

INTERSOCIETY PATHOLOGY COUNCIL REPORT
from The American Board of Pathology

AMERICAN BOARD OF PATHOLOGY (ABP) OFFICERS

The following trustees were elected as officers for 2013: Patrick E. Lantz, M.D., President; Sharon W. Weiss, M.D., Vice President; Margaret M. Grimes, M.D., M.Ed., Treasurer; Gary Procop, M.D., Secretary; Diane D. Davey, M.D., Immediate Past President.

CHIEF EXECUTIVE OFFICER

Dr. Betsy Bennett retired as Executive Vice President at the end of 2012, but is remaining with the Board in a consulting role. Dr. Rebecca Johnson assumed the position of Chief Executive Officer on January 1, 2013. She can be contacted at rljohnson@abpath.org

TRUSTEES

Dr. Michael Jones from Portland, Maine is a new trustee of the ABP. Dr. David Keren has expressed his intention to go off of the Board at the end of 2013. A request for nominations for a new trustee to begin service on January 1, 2014 will be sent to the Cooperating Societies, current and previous Trustees, Pathology Chairs, and State Pathology Societies in January 2013. The ABP is particularly interested in candidates with a background in the private practice of pathology. Nominating letters should be addressed to Dr. Gary Procop, Secretary and Chair of the Search Committee and electronically sent to Dr. Rebecca Johnson at the ABP office rljohnson@abpath.org.

ABP 2013 BOOKLET OF INFORMATION

The revised *2013 Booklet of Information* is now available on the ABP Web site and includes the most recent Board policy changes. This document should be reviewed by Program Directors and residents at least annually to ensure that appropriate requirements are met and procedures are followed.

BOARD ACTIONS

The Trustees of the American Board of Pathology met in Tampa on November 17 and 18, 2012.

Several policy changes were made. Previously, a candidate for certification had a five-year period of qualification from the completion of training during which they could sit for the examination a maximum of five-times each for AP and/or CP. The Board rescinded the five time limit, so the new policy retains the five-year period of qualification from the completion of training, but a candidate may sit for the examination as many times as it is offered during their period of qualification.

Board policy previously required that an AP/CP candidate who was unsuccessful in one portion of the exam (AP or CP) and applied for single certification (CP or AP) had to apply within two years of the end of the period of qualification in which they passed the single portion of the exam. The new policy requires application for a single certificate within 3 years of the end of the period of qualification in which the candidate passed the single exam.

The Board adopted a new policy that Diplomates with time-limited certificates who are required to participate in Maintenance of Certification (MOC) must be current in their MOC requirements in order to sit for a subspecialty exam and qualify for subspecialty certification.

HONOR CODE STATEMENT

The Board has adopted a revised 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. This is considered 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.

AUTOPSY REQUIREMENTS FOR CERTIFICATION

Effective for applicants for the 2013 examinations and thereafter, the ABP policy regarding the use of fetal autopsies to meet the ABP autopsy requirements is as follows:

- A fetal autopsy is defined as one that is performed on a fetus dying in-utero or born dead.
- There must be an autopsy consent signed for a complete autopsy. This is not the same as an anatomic disposal.
- The fetus must be intact.
- Examination of the placenta must be part of the autopsy report.
- No more than a total of 5 fetal autopsies that have no anatomic, congenital, infectious, or genetic abnormalities (Final Anatomic Diagnosis = intra-uterine fetal demise) can count toward the required 50 autopsy cases.
- No more than 2 fetal autopsies on macerated fetuses can count toward the 50 required autopsy cases.

Residents planning to take the 2013 examination, whose autopsy numbers will be affected by this new policy, should take steps to ensure they will meet the requirement for 50 autopsies by the deadline for receipt of applications for the 2013 exams.

MAINTENANCE OF CERTIFICATION

MOC reports from 2008 and 2010 diplomates are due January 31, 2013. The *MOC Booklet of Information* is available on the ABP Web site. Diplomates with time-limited primary and subspecialty certificates will 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. The Part III cognitive examinations and issuance of renewed certificates will remain on the original ten-year cycle timeline.

MOC participation is now available to Diplomates with non-time-limited certificates. These diplomates will have the same MOC requirements and cycle of reporting as Diplomates required to participate in MOC with two exceptions: 1) participation is not mandatory and a decision to drop participation or failure to meet MOC requirements will not jeopardize the original non-time limited certificate; and 2) there will be a \$100 fee to enroll in the MOC program. Additional details are in the updated *MOC Booklet of Information*. Diplomates with non-time limited certificates are encouraged to participate in MOC to qualify for the CMS PQRS-MOC bonus payment. See the PQRS section below.

The Board has approved MOC Part IV credit for ACGME Residency and Fellowship Program Directors. This credit is for the supervision of residents and fellows and is similar to credit given for Part IV by some other ABMS Boards. This credit fulfills the annual "Diplomate Performance Improvement and Quality Assurance" requirement.

MOC PART III (COGNITIVE EXPERTISE) PILOT EXAM

The proposed fee for the MOC Part III Cognitive Examination offered in 2014 and thereafter is \$500. The ABP is planning a MOC pilot examination in the summer of 2013 at the exam center in Tampa, FL. The exam will be modular (150 total questions) and registrants will be able to select their modules at the time that they sit for the exam. The pilot exam will be offered to 2006 and 2007 certified AP and/or CP diplomates and to non-time limited diplomates without jeopardy of the lifetime certificate. The \$500 fee will be waived for the pilot exam and there will be no penalty for failure. There will be a \$100 refundable registration fee for the pilot exam. Diplomates that pass the MOC pilot exam will fulfill the Part III MOC requirement for their ten year MOC cycle. More information and application to take the pilot exam will be available on our website in early 2013.

MOC PATIENT SAFETY REQUIREMENT

The American Board of Pathology is announcing a new MOC requirement for Patient Safety. This is to comply with the American Board of Medical Specialties (ABMS) MOC Patient Safety requirement for its member boards. Beginning in 2013, all diplomates enrolled in MOC will be required to complete an ABMS-approved Patient Safety course within their next two (two-year) reporting cycles. The Patient Safety requirement need only be met once during each 10-year MOC cycle. An ABMS approved Patient Safety course can be used toward both Part II (CME and SAMs) and Part IV (Diplomate Performance Improvement and Quality Assurance) MOC requirements. The American Society for Clinical Pathology has available the only ABMS approved Patient Safety course that is relevant to pathology. It consists of seven 1.5 CME or SAM credit modules. Visit their website www.ascp.org and click on "Online CE" to learn more.

VOLUNTARY RECERTIFICATION IS ENDING IN 2013

The Voluntary Recertification (VR) program is available to diplomates with lifetime certificates in anatomic and/or clinical pathology who wish to demonstrate continuous improvement in practice. The *Voluntary Recertification Booklet of Information* is available on the ABP Web site.

The Voluntary Recertification program will accept applications through July 1, 2013. Diplomates who successfully complete the recertification process will receive a certificate of recertification dated January 1, 2014, which will be valid for ten years. A diplomate's lifetime certificate remains valid, regardless of whether or not he/she successfully completes the VR requirements. After July 1, 2013, diplomates with lifetime certificates are encouraged to participate in MOC and those diplomates who are required to take a secure, proctored examination for a medical license will have to participate in the MOC program.

The Voluntary Recertification examination is available only to diplomates who are required to take such an examination in order to obtain or maintain licensure in a particular state. The VR examination will be given in the Spring and Fall of 2013 at the ABP Examination Center in Tampa. This exam will be offered in AP/CP, CP only, or AP only and must be taken in the area(s) in which the diplomate was originally certified. For example, an AP/CP diplomate cannot take the AP only recertification examination, but must recertify in AP/CP.

The fee for Voluntary Recertification without examination is \$1000; the fee for Voluntary Recertification with a secure, proctored examination is \$1800.

PHYSICIAN QUALITY REPORTING SYSTEM (PQRS)

The ABP is working with the American Board of Medical Specialties (ABMS) to qualify our diplomates to receive the Centers for Medicare and Medicaid Services (CMS) incentive payments for participation in MOC:PQRS in 2013 and 2014.

PQRS, formerly known as PQRI, is a voluntary reporting program that provides an incentive payment to eligible physicians who satisfactorily report data on specified quality measures. Pathology currently has five quality measures. Physicians can choose to fulfill the PQRS reporting requirement through Medicare Part B claims (most commonly used by pathologists), a qualified electronic health record, or a qualified registry. For 2013 and 2014, the PQRS incentive payment is 0.5% of a physician's total Medicare Part B allowed charges. Physicians who do not participate in PQRS in 2013 will incur a 1.5% penalty in 2015. Beginning in 2013, if two members of a group (physicians with the same tax identification number) are reporting quality measures using a registry, the entire group can receive the incentive payment based on their total Medicare Part B claims. See www.cms.gov or the CAP PQRS Resource Center at www.cap.org for more information.

MOC:PQRS offers eligible physicians who have satisfactorily submitted data under PQRS the opportunity to earn an **additional incentive payment of 0.5%** for participating in a CMS qualified MOC program "more frequently" than is required to maintain board certification. The ABP is working with ABMS to determine what "more frequently" will mean for diplomates currently enrolled in MOC. For diplomates with lifetime certificates, voluntary enrollment in MOC will meet the "more frequently" CMS reporting requirement. The ABP will require diplomates to purchase the MOC:PQRS Attestation Module from CE City, a PQRS registry. The cost of this module is \$30. CE City also offers modules for quality reporting, including one that will satisfy the group reporting requirements noted above.

CERTIFYING EXAMINATION PERFORMANCE REPORTS

In January of each year, a Program Performance Report is generated for each ACGME accredited primary and subspecialty training program. The report includes two sets of data, each covering the previous 5 years. One set lists candidates who completed all or part of their training in that program along with their examination performance history by the year(s) when the examination was taken. The other set of data separates results of first-time candidates from results of those who have repeated an examination and includes performance only for candidates who completed all of their training in that program. This report is confidential and is available only to the residency program director.

The program performance data (not individual candidate performance) is provided annually to the ACGME Review Committee for Pathology as part of the new accreditation system. The accuracy of these reports depends on the 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 2013 reports will be posted in January. 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 site visit review to check the report.

CERTIFICATION IN CLINICAL INFORMATICS

The American Board of Medical Specialties approved a new Certificate in Clinical Informatics at its September 2011 meeting. This certificate is jointly sponsored by the American Board of Preventive Medicine (ABPM) and the ABP. ABPM will serve as the administrative board for this certificate. See the following link for more information http://www.theabpm.org/abpm_clinical_informatics.pdf . The first examination, which will be offered to those who meet the by-experience certification requirements, will be given October 7-18, 2013 at Pearson VUE test centers. ACGME Program Requirements are being drafted after which ACGME will begin accrediting fellowship programs. If you would like to be added to the Clinical Informatics email list maintained by ABPM, please send an email to wgreaves@theabpm.org.

NEW DIPLOMATES

The ABP congratulates all of the pathologists who were certified in 2012.

In 2012, the ABP issued 444 certificates in AP/CP, 89 in AP only, 35 in CP only, and 6 in AP/NP. With regard to subspecialties of pathology, 41 physicians were certified in Blood Banking/Transfusion Medicine, 132 in Cytopathology, 47 in Dermatopathology, 43 in Forensic Pathology, 126 in hematology, 5 in Medical Microbiology, 32 in Molecular Genetic Pathology, 19 in Neuropathology, and 13 in Pediatric Pathology. We also congratulate the 47 pathologists who recertified in 2012.

EXAMINATION PERFORMANCE

All of the ABP examinations given in 2012 were graded using the criterion-referenced method. 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 2012. (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 2012.

2012 Primary Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
AP	810	70%	620	554	89%	190	75	39%
CP	668	75%	558	518	93%	110	56	51%

2011 Primary Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
AP	808	70	582	475	82	226	89	39
CP	679	75	523	441	84	156	67	43

2012 Subspecialty Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
BB/TM	52	79	42	37	88	10	4	40
CYP	149	89	130	118	91	19	14	74
DP	54	87	46	42	91	8	5	62
FP	49	90	44	40	91	5	4	80
HEM	140	90	125	116	93	15	10	67
MMB	5	100	4	4	100	1	1	100
MGP	35	91	33	32	97	2	0	0
NP	26	96	23	22	96	3	3	100
PP	23	57	16	11	69	7	2	29

2011 Subspecialty Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
BB/TM	50	74	43	35	81	7	2	29
CYP	152	84	131	113	86	21	15	71
DP	57	86	51	46	90	6	3	50
FP	37	84	37	31	84	0		
HEM	133	89	118	113	96	15	5	33
MMB	11	91	9	9	100	2	1	50
MGP	65	92	59	58	98	6	2	33
NP	34	94	30	29	97	4	3	75
PP	43	77	37	30	81	6	3	50
CH	1	100	1	1	100			

2013 and 2014 ABP EXAMINATION SCHEDULES

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

Exams	2013	2014	
Anatomic/Clinical Pathology			
Spring	5/13/2013	5/12/2014	
Recertification	6/20/2013		
Fall	10/14/2013	10/20/2014	
Recertification	10/24/2013		
Maintenance of Certification			
Pilot Exam	7/27/2013		
Spring		3/10/2014	
Fall		11/3/2014	
Sub Specialty			
Blood Banking/ Transfusion Medicine	9/23/2013	9/4/2014	
Cytopathology	8/26/2013	9/15/2014	Starting date
Dermatopathology	9/9/2013	9/8/2014	Starting date
Forensic Pathology	9/4/2013	9/3/2014	
Hematology	9/24/2013	9/23/2014	Starting date
Molecular Genetic	9/11/2013	9/18/2014	
Medical Microbiology/ Chemical Pathology	9/18/2013	9/22/2014	
Neuropathology	9/17/2013	9/10/2014	
Pediatric Pathology	9/16/2013	9/11/2014	