	11	100
NP	20	95	18	18	100	2	1	50
PP	26	81	23	19	83	3	2	67

Maintenance of Certification

MOC EXAMS	Total Candidates	% Pass
Fall 2016	304	100
Spring 2016	437	100
Fall 2015	187	100
Spring 2015	213	100
Fall 2014	89	96.6

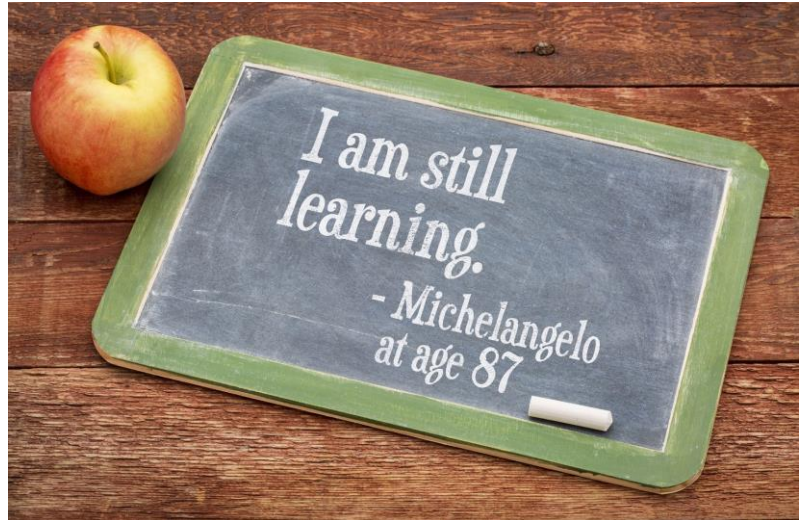
Maintenance of Certification Participation Statistics

Primary	2012	2013	2014	2015	2016
Certificates Currently Enrolled	1161	1232	2334	1190	1152
Certificates Lapsed/ Revoked	21	23	0	0	0
Diplomates Currently Enrolled	743	790	1741	676	617
Diplomates Lapsed/ Revoked	16	19	0	0	0

2017 ABP EXAMINATION DATES

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

Exams	2017 Dates
Anatomic/Clinical Pathology	
Spring (Tampa)	Starts May 22
Spring (Tucson)	Starts June 27
Fall	Starts October 16
Maintenance of Certification	
Spring	Starts March 6
Fall	Starts August 21
Subspecialty	
Blood Banking/Transfusion Medicine	September 7
Chemical Pathology	September 14
Clinical Informatics (Pearson Vue)	October
Cytopathology	Starts August 28
Dermatopathology	Starts September 11
Forensic Pathology	September 6
Hematopathology	Starts September 20
Medical Microbiology	September 14
Molecular Genetic Pathology	Starts September 13
Neuropathology	September 18
Pediatric Pathology	September 19



Questions may be addressed to

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