



The ABP Examiner

A Newsletter from the American Board of Pathology (ABP)
Visit our Web site at www.abpath.org

NEW ABP MISSION STATEMENT AND LOGO

The ABP has adopted a new mission statement and logo.

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



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.

AMERICAN BOARD OF PATHOLOGY OFFICERS AND TRUSTEES

The ABP officers and Executive Committee for **2015** are: President–Margaret Grimes, MD, MEd; Vice President–Gary Procop, MD; Secretary–Karen Kaul, MD, PhD; Treasurer–James Stubbs, MD; and Immediate Past President–Sharon W. Weiss, MD.

Dr. Rebecca Johnson is the Chief Executive Officer. She can be contacted at rjohnson@abpath.org.

The 2015 Trustees of the ABP are (in addition to the officers listed above): Drs. Edward Ashwood, John Collin, Diane Davey, Susan Fuhrman, Michael Jones, Patrick Lantz, and Steven Swerdlow.

The ABP officers and Executive Committee for **2016** are: President–Gary Procop, MD; Vice President–James Stubbs, MD; Secretary–Karen Kaul, MD, PhD; Treasurer–Susan Fuhrman, MD; and Immediate Past President –Margaret Grimes, MD, MEd.

The 2016 Trustees of the ABP are (in addition to the officers listed above): Drs. Edward Ashwood, Eric Glassy, Jeffrey Goldstein, Michael Jones, Patrick Lantz, Ritu Nayar, and Steven Swerdlow.

MEET OUR TRUSTEES—Dr. Diane Davis Davey, former ABP President and Secretary

Diane Davis Davey, MD

Diane Davis Davey, MD is Professor and Interim Chair, Department of Clinical Sciences, University of Central Florida College of Medicine, a pathologist at the Orlando VAMC, Assistant Dean of Graduate Medical Education, Designated Institutional Official, and a board member for a new UCF COM/ HCA GME consortium. Prior to late 2007, she was Vice Chair for Education and Cytopathology Fellowship Director at the University of Kentucky. Dr. Davey received her MD degree at Washington University and trained in pathology at Indiana University and the University of Iowa, where she also completed hematopathology fellowship. She is ABP certified in AP/CP, hematology, and cytopathology. Dr. Davey has served on the ACGME Pathology RRC and American Board of Medical Specialties' committees. She is a past president of the American Society of Cytopathology and was a founding member of the CAP Cytopathology Resource Committee, serving as Chair from 1998-2001. Dr. Davey was a moderator for the Bethesda 2001 Workshop for Cervical Cytology terminology, and a Bethesda Atlas author. She has served on workgroups for ASCCP Consensus Conferences on the management of cervical cytological abnormalities. Dr. Davey is the recipient of several awards including the ASC Papanicolaou Award, a CAP Lifetime Achievement Award, the U. of Iowa Dept. of Pathology Distinguished Achievement Award, and the ASCCP Award of Merit. She has been an advisor to both the FDA and the NCI and serves on several journal editorial boards. She has over 100 peer-reviewed publications.

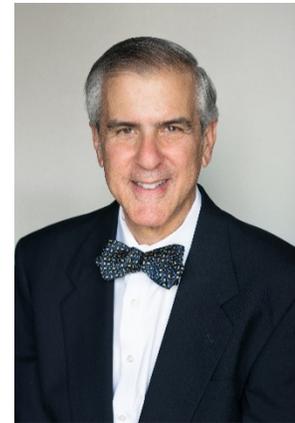
NEW ABP TRUSTEES

The ABP has elected three new Trustees with terms beginning in 2016. They are:

Eric Glassy, MD. Dr. Glassy is Laboratory Director at Little Company of Mary Hospital, San Pedro, CA and Medical Director at Pathology, Inc. He is a summa cum laude graduate of the University of San Francisco and received his MD degree from the University of California, San Francisco. He completed pathology residency and hematopathology fellowship training at Harbor-UCLA Medical Center. Dr. Glassy has served on numerous hospital, national, and international committees and boards; has presented many seminars and workshops; and has been an invited lecturer throughout the US, Canada, and overseas. He has authored numerous publications, including CAP's Atlas of Hematology. His areas of interest are hematopathology and digital pathology. He is incoming president of the Digital Pathology Association. Dr. Glassy is ABP certified in Anatomic and Clinical Pathology and is enrolled in the Maintenance of Certification program.



Jeffrey Goldstein, MD. Dr. Goldstein was the pediatric pathologist at Wolfson Children's Hospital in Jacksonville, FL for 26 years and served as Chief of the Independent Service of Pathology and as Medical Director of Laboratories and the Transfusion and Apheresis Service for Baptist Health. Currently, he is a Senior Physician at David Geffen School of Medicine, UCLA and Clinical Chief of Pediatric Pathology at Mattel Children's Hospital and Ronald Reagan UCLA Medical Center. Dr. Goldstein graduated magna cum laude from the University of Pennsylvania and received his MD degree from Emory University, where he was elected to the AOA honor society. He completed residency training at Brigham & Women's Hospital and pulmonary pathology fellowship at Brigham & Women's and Boston Children's Hospital. He has been actively involved in numerous medical and pathology professional organizations and served as President, Councilor, chair and member of several committees of the Society for Pediatric Pathology. He is a Co-Principal Investigator for the Children's Oncology Group. Dr. Goldstein is ABP certified in Anatomic and Clinical Pathology, Pediatric Pathology, and voluntarily recertified in 2013. He is enrolled in the Maintenance of Certification program. He has served on the ABP's Pediatric Test Development and Advisory Committee since 2005 and will chair that Committee in 2016.



Ritu Nayar, MBBS, MD. Dr. Nayar is Professor of Pathology at Northwestern University Feinberg School of Medicine, Chicago, IL. She is the Medical Director of Cytopathology at Northwestern Memorial Hospital and Cytopathology Fellowship Director at McGaw Medical Center at Northwestern University. She received her MBBS and MD degrees from Delhi University, New Delhi, India and was a resident in pediatrics and pathology at Maulana Azad Medical College in New Delhi. She completed residency in anatomic and clinical pathology and surgical pathology fellowship at George Washington University and cytopathology fellowship at the University of Rochester. Dr. Nayar has been an active volunteer in organized pathology, having served as an officer, chair, committee member, and advisor for many professional organizations. Most recently,



she was President of the American Society of Cytopathology. She is a frequent guest speaker and moderator at national and international meetings and is editor and author of numerous publications, including the 2nd and 3rd editions of The Bethesda System for Reporting Cervical Cytology Atlas. Dr. Nayar is ABP certified in Anatomic and Clinical Pathology and Cytopathology. She is enrolled in the Maintenance of Certification program. She served on the ABP Cytopathology Test Development and Advisory Committee and will chair that Committee in 2016.

TRUSTEES IN THE NEWS

Congratulations to **Dr. Gary Procop**, recipient of the 2015 ASCP Mastership Award and the CAP Distinguished Patient Care Award for his work on laboratory utilization.

Congratulations to **Dr. Sharon Weiss**, recipient of the 2015 ASCP Phillip Levine Award for Outstanding Research. Dr. Weiss was also named to United Kingdom *The Pathologist* magazine's "Power List" of the 100 most influential laboratory medicine professionals.

Congratulations to **Dr. Steven Swerdlow**, recipient of the Society for Hematopathology's Berard-Dorfman Founder's Award.

Congratulations to **Dr. Rebecca Johnson**, ABP CEO and former Trustee, recipient of the 2015 ASCP Award for Distinguished Service to Pathology.

Congratulations to **Dr. James Madara**, former Trustee, on being named # 7 on *Modern Healthcare's* annual list of the most influential physician executives in healthcare. Dr. Madara is currently CEO and EVP of the American Medical Association.

Dr. Edward Ashwood presented the 17th annual Frank M. Townsend lecture at the University of Texas Health Science Center, San Antonio.

PUBLICATIONS BY ABP TRUSTEES

Davey DD, Kaplan DR, Michael CW. Strong performance on the Progressive Evaluation of Competency fellowship final examination predicts American Board of Pathology Certification. *J Am Soc of Cytopathology*. 2014; 3:269-273.

BOARD ACTIONS in 2015

The ABP met in May, August, and November. A major activity of the ABP this year was strategic planning, which included a survey of diplomates enrolled in Maintenance of Certification (MOC). The Trustees found this feedback very useful in planning future ABP activities, changes, and communications. A new mission statement and logo were adopted. Other significant actions by the ABP are included in other sections of this newsletter.

The ABP is pleased to have a newly designed website <www.abpath.org>, which is easier to navigate and search for information.

ABP THANKS OUR TDAC MEMBERS

The ABP would like to thank the more than 100 members of our thirteen Test Development and Advisory Committees (TDACs) for their volunteerism and contributions to our examination process and to the advancement of our profession. These Committee members collectively donate more than 2500 hours of their time and expertise to the ABP each year. The TDACs consist of ABP Trustees and other pathologists and physicians who are recognized experts in pathology. You can see who these subject matter experts are on our website under "Our Organization", "Test Committees".

ABP THANKS OUR COOPERATING SOCIETIES

The ABP would like to thank the CAP and USCAP for providing complimentary exhibit booths to the ABP at their 2015 annual meetings. ABP plans to have exhibit booths at ASCP, CAP, and USCAP in 2016. Stop by and say hello.

The ABP held its annual meeting with our Cooperating Societies in May in Chicago. The theme of the meeting was "Training Requirements for Certification of Pathologists in the 21st Century". There were excellent presentations made by Drs. Ronald Domen, Wesley Naritoku, Michael Prystowsky, Charles Timmons, and Michael Pins. These were followed by small group discussions questioning the need for changes in pathology training requirements and how would proposed changes affect new practitioners in academic and private practice settings.

ABP BOOKLET OF INFORMATION

The updated *Booklet of Information* is available on the ABP Web site. This document should be reviewed by Program Directors and residents at least annually to ensure that appropriate requirements are met and ABP policies and procedures are followed.

ABP SPRING AP AND CP EXAMINATIONS OFFERED IN TUCSON, AZ

The ABP is partnering with the American Board of Radiology to use the ABR examination center in Tucson, AZ. They have a facility similar to the Tampa test center and microscopes will be provided, just as in Tampa. Applicants for certification can select either the Tampa or the Tucson test center for their spring exams on their application form. Exams will be given in Tucson June 20-25, 2016.

CLINICAL INFORMATICS DUAL TRACK CERTIFICATION

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

The "by experience" (grandfather) route to certification in CI will be available through 2017, after which time ACGME accredited fellowship training will be required for certification. The ABP will consider extending eligibility on an individual basis for those who are in the middle of meeting "by experience" requirements in 2017. See the ABP Web site for more information and application.

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

ABP PHYSICIAN-SCIENTIST RESEARCH PATHWAY

In response to the pathology community, the ABP has created a Physician-Scientist Research Pathway with the goals of increasing the number of physician-scientists in pathology, attracting exceptional and committed young physician-scientists to pathology, preparing trainees for careers in academic medicine centered on basic science or clinical research, and providing flexibility in

training pathways, while assuring the clinical competency of trainees that select this pathway. For more information, see the *Booklet of Information*.

CERTIFYING EXAMINATION PERFORMANCE REPORTS

The ABP annually generates Program Performance Reports for each ACGME accredited primary and subspecialty training program. These reports were modified in 2015 to reflect new July 2015 ACGME Program Requirements (PR). The new PRs require that 80% of graduates from the preceding 5 years must take the ABP certification examination and 70% of those graduates must become certified on their first attempt. The report now includes data from the previous 6 years and will list all residents who completed their training in the program along with their ABP examination performance history by the year(s) when the examination was taken. Residents have five calendar years (period of qualification) after the year that they complete training to pass the ABP certification examination, so we are reporting six years to reflect trainees' period of board eligibility. This report is confidential and is available only to the program director.

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

The Program Performance Reports are delivered online through PATHway and the 2015 reports will be posted in early 2016. Program directors with questions about their reports should contact restrkg@abpath.org. Any errors in the Program Performance Report must be reported by program directors to the ABP within 60 days. Please do not wait until your ACGME review to check accuracy of the report.

ABP SPEAKERS BUREAU

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

HONOR CODE STATEMENT

The Board has an honor code statement that must be signed by applicants and registrants for ABP certification exams. We are aware that residents and fellows have been using recalled items to prepare for Board exams. The ABP considers this practice to be cheating, unethical and unprofessional behavior. In order to maintain a fair and secure testing process, the ABP has made the honor code statement more explicit in prohibiting the use and sharing of exam recall and remembrance items. Program Directors are encouraged to talk with their residents about the honor code, professionalism, and ethical behavior.

MAINTENANCE OF CERTIFICATION (MOC)

MOC is a program of continuing certification, therefore certificates issue in 2015 and thereafter will no longer have an expiration date and will state: "Continuing certification requires participation in Maintenance of Certification." Failure to participate in MOC and failure to meet MOC requirements will result in early expiration of certification.

In 2016, the ABP will join the other 24 ABMS boards in public reporting of the MOC status of our diplomates on our website. This information is currently available on the ABMS website.

The ABP, in conjunction with several of our Cooperating Societies, is fielding a job survey, linked to annual MOC reporting, to assess current diplomate practice responsibilities and their perceived adequacy of training for practice. The data from the surveys will be used to inform ABP about certification and residency training requirements.

The updated *MOC Booklet of Information* is available on the ABP Web site. Diplomates with time-limited primary and subspecialty certificates automatically have the two and four-year reporting requirements synchronized to the primary certificate reporting requirements' timeline to reduce the complexity of recordkeeping. Part II and Part IV activities can satisfy both primary and subspecialty MOC requirements.

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

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

MOC PART III (ASSESSMENT OF KNOWLEDGE, JUDGMENT, AND SKILLS)

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

REMOTE, SECURE TESTING

This fall, the ABP conducted a pilot to administer the MOC Part III exams remotely (from home, office, or other site of the diplomates' choosing). The ABP recognizes the burden of time, travel, and associated costs for coming to the Tampa exam center for their MOC exam and have implemented remote testing in response to that feedback. For remote testing, diplomates are required to do a system check (hardware and software) and take a practice exam prior to taking their MOC exam. Diplomates are video recorded while taking the exam for security purposes, so they must have a webcam. Remote exams will be available for a two week window of time in March. Diplomates will still have the option of taking their MOC exams in the Tampa exam center.

Because of the increased cost for remote testing and security monitoring, the fee for the MOC Part III exam is now \$700, and as always, covers all exams taken during the same exam session (spring or fall) regardless of the number of exams taken (primary and subspecialty). See the ABP Web site for examination deadlines, dates, and registration information.

LONGITUDINAL FORMATIVE AND SUMMATIVE ASSESSMENT- ABMS MOC PART III PILOT

The ABP is pleased to announce that we have been selected by ABMS to be one of four boards participating in a pilot for MOC Part III. The details of this program are still being formulated and a software vendor being identified. It is anticipated that the pilot will begin in 2017. The pilot, as currently envisioned, will have the ABP sending periodic questions to participating diplomates, possibly weekly. The diplomates can log in to answer the question any time during the week and will have a defined amount of time to answer the question (e.g. 1-2 minutes). After answering the question, the diplomate receives immediate feedback on the correct answer, with an explanation for the answer and references. This pilot is anticipated to be similar to the American Board of Anesthesiology's MOCA minute pilot. The results of our pilot will be researched and, if deemed a valid assessment, could potentially replace the MOC once every ten-year exam. The pilot is based on the concept of continuous assessment of knowledge and learning from the questions (formative assessment) over several years, with the ability for diplomates to recognize gaps in

medical knowledge. This pilot will also allowing diplomates to demonstrate to the ABP sufficient medical knowledge for safe and effective practice (summative assessment). The short-term and long-term challenges for this type of assessment will be to have sufficient questions and relevant questions for diplomates with such varied practices in pathology. We will be welcoming input from our diplomates about this pilot.

FORENSIC PATHOLOGY MOC SUBSPECIALTY EXAM

The ABP CEO attended the annual 2015 National Association of Medical Examiners meeting and heard feedback from our diplomates about the relevance of the questions on their primary (APCP or AP) mandatory 50 question MOC exam modules. In response to this legitimate concern, forensic pathologists taking the 2016 spring (and thereafter) MOC exam will be able to choose a single 200 question MOC Forensic Pathology + primary certification exam. This exam will include clinical pathology questions that are relevant to forensic pathology, allowing a diplomate to meet the Part III MOC requirements for both primary and forensic pathology continuing certification. Forensic pathologists will still have the option to select a 50 question mandatory module in their area of primary certification + the 150 question Forensic Pathology subspecialty exam, graded as a single 200 question exam (but why would they want to?).

MOC PATIENT SAFETY REQUIREMENT

An ABP approved MOC Patient Safety course is required once each ten years. An approved course can be used to meet both some Part II (CME and SAMs) and Part IV (Diplomate Performance Improvement and Quality Assurance) MOC requirements.

ABP approved courses are offered by:

American Society for Clinical Pathology
Johns Hopkins University
College of American Pathologists
The National Patient Safety Foundation

ABMS MOC DIRECTORY POWERED BY MedEdPORTAL'S CE DIRECTORY

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

EXAM BLUEPRINTS

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

ABP FEES

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

MOC fee is the lowest of all boards, at \$1000, including the exam. The most expensive board has 10-year MOC fees of \$5,230.

NEW DIPLOMATES

The ABP congratulates all of the pathologists who became certified in 2015. The certificates issued are:

| Certificate Type | Anatomic Pathology and Clinical Pathology | Anatomic Pathology | Clinical Pathology |
|----------------------|---|--------------------|--------------------|
| Number of Diplomates | 504 | 90 | 48 |

EXAMINATION PERFORMANCE

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

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

2015 Primary Examinations

| | Total Candidates | | First-Time Takers | | | Repeaters | | |
|----|------------------|--------|-------------------|--------|--------|-----------|--------|--------|
| | # | % Pass | # | # Pass | % Pass | # | # Pass | % Pass |
| AP | 731 | 79% | 597 | 534 | 89% | 134 | 45 | 34% |
| CP | 645 | 85% | 546 | 507 | 93% | 99 | 43 | 43% |

5-year Certified Report

| Primary | 2011 | 2012 | 2013 | 2014 | 2015 |
|---------|------|------|------|------|------|
| APCP | 461 | 444 | 516 | 495 | 504 |
| AP | 98 | 89 | 93 | 105 | 90 |
| CP | 49 | 35 | 34 | 65 | 48 |

2015 Subspecialty Examinations

| | Total Candidates | | First-Time Takers | | | Repeaters | | |
|-------|------------------|--------|-------------------|--------|--------|-----------|--------|--------|
| | # | % Pass | # | # Pass | % Pass | # | # Pass | % Pass |
| BB/TM | 67 | 81 | 55 | 47 | 85 | 12 | 7 | 58 |
| CI | 21 | 81 | 19 | 17 | 89 | 2 | 0 | 0 |
| CYP | 160 | 89 | 140 | 129 | 92 | 20 | 13 | 65 |
| DP | 75 | 95 | 71 | 67 | 94 | 4 | 4 | 100 |
| FP | 45 | 96 | 40 | 40 | 100 | 5 | 3 | 60 |
| HEM | 156 | 85 | 140 | 128 | 91 | 16 | 5 | 31 |
| MMB | 11 | 100 | 11 | 11 | 100 | | | |
| MGP | 55 | 95 | 49 | 48 | 98 | 6 | 4 | 67 |
| NP | 32 | 94 | 29 | 28 | 97 | 3 | 2 | 67 |
| PP | 31 | 84 | 28 | 25 | 89 | 3 | 1 | 33 |

Maintenance of Certification

| MOC | Total Candidates | |
|-------------|------------------|--------|
| | # | % Pass |
| Spring 2015 | 213 | 100 |
| Fall 2015 | 187 | 100 |
| Spring 2014 | 58 | 100 |
| Fall 2014 | 89 | 96.6 |

2016 ABP EXAMINATION DATES

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

| Exams | | 2016 Dates |
|-------------------------------------|---------------|--------------|
| Anatomic/Clinical Pathology | | |
| Spring (Tampa) | Starting date | May 16 |
| Spring (Tucson) | Starting date | June 20 |
| Fall | Starting date | October 17 |
| Maintenance of Certification | | |
| Spring | Starting date | March 7 |
| Fall | Starting date | August 18 |
| Subspecialty | | |
| Blood Banking/Transfusion Medicine | | September 6 |
| Chemical Pathology | | September 16 |
| Clinical Informatics (Pearson Vue) | | October 3-14 |
| Cytopathology | Starting date | August 29 |
| Dermatopathology | Starting date | September 7 |
| Forensic Pathology | | September 12 |
| Hematopathology | Starting date | September 20 |
| Medical Microbiology | | September 16 |
| Molecular Genetic Pathology | Starting date | September 15 |
| Neuropathology | | September 14 |
| Pediatric Pathology | | September 19 |

2017 ABP EXAMINATION DATES

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

| Exams | | 2017 Dates |
|-------------------------------------|---------------|--------------|
| Anatomic/Clinical Pathology | | |
| Spring (Tampa) | Starting date | May 15 |
| Spring (Tucson) | | TBD |
| Fall | Starting date | October 16 |
| Maintenance of Certification | | |
| Spring | Starting date | March 6 |
| Fall | Starting date | August 14 |
| Subspecialty | | |
| Blood Banking/Transfusion Medicine | | September 7 |
| Chemical Pathology | | September 14 |
| Clinical Informatics (Pearson Vue) | TBD | October |
| Cytopathology | Starting date | August 28 |
| Dermatopathology | Starting date | September 11 |
| Forensic Pathology | | September 6 |
| Hematopathology | Starting date | September 20 |
| Medical Microbiology | | September 14 |
| Molecular Genetic Pathology | Starting date | September 13 |
| Neuropathology | | September 18 |
| Pediatric Pathology | | September 19 |