



# The ABP Examiner

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

## MISSION STATEMENT

The mission of the ABP, as a member of the American Board of Medical Specialties, is to promote the health of the public and advance the practice and science of pathology by establishing voluntary certification standards and assessing the qualifications of those seeking to practice the specialty of pathology.

## AMERICAN BOARD OF PATHOLOGY OFFICERS AND TRUSTEES

The ABP officers for 2015 are: President—Margaret M. Grimes, M.D., M.Ed.; Vice President—Gary Procop, M.D.; Secretary—Karen Kaul, M.D., PhD; Treasurer—James Stubbs, M.D.; and Sharon W. Weiss, M.D.—Immediate Past President. Dr. Rebecca Johnson is the Chief Executive Officer. She can be contacted at [rjohnson@abpath.org](mailto:rjohnson@abpath.org).

2015 Trustees of the ABP are (in addition to the officers listed above): Drs. Edward Ashwood, John Collin, Diane Davey, Susan Fuhrman, Michael Jones, Karen Kaul, and Steven Swerdlow. Dr. David Keren, former Trustee, has been elected Life Trustee of the ABP.

The ABP will be electing three new Trustees this year to begin terms in January 2016.

## FEATURED TRUSTEE—Dr. Margaret Grimes, President, ABP



Dr. Margaret Grimes is the 2015 President of the ABP. She has been a Trustee of the ABP since 2007 and served as Treasurer in 2012 and 2013 and Vice President in 2014. Dr. Grimes is Professor of Pathology and Vice Chair for Education in the Department of Pathology at Virginia Commonwealth University (VCU). She received her M.D. degree from New York Medical College, and trained in Anatomic and Clinical Pathology at VCU. Following a surgical pathology fellowship

at Columbia University College of Physicians and Surgeons, she was a member of the faculty at Columbia Presbyterian Medical Center before moving to Richmond and VCU in 1990.

Her clinical interests are in breast, cardiac and lung pathology. Dr. Grimes is ABP certified in Anatomic and Clinical Pathology and is participating in Maintenance of Certification.

Dr. Grimes is a very active member of the VCU teaching faculty, teaching second year medical students for many years. She completed a Master's degree in Education for medical educators in 2008. She has received numerous teaching awards and in 2012 she received the Faculty Teaching Excellence Award, the highest teaching award conferred by the VCU School of Medicine.

Dr. Grimes served as program director for the Pathology Residency Training Program from 1992–2005. She twice was presented with the Faculty Award from the pathology residents in recognition of her efforts. She has been involved in graduate medical education at the national level for many years, serving as Chair of the Program Directors' Section (PRODS) of the Association of Pathology Chairs in 2000-2002. She was a member of the ACGME Residency Review Committee for Pathology from 2000-2007, serving as Chair from 2005-2007. In 2013 she received the Association of Pathology Chairs' Distinguished Achievement Award in Graduate Medical Education.

### **TRUSTEES IN THE NEWS**

Congratulations to **Dr. Sharon Weiss**, ABP Past President, recipient of the 2015 USCAP Distinguished Pathologist Award. This award is given in recognition of distinguished service in the development of the discipline of pathology and to an individual who is recognized as making major contributions to pathology over the years. Dr. Weiss is a world renowned soft tissue pathologist and lead author of *Enzinger and Weiss Soft Tissue Tumors*. She is Professor of Pathology and former Associate Dean at Emory University School of Medicine. The award will be presented at the USCAP annual meeting in March in Boston.

### **BOARD ACTIONS**

The ABP met on November 17, 2014 in the ABP office in Tampa. A major policy change was adopted that diplomates must maintain their primary time-limited certification in order to maintain subspecialty certification. The rationale for this change is given below. Another policy change was that the grace period for regaining certification following lapse of certification is now three years, rather than five. Unsuccessful candidates who are ten years or more from completion of initial training will now have to repeat all training in order to be given a period of qualification.

The ABP launched a formal strategic planning in January 2015. The ABP Web site is undergoing major redesign.

**New ABP Policy: *Diplomates must maintain their primary time limited certification in order to maintain ABP certification.***

Rationale:

- The mission of the ABP is “to promote the health of the public and **advance the practice and science of pathology...**” Maintenance of primary certification supports that mission.
- Maintenance of primary certification in the MOC program preserves and protects the status and value of ABP certification in pathology.
- Maintenance of primary certification preserves and strengthens the foundations of our specialty.

- As medicine and the field of pathology are rapidly evolving and advancing, the distinctions between anatomic and clinical pathology are becoming increasingly blurred. Maintaining primary certification best positions pathologists to meet the requirements of practice in the current and anticipated future environment of medicine.
- Accountable care organizations will need and expect pathologists to play important consultative roles. Maintenance of primary certification enhances the credibility of pathologists in these organizations.
- The public expects that physicians will maintain a core of general knowledge in their field, regardless of their subspecialization.
- We are physicians first, pathologists second, and in some cases, subspecialists third. As a profession, we should maintain our identity as pathologists by maintaining our primary certification.
- The ABP recognizes that diplomates' pathology practices are varied. The ABP's MOC program allows for diplomates to tailor their MOC Part II and IV activities to reflect their practice. The MOC Part III exam for AP and/or CP only diplomates is modular, so they can select an examination that reflects their practice. The Part III examination for subspecialty diplomates allows combining a 50-question general pathology module with a 150-question subspecialty module, scored as a single 200-question exam. Successful diplomates will have met their MOC Part III requirements for both their primary certification and subspecialty certification. The ABP has published on our website [www.abpath.org](http://www.abpath.org) comprehensive study guides that include the key concepts and/or diagnostic categories covered in each of the MOC exam modules.

### **ABP THANKS OUR TDAC MEMBERS**

The ABP would like to thank the ninety-nine members of our twelve Test Development and Advisory Committees (TDACs) for their volunteerism and contributions to our examination process. These Committee members donate approximately 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 and subspecialties. You can see who these subject matter experts are on our website under "Test Committees".

### **ABP THANKS OUR COOPERATING SOCIETIES**

The ABP would like to thank the United States and Canadian Academy of Pathology and Dr. David Kaminsky, USCAP Executive Vice President, for providing a complimentary exhibit booth to the ABP at the 2015 USCAP Annual Meeting in Boston, MA.

The ABP will sponsor the annual meeting with our ten Cooperating Societies on May 5 in Chicago.

### **ABP 2015 BOOKLET OF INFORMATION**

The *2015 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 ANNOUNCES A 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, visit our web site and click on “Announcements.”

**CERTIFYING EXAMINATION PERFORMANCE REPORTS**

The ABP annually generates Program Performance Reports for each ACGME accredited primary and subspecialty training program. These reports will be slightly 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 will include 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. 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 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 2014 reports will be posted in March. Program directors with questions about their reports should contact [restrkg@abpath.org](mailto: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 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, M.D., 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 Board certification. 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 and unethical and unprofessional behavior. In order to maintain a fair and secure testing process, the Board 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 and professional and ethical behavior.

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

MOC continuing certification has begun. 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 2015, the ABP will join the other 24 ABMS boards in public reporting of the MOC status of our diplomates.

The ABP, in conjunction with several of our Cooperating Societies, has developed an MOC survey to assess current diplomate practice responsibilities and their perceived adequacy of residency preparation for practice. The data gathered from the surveys will be used to inform ABP about certification and residency training. Thanks to those diplomates who completed the survey at the time of their MOC reporting.

The *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 the primary and subspecialty MOC requirements.

MOC participation is also available to diplomates with non-time-limited certificates. These diplomates have the same MOC requirements and cycle of reporting as diplomates required to participate in MOC. Ongoing participation is *not* mandatory and a decision to end 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](mailto:ABP-MOC@abpath.org).

ABMS is working with state medical licensing boards to have MOC participation meet state CME licensure requirements. This has been accepted in nine states (Iowa, New Hampshire, North Carolina, Oregon, Idaho, West Virginia, Kansas, Minnesota, and New Mexico) and is expected to be approved in more states in the future.

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

## **ABP JOINS THE ABMS MULTISPECIALTY MOC PORTFOLIO APPROVAL PROGRAM**

The ABP now accepts institutional ABMS Portfolio Program activities as meeting the annual MOC Part IV requirement for Individual Pathologist Performance Improvement and Quality Assurance. The Program offers a process for approved healthcare organizations to support physician involvement in quality improvement and Maintenance of Certification (MOC) across multiple ABMS specialties. This program offers a streamlined approach for organizations that sponsor and support multiple well-designed quality improvement efforts involving physicians across multiple disciplines to receive MOC Part IV credit. Is your institution an approved sponsor? For more information, go to [www.mocportfolioprogram.org](http://www.mocportfolioprogram.org).

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

ABP MOC Part III requirements allow diplomates who hold both primary 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 now publishes on our website comprehensive study guides for the MOC exam modules. The MOC exams do not include any glass slides or virtual microscopy questions.

The fee for the MOC Part III exam is \$500 and covers all exams taken during the same exam session (spring or fall) regardless of the number of exams taken (primary and subspecialty). For diplomates with non-time limited primary certification, but time limited subspecialty certification, the ABP encourages those individuals to consider voluntary MOC recertification of their primary certificate. There is no extra cost to take the exam and failure does not jeopardize the primary certificate. See the ABP Web site for examination deadlines, dates, and registration information.

The MOC Part III 2014 spring exam was taken by 56 diplomates and there was a 100% pass rate. The fall exam was taken by 86 diplomates and there was a 96% pass rate. MOC exams were given on March 2 and 3.

The ABP is sensitive to the costs and burden of travel to Tampa for the exam and is therefore pursuing secure, remote testing for the MOC Part III exam in the future.

### ***MOC PATIENT SAFETY REQUIREMENT***

In 2013, the American Board of Pathology adopted an MOC requirement for Patient Safety in order to comply with the American Board of Medical Specialties (ABMS) MOC Patient Safety requirement for its member boards. The Patient Safety requirement need only be met once each ten years. An ABP approved Patient Safety course can be used to meet both some Part II (CME and SAMs) and Part IV (Diplomate Performance Improvement and Quality Assurance) MOC requirements.

The American Society for Clinical Pathology and the National Patient Safety Foundation offer ABP approved Patient Safety courses. The ASCP course is relevant to pathology and consists of eight modules that can earn diplomates 5 or 12 CME or SAM credits. The modules can be found on the ASCP Web site [www.ascp.org](http://www.ascp.org) under "Online CE." The National Patient Safety Foundation Patient Safety Course provides 10 CME credits (acceptable to the ABP as SAMs) for \$100 and can be found at [www.npsf.org/abms](http://www.npsf.org/abms). The ABP anticipates that other CME/SAMs providers will develop Patient Safety courses in the near future.

### ***ABMS EVIDENCE LIBRARY***

The American Board of Medical Specialties (ABMS) has developed the ABMS Evidence Library which highlights research studies and articles supporting the value of board certification and MOC programs. It reflects an effort to systematically present the empirical evidence in the current peer-reviewed literature. Access to the Evidence Library is at [www.abms.org/EvidenceLibrary](http://www.abms.org/EvidenceLibrary). The ABP welcomes any research and publications on the value of ABP certification and Maintenance of Certification.

### ***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.

### ***CERTIFICATION AND ACGME ACCREDITATION IN CLINICAL INFORMATICS***

The Clinical Informatics subspecialty examination for diplomates that qualified for the "by experience" route will be given October 3-14 at Pearson VUE test centers. Twenty-five ABP diplomates were certified in 2013 and 27 in 2014. The "by experience" route to certification will be available through 2017, after which time ACGME accredited fellowship training will be required for certification. See the ABP Web site for more information and application.

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

### **NEW DIPLOMATES**

The ABP congratulates all of the pathologists who became certified in 2014. The certificates issued are:

<b>Certificate Type</b>	<b>Anatomic Pathology and Clinical Pathology</b>	<b>Anatomic Pathology</b>	<b>Clinical Pathology</b>
Number of Diplomates	495	105	65

### **EXAMINATION PERFORMANCE**

All of the ABP examinations are graded using the criterion-referenced method. See the ABP Web site for examination information. Results are reported as percentage pass for individual years.

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.

#### **2014 Primary Examinations**

	<b>Total Candidates</b>		<b>First-Time Takers</b>			<b>Repeaters</b>		
	<b>#</b>	<b>% Pass</b>	<b>#</b>	<b># Pass</b>	<b>% Pass</b>	<b>#</b>	<b># Pass</b>	<b>% Pass</b>
AP	757	80%	600	546	91%	157	58	37%
CP	683	81%	570	511	90%	113	39	35%

#### **2014 Subspecialty Examinations**

<b>Exam</b>	<b>Total Candidates</b>		<b>First-Time Takers</b>			<b>Repeaters</b>		
	<b>#</b>	<b>% Pass</b>	<b>#</b>	<b># Pass</b>	<b>% Pass</b>	<b>#</b>	<b># Pass</b>	<b>% Pass</b>
BB/TM	55	71	43	34	79	12	5	42
CH	1	100	1	1	100			
CI	27	93	22	20	90	5	5	100
CYP	180	85	153	141	92	27	12	44
DP	86	95	79	77	97	7	5	71
FP	47	89	43	39	91	4	3	75
HEM	162	88	149	140	94	13	3	23
MMB	7	100	7	100				
MGP	47	87	44	40	91	3	1	33
NP	19	84	19	16	84	0	0	0
PP	22	91	14	14	100	8	6	75

#### **5-year Certified Report**

<b>Primary</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
APCP	483	461	444	516	495
AP	120	98	89	93	105
CP	33	49	35	34	65

**2015 ABP EXAMINATION SCHEDULES**

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

<b>Exams</b>		<b>2015 Dates</b>
<b>Anatomic/Clinical Pathology</b>		
Spring	Starting date	May 11
Fall	Starting date	October 19
<b>Maintenance of Certification</b>		
Spring	Starting date	March 2
Fall	Starting date	August 17
<b>Subspecialty</b>		
Blood Banking/Transfusion Medicine		September 17
Chemical Pathology		September 21
Clinical Informatics (Pearson Vue)		October 5–16
Cytopathology	Starting date	August 31
Dermatopathology	Starting date	September 9
Forensic Pathology		September 15
Hematology	Starting date	September 28
Medical Microbiology		September 21
Molecular Genetic Pathology		September 16
Neuropathology		September 24
Pediatric Pathology		September 25

**2016 ABP EXAMINATION SCHEDULES**

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

<b>Exams</b>		<b>2016 Dates</b>
<b>Anatomic/Clinical Pathology</b>		
Spring	Starting date	May 16
Fall	Starting date	October 17
<b>Maintenance of Certification</b>		
Spring	Starting date	March 7
Fall	Starting date	August 15
<b>Subspecialty</b>		
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
Hematology	Starting date	September 20
Medical Microbiology		September 16
Molecular Genetic Pathology		September 15
Neuropathology		September 14
Pediatric Pathology		September 19



### **LOGO**

The American Board of Pathology (ABP) logo is based on a bronze plaque designed in 1954 by John R. Schenken, M.D., trustee of the ABP from 1951 to 1963. The background is a reproduction of the Mycenaean coils of intestine, thought to be the first representation of visceral pathology. This sculptured votive offering, made approximately 600 B.C., was excavated by Schliemann in 1876 from the ruins of the extinct city of Mycenae, Greece. The superimposed syringe-like cylinder represents Hooke's microscope of 1666 A.D., the first compound microscope to be accurately illustrated. The snake coiled about the barrel of the microscope depicts the sacred Aesculapian serpent which, by shedding its skin, is a sign of renewal—the symbol of medicine. Collectively, this logo represents medicine resting firmly upon the foundation of pathology.