



# **MAINTENANCE OF CERTIFICATION (MOC) BOOKLET OF INFORMATION**

## **MISSION OF THE AMERICAN BOARD OF PATHOLOGY**

To promote the field of pathology and the continuing competency  
of practicing pathologists.

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## **POLICIES, PROCEDURES, AND REQUIREMENTS**

This document supersedes all previous publications of the American Board of Pathology (ABP) concerning its policies, procedures, and requirements for Maintenance of Certification (MOC).

The ABP reserves the right to make changes in its fees, policies, procedures, and requirements at any time, with or without prior notice.

### **MAINTENANCE OF CERTIFICATION OVERVIEW**

The ABP, as one of the 24 member boards of the American Board of Medical Specialties (ABMS), is committed to continuous professional development through its MOC program. MOC assists physicians in maintaining standards necessary for them to provide quality care throughout their careers. MOC assures the public that the physician is committed to lifelong learning and competency in pathology. The program requires ongoing assessment of the six competencies adopted by the Accreditation Council for Graduate Medical Education (ACGME) and the ABMS to ensure that all aspects of practice are evaluated and outcomes are measured. The six competencies are:

- Patient care
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

The **Royal College of Physicians and Surgeons of Canada** (RCPSC) has recognized the ABP's MOC program as substantively equivalent to the MOC program in Canada. This means that Fellows of the Royal College who are living and practicing in the United States can use the ABP's MOC program to maintain their membership and Fellowship with the Royal College without having to also participate in the Royal College's MOC program.

Diplomates of the ABP are required to accurately state their certification status in curriculum vitae, publications, directories, letterheads, etc. A diplomate whose certificate has lapsed, expired, or been revoked must not claim to be board certified, and all descriptions of certification status must be modified accordingly. If an individual represents that he/she is certified by the ABP when such is not the case, the ABP will notify appropriate authorities, including, but not limited to, credentialing agencies, licensing boards, and law enforcement agencies.

The ABP has adopted a reciprocity policy for diplomates maintaining their primary certification with another ABMS member board's MOC program. These diplomates may report current MOC participation with another ABMS member board in lieu of reporting all Part II and IV requirements of the ABP's MOC program.

## MAINTENANCE OF CERTIFICATION SUMMARY

As of January 1, 2006, all primary and subspecialty certificates issued by the ABP are time-limited and diplomates are required to participate in the MOC continuing certification program to maintain their certification. **Continuing certification status is contingent upon meeting all MOC requirements and deadlines of the program during each 2-year MOC cycle.** Failure to meet reporting deadlines will result in a warning followed by lapse of certification if reporting requirements are not met.

The ABP's MOC program consists of the following four parts which are described in greater detail under MOC Requirements and Policies.

***Part I – Professionalism and Professional Standing***

Diplomates must hold a valid, unrestricted medical license, meet the ABP's professionalism expectations, and abide by the American Medical Association's Code of Ethics.

***Part II – Lifelong Learning and Self-Assessment***

Diplomates must meet the ABP's learning and self-assessment requirements.

***Part III – Assessment of Knowledge, Judgment, and Skills***

Diplomates must assess their pathology specific knowledge, judgment, and skills by passing a secure examination once every 10-years.

***Part IV – Improvement in Medical Practice***

Diplomates must engage in specialty relevant performance-in-practice assessment and improvement activities.

Diplomates report Part I, II, and IV requirements on-line by completing their MOC Reporting Form in PATHway (<http://www.abpath.org>) every two years. All MOC requirements and deadlines are based on the year of enrollment in the MOC program. Diplomates issued certificates after 1/1/2006 are automatically enrolled in the MOC program. Diplomates with non-time limited (lifetime) certificates issued prior to 1/1/2006 may voluntarily enroll in the MOC program at any time.

All Trustees and the Chief Executive Officer of the ABP are currently participating in the MOC Program.

A diplomate issued a primary certificate (APCP, AP only, CP only, or APNP) after 1/1/2006 must maintain their primary certificate in order to maintain his/her ABP certification and subspecialty certification.

Diplomates with more than one certificate need only submit a single reporting form to maintain all certificates held. The diplomate may use the same Part II (CME/SAM) and Part IV activities to meet MOC requirements for all certificates.

All MOC fee payments must be made online by major credit card (MasterCard, Visa, or American Express) at the time of MOC Reporting Form submission. Paper forms and checks are not accepted.

A diplomate must be up to date in reporting requirements before he/she will be allowed to sit for the MOC examination or any additional primary or subspecialty examinations.

**To successfully complete a 10-year MOC cycle, a diplomate must have all five electronic MOC Reporting Forms submitted and approved, complete an ABP-approved Patient Safety Course, and pass a secure MOC examination for each certification. After successful completion of the first 10-year MOC cycle, the next 10-year cycle will commence.**

## MOC REQUIREMENTS AND POLICIES

### I. Part I: Professionalism and Professional Standing

#### ABMS Competency: Professionalism.

*Part I requirements must be reported to the ABP every two years via PATHway.*

The ABP has adopted the AMA Code of Ethics as standards of conduct that define the essentials of ethical behavior for physicians.

#### A. Medical Licensure

1. Diplomates practicing in the United States or Canada must maintain a full and unrestricted license to practice medicine in at least one jurisdiction of the United States, its territories, or Canada. If a diplomate holds more than one license, licenses for all jurisdictions in which the diplomate currently practices must be full and unrestricted.
2. Diplomates may be declared ineligible to participate in MOC or to take the recertification examination due to the revocation, surrender, suspension, probation or limitation of any medical license. A diplomate may not be rendered ineligible when:
  - a. any suspension, probation and/or limitation of the diplomate's license is due to his/her entry into, and successful participation in and/or completion of a rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority; or
  - b. the diplomate voluntarily surrendered or allowed his/her license in a jurisdiction to lapse at a time the diplomate was not practicing in the jurisdiction and did not surrender or allow the license to lapse to avoid disciplinary action by the jurisdiction's licensing authority; or
  - c. the licensing authority of a jurisdiction in which the diplomate does not currently practice terminates, suspends, places on probation or limits the diplomate's license in that jurisdiction and the licensing authority(ies) of the jurisdiction(s) in which the diplomate currently practices and holds a full and unrestricted license has been fully apprised of the disciplinary actions against the diplomate's license(s) and/or its surrender, in lieu of disciplinary action, in other jurisdictions.
3. Diplomates practicing outside the United States or Canada must maintain a full and unrestricted license in the local jurisdiction in which they practice.
4. Each diplomate must provide the ABP with complete information concerning any revocation, surrender, suspension, probation or limitation of his/her license or right to practice within 60 days of the action's effective date. This information must include, but shall not be limited to, the identity of the medical licensing authority imposing the restriction as well as the restriction's duration, basis, specific terms, and conditions and all relevant documentation. Failure to report such an action may result in a diplomate being declared ineligible to participate in MOC or take the recertification examination or revocation of certification.
5. An English translation must accompany all documents that are written in another language.

#### B. Substance Abuse or Impairments

1. A diplomate who, within the last three years, has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered into a rehabilitation or remediation program for drug or other substance abuse will be required to provide the ABP with documentation showing that he/she has successfully completed a rehabilitation or remediation program authorized by the applicable medical licensing authority or is successfully enrolled in such a program.

2. In the case of a private treatment program, the diplomate must show that the diplomate has successfully completed or is enrolled in a private treatment program and the responsible program administrators and physician must attest, to the satisfaction of the ABP, that the diplomate has been free of dependency or impairment for a period of time sufficient to establish that the individual is not currently impaired, dependent, or engaged in the use of illegal drugs or other substance abuse and/or that the use of illegal drugs or other substance abuse is not an ongoing problem that impairs the diplomate's ability to practice safely and effectively.
3. Mental and Physical Impairment. A diplomate who has a mental or physical impairment that affects their ability to practice safely and effectively will be required to provide medical evidence from the appropriate physicians, treatment centers and hospitals demonstrating to the ABP that the impairment does not compromise the diplomate's ability to practice safely and effectively.

**C. Medical Staff Privileges**

1. Diplomates must provide the ABP with information regarding medical staff membership and scope of health care organization privileges.
2. If the diplomate's practice is such that this information is not applicable, then the diplomate may report "not applicable".

**D. Description of Practice**

1. Diplomates must provide the ABP with a brief description of their current scope of practice.
2. The description should include all areas and subspecialties of pathology and medicine that are part of the diplomate's current practice.

**E. Other ABMS Boards**

1. Many ABMS Member Boards have a cooperative approach to MOC requirements for diplomates that are participating in more than one Board's MOC program. It is suggested that these diplomates contact their ABMS Boards to learn if there is reciprocity for MOC requirements.
2. Diplomates of the ABP should report if they are diplomates of another ABMS Member Board.
3. For diplomates maintaining their primary certification in MOC with another ABMS Member Board, ABP accepts documentation of current participation in lieu of reporting Part II & IV requirements. Diplomates are required to upload this documentation when submitting their MOC reporting forms to ABP. This does not affect the MOC Part III examination requirement which must be met before the end of the 10-year MOC cycle.

**II. Part II: Lifelong Learning and Self-Assessment**

**ABMS Competencies: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice**

***Part II requirements must be reported to the ABP every two years via PATHway.***

**A. Fellowships**

1. Completion of an ACGME-accredited 12-month fellowship during any two-year reporting period will meet all Part II and Part IV requirements (except for peer evaluations) for that period.
2. If the fellowship is not accredited by the ACGME, the Designated Institutional Official or GME Committee must provide a letter to be submitted to the ABP by the diplomate indicating that the fellowship is reviewed by the GME committee and is held to the same standards and applicable program requirements as ACGME-accredited fellowships.

## **B. Physician Scientist Research Pathway**

### **1. Objectives**

- a. To increase the number of physician-scientists in pathology
- b. To attract exceptional and committed young physician-scientists to pathology
- c. To prepare trainees for careers in academic medicine centered on basic science or clinical research
- d. To provide flexibility in training pathways, while assuring the clinical competency of diplomates that select this pathway

### **2. General Requirements**

- a. The ABP Physician-Scientist Research Pathway is intended for those pathologists who are committed to contributing to new scientific knowledge in basic science, and clinical or translational medicine through a career that will involve funded research. Diplomates may enter the Physician-Scientist Research Pathway following the completion of a subspecialty fellowship.
- b. A diplomate may transfer into or out of the pathway at any time without ABP approval. Training programs do not need ABP approval or notification to offer this pathway; however, a program will be asked to provide information regarding candidates completing this program for purposes of tracking and outcomes assessment.
- c. Current ABP graduate medical education (GME) training requirements allow for up to six months of research during core training. Diplomates in the Physician-Scientist Research Pathway must complete at least one additional year of research. Research is defined as scholarly activities expected to develop and contribute to generalizable knowledge, typically involving grants supporting the activities, and may include basic science, clinical, or translational research. Diplomates may complete additional years of research, depending on their institution, and are encouraged to do so, especially if they wish to seriously pursue a career in basic science or clinical research. ACGME Program Requirements must be followed during the six months of research that is part of the required core GME training; however the additional research time is not subject to ACGME Program Requirements. All additional research time must occur in blocks of at least six months and should be protected by not being commingled with substantial clinical training. Diplomates are encouraged to complete their core training prior to their research year(s) and to become ABP certified as soon as they are eligible.
- d. A diplomate has a five-year window after training is complete in which to report the completion of the Pathway during an MOC reporting cycle. The completion of the Pathway may only be reported once.
- e. A research year, like a fellowship year, will meet the Maintenance of Certification Part II and Part IV requirements (except for peer evaluations) for that period of the MOC cycle.

### **3. Supervision**

- a. Supervision of the trainee's additional year(s) of research should be the responsibility of a faculty research mentor. An ideal research mentor is a successful investigator with an active research program and peer-reviewed research funding. Establishment of a research review committee that meets at least every six months to provide advice and feedback to the trainee is strongly encouraged. Research may be done at more than one institution, but the experience should have oversight and coordination by a single mentor.
- b. The ABP will not oversee the research training. A diplomate must indicate on their reporting form that they are in the Physician-Scientist Research Pathway,



what their research topic is, and the name of their research mentor. The Program Director must verify this information. The Program Director should notify the ABP if a candidate/diplomate does not complete the Research Pathway.

### **C. Continuing Medical Education (CME) and Self-Assessment Modules (SAMs)**

1. Each diplomate must obtain a minimum of 70 AMA PRA Category 1 CME credits for each two-year period of the MOC cycle. At least 20 of the 70 CME credits must be obtained from completion of self-assessment modules (SAMs).
2. Diplomates may claim credit for sixty (60) AMA Category 1 CME credits for successfully completing an ABMS board certification or a 10-year MOC cycle. To claim credit, the diplomate must apply directly to the AMA and provide documentation (a copy of the board certificate or the MOC notification of cycle completion letter). Information and the direct credit application can be found at [www.ama-assn.org/go/cmeforms](http://www.ama-assn.org/go/cmeforms).
3. Eighty percent of required CME must be directly related to the diplomate's scope of practice. The remainder may be in areas of general relevance to medicine (e.g. ethics, practice management, informatics, etc.)
4. The term "SAM" was developed by the ABP and is not recognized as a unique type of CME by the ACCME. Since all SAMs must be AMA Category 1 CME, a diplomate may use SAMs to satisfy CME requirements for licensure, etc., as well as the requirements of the ABP MOC program.
5. The Royal College of Physicians and Surgeons of Canada Continuing Professional Development (CPD) Accredited Group Learning (Section 1) credits in General Pathology are accepted as equivalent to AMA Category 1 CME credits. RCPSC Assessment (Section 3) credits are accepted as equivalent to SAM credits for meeting the ABP MOC program's Part II requirements. The American Osteopathic Association (AOA) Category 1A CME are acceptable as CME credits for Part II requirements.
6. In the event that a diplomate cannot find an adequate number of SAMs in his/her specialty offered by ABP-approved providers, the diplomate may be allowed to take self-assessment activities from other CME providers, such as other ABMS member boards. These activities must meet the SAMs requirements as listed in II.D.1.
7. The ABP reserves the right to audit a diplomate's CME data and require copies of CME and SAM completion certificates. Diplomates should retain documentation related to reported activities for at least 3 years.
8. Diplomates who are not current in reporting CME/SAM activities will not be allowed to sit for the MOC Part III examination or for any additional primary or subspecialty examinations.

### **D. SAMs Providers**

1. Any educational (CME) provider who wishes to offer SAMs must be approved by the ABP. The ABP SAMs Provider Agreement and SAM Provider Requirements Toolkit are available on the ABP Website. The ABP approves SAMs providers and not the individual educational activities being offered. SAMs must be approved for AMA Category 1 CME credit by an organization accredited by the Accreditation Council for Continuing Medical Education (ACCME). Each SAM must include a post-test, the diplomate must meet a minimum performance level defined by the sponsor, and performance feedback must be provided to the learner for SAMs credit to be awarded. CME certificates issued to diplomates must clearly indicate if the CME is also SAM eligible.
2. The ABP will periodically audit SAMs providers to assure that they are complying with the Provider Agreement and Provider Requirements and providing high quality educational activities. Failure to comply with the ABP requirements will result in

termination of the Provider Agreement and the organization will no longer be recognized as a SAM Provider by the ABP and will be removed from the list of approved providers.

3. Links to all ABP-approved SAMs providers are available on the [ABP Website](#).

### **III. Part III: Assessment of Knowledge, Judgment, and Skills**

**ABMS Core Competencies: Patient Care and Medical Knowledge**

*Part III requirements must be met once each 10-year cycle.*

**Examination deadlines, dates, and schedule information is available on the ABP website.**

#### **A. Meeting Part III Requirements**

1. The MOC examination is mandatory for all participants in MOC. It is given twice each year, in spring and fall sessions, and may be taken as soon as eight years after MOC enrollment, but must be passed no later than ten years after certification.
2. Satisfactory completion of the examination prior to the 10<sup>th</sup> year after initial certification does not change the end-point of the cycle, which is December 31<sup>st</sup> ten years after the date of enrollment in the MOC program.
3. The examination is a proctored, closed-book assessment based on practical, need-to-know, day-to-day skills and knowledge that a competent practitioner would be expected to possess without access to reference materials. Comprehensive study guides are available on the ABP website.

#### **B. Examination Composition and Structure**

1. Each MOC examination (primary and subspecialty) is composed of 150 multiple-choice questions in the single best answer format. A diplomate may opt to complete more than one examination in an examination session.
2. The ABP recognizes the breadth and variation of pathology practice, therefore:
  - a. The primary examinations (AP/CP, AP only, and CP only) are modular and diplomates can select modules at the time of the examination that are as relevant as possible to their individual scope of practice.
  - b. The subspecialty MOC examinations in Hematology, Molecular Genetic Pathology, Neuropathology, and Pediatric Pathology are modular and diplomates must select modules when submitting the examination registration form. All other subspecialty examinations are a single 150-question examination.
  - c. For both primary and subspecialty modular examinations, all modules are graded together as a single 150-question examination for purposes of pass/fail.
  - d. See the *MOC Examination Module Illustrations* on the ABP website for a complete list of modules available for each examination. The modules and their content are subject to change by the ABP.
  - e. Diplomates who hold both a primary and a subspecialty certificate may elect to take a single examination that includes a 50-question primary certification module (AP and/or CP) and a 150-question subspecialty examination, which may be modular (see Appendix One). The combined primary and subspecialty examination is graded as a single 200-question examination for purposes of pass/fail. A passing score will fulfill the every 10-year Part III requirement for both certificates.
3. Each examination module contains questions related to:
  - a. Fundamental practical knowledge.
  - b. Current and clinically valid practice-related knowledge, including information new to the field since the diplomate's last certification or MOC examination.

- c. Practice environment questions relevant to the module, such as:
  - i. federal regulations relevant to the practice area.
  - ii. CLIA regulations.
  - iii. AABB standards for transfusion medicine.
  - iv. principles of laboratory management.
  - v. coding and billing.
  - vi. quality assurance.
  - vii. laboratory accreditation.
  - viii. patient safety.
  - ix. professionalism and ethics.

### **C. Taking the Examination**

1. Diplomates may choose to take their MOC examination(s) at the ABP Examination Center in Tampa, Florida (offered for 1-2 days only) or via secure, remote computer access from their home or office during a scheduled 2-week period for examination access.
  - a. Remote MOC examinations can be taken any day, any time, and anywhere that the diplomate chooses during the 2-week window of time. Remote examination registrants are responsible for ensuring that operating system (OS) requirements, webcam, and microphone are installed on their computers prior to the start of the examination session. Remote examination registrants are required to perform a system check on the computer that will be used to take the examination prior to the examination session to ensure acceptable OS functions are in place for examination access.
  - b. Registrants for the Tampa location will have their date assignments posted to PATHway.

### **D. Examination Results**

1. The MOC examination is based on the same proven psychometric principles used in the primary certification examinations. The examinations' passing standards are criterion referenced.
2. Aggregate results of the MOC examinations in each primary and subspecialty area are published annually in ABP newsletters on the ABP website.

### **E. Examination Registration and Fees**

1. The registration fee for the MOC Part III Examination is \$700. The \$700 fee covers all examinations taken during the same examination session (spring or fall) regardless of the number of examinations taken (primary and subspecialty). The registration fee is the same whether for remote access or Tampa Examination Center administration.
2. The MOC examination registration form automatically populates in a diplomate's MOC tab during open registration for each session if the diplomate is eligible. A diplomate is eligible to register for MOC examinations beginning in the 8<sup>th</sup> year after initial certification as long as his/her first 3 MOC reporting forms have been submitted and approved and is currently meeting all MOC requirements.

### **F. Cancellation of an Examination**

1. Tampa Location
  - a. If a cancel request is received by the ABP via email, before the date assignment is posted to the Diplomate's Board Correspondence in Pathway, a full refund of the fee will be given.
  - b. If a cancel request is received after the date assignment is posted to the Diplomate's Board Correspondence in Pathway, but before the examination is administered, the examination fee will be refunded minus a \$100 processing fee.

- c. If the Diplomate does not appear for the examination the entire examination fee will be forfeited with the following exception:
  - i. Personal illness, at the time of the examination, validated by the Diplomate's personal physician. Documentation must be submitted and received by the ABP within 60 days of the date of examination.
- 2. Remote Examination
  - a. If a cancel request is received by the ABP via email, before the practice code is posted to the Diplomate's Board Correspondence in Pathway, a full refund of the fee will be given.
  - b. If a cancel request is received after the practice code is posted to the Diplomate's Board Correspondence in Pathway, but before the examination is administered, the examination fee will be refunded minus a \$100 processing fee.
  - c. If a cancel request is received after the examination has begun the entire examination fee will be forfeited with the following exception:
    - i. Personal illness, at the time of the examination, validated by the Diplomate's personal physician. Documentation must be submitted and received by the ABP within 60 days of the date of examination.

**G. Non-Time Limited Diplomates and the Examination**

- 1. For those diplomates with non-time limited primary certification, but time-limited subspecialty certification, the ABP encourages these individuals to consider voluntary MOC recertification for their primary certificate. There is no extra cost to take the examination and failure does not jeopardize the primary certificate.
  - a. Diplomates with non-time limited certificates may register for the examination at any time during the 10-year cycle by sending a request to [ABP-MOC@abpath.org](mailto:ABP-MOC@abpath.org) in order to have the registration form available to the diplomate.

**IV. Part IV: Improvement in Medical Practice**

**ABMS Core Competencies: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice**

*Part IV requirements must be reported to the ABP every two years via PATHway, except for peer attestations which are only required in the 4<sup>th</sup> and 8<sup>th</sup> years of the MOC cycle.*

**A. Laboratory Accreditation**

- 1. ABP encourages voluntary accreditation of all laboratories and regards such accreditation as a very important part of systems-based practice.
- 2. Accreditation status of the laboratory with which a diplomate is primarily associated must be reported to the ABP every two years.
- 3. The accrediting agency must be appropriate for the diplomate's scope of practice, such as Centers for Medicare and Medicaid Services, The Joint Commission, College of American Pathologists, American Association of Blood Banks, or the National Association of Medical Examiners.

**B. Laboratory Performance Improvement and Quality Assurance**

- 1. Each laboratory with which a pathologist is associated must participate in inter-laboratory performance improvement and quality assurance programs appropriate for the spectrum of anatomic and clinical laboratory procedures performed in that laboratory.

2. Inter-laboratory performance improvement and quality assurance programs are often a requirement of accreditation. In such cases, the proficiency testing program that is part of the accreditation process will meet the laboratory PI/QA requirement.

**C. Individual Pathologist Performance Improvement and Quality Assurance**

1. Each individual pathologist must participate in at least one PI/QA activity or program per year appropriate for his/her principal professional activities.
2. Programs recognized and approved to meet this requirement include those sponsored by a Cooperating Society of the ABP. See the ABP Website for a list of the Cooperating Societies approved for Part IV activities.
3. Examples of activities that meet this requirement include:
  - a. the CLIA mandated annual cytology proficiency examination.
  - b. participation as an inspector for a laboratory accreditation agency.
  - c. active participation in a departmental or institutional quality committee (e.g., transfusion, infection control, patient safety, etc.).
  - d. participation in an ABP-approved society's slide review program. (e.g., CAP's PIP quarterly review slide programs)
  - e. participation in an ABP-approved sponsor's SAM activity designed to assess/improve quality of practice (e.g., Component I patient safety course).
  - f. participation in an ABP-approved PI/QA activity sponsored by a local institution or department. (e.g., test utilization projects, case consensus conferences). (Application located on our website: [Part IV PI/QA application](#))
  - g. participation in an ABP-approved society-sponsored PI/QA improvement activity. (Approved societies listed on our website: [Part IV approved societies](#))
  - h. participation in the ABMS Multi-Specialty MOC Portfolio Approval Program (Portfolio Program).
  - i. participation in the ABIM Foundation Choosing Wisely initiative.
  - j. incorporation of Joint Commission Ongoing Professional Practice Evaluation (OPPE) in your practice. (Application located on our website: [Part IV OPPE application](#))
  - k. having a peer reviewed publication that improves practice or patient care (first, second, or senior author).
  - l. participation as a Program Director or Associate Program Director for an ACGME-accredited residency or fellowship program for improving medical education.
4. An application form is available on the ABP website for approval of laboratory, individual, or departmental PI/QA activities that are not part of a previously-approved program. This form and supporting documentation should be submitted to the ABP office for approval by the CEO before the activity is reported by the diplomate as part of his/her Part IV activities.
5. The ABP reserves the right to audit a pathologist's participation in PI/QA activities and may require documentation to be submitted by the diplomate.

**V. Peer Attestations/Evaluations**

- A. All diplomates are required to provide peer attestations as to their interpersonal and communication skills, professionalism, ethics, and effectiveness in systems-based practice.
- B. At the end of the 4<sup>th</sup> and 8<sup>th</sup> years of the MOC cycle, each diplomate will be asked to provide the ABP with the names and e-mail addresses of four references who can attest to his/her ability and effectiveness in practice.
- C. These references must include each of the following:
  1. an ABP-certified pathologist.

2. the Chair of the Credentials Committee (or designate), Chief Medical Officer, Department Head, or Chief of Staff of the primary health care facility where the diplomate practices,
  3. a board-certified physician in another specialty.
  4. a technologist/CLS or pathologists assistant.
- D. If any of these reference requirements are not applicable to the diplomate's practice or position, other references (usually another board-certified pathologist) may be substituted with prior ABP approval on a case-by-case basis.
- E. The ABP will provide a secure link to the evaluation forms via e-mail to the diplomate's references. These secure evaluation forms must be completed and submitted by each reference. It is the responsibility of the diplomate to be sure that this Part IV requirement is completed. 4<sup>th</sup> and 8<sup>th</sup> year MOC reporting forms will not be reviewed for approval until all four required evaluations have been submitted to ABP.
1. In order to check the status of your evaluations, log into your PATHway and select the 'Board Correspondence' tab at the top of the screen. Your references will be listed under the appropriate reporting form. If there is a link available to resend the evaluation form next to a reference's name, then the ABP has not received the evaluation from that reference.
  2. If there is a link available, it may be selected to have a new evaluation form link e-mail sent to the reference. It must be at least 10 business days from the date that the last evaluation form was sent for the resend link to be activated.
  3. To view the e-mail address provided to the ABP, the corresponding reporting form must be opened in a diplomate's MOC tab in PATHway.
  4. To update, correct, or replace a reference name or e-mail address, you must e-mail a request to [ABP-MOC@abpath.org](mailto:ABP-MOC@abpath.org). Please include your ABP ID# for positive identification purposes.

## VI. Patient Safety

### ***Patient safety requirement must be met once each 10-year cycle.***

- A. All diplomates are required to complete a Component I Patient Safety Course (PSC) at least once during each 10-year MOC cycle. Component I PSCs have been approved by either ABMS or ABP for content and are the only PSCs acceptable to meet this MOC requirement. Component II PSCs have not been approved by ABMS or ABP for content and do not meet the MOC requirement. Component II PSCs may only be reported as Part II CME activities.
1. Diplomates enrolled in the MOC program 2006-2011 must complete the course by the 10<sup>th</sup> year of the cycle for the first 10-year cycle only. For each subsequent cycle, the course must be completed within the first two reporting periods (or by the 4<sup>th</sup> year) of the cycle.
  2. For all other diplomates, the course must be completed within the first two reporting periods (or by the 4<sup>th</sup> year) for each cycle.
- B. Currently the Component I PSCs designed specifically for pathologists are offered by the College of American Pathologists (CAP) and the American Society for Clinical Pathology (ASCP). There are general physician PSCs offered by the National Patient Safety Foundation (NPSF) and Johns Hopkins University School of Medicine (JHUSM) that are also acceptable to meet this requirement. A list with website links for each Component I PSC is located on the ABP website in the MOC section.
- C. ABP allows all Component I PSCs to be reported for both Part II SAM credit and Part IV PI/QA activity requirements.**
- D. To request an application for Component I PSC approval, which includes a list of required content, send an e-mail to [ABP-MOC@abpath.org](mailto:ABP-MOC@abpath.org). The ABP encourages educational



providers to develop pathology specific PSCs that will meet the MOC requirement for our diplomates.

## VII. Lapse/Expiration of Certification

- A. Diplomates are expected to remain current in their participation in the MOC program by satisfactorily completing all MOC requirements and meeting all MOC deadlines.
  - 1. MOC Part I, II & IV requirements must be reported to the ABP every two years via electronic reporting form submission.
  - 2. The MOC Part III requirement must be met no later than ten years from the year of certification for each certificate being maintained in MOC.
  - 3. The Component I Patient Safety Course requirement must be met once every 10-year cycle. (See Section VI.A.1-2.) for diplomate specific requirement timeline.)
- B. The ABP reserves the right to audit any MOC reporting form and the activities reported therein, even after form approval has been given.
- C. **Failure to meet an electronic reporting form submission deadline will result in the diplomate's certification status being reported as "not current in MOC participation".**
  - 1. The diplomate will have a grace period until December 31<sup>st</sup> of the following year of the reporting form submission deadline. He or she must come into compliance with the requirements during the one year grace period. Once the grace period has ended, if the past due reporting form has not been submitted, the diplomate's certificate(s) will lapse and undergo early expiration. The physician will be publicly reported as "NOT CERTIFIED".
  - 2. Once a certificate expires due to non-participation in MOC, the diplomate must meet all requirements for reinstatement of the certificate(s) and the original 10-year MOC cycle within three years of loss of certification.
  - 3. If a certificate expires because the diplomate has not met the Part III requirement by the end of ten years after certification, there is a one-year grace period during which the physician can take and pass the Part III examination, bring all MOC reporting requirements up to date, and regain certification. After the one-year grace period, the physician must pass the initial board certification examination to regain certification.
  - 4. If reinstatement does not occur within three years of loss of certification for failure to meet Parts I, II, and IV requirements, the physician must pass the initial board certification examination in order to become certified again. If the physician has remained in active practice since losing certification, the requirement for an additional year of training in an ACGME- approved pathology training program before sitting for the primary examination will be waived. If the physician has not remained in active practice since losing certification, he/she will have the option to either satisfactorily complete additional ACGME-accredited training or a course of remedial education approved by the ABP as a requirement for eligibility to take the initial certification examination.
- D. Diplomates whose MOC performance does not meet ABMS competencies and ABP expectations will be required to submit to the ABP an implementation plan to improve performance, including objective measures of improvement (i.e., examination performance, Part IV PI/QA activities) or letters of attestation of improvement in areas that do not lend themselves to objective assessment, such as interpersonal and communication skills and professionalism.

- E. Diplomates who fail to show significant improvement throughout the 10-year MOC cycle could be subject to intensified practice review by the ABP. Such review might include submission of detailed information regarding the area of practice in question (i.e., additional reports, quality assessment plans).
- F. Diplomates who fail to satisfy MOC requirements by December 31st of the year in which the time-limited certificate expires will no longer be recognized as a diplomate of the ABP for that certificate. These physicians may continue to participate in MOC activities and may request to be recertified when the MOC requirements have been satisfied. Such a request must occur within three years of loss of certification for not meeting MOC Parts I, II, and IV requirements and within one year of loss of certification for not meeting MOC Part III requirements. (See Section VII.C.3.) for procedure to regain certification)
- G. A diplomate may appeal to the ABP according to the standard appeals procedure at any point in the MOC process if he/she believes that the MOC standards have been unfairly or inappropriately applied. (See Section XII. Appeals Procedure)

#### **H. Revocation of Certification**

1. At its discretion, the ABP may revoke a certificate for cause, including but not limited to:
  - a. The diplomate did not possess the required qualifications or did not fulfill the requirements for examination, whether or not such deficiency was known to the ABP or any committee thereof prior to examination or at the time of the issuance of the certificate, as the case may be.
  - b. The diplomate made a material misrepresentation or withheld material information in the application or in any other representation to the ABP or any committee thereof, whether intentional or unintentional.
  - c. The diplomate violated the Honor Code and/or engaged in irregular behavior in connection with an examination of the ABP (as described under Honor Code Section VII.I), whether or not such practice had an effect on his or her performance on an examination.
  - d. The diplomate was convicted by a court of competent jurisdiction of a felony or of a misdemeanor that involves moral turpitude and that, in the opinion of the ABP, has a material relationship to the practice of medicine.
  - e. The diplomate made a misrepresentation to the ABP or any third party as to his or her status as a diplomate of the ABP.
  - f. The ABP receives information that an adverse licensure action has been taken against a diplomate.
  - g. For purposes of this policy, adverse licensure action will mean:
    - i. A final action by one of the licensing authorities of the United States or Canada that revokes, suspends, or limits (including the imposition of any requirement of probation, surveillance, supervision, or review) any license or right associated with the practice of medicine issued by one of the licensing agencies of the United States or Canada and that resulted from or is based on misconduct involving patient care and/or ethical practice; or
    - ii. the voluntary surrender of a license or associated right in connection with, or in lieu of, any disciplinary action by, or consent decree or settlement agreement with, one of the licensing authorities of the United States or Canada.
2. A diplomate may appeal a revocation or early expiration of his/he certificate pursuant to the ABP appeals procedures set forth in Section XII.



3. If a diplomate's certificate is revoked and the diplomate subsequently regains a full and unrestricted license to practice medicine, he/she may provide proof of such to the ABP and request that the certificate be reinstated.
4. If a request for reinstatement of certification is approved, certification will be restored subject to all rules in force at the time of the restoration, including time-limited certification and mandatory participation in Maintenance of Certification.

**I. Honor Code**

- a. Diplomates must sign an Honor Code when applying for certification. This is a legally binding contract between the physician and the ABP.
- b. Any violations of the Honor Code may be sufficient to bar a person from qualification, terminate participation in an examination, invalidate the results of an examination, cause the withholding or revocation of scores or certificates, or merit other appropriate action by the ABP. Violations include, but are not limited to:
  - i. The giving or receiving of aid in the examination as evidenced either by observation or by statistical analysis of Diplomates' answers.
  - ii. The unauthorized possession, reproduction, or disclosure of any ABP examination related materials, including, but not limited to, examination questions or answers, before, during, or after the examination.
  - iii. The offering of any benefit to any agent of the ABP in return for any right, privilege, or benefit that is not usually granted by the ABP to other similarly situated Diplomates or persons.
  - iv. Possession of notes, books, or any other examination aid in the examination area.
  - v. Engaging in irregular behavior in connection with the administration of the examination, including but not limited to: Referring to notes, books, or any other examination aid at any time during the examination, including breaks.

**VIII. Diplomates with Disabilities**

**A. Policy**

1. The ABP will provide Diplomates who have documented disabilities reasonable accommodations in the administration of its examinations, including auxiliary aids and services, as appropriate.
2. Such accommodations must not fundamentally alter the measurement of the skills or knowledge the examination is intended to test or result in an undue burden.

**B. Documentation of Disability**

1. The ADA defines an individual with a disability as a person who has a physical or mental impairment that substantially limits that person in one or more major life activities, has a record of such impairment, or is regarded as having such impairment. "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. A "qualified" individual with a disability is one who meets the requirements to take the examination and with or without reasonable accommodation, can perform the essential functions of a pathologist.
2. Diplomates requesting accommodation due to a disability must submit an Examination Accommodations Request Form found at <http://www.abpath.org> and provide documentation of the disability and the appropriateness of the requested accommodation for the documented disability.
3. Diplomates who provide documentation that they have received, in the administration of the USMLE examinations, the same type of accommodations as they request for the ABP certification examination, are not required to submit additional documentation with the Request Form.

4. Diplomates who have not received an accommodation on the USMLE examination must submit the information required in the request form. Such documentation must include a professionally recognized diagnosis of the disability and medical records or other documentation of the diagnosis of the disability by a qualified healthcare professional.
5. The ABP reserves the right to request additional documentation as necessary.
6. If a diplomate is given accommodation on an ABP examination, he/she will automatically receive the same accommodation on any subsequent ABP examination.

**C. Type of Accommodation**

1. Diplomates requesting accommodation must identify the type of accommodation requested.
2. The ABP will determine the type of accommodation to be made for a diplomate with a verified disability.
3. Accommodations that fundamentally alter the measurement of skills or knowledge the examination is intended to test will not be offered.

**D. Examination Accommodation Request Form Deadline**

1. Initial Diplomates and repeat Diplomates who are submitting their first request must submit the request form for accommodation and documentation no later than the registration deadline.
2. Diplomates denied a request for accommodation may appeal the denial in accordance with ABP's appeals procedure.

**IX. Diplomates Not In Active Practice (Clinically Inactive)**

- A. Certification status reported to ABMS will contain the notation that the diplomate is either clinically active or clinically inactive. The designation clinically inactive will apply to any pathologist who reports to the ABP that he/she was not involved in direct or consultative patient care for the full twenty-four month MOC reporting period.
  1. Working forensic pathologists are not clinically inactive.
  2. Diplomates in fellowship programs are not clinically inactive.
  3. Non-employed physicians, or physicians not actively working as pathologists may report as clinically inactive.
  4. Pathologists working only in a research or academic position may report as clinically inactive.
- B. Diplomates reporting as clinically inactive for consecutive MOC reporting periods must provide the ABP with a letter of explanation for the lapse in active practice. Letters may be faxed to MOC at 813-289-5279, scanned and e-mailed to [ABP-MOC@abpath.org](mailto:ABP-MOC@abpath.org), or mailed to 4830 W. Kennedy Blvd., Ste. 690, Tampa, FL 33609.
- C. Diplomates reporting as clinically inactive are required to continue to participate in MOC in order to maintain current certification status.
  1. These diplomates must continue to report Part I requirements to the ABP every two years.
  2. These diplomates must continue to participate in and report Part II activities that demonstrate an ongoing knowledge of the science underlying the principles of quality improvement, including the application of such principles to clinical situations using real or simulated data to the ABP every two years.
  3. These diplomates must continue to meet the Part III requirement for each certificate being maintained in MOC.
  4. Since these diplomates have no practice from which to draw data, they will not be required to report Part IV requirements.
  5. These diplomates must meet the Component I Patient Safety Course requirement.

## **X. Diplomates with Non-Time Limited Certificates**

- A. Although the ABP does not require diplomates with non-time limited certificates to participate in MOC, it strongly encourages them to do so. To voluntarily enroll in MOC, the diplomate must send a request for enrollment to [ABP-MOC@abpath.org](mailto:ABP-MOC@abpath.org). The 10-year MOC cycle will begin January 1<sup>st</sup> of the year following enrollment.
- B. Participation in MOC by these diplomates does not put their original certificate(s) in jeopardy of expiration.
- C. As of July 2013, the ABP's Voluntary Recertification program is no longer available. A diplomate with a non-time limited certificate who wants to recertify or is required to pass a secure examination for licensure must do so through the MOC program.

## **XI. Enrollment and Fees**

- A. As of January 1, 2006, diplomates will be automatically enrolled in the MOC continuing certification program upon issuance of a certification.
- B. Each diplomate is assessed an annual fee for establishment and maintenance of an electronic record of certification via PATHway. The biennial fee is \$100, per physician (not per certificate) and is linked to the electronic submission of each 2-year reporting form. The first payment of \$100 is due at the end of the first 2-year reporting period and a fee of \$100 is due at the end of each subsequent 2-year reporting period. PATHway will require the MOC payment upon submission of each electronic MOC reporting form. All payments must be made online by major credit card (MasterCard, Visa, or American Express).
- C. A late fee of \$100 will be assessed for late submission of a reporting form, to be paid upon form submission. An additional \$100 late fee will be assessed for each year past the submission deadline.
- D. A reinstatement fee of \$500 will be assessed to any diplomate that allows certification to lapse due to non-participation in MOC and then is approved for reinstatement by the MOC Credentials Committee during the 3-year lapsed certification grace period or the one-year grace period for MOC Part III.
- E. The registration fee for the MOC Part III Examination is \$700. The \$700 fee covers all examinations taken during the same examination session (spring or fall) regardless of the number of examinations taken (primary and subspecialty).
- F. For diplomates with only non-time limited (or lifetime) certificates, there is a one-time fee of \$100 to enroll and initiate participation in the MOC program. As above, a fee of \$100 is due at the end of each 2-year reporting period.

## **XII. Appeals Procedure**

- A. An individual who has received an unfavorable ruling from the ABP or a Committee of the ABP may appeal such determination by sending a notice of appeal to the ABP within 60 days of the date such ruling was made available to the individual.
- B. On receipt of a notice of appeal, the applicable ABP committee:
  - 1. will invite the individual to submit, in writing, such information as the individual feels appropriate in support of the appeal.
  - 2. may make such further investigation as it deems appropriate.
  - 3. may request the individual to submit additional information.
  - 4. will reconsider the unfavorable ruling and report its decision to the individual and the president of the ABP.
  - 5. will specify the grounds for any unfavorable action.
  - 6. in the case of an unfavorable ruling, will inform the individual that he/she may request a hearing before an appeals committee of the ABP by doing so in writing within 30 days of the date the notice of unfavorable action was mailed.

- C. On receipt of a request for a hearing, the Chief Executive Officer will inform the President of the ABP, who will appoint an ad hoc appeals committee consisting of three trustees who are not members of the committee whose determination is being appealed.
1. The chairperson of the ad hoc committee will convene a meeting of the committee within 90 days of the date of its appointment to conduct a hearing at which the individual may appear in person with a legal and/or other representative to present such information deemed appropriate in support of the individual's position.
  2. Not less than 30 days prior to the hearing, the Chief Executive Officer will send written notice to the ad hoc committee and to the appellant stating the time and place of the hearing and will provide them copies of written material and a list of witnesses that the concerned committee intends to present at the hearing.
  3. The Chief Executive Officer will also specify any information and documents the individual is required to produce at the hearing.
  4. Not less than seven days prior to the hearing, the concerned ABP committee will provide the Chief Executive Officer and the individual with copies of any written reports, affidavits, or statements of experts the concerned ABP committee intends to present at the hearing.
  5. Not less than seven days prior to the hearing, the individual will provide the Chief Executive Officer with such written information concerning his or her position as he or she deems appropriate; a list of witnesses, if any, whom he or she expects to call to testify; and copies of any written reports, affidavits, or statement of experts he or she intends to present at the hearing.
  6. The Chief Executive Officer will submit the written material referred to in XII.C.4 and XII.C.5 to the members of the Appeals Committee prior to the hearing.
  7. At the hearing, the concerned ABP committee and its legal or other representatives will present such relevant information and evidence as it deems appropriate to support its previously made determination. However, the committee will not have the right to present any information or evidence not previously provided as required in XII.C.4 and XII.C.5. The committee may call, examine, and cross-examine witnesses.
  8. The individual will have the right to be represented at the hearing by legal counsel or any person of his or her choice. He or she may present such relevant information and evidence as he or she deems appropriate in support of his or her position. However, the individual will not have the right to present any information or evidence if not previously provided as required in XII.C.4 and XII.C.5. The failure of the individual to produce information or documents requested by the concerned ABP committee as required will be grounds for upholding and confirming the determination of the concerned ABP committee.
  9. The individual and the concerned ABP committee may submit written statements at the close of the hearing.
  10. A written record of the hearing will be made available to the individual at one-half the cost of its preparation.
  11. The decision of the Appeals Committee will be by vote of a majority of the committee members based on the information presented at the hearing.
  12. The committee may affirm, modify, or overrule the decision of the ABP committee.
  13. The Appeals Committee will inform the individual, the concerned committee, and the president of the ABP, in writing, of its decision and the reasons therefore within a reasonable time of the hearing.
  14. The decision of the Appeals Committee will be final and binding.

### XIII. The ABP Logo



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.



## **APPENDIX ONE - MOC Examination Modules**

### **I. Primary examination modules**

- A. 50-Question APCP Mandatory Modules (CHOOSE ONE)
  - 1. Anatomic Pathology and Clinical Pathology
  - 2. AP/CP with Anatomic Pathology emphasis
  - 3. AP/CP with Clinical Pathology emphasis
  - 4. AP/CP with Forensic Pathology emphasis
  - 5. AP/CP with Pediatric Pathology emphasis
  - 6. AP/CP with Neuropathology emphasis
- B. 50-Question AP Mandatory Modules (CHOOSE ONE)
  - 1. Anatomic Pathology
  - 2. AP with Forensic Pathology emphasis
  - 3. AP with Pediatric Pathology emphasis
  - 4. AP with Neuropathology emphasis
- C. 50-Question CP Mandatory Module
  - 1. Clinical Pathology
- D. 25-Question AP/CP Elective Modules (may be selected by AP and/or CP certified diplomates)
  - 1. Hematopathology I – Lymph Nodes/Spleen
  - 2. Hematopathology II – Blood and Bone Marrow
  - 3. Flow Cytometry
  - 4. Infectious Diseases
  - 5. Laboratory Management/Informatics
  - 6. Medical Director
  - 7. Patient Safety
- E. 25-Question AP Elective Modules (may be selected by APCP or AP certified diplomates)
  - 1. General Anatomic Pathology
  - 2. Surgical Pathology I
  - 3. Surgical Pathology II
  - 4. Surgical Pathology III
  - 5. Cytopathology I - Gynecological & Non-Gynecological
  - 6. Cytopathology II – Gynecologic
  - 7. Cytopathology III – Non-Gynecologic
  - 8. Bone/Soft Tissue

9. Breast I
  10. Breast II
  11. Breast III
  12. Cardiovascular
  13. Dermatopathology I – Non-Neoplastic
  14. Dermatopathology II – Neoplastic
  15. Endocrine
  16. Gastrointestinal/Liver/Biliary I
  17. Gastrointestinal/Liver/Biliary II
  18. Gastrointestinal/Liver/Biliary III
  19. Genitourinary I
  20. Genitourinary II
  21. GYN/Placenta I
  22. GYN/Placenta II
  23. GYN/Placenta III
  24. Head and Neck
  25. Medical Renal I
  26. Medical Renal II
  27. Molecular Pathology
  28. Pulmonary - Mediastinal
  29. Transplant Pathology
- F. 25-Question CP Elective Modules (may be selected by APCP or CP certified diplomates)
1. General Clinical Pathology I
  2. General Clinical Pathology II
  3. Blood Banking/Transfusion Medicine I
  4. Blood Banking/Transfusion Medicine II
  5. Chemical Pathology
  6. Hematology
  7. Hemostasis and Thrombosis I
  8. Hemostasis & Thrombosis II
  9. Microbiology I
  10. Microbiology II
  11. Molecular Pathology

**II. Subspecialty examination modules**

- A. Blood Banking/Transfusion Medicine
  1. 150-Question General Blood Banking/Transfusion Medicine Mandatory Module
- B. Chemical Pathology
  1. 150-Question General Chemical Pathology Mandatory Module
- C. Cytopathology
  1. 150-Question General Cytopathology Mandatory Module
- D. Dermatopathology
  1. 150-Question General Dermatopathology Mandatory Module
- E. Forensic Pathology
  1. 150-Question General Forensic Pathology Mandatory Module
- F. Hematopathology
  1. 50-Question General Hematopathology Mandatory Module +
  2. 50-Question Hematopathology Elective Modules (select two)
    - a. Blood and Bone Marrow Pathology
    - b. Flow Cytometry
    - c. Hemostasis and Thrombosis
    - d. Laboratory Hematopathology (No Coagulation)

- e. Lymph Node and Related Tissues
- G. Medical Microbiology
  - 1. 150-Question General Medical Microbiology Mandatory Module
- H. Molecular Genetic Pathology
  - a. 75-Question General Molecular Genetic Pathology I Mandatory Module +
  - b. 75-Question General Molecular Genetic Pathology II Elective Module
  - c. OR
  - d. 25-Question Molecular Genetic Pathology Elective Modules (choose three)
    - i. Genetics I
    - ii. Genetics II
    - iii. Infectious Diseases I
    - iv. Infectious Diseases II
    - v. Oncology/Hematology I
    - vi. Oncology/Hematology II
    - vii. Oncology/Solid Tumors I
    - viii. Oncology/Solid Tumors II
- I. Neuropathology
  - a. 50-Question General Neuropathology I Mandatory Module +
  - b. 50-Question General Neuropathology II Elective Module +
  - c. 25-Question Neuropathology Elective Modules (choose 2 or 4)
    - i. Degenerative I
    - ii. Degenerative II
    - iii. Developmental/Pediatric/Congenital I
    - iv. Developmental/Pediatric/Congenital II
    - v. Neoplastic I
    - vi. Neoplastic II
    - vii. Neuromuscular I
    - viii. Neuromuscular II
- J. Pediatric Pathology
  - a. 100-Question General Pediatric Pathology Mandatory Module +
  - b. 50-Question Pediatric Pathology Elective Modules (choose one)
    - i. Anatomic Pathology
    - ii. Laboratory Medicine
    - iii. Placental/Perinatal Pathology