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The **ABP** EXAMINER

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.

Inside

Meet Our Trustees and Staff

In Memoriam

Board Actions

Entrustable Professional Activities

Certifying Exam Reports

ABP Fees

Practice and Training Survey

Maintenance of Competency

ABP CertLink MOC Pilot

ACCME PARS

Exam Performance and Dates

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IN THIS ISSUE

2017 AMERICAN BOARD OF PATHOLOGY OFFICERS AND TRUSTEES	3
MEET OUR TRUSTEES.....	4
James Stubbs, MD.....	4
Constance Filling, EdD.....	4
TRUSTEES IN THE NEWS.....	5
MEET OUR STAFF	6
Clarita Scioscia	6
IN MEMORIAM—DR. MARGARET GRIMES.....	7
2017 BOARD ACTIONS	7
THANKS OUR COOPERATING SOCIETIES.....	8
ENTRUSTABLE PROFESSIONAL ACTIVITIES	8
PHYSICIAN-SCIENTIST RESEARCH PATHWAY	8
BOOKLET OF INFORMATION.....	8
CERTIFYING EXAMINATION PROGRAM PERFORMANCE REPORTS.....	9
CLINICAL INFORMATICS TRAINING AND CERTIFICATION.....	10
ABP FEES	10
2016 PRACTICE AND TRAINING SURVEY RESULTS.....	11
MAINTENANCE OF CERTIFICATION	12
MOC PART III: ASSESSMENT OF KNOWLEDGE, JUDGMENT, and SKILLS.....	12
ABP, ASCP & USCAP JOINT STATEMENT ON THE VALUE OF MOC.....	13
NEW ASSESSMENT INITIATIVE— <i>ABPath CertLink</i>	14
REMOTE, SECURE TESTING	15
ABMS MOC DIRECTORY	16
ACCME PROGRAM AND ACTIVITY REPORTING SYSTEM (PARS).....	16
HONOR CODE	17
EXAM BLUEPRINTS	17
SPEAKERS BUREAU.....	17
EXAMINATION PERFORMANCE	17
2017 Primary Examination (spring exam only).....	18
5-year Certified Report	18
2016 Subspecialty Examinations	18
Maintenance of Certification.....	18
Maintenance of Certification Participation Stats.....	19
2018 ABP EXAMINATION DATES.....	19

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



James Stubbs, MD **President**

Dr. James Stubbs is board certified in Clinical Pathology and Blood Banking/Transfusion Medicine and is participating in MOC. He is a Consultant in the Division of Transfusion Medicine at Mayo Clinic Rochester (MCR) and has served as the Chairman of Transfusion Medicine at MCR since 2006. He also serves as the Medical Director of the Component Laboratory and the Operational Support Unit within the Division of Transfusion Medicine. At the Mayo Clinic Enterprise Level, Dr. Stubbs serves as the Medical Director of Laboratory Compliance and as the Medical Director of the Office of FDA-Regulated Manufacturing Activities. He also serves as the Physician Liaison for the Infusion Therapy Center. He serves on multiple AABB committees, and chairs their Donor Hemovigilance Working Group. Dr. Stubbs is current chair of the ACGME Review Committee in Pathology. He has been a Trustee of the ABP since 2009 and current responsibilities include Chairperson, Blood Banking/Transfusion Medicine Test Development & Advisory Committee and Chairperson, Investment Task Force. Dr. Stubbs earned his medical degree from University of Minnesota School of Medicine, completed his residency in pathology at Dartmouth-Hitchcock Medical Center, and received his fellowship training in Blood Banking/Transfusion Medicine at the University of Minnesota Hospitals and Clinics.



Constance Filling, EdD **Public Member Trustee**

The American Board of Pathology has elected Constance Filling, Ed.D. to become the first Public Member Trustee beginning in 2018. As a non-physician member, she will represent community and public interests, and provide broad input and feedback during discussion of issues being considered by the Board. The input from this new member will be mutually beneficial to the public and the American Board of Pathology. Dr. Filling is the Chief Learning Officer at the Association of American Medical Colleges. Prior to joining the AAMC in 2013, Dr. Filling was the Vice President of Learning and Publications at the College of American Pathologists from 2005-2012.



TRUSTEES IN THE NEWS

Dr. Steven Swerdlow, ABP Secretary, received the 2017 USCAP Harvey Goldman Master Teacher of the Year Award.

Dr. Rebecca Johnson, CEO, received the Association of Pathology Chairs 2017 Margaret Grimes Distinguished Achievement Award in Graduate Medical Education.

Dr. Barbara Sampson was quoted in the 18 May 2017 Wall Street Journal article "DNA Matching Provides Somber Relief to Families of the Disappeared", <https://www.wsj.com/articles/dna-matching-provides-somber-relief-to-families-of-the-disappeared-1495120903>.

Dr. Gary Procop and Dr. Johnson coauthored the April 2017 CAP Today article "Setting the record straight on Maintenance of Certification", <https://goo.gl/Q8qeT2>.



Setting the record straight on Maintenance of Certification

Setting the record straight on Maintenance of Certification... The American Board of Pathology... Maintenance of Certification... CAP Today... The American Board of Pathology... Maintenance of Certification... CAP Today... The American Board of Pathology... Maintenance of Certification... CAP Today...

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THE WALL STREET JOURNAL. DNA Matching Provides Somber Relief to Families of the Disappeared. New York City, New Jersey hold 'Missing Persons Day' to help name unidentified bodies and console families in limbo. By Corinne Ramey and Kate King. May 18, 2017 11:21 a.m. ET. The last time Luis Orlando Merchan heard from his brother was in 2013, when the human smuggler contracted to sneak him across the U.S.-Mexican border called to demand payment and let the two brothers speak briefly by phone. After that, said 38-year-old Mr. Merchan, "We waited two, four, six weeks and nobody called. We started asking, 'What happened, what happened?'"





MEET OUR STAFF

Clarita Scioscia

Test Development and Advisory Committee Coordinator Clarita Scioscia has been an employee of the ABP since 1986. She serves as the coordinator for twelve ABP test development and advisory committees (TDAC), is organizing two new ABPath CertLink TDACs, and is the Executive Director of the American Board of Oral and Maxillofacial Pathology (ABOMP). As the TDAC coordinator she is responsible for the organization of all aspects of the groups of volunteer pathologists who write and review examination items and the processing of those items. The ABOMP is a dental certification board for dentists who have taken additional training in pathology. They became affiliated with the ABP in 1987 when Clarita began as their Executive Secretary. In 2014 she was granted honorary fellowship in the Academy of Oral and Maxillofacial Pathology for "outstanding leadership, achievement, and dedication" to the Board. This honor had never previously been given to a non-oral pathologist. With ever increasing responsibilities, her title was changed to Executive Director in 2015.

She volunteers at her church and cooks and serves with an outreach team that feeds people-in-need each Thursday night. She has a cum laude bachelor of fine arts degree with minors in education and art history and enjoys oil painting. A few examples are shown below.



Some of Clarita's oils.
See more at: <https://goo.gl/c2sqqo>



IN MEMORIAM—DR. MARGARET GRIMES

The ABP and our colleagues are mourning the loss of Margaret Grimes, M.D., M.Ed., Trustee of the ABP from 2007-2016, President in 2015, Vice-President 2014, Treasurer 2012-13, and Immediate Past President in 2016. Dr. Grimes devoted her life to the practice and teaching of medicine and was recognized nationally for her professional excellence. She retired as Professor of Pathology and Vice Chair for Pathology Education at Virginia Commonwealth University in 2017 after a long and successful career. She received numerous teaching awards and served as Pathology Program Director for 15 years. Dr. Grimes served as Chair of the Program Directors Section of the Association of Pathology Chairs and was awarded their Distinguished Achievement Award in Graduate Medical Education. Dr. Grimes was elected Life Trustee of the ABP in 2017.



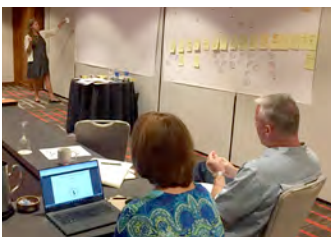
2017 BOARD ACTIONS

The ABP currently requires a minimum of 50 autopsies for certification in APCP or AP. The Board recognizes that many training programs are having difficulty meeting this requirement. In response to queries from program directors, a new autopsy policy has been adopted that:

- defines a shared autopsy as one performed by only two residents
- sets the maximum number of single organ autopsies (e.g. brain) allowed at 5 and these cannot be shared
- sets the maximum number of limited autopsies (e.g. chest or abdomen only) allowed at 10 and these can be shared



There are no limits on the number of shared autopsies or medicolegal cases. There is no change to the fetal autopsy policy. This policy will go into effect in 2018, with transition time for third and fourth year residents.



The ABP has adopted the AMA Code of Ethics as standards of conduct that define the essentials of ethical and professional behavior for our diplomates and recently also adopted the American Osteopathic Association's Code of Ethics.

Current policy allows diplomates to take the MOC Part III exam beginning in the 7th year after initial certification; however very few diplomates have taken the exam in the 7th year. The ABMS MOC Standard is that there should be no more than 10 years between assessments. The Board changed the policy so that beginning in 2018, diplomates may take MOC Part III exam as early as the 8th year after initial certification. This allows diplomates up to six opportunities to take and pass the exam.



ABP THANKS OUR COOPERATING SOCIETIES

The ABP would like to thank the Cooperating Societies for their participation and candid feedback during the 2017 ABP Spring Board Meeting in Chicago this past April. The meeting focused on ABP transformation and how it can better support residents and diplomates.



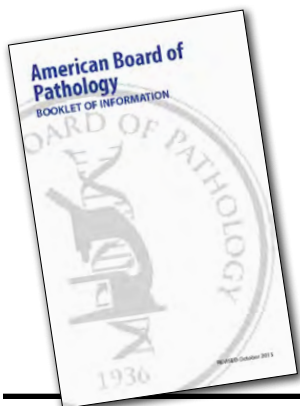
ABP AND ENTRUSTABLE PROFESSIONAL ACTIVITIES

The summer 2016 Board retreat focused on graduate medical education. As an outcome of that retreat, representatives from the APC Program Directors Section (PRODS) and the ABP met on April 8, 2017 to discuss the incorporation of Entrustable Professional Activities (EPAs) into pathology residency training. The taskforce was co-chaired by Drs. Charles Timmons and Gary Procop. The group discussed the relationship between the Competencies, Pathology Milestones and EPAs and the potential use of EPAs for autopsy in the future to replace the 50 autopsy requirement. A recent publication in Academic Pathology by McCloskey, et al. describes some pathology EPAs. (<https://www.ncbi.nlm.nih.gov/pubmed/28725792>). The ABP has issued a position statement on EPAs that can be found at <http://www.abpath.org/index.php/announcements/255-abp-position-statement-on-epas>.



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.



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.



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 information 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 “low” 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.





CLINICAL INFORMATICS TRAINING AND CERTIFICATION

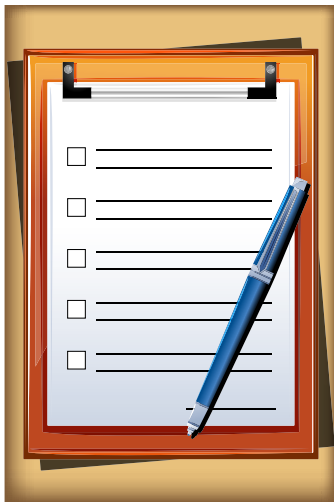
The ABP has approved allowing a trainee to complete the 24 months of ACGME required training in Clinical Informatics (CI) concurrently with another 12-month fellowship, completed over the same 24 months. The rationale for this decision is that most 12-month pathology fellowships have or can have a significant component of informatics. This concurrent training complies with the ACGME Program Requirements for Clinical Informatics and pathology subspecialties. Now 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 informatics. The CI fellowship may also be combined with a non-ACGME accredited fellowship.

The “by experience” (grandfather) route to certification in CI will be available through 2022, 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 competing for fellowship positions in CI in another departments.



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 one of the lowest of all ABMS member boards, at \$1200, including the exam. The most expensive board has 10-year MOC fees of \$5,230.



2016 PRACTICE AND TRAINING SURVEY RESULTS

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 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?

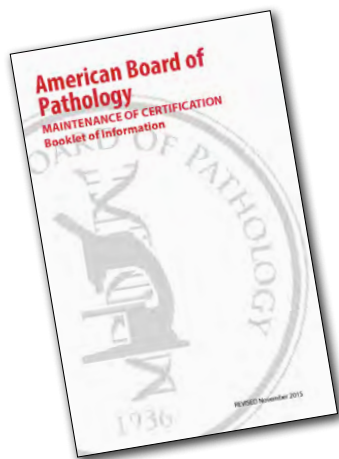
For most practice areas, respondents indicated that their training was "about right"; however, there were consistently four practice areas that were rated as important, very important, or critically important in their current job, but the amount of training was less or much less than needed. These four areas were Laboratory Administration, Molecular Diagnostics, Informatics, and Coding and Billing, and for the first time in 2016, Dermatopathology was added.

We are sharing this information with residency program directors and other stakeholders. A publication of results is in the works. 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.

More Training Needed in These Areas

Laboratory Administration
Molecular Diagnostics
Informatics
Coding and Billing
Dermatopathology





MAINTENANCE OF CERTIFICATION

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. Ending voluntary MOC participation or failure to meet MOC requirements does not jeopardize non-time limited certificates.

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 with special emphasis 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. In 2017 a new APCP and AP with Neuropathology emphasis was added and in 2018 a new APCP and AP with Dermatopathology emphasis will be added.

Diplomates record and track their MOC progress on the PATHway ABP portal



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Welcome to PATHway

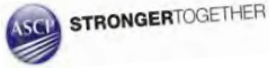
If you have a username and password, please enter them in the boxes in the upper right corner of this page and click the Blue Login button.

If you do not have a username and password, please click on the Create User Login link in the upper right corner of this page under the username box.

If you have a username and password, but have forgotten them, click on the Forgot Username/Password? link in the upper right corner of this page under the password box.

If you need assistance logging into PATHway, please email to the following based on your reason for logging into PATHway today:

- applicant/candidate for primary certification only: Many@abpath.org
- applicant/candidate for subspecialty certification only: Remoc@abpath.org
- diplomate for maintenance of certification (MOC) only: ABP_MOC@abpath.org
- program director of an ACGME fellowship only: cwt@abpath.org
- for any other reason: questions@abpath.org



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AMERICAN SOCIETY FOR CLINICAL PATHOLOGY
UNITED STATES AND CANADIAN ACADEMY OF PATHOLOGY
AND AMERICAN BOARD OF PATHOLOGY

JOINT STATEMENT ON THE VALUE OF MAINTENANCE OF CERTIFICATION

The American Society for Clinical Pathology (ASCP), the United States and Canadian Academy of Pathology (USCAP) and the American Board of Pathology (ABP) recognize the rapidly evolving technological changes facing pathology and laboratory medicine and their far-reaching implications for patients. New approaches to patient care, such as personalized medicine, require pathologists to keep abreast of the latest advancements in pathology and laboratory medicine to ensure optimum patient outcomes.

ASCP, USCAP, and ABP recognize that quality medicine and healthy outcomes are dependent on the social contract between society and the medical profession. The foundation on which this rests is professionalism, and it is this concept that reinforces society's expectation that the medical profession will ensure the competency of each physician. Also ingrained in the social contract are the twin principles of autonomy and self-regulation, which enable the medical specialty to develop appropriate standards for education, training, and practice.

Key to assuring that pathologists maintain continuing competence are Continuing Medical Education (CME) and Maintenance of Certification (MOC). The central objective of CME is to develop, maintain, and enhance the competency, skills, knowledge, and professional performance of pathologists. This should be accomplished through high quality, relevant, accessible, independent, and cost-effective educational activities that integrate life-long learning, continuous quality, and other strategic learning tools. Incorporating CME with MOC helps ensure the continuous competence of pathologists with the goal of improving patient care.

The ABP supports professional self-regulation through on-going assessment of physician knowledge and practice performance. The ABP is proud to be a member of the American Board of Medical Specialties (ABMS). The ABMS and its member boards have worked for more than 80 years to ensure that board certification is an important indicator of physician quality—a gold standard. Board certification has been a hallmark of public and professional trust for a century and remains so today. Maintenance of Certification (MOC) is the evolution of what certification means to our profession and the public we serve. Physician participation in MOC demonstrates to the public a commitment to lifelong learning, continuous professional development, and provision of high-quality patient care.

The ASCP, the USCAP, and the ABP believe that the ABP's MOC program supports the social contract between the public and the medical profession to help ensure its place as a well-regarded, trusted profession. ASCP, USCAP, and ABP agree that the four components of MOC are vital to ensuring the continuing professional development of pathologists. Part I helps pathologists demonstrate professionalism and good professional standing. Part II ensures pathologists embrace lifelong learning to maintain the medical knowledge needed to remain current in the practice of pathology. Part III ensures pathologists possess the clinical knowledge, judgment, and skills needed to ensure the delivery of quality care. Part IV helps pathologists employ the continuous improvements in medical practice needed for successful patient outcomes.

ASCP, USCAP, and ABP are committed to furthering the quality of patient care through our well-aligned goals in support of the continuing education and certification of pathologists while minimizing the demands on them to fulfill these requirements.

ABP, ASCP & USCAP JOINT STATEMENT ON THE VALUE OF MAINTENANCE OF CERTIFICATION

The American Society for Clinical Pathology (ASCP), the United States and Canadian Academy of Pathology, and the ABP released a joint statement on the value of Maintenance of Certification. Each believe that the ABP's MOC program supports the social contract between the public and the medical profession to help ensure medicine remains a well-regarded, trusted profession. ASCP, USCAP, and ABP agree that the four components of MOC are vital to ensuring the continuing professional development of pathologists. ASCP and USCAP offer many professional activities, such as CME and SAMs, in support of the ABP's MOC Program.

To read the complete joint statement go to <http://www.abpath.org/images/ASCP-USCAP-ABP-Statement-on-MOC.pdf>.



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 use a longitudinal assessment model, with more frequent assessments of knowledge and judgment which can help diplomates identify knowledge gaps for further study. The results of this pilot will determine if this assessment format can be an alternative to the current secure MOC examination taken once every ten years.



Development of the ABPath CertLink is underway and is targeted for launch in 2018. Participation in the pilot will be entirely voluntary. The pilot will last for 3-5 years, during which time the process and platform will be evaluated. 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. 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.

The ABPath CertLink Pilot will be delivered through the CertLink platform, which is accessible via web browser or tablet. Because there are images associated with many questions, participants are strongly discouraged from using cell phones. 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. Participants will be asked to answer 25 questions per quarter and can choose when, where and how they take questions, presented one at a time. Participants will have five minutes to answer a question. They then receive immediate feedback with a short narrative (critique) about the topic, and references. If they answer the question incorrectly, they will have an opportunity to answer it again after reading the narrative. During the initial phase of the pilot, the ABP will not assess any diplomates' performance.

Longitudinal assessment represents an evolution from traditional, point-in-time secure exams. In addition to being an assessment *of* learning, this will also be an assessment *for* learning. 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.

A significant challenge to making 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 questions. 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.



REMOTE, SECURE TESTING

The ABP has 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 remote exam administration to reduce the burden of time, travel, and associated costs for coming to the Tampa exam center for diplomates. The remote, secure exam is now 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.





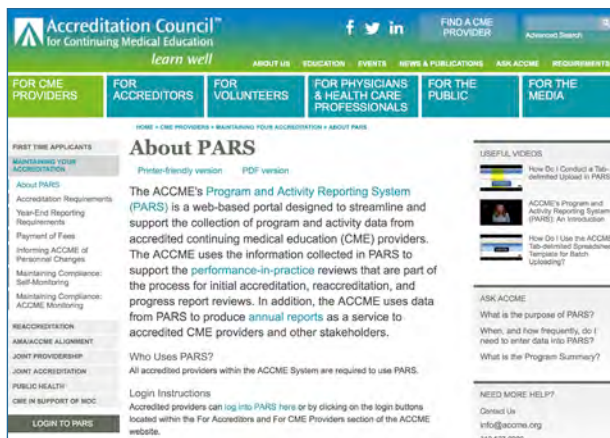
ABMS MOC DIRECTORY

The American Board of Medical Specialties (ABMS) offers a centralized repository of approved MOC activities relevant to multiple medical specialties and subspecialties. Physicians can access approved CME activities for MOC categorized by ABMS specialty/subspecialty or by ABMS-ACGME competency. CME providers can submit and receive approval to list their CME offerings in the directory. This directory increases the inventory of MOC CME activities for diplomates and identifies activities that may be relevant to more than one specialty. The directory can be accessed at <http://www.abms.org/initiatives/abms-moc-directory/>.



ACCME PROGRAM AND ACTIVITY REPORTING SYSTEM (PARS)

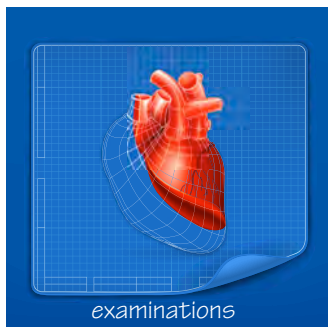
The American Board of Pathology (ABP) is collaborating with the Accreditation Council for Continuing Medical Education (ACCME) to create automated reporting of a diplomate’s educational and practice improvement activities for MOC to the ABP. This is another example of the ABP striving to reduce the burden of MOC for our diplomates and it will be done at no cost to diplomates. The registration of educational activities and reporting of diplomates’ completion data to the ABP is done by CME accredited providers, using the ACCME’s Program and Activity Reporting System (PARS). PARS is a web-based system that collects data about educational activities. Beginning in 2018, PARS will be available for CME accredited providers to register their educational activities for MOC, and report diplomate completion data to the ABP. CME accredited providers will also be able to identify and categorize their CME, SAMs, and Part IV activities that will be searchable by diplomates in ACCME’s CME Finder.





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.



EXAM BLUEPRINTS

The primary and subspecialty examination blueprints (grids) 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 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.



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.

2017 Primary Examination (spring exam only)

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
AP	606	90%	545	518	95%	61	26	43%
CP	533	94%	513	496	97%	20	7	35%

5-year Certified Report

Primary	2013	2014	2015	2016	2017*
APCP	516	495	504	484	445
AP only	93	105	90	79	59
CP only	34	65	48	36	44

*spring Primary Exam only

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	Total Candidate #	% Pass
Spring 2017	265	97.7
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 Stats

	2013	2014	2015	2016	2017*
Certificates Currently Enrolled	1232	2334	1190	1152	548
Certificates Lapsed/ Revoked	59	57	63	71	57
Diplomates Currently Enrolled	790	1741	676	617	547
Diplomates Lapsed/ Revoked	20	133	53	55	53

*as of August 2017

2018 ABP EXAMINATION DATES

Exams	2018 Dates
Anatomic / Clinical Pathology	
Spring (Tampa)	Starts May 14
Spring (Tucson)	Starts June 18
Fall	Starts October 15
Maintenance of Certification	
Spring	Starts March 12
Fall	Starts August 20
Subspecialty	
Blood Banking/Transfusion Medicine	September 6
Chemical Pathology	September 17
Clinical Informatics (Prometric)	October
Cytopathology	Starts August 27
Dermatopathology	Starts September 12
Forensic Pathology	September 5
Hematopathology	Starts September 25
Medical Microbiology	September 17
Molecular Genetic Pathology	Starts September 18
Neuropathology	September 20
Pediatric Pathology	September 24

NOTE: Dates are subject to change.

Please check the ABP Web site for current information.



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.

