



The American Board of Pathology

A Member Board of the American Board of Medical Specialties

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Maintenance of Certification Frequently Asked Questions

GENERAL INFORMATION

Q: Where can I find information regarding ABP MOC?

A: From the ABP Website, www.abpath.org, click the 'Diplomates' link button for 'Maintenance of Certification (MOC).' You will find links to *MOC Booklet of Information*, *MOC Frequently Asked Questions*, and other helpful information.

Q: How do I get my username and password?

A: From the ABP Website, www.abpath.org, click the 'Diplomates' link button for 'Maintenance of Certification (MOC).' There you will find instructions to create your login, contact information if you have any problems, and other helpful information.

Q: I believe I may already have a login.

A: If you already have a login but have forgotten it, please use the 'Forgot Username/Password?' link to email the information. From the ABP Website, www.abpath.org, click the 'Login' button. On the next screen, in the upper right hand corner below the Password box, is a link for 'Forgot Username/Password?' Click on it and fill in the information requested. Please email ABP-MOC@abpath.org if you have any other problems or questions.

Q: When do I report?

A: Please refer to the MOC page. From the ABP Website, www.abpath.org, click the 'Diplomates' link button for 'Maintenance of Certification (MOC)' for the 'MOC Reporting Timelines' links.

Q: Do I have to fill in everything at once or can I complete some of the form and return to it later? The warning at the bottom of page 2 says that I must fill all the information before I save the page.

A: Each page must be completed before it can be saved it.

Q: I am a 2008 diplomate, and some of the sections are grayed out with the statement "This question is not applicable."

A: The sections that do not pertain to you in Year 2 are marked 'This question is not applicable.' You will complete these sections in Year 4.

Q: I have logged in, but I don't have the MOC tab.

A: The MOC Reporting Form will be available on January 1 following certification and will be due on January 31 two years later. It cannot be finalized before December 1 of the year it is due. Example: a diplomate is certified in 2011; the 2-year MOC Reporting Form is available on 1/1/2012, it is due 1/31/2014, it cannot be submitted until 12/1/2013.

Q: My certificate was issued before 2006. What do I have to do with regard to MOC?

A: Candidates certified before January 1, 2006 have non-time-limited certificates and are not required by the ABP to participate in MOC. However, MOC is open to all diplomates of the ABP and participation in the MOC process does not put a non-time-limited certificate in jeopardy. Diplomates with non-time-limited AP/CP certificates may also participate in the ABP's Voluntary Recertification Program. Details of this program are available on the ABP web site.

Q: What am I required to do if my subspecialty certificate is time-limited but my AP/CP certificate is not?

A: You must participate in MOC to maintain your subspecialty certification, but you are not required to participate in the MOC program for your primary (AP/CP certification).

Q: What documentation is required by the ABP?

Every two years the following information must be submitted electronically through PATHway:

1. Documentation of required CME activities (35 Category 1 CME credits per year to include 10 credits obtained from completion of Self-Assessment Modules (SAMs))
2. Peer attestations as to interpersonal and communication skills, professionalism, ethics, and effectiveness in systems-based practice
3. Attestation of laboratory's or practice's participation in inter-laboratory improvement and quality assurance programs appropriate for the spectrum of services provided
4. Attestation of diplomate's participation in at least one laboratory improvement and quality assurance activity program per year appropriate for his/her professional activities

At the time of application for the cognitive examination:

1. Evidence of a full and unrestricted license to practice medicine
2. Documentation of medical staff membership and scope of health care organization privileges; if not applicable, then a description of practice
3. Laboratory accreditation status

Q: I will be practicing pathology in another country but would like to maintain my AP certification. What requirements will be different in this situation?

A: You will still have to maintain licensure in at least one state or province in the US or Canada. CME and SAMs credits can be obtained online from the major US pathology societies and should not be a problem. Part IV activities may be somewhat different from those described for US/Canadian practice but the principles of laboratory improvement and quality assurance will be the same. An application for approval of Part IV activities not covered under the descriptions in the MOC booklet is available on the ABP web site.

Q: I am an AP/CP certified pathologist whose practice is now limited to AP with a major emphasis on GI pathology. Will I be able to tailor my examination to my practice?

A: You will to a certain extent. If you wish to limit your maintenance of certification activities to AP you may do that. The current plans are to provide examination modules from which the diplomate must take a certain number (as yet undetermined). All candidates will be required to take a general module (AP, CP, or AP/CP) and can then select from other modules that relate to his/her practice. It will not be possible to take all of the rest of the modules in an area for which board certification is not currently available. Therefore, while we anticipate having some type of GI module (perhaps combined with liver) you will not be able to take all of the rest of your modules in this area. Some knowledge of general surgical and autopsy pathology will be required.

Q: Can you please describe the examination process in more detail?

A: At this time the examination process is still under development. Basics of the process are described in the *MOC Booklet of Information*. Additional information will be added when final decisions are made.

COMBINING CERTIFICATE REPORTING

Q: Can I combine the reporting for my primary and subspecialty certificates?

A: You may report each certificate separately if you wish, but you have the option of combining them and reporting on the primary certificate time line. The Board recommends everyone combine their certificate reporting.

Q: I combined my MOC reporting for my primary and subspecialty certifications, not knowing that the result would be losing one year of subspecialty certification. How can I un-combine?

A: Yes, you will take the subspecialty MOC examination a year earlier on the first 10-year cycle. However, by combining your reporting, you eliminate multiple filing dates and multiple examination dates. We can 'un-combine' your reporting if you wish, but we will delete the current report and you will have to start over.

Q: Why can't I combine my 2006 primary and 2008 subspecialty certificates?

A: Certificates cannot be combined if they are not in adjacent years.

Example 1: APCP 2006 and CY 2007 can be combined. Both certificates will be reported on the same MOC Reporting Form every two years.

Example 2: APCP 2006 and CY 2008 cannot be combined. However, both certificates will be reported on the same MOC Reporting Form every two years. After the first report, every two years you will report your activities on the 4-year MOC Reporting Form for both certificates. The certificates are NOT considered 'combined' for the MOC examinations, they are just reporting on the same cycle.

Q: My primary and subspecialty certifications were both in 2008. I did not get the prompt to combine my reporting.

A: Your certification for primary and subspecialty were in the same year. They are automatically combined.

Q: I was certified in AP/CP in 2007 and received my subspecialty certificate in 2008. I combined these two certificates when I submitted my MOC requirements in 2009. Do I have to resubmit MOC requirement again this year for my subspecialty, or do I submit them together in 2011?

A: When you log in and click on the MOC tab the first time, the system will display your certificates and certification dates and ask you to indicate whether or not you want to combine them. If you do combine them, your subspecialty reporting will be combined with your primary reporting; meaning that all MOC requirements in primary and subspecialty must be completed on the primary timeline, including examinations.

Q: I was certified in AP/CP in 2006 and did a fellowship in 2008. I would like to recertify in my subspecialty only, since that is 100% of my practice. What do I click for the recertification options in trying to fill out the MOC forms online?

A: If you do not wish to maintain your AP/CP certification, you can ignore the AP/CP timelines and report only for your subspecialty. We will add an option to indicate you do not wish to recertify in subsequent reporting forms. You will probably receive multiple e-mails stating we have not received your AP/CP form. However, please reconsider your AP/CP recertification. Since circumstances could change, i.e., if you needed to change jobs, your AP/CP certification could be necessary.

INACTIVE STATUS

Q: I have been seeking employment for 18 months now (hopefully, I will start a new position in January). May I apply for "inactive" status?

A: If you have not worked as a pathologist at all since your certification, you may go ahead and check inactive for this cycle. If you have worked as a pathologist, but not in your subspecialty, then you cannot. The only difference is that if you are inactive, you do not have to report Part IV.

Q: I was clinically active for 14 months, then moved to the biopharma industry for the past 14 months. I am not currently clinically active in this role, so is it appropriate to check "clinically inactive"? I am in the process of building a CLIA-certified laboratory and will likely be "clinically active" for the next cycle, so I want to be sure that I don't close any doors.

A: Yes, you should check clinically inactive. This exempts you from part IV reporting.

MEDICAL LICENSE UPLOAD

Q: Please tell me how to create a file containing a copy of my medical license to upload.

A: The files must be in PDF format. Many word processing products have the capability of saving PDF files. If your computer does not have a product that can save a document as a PDF file, there are free products available online (search for 'how to save PDF files').

Q: I have licenses in 20 states, do I have to upload all of them?

A: Technically, you should provide all of the medical licenses you possess. However, 20 licenses does seem excessive. Please report the license in the state where your primary practice is located and any states where you physically practice.

Q: I have uploaded the image of my current medical license, due to expire February 28. I have renewed the license, however, the certificate will not be available until after the reporting form is due.

A: Please upload your medical license renewal to your 'My Profile' tab when you receive it.

MEDICAL STAFF PRIVILEGES

Q: In table C1 (list the health care organizations in which you have medical privileges and describe the scope of these privileges), what type of information should be included in the Description field?

A: This would expand slightly on the %AP, %CP, or other fields above the box. Please identify areas of CP in which you work, indicate whether AP is surgical pathology, cytology, etc., and explain Other.

Q: I have hospital privileges in several hospitals, however, most of my work is done at our central laboratory. I cover one of the hospitals for a few weeks a year, as needed (~6 weeks a year), in another hospital I do frozen sections only, as needed (all members of the group take turns), yet another hospital is currently inactive. How should I complete the table?

A: Please fill in Table C1 or C2, whichever one best fits your situation.

FELLOWSHIP TRAINING

Q: I just passed the Fall primary exam, and I am currently a fellow in a subspecialty. When must I begin participating in MOC? The booklet indicates a year of fellowship waives the requirement for a year, but because I took the fall test I will only be in fellowship for eight months since my certificate has been issued. Should I seek MOC credits even though I will still be in the fellowship?

A: Since your AP/CP training was completed when you took the exam, the entire fellowship can be used to satisfy the Part II and Part IV requirements for AP/CP certification for the first reporting period.

Q: Can a non-accredited fellowship be used for credit for Part II and Part IV in the same way that an accredited fellowship can?

A: Yes, if the ABP received a letter from the Designated Institutional Official stating that the fellowship is reviewed by the GME committee and is subject to the same standards as accredited fellowships.

CME/SAMs

Q: I was certified in 2006 in AP/CP and in a subspecialty in 2009. I have been keeping up with CMEs and SAMs. Am I doing everything appropriately?

A: You may use your subspecialty residency as a fellowship and thus be exempt from parts II and IV for this reporting period. We will still need references and licensure information. You may combine your reporting next year when you report for your subspecialty.

Q: I was certified in AP/CP in 2006 and in a subspecialty in 2007, I combined my reporting cycles, so 2010 is my first year to complete the full MOC/SAM paperwork. In the past 2 years I have completed 63 hours of CME and an additional 10 hours of SAMs. I read that I need 70 hours including 20 hours of SAMs; however, last year, because SAMs were not available, it was stated that that requirement was waived for last year. It is my interpretation that for this 2 year cycle only, I will need only 10 SAMs due to the unavailability in 2009. Is this correct?

A: Yes, you only need 10 hours of SAMs for this reporting period because they were waived through 2009.

Q: I was certified in AP/CP in 2007 and in a subspecialty in 2008, so I will report my activities for 2009-2011 by 1/31/12. Should I work for the 10 points from SAMs for 2009-2010 year before the end of 2010 or can I combine 2010 and 2011 and submit the two together?

A: In each 2-year cycle, you must have 70 Category 1 CME credits, which includes 20 SAMs. Requirements for the 2008-2010 reporting period must be reported during that period. You may not combine reporting with the following period and you may not carry forward CME or SAM credits in excess of the requirement.

Q: I received my primary certificate in 2010 and will submit my reporting form for 2009-2011 period in December 2011. Should I work for the 10 points from SAMs for 2009-2010 year before the end of 2010 or can I combine 2010 and 2011 and submit the two together next December?

A: In each 2-year cycle, you must have 70 Category 1 CME credits, which includes at least 20 SAMs.

Q: I have more than enough CME credits, but no SAM credits.

A: SAM credits were waived through 2009. Beginning 2010, you need 10 SAM credits per year.

Q: If I choose to report an activity as SAM credit, can these credits also count as CME credit?

A: Yes. If some or all of your 70 CME credits are also SAMs, please indicate the number when you enter the activity.

Q: Can I get more than 10 of my 70 CME as SAM credits; say 25 SAM credits and 45 CME credits? Could I report most of my CME as SAMs?

A: Part II requires completion of 70 Category 1 CME credits per 2-year reporting cycle. At least 20 of these credits must be obtained from SAMs. If you obtain more SAMs and less CME credits, that is fine as long as the total of SAMs and CME credits over a 2-year reporting cycle equals 70.

Q: How do I enter 70 CME credits and 10 SAMs individually in the electronic form?

A: The 70 CMEs *include* the 10 SAMs. SAMs are a form of CME - the difference is that they require a specified performance on a post-test. The form allows you to enter the total CME credits, and what portion of them are also SAM credits.

Q: I was told by a state medical society that I couldn't 'double dip' for CME and SAM credits. Since this is rather new and probably specific for Pathologists, I'm assuming the state licensing agencies have little knowledge about SAMs. Can I use my SAM credit certificate towards category 1 CME or is it a category 2 CME for medical licensing? Or are SAM credits only usable towards MOC?

A: For ABP MOC reporting, SAM credits are CME Category 1 credits and can be used like any other CME Category 1 credit for licensure or other purposes. Just call them CME credits because the term SAM is an ABP term and is not applicable for any other organization. Please refer to the ABP web site for any questions you have about MOC.

Q: I mistakenly thought I had enough CME credits to fulfill the total of 70. With the deadline approaching, would I be able to fulfill the needed CME credits during this month of January, prior to the 31st date, knowing that I will not be able to use such credits for the Year 6 reporting?

A: Yes. You can use credits from January to make up the difference as long as you don't try to use them again in when you report the next time.

Q: I have accrued certain CME points from the MEDSCAPE CME website. Are these accepted by ABP as part of the MOC requirements?

A: Any source accredited through the ACCME will be accepted. All CME credits listed on your MOC PATHway Reporting Forms will be reviewed.

Q: I am obtaining my SAMs credits through the ASCP website, but they will not be available to me until sometime after January 1. What is the deadline for providing documentation of SAM/CME credits for MOC?

A: You must complete all of the activities by the January 31 deadline. We will not accept SAM/CME credits for activities you have not yet completed. Credits obtained in January 2011 to meet 2008-2010 requirements may not be used again for 2010-2012 reporting.

Q: I obtained SAM and CME credits that are mixed from CAP and USCAP. There is not enough space in the MOC form.

A: The table will expand as you add CME activities. Add the activity and click 'Save Record.'

Q: If I had attended 17 hours in Tumor Boards during one year and each is 1.0 credit, do I have to enter each date separately?

A: No. In the 'Name of Activity' field, fill in 'Tumor Boards Jan 2009-Dec 2009.' In the date field, fill in the final date of the activity, then list the total CME and SAM credits.

Q: Can I get SAM credit for authoring a check sample (that is listed as an approved SAM on the ASCP website)?

A: No. SAM credit can only be obtained through a provider approved by the ABP for activities which meet the criteria provided to the organization.

Q: Can I claim any CME credit for preparing and giving a platform presentation at a national professional meeting?

A: No. This activity represents AMA Category 2 CME which cannot be used toward MOC.

Q: Can I claim any CME credit for preceptoring pathology residents, medical students?

A: No. This activity represents AMA Category 2 CME which cannot be used toward MOC.

Q: Can I claim CME credit for preceptoring a forensic nursing student?

A: No. This activity represents AMA Category 2 CME which cannot be used toward MOC.

Q: Does teaching a full semester course in my subspecialty area at a major university count for CME credit?

A: Teaching is a category 2 activity and cannot be used for CME credit.

Q: The CME requirement states that 80% of the diplomate's CME must be directly related to his/her practice. What does this mean and who will determine whether or not a particular course fits this definition?

A: The ABP will be very flexible in this definition. Pathology is such a broad specialty that one could justify CME courses in almost any area as relevant to a pathologist's practice. A course that might be harder to justify would be something like "Wilderness Medicine" given on a Caribbean cruise. The ABP will periodically audit a certain number of diplomate files to ensure that reported CME activities are in synchrony with the submitted description of the diplomate's practice.

Q: Will societies make any effort to link CME content of their courses to the information that will be tested on the cognitive exam? If so, how will this work?

A: Exam content will be linked to the content specifications for the individual disciplines that will be determined by AP and CP content specification committees and by the Test Development and Advisory Committees for the subspecialties. When developed, these specifications will be posted on the ABP web site and will be available to pathology societies who wish to tailor CME and SAMs to the specifications.

MOC PART IV – SYSTEMS BASED PRACTICE

Q: I work primarily at one hospital, providing AP/CP service. I provide vacation coverage at a second hospital at which I also provide AP/CP service. I have privileges at 2 other hospitals for which I only read flow cytometry when the person who normally reads them is on vacation. Do I need to provide this information for all 4 hospitals at which I have privileges, regardless of the level of service I perform there? (Section 4.C.)

A: No, the two hospitals at which you provide AP/CP services will be sufficient.

Q: I work in a group of 19 pathologists, 2 other pathologists and I practice mainly dermatopathology. The three of us have a daily conference in which we show each other difficult cases, unusual/interesting cases, and new diagnoses of severely atypical nevi and melanoma. Is this an activity for which we could submit an application form, or does it need to be an activity of a larger scope?

A: Yes, that activity is fine for QA.

Q: I have not participated in 2 consecutive years of the same 'laboratory performance improvement and quality assurance activity program.' Please advise how to complete the application.

A: Most people do use the same activity for this portion of the application, however, we understand that this is not always the case. For now, just pick one and check that box and that will be OK for this cycle. We will discuss fixing this issue for next year.

Q: I'm going through the ABP MOC pathway for transfusion medicine. Is there an approved Part IV MOC pathway related to transfusion medicine to satisfy this requirement?

A: One of the activities that will qualify for individual Part IV activity is service on an institutional quality assurance or transfusion committee. Another possibility is serving as an AABB inspector. If you do not qualify for these, you can submit an application for approval of some quality assurance project that you are involved in where you practice. The Part IV approval form is on the web site and must be downloaded and mailed.

Q: I have participated in a transfusion committee since 2006 and the ASCP check samples for 2009 and 2010, but it only allows me to select one choice for part IV.

A: For this year, please just enter one part IV activity. We will allow multiple entries at the next report.

Q: I am affiliated with multiple labs that are accredited. Do I only enter 1 lab, or some, or all?

A: For MOC purposes, one laboratory is sufficient. Please list either the largest lab or the one where you are physically located.

Q: I was AP/CP certified in 2008, but was not in an active practice until July 2010. At that time I started a locum tenens position and practiced in a lab 2 days per week. Do I still have to report the part 4 proficiency testing?

A: Yes, if you are working at all, you cannot be considered inactive and must report Part IV. If the lab that you are working in is CAP accredited, you can use that accreditation to meet the interlaboratory requirement. However, you must also participate in an individual quality assurance activity.

Q: I was working outside of the US through the end of 2010. How do answer Section 4?

A: For Section 4B, please select N/A. For Section 4C, select the last activity and indicate the activity, even if it was not ABP-approved. For Section 4D, please list your references, even if they are not ABP-certified.

Q: I practice general pathology outside of the US. We have interdepartmental QA review program where random cases are reviewed by a different pathologist on a periodic basis and the findings are critiqued. We document this and maintain a file. Also, we have an intra-department consult where we consult each other and this is documented as well both on the official report as well as a file. Do these qualify for QA program?

A: Both of the activities you describe could be used to meet the QA requirements of MOC. Please complete an MOC Part IV Application Form (found on the ABP web site under MOC) for each activity and mail or fax them to the ABP office for approval. In the meantime, use the last option on the MOC Part IV choices on the assumption that these will be approved. We will let you know if there is a problem.

REFERENCES

Q: I work in a sheriff-coroner office. We don't have a credentials committee, nor do we have a chief pathologist.

A: You may substitute another board certified pathologist for the chair of the credentials committee.

Q: As a full time forensic pathologist/medical examiner, I do not work in a typical hospital setting and do not have a physician board certified in another specialty who can attest to my ability and effectiveness in practice. However, I do work with both a board certified forensic anthropologist and a board certified forensic odontologist (we work together within our own areas of expertise to arrive at accurate diagnoses).

A: Please list either of the two you mentioned.

Q: I work for a private lab. I am the only pathologist in the lab, there is no other pathologist, clinician or chair of credential committee.

A: You must supply the names of 2 ABP-certified pathologists.

Q: I do not work with board-certified physicians in other specialties.

A: You must list the name and email address of one physician board-certified in another specialty that is familiar with your work. The physician does not have to work in your health care facility. You may list any surgeon, internist, etc. you have worked with on a particular case related to their patients.

Q: What will be expected of the references, and how will they be contacted?

A: References will be sent an email and login information to submit a brief evaluation using a 1-5 agree/disagree scale. The e-mail requests will be sent to the references you listed after your reporting deadline. We will ask them to complete the evaluations within 2 weeks of the email notification.

Q: According to your website, I am supposed to provide documentation of my clinical privileges and medical staff membership from my Medical Staff Office. I do have these letters, but find nowhere to insert them into the online MOC paperwork.

A: The practice description is included in the online application (Section 2.C.) and requests that you report the percent of time spent on AP and CP. Contact information for the chair of the credentials committee (medical staff office) evaluation is requested as one of the references (Section 4.D.). The diplomate needs to provide us the name and e-mail address and we will contact them with evaluation form.

Q: Should I use the Chairman of the Credentialing Committee for a reference (even though I spend only a fraction of my time in the hospital) or another pathologist with first-hand knowledge of my professional abilities?

A: We just need to contact someone familiar with your work, so please supply the contact information for the person you would like to use.

Q: I live and practice pathology outside of the US, but would like to maintain my ABP certification. None of the pathologists I work with are ABP-certified, and none of physicians in other specialties are American board-certified. What should I do?

A: Please provide the names and e-mail addresses for corresponding categories of physicians who are certified to practice in your country.

FINALIZING YOUR REPORTING FORM

Q: When I submitted my MOC form, apparently I entered the wrong security code and my credit card was declined. When I put it in again correctly, it said 'duplicate submission.' I don't want to get double billed, what should I do?

A: The 'duplicate submission' error message appears automatically as a safeguard when someone tries to finalize twice in succession. You should have received an automatic receipt by email. Please email ABP-MOC@abpath.org if you have any other problems or questions.

MOC REPORTING FORM REVIEW AND APPROVAL

Q: I submitted my report and payment in December, but I do not see the approval yet.

A: It is likely that your reporting form will *not* be reviewed immediately after you finalize. Please do not call the Board office to inquire about the status of your reporting form. The status is reported on Board Correspondence tab. When your reporting form is reviewed and the MOC Coordinator has comments or questions regarding your reporting form, you will receive an e-mail indicating you should log in and the comment would appear in the Comments text box. Please respond to the comments via e-mail.

Q: I am a military physician and will be deploying very soon. I will be out of the country and very difficult to reach. I need to know that my board certification is secure before I leave.

A: We have not completed the reporting form approval process. However, even after the approval process, a percentage of the approved reporting forms will be selected for audit, which will require additional documentation. We have not yet determined how long any of the processes will take.

PROGRAMS APPROVED BY THE ABP FOR MOC PART IV

Q: I have completed and mailed the MOC Part IV for our lab. Does it need to be uploaded somewhere? Will submission of the form under the group then filter down to each physician in the practice?

A: The 'MOC Part IV Application Form' should be mailed, it is not uploaded. When the activity is approved, it will be added to the list of 'Programs Approved by the ABP for MOC PART IV,' which is also available on the web site. During the reporting form review process, the diplomate may be contacted to explain/verify information on the form.

Q: We recently received a letter from ABP approving our Surgical Pathology Consensus Conference for Part IV of MOC. Does this activity also qualify for CME credits?

A: The activity would have to be approved for CME credits before it was approved for SAMs. All SAMs are supposed to be Category 1 CME and can be used for regular CME activity in addition to SAMs credit.