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The ABP EXAMINER

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.

Getting Ready to Launch!



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2018 AMERICAN BOARD OF PATHOLOGY OFFICERS AND TRUSTEES

The ABP Officers and Executive Committee for 2018 are:

President: Karen Kaul, MD, PhD;
Vice President: Susan Fuhrman, MD;
Secretary: Steven Swerdlow, MD;
Treasurer: Michael Jones, MD;
Immediate Past President: James Stubbs, MD.

The 2018 Trustees of the ABP are (in addition to the officers listed above):
Drs. Edward Ashwood, Constance Filling*, Mohiedean Ghofrani, Eric Glassy, Jeffrey Goldstein, Ritu Nayar, Gary Procop and Barbara Sampson (* new 2018 Trustees). Dr. Rebecca Johnson is the Chief Executive Officer. She can be contacted at rljohnson@abpath.org.



front row: Ritu Nayar, MD; Steven Swerdlow, MD (Secretary); James Stubbs, MD (Immediate Past President); Karen Kaul, MD, PhD (President); Susan Fuhrman, MD (Vice President); Michael Jones, MD (Treasurer); Rebecca Johnson, MD (CEO)
back row: Barbara Sampson, MD, PhD; Mohiedean Ghofrani, MD, MBA; Gary Procop, MD, MS; Jeffrey Goldstein, MD; Edward Ashwood, MD; Eric Glassy, MD; Constance Filling, EdD

MEET OUR TRUSTEES



Karen L. Kaul, MD, PhD **President**

Dr. Kaul is Chair, Department of Pathology and Laboratory Medicine at NorthShore University HealthSystem in Evanston, Illinois, and a Clinical Professor of Pathology at the University of Chicago Pritzker School of Medicine. Dr. Kaul earned her medical and graduate degrees from Northwestern University Feinberg School of Medicine and completed her residency in pathology at Northwestern Memorial Hospital. She has been a Trustee of the ABP since 2011 and current responsibilities include Chairperson, Molecular Genetics Test Development & Advisory Committee; Chairperson, Credentials Committee; and Chairperson, Governance Task Force. Dr. Kaul is board certified in Anatomic Pathology and Molecular Genetic Pathology and is enrolled in the Maintenance of Certification program.



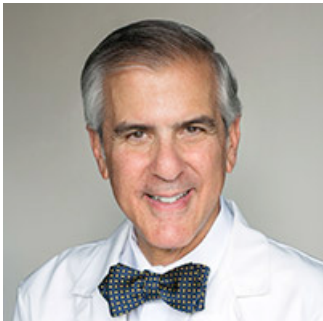
2018 NEW TRUSTEE **Constance Filling, EdD** **Public Member Trustee**

Dr. Filling is the Chief Learning Officer of the Association of American Medical Colleges and began her term as a Trustee of the ABP January 1, 2018. Dr. Filling is the first public member to be elected to the Board. Prior to joining the AAMC, Dr. Filling served as the Chief Education Officer at the American Academy of Orthopaedic Surgeons and as the Vice President of Education and Publications at the College of American Pathologists. Dr. Filling began her career in healthcare professions education in the Center for Educational Development at the University of Illinois Medical Center. In previous board service, Dr. Filling served as the Board chair and chair of the Leadership Committee for the Association for Talent Development (previously known as the ASTD). Dr. Filling holds a Doctorate in Education from the University of Pennsylvania. She earned her Bachelor's degree in Education and Sociology at Cornell College and her Masters' degree in Educational Psychology at the University of Chicago.



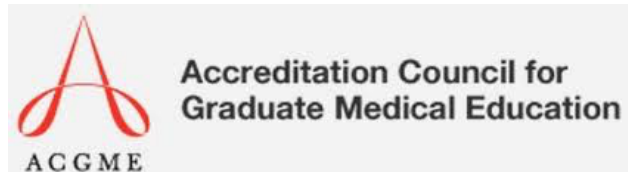
CALL FOR TRUSTEE NOMINATIONS

The ABP is soliciting nominees to fill a Trustee position, effective January 1, 2019. A nominee with expertise in Medical Microbiology is being sought. Self-nominations are encouraged. Nominations and nominee CVs can be submitted to Dr. Steven H. Swerdlow, Secretary of the ABP, in care of the ABP office. Self-nominees are encouraged to submit a letter of support from a pathology society and/or another pathologist. Electronic submission is preferred to: rljohnson@abpath.org. All nominations should be submitted no later than March 19, 2018.



TRUSTEES IN THE NEWS

Dr. Jeffrey Goldstein was appointed to the ACGME Residency Review Committee for Pathology effective July 2018.





MEET OUR STAFF

Josie Santos Chief Financial Officer

Josie Santos has been an employee of the ABP since 1995. Josie was hired as the Recertification Coordinator and one year later became the Accountant. She held that position for 10 years, until the Administrator retired, and she was asked to take on that role. Josie held the position of Administrator for 11 years at which time the ABP experienced significant growth and the position of Administrator was eliminated and two new positions, COO and CFO, were created.

As CFO, she is accountable for the financial, risk management, and human resources of the ABP, including the development of financial and operational strategies, metrics, business plans and the ongoing development and monitoring of control systems designed to preserve assets and report accurate financial results.

She volunteers her time as treasurer for the Adventist Motorcycle Ministry; where her husband is an active member. She also volunteers with the Pathfinder Club, a church organization, which seeks to educate youth to be responsible citizens of society.

Ms. Santos obtained a Bachelor's Degree in Business Administration in 2002 and a Master's Degree in Business, Management concentration, from St. Leo University in 2003. She is currently completing a Human Resource certificate at the University of South Florida.

She is married with two daughters. Her oldest is a reading teacher at a local middle school and her youngest is a junior attending college in Chattanooga, TN. After 29 years of service, her husband will retire from the Tampa Police Department in September 2018.





2017 BOARD ACTIONS

The ABP supports the NIH Stimulating Access to Research in Residency (StARR) program and will allow one to two years hiatus from training for residents and fellows to conduct research.

To align with ABMS policy, the ABP has adopted a new policy. Diplomates will have seven years board eligibility from completion of ACGME accredited subspecialty training. This will go into effect for fellows beginning training in 2018 and thereafter.

In 2018, the ABP will begin to issue Focused Practice designations for clinical chemistry and medical microbiology. Details and requirements for this designation can be found in the updated Booklet of Information.



ABP THANKS OUR COOPERATING SOCIETIES

The ABP would like to thank the ASCP, CAP and USCAP for providing the ABP complimentary exhibit booths at their annual meetings. Stop by and meet our staff.

The ABP will hold its annual meeting with our Cooperating Societies on May 8, 2018. Topics for discussion are still being finalized.

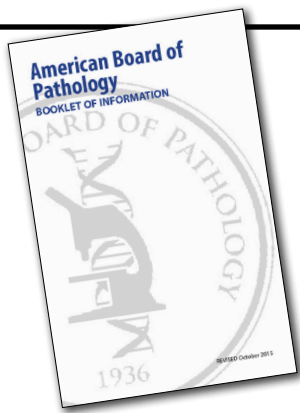


STRONGERTOGETHER



COLLEGE of AMERICAN
PATHOLOGISTS





ABP BOOKLET OF INFORMATION

The updated Booklet of Information is available on the ABP Website, www.bpath.org. 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.



CERTIFYING EXAMINATION PROGRAM PERFORMANCE REPORTS

Program Performance Reports are now available to Program Directors in Resident Tracking. The ABP annually generates Program Performance Reports for each ACGME accredited primary and subspecialty training program. The report now provides more detailed exam content performance data. Subspecialty program performance reports are only provided if there are at least three fellows in the program during the past six years, in order to maintain candidate confidentiality. 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.

Performance reports provided to unsuccessful candidates now also provide more detailed exam content performance data. This should be useful to candidates to identify areas of weakness.

The feedback includes:

Reference based performance—how the candidate did as compared to others who took that exam in the same sitting; reported in tritiles—upper, middle, lower.

Criterion based performance—how the candidate did compared to a criterion of 50%; reported as either “good” (more than 50% of items in that category were answered correctly) or “low” (less than 50% of the items in that category were answered correctly). A candidate could theoretically be “good” but “low” if two-thirds of candidates scored better in that category (easy questions) or a candidate could be “low” but “upper” (difficult questions).



FEES

ABP FEES

ABP is often asked how our fees compare with other ABMS Boards. Recently ABMS did a data analysis comparing member boards. We are 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 one of the lowest of all ABMS member boards, at \$1200, including the exam, over ten years. The most expensive board has 10-year MOC fees of \$5,230.



Reciprocity with the Royal College of Physicians and Surgeons of Canada for MOC

We Heard: Pathologists practicing in Canada and certified by both ABP and the RCPSC have to report MOC activities to both organizations.
The Goal: Simplify reporting for diplomates certified by both organizations.

Prior to 2018, a pathologist completing ABP's MOC program while living and practicing in the USA could report their MOC participation to the RCPSC as substantively equivalent. New in 2018, pathologists participating in MOC with the RCPSC may submit documentation of current participation in lieu of reporting ABP Part II & Part IV MOC requirements. A pathologist must be living and practicing in Canada to do so.



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA



**IMPROVING THE PATH
TO LIFELONG LEARNING**

CONTINUING CERTIFICATION/ MAINTENANCE OF CERTIFICATION IMPROVEMENTS

The ABP is pleased to announce changes to our Continuing Certification (Formerly known as MOC) program starting in 2018. The ABP encourages and appreciates feedback from our diplomates. We believe the following changes improve our program.

Reference Materials Allowed for MOC Exams (Open Book!)

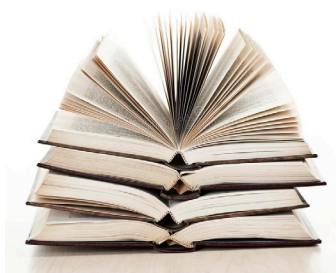
We Heard

Physicians have access to reference materials in practice when trying to solve problems and make diagnoses.

The Goal

Make the MOC exam more relevant to daily practice.

Starting with the 2018 Spring MOC Examination Session, physical reference material (books, notes, study guides, etc.) will be allowed while taking the MOC exam. For exam security reasons, access to electronic resources are NOT allowed at this time.



OPEN BOOK EXAM

ABPath CertLink Pilot for Longitudinal Assessment of Knowledge, Judgment, and Skills

We Heard

MOC exams are stressful and not always relevant to my practice.

The Goal

Create a longitudinal assessment that will allow for greater relevance and also be an assessment for learning. We anticipate that this will become an alternative to the once every ten years examination.

The ABP plans to launch a pilot longitudinal assessment program called *ABPath CertLink™* in 2018. This optional assessment will feature questions answered every quarter based on an individually created annual syllabus. More information about *ABPath CertLink™* is provided below and will also follow as the launch of the pilot approaches.



**ALTERNATIVE TO THE
HIGH STAKES EXAM**



Increased Diversity In Sam Activities

We Heard

It is sometimes difficult to find SAM activities relevant to my practice. SAM post-test questions are poorly written.

The Goal

Increase the number of SAM activities available and the ways they can be constructed.

ABP is recognizing new types of assessments that providers can use when offering SAM credits. Previously, SAM credits could only be awarded if a pathologist passed a post-activity quiz. Approving a wider range of participant assessment methods allows many existing activities to become SAM-eligible. CME providers will now have more flexibility to design relevant SAM activities. The below table provides some alternate means of assessment that can be used by CME providers to qualify activities as SAMs.

Evaluation Mechanism	Evaluation Method	Participation Threshold	Feedback Method
Case Discussion	Learners asked to share with each other and group how they would approach the case at various stages.	Learner actively participates in the conversation as judged by a group leader or observer.	The outcome of the case is shared.
Written Responses	Learners write down what they have learned and indicate commitment to change or maintain an element of practice.	Learner writes a reflective statement and makes a commitment to change or maintain an element of practice.	Leader/facilitator summarizes what was discussed and best next steps for learners.
Audience Response System	Learners select answers to provocative questions using the ARS.	Learner attempts an acceptable number of questions. Threshold set by provider.	Answer to each question is shared in dialog or writing, including rationale for correct answers with relevant citations.
Quiz	Learners complete answers to a quiz during or after an activity.	Fraction of answers correct set by provider. ABP recommends 80%	Best answer to each question is discussed or shared, including rationale for correct answers with relevant citations.
Table-top Exercise	Learners write down next steps in an evolving case at various set points.	Learner writes a possible next step to each question.	Best practice at each step is discussed or shared after each set point.
Simulation	Learners demonstrate strategy/skill in a simulated setting - could be role-play or formal simulation lab.	Learner participates in simulation as judged by a facilitator or observer.	Best practice or technique is discussed and shared throughout, or at the conclusion of, the simulation.



Automated CME Reporting

We Heard

Completing MOC reporting forms takes too much time.

The Goal

Reduce the time required to complete reporting by receiving CME/SAM information directly from providers.



The ABP is developing electronic reporting of continuing medical education credits (CME and SAM) via the ACCME Program and Activity Reporting System (PARS). CME providers, with a pathologist's permission, will be able to automatically send ABP information about completed activities via PARS. Benefits include:

- ABP will make this information available as a transcript in PATHway for credentialing and licensing purposes.
- Pathologists will be able to search and register for CME/SAM activities relevant to their practice via CME Finder provided by ACCME.
- Electronic verification of CME/SAM activities eliminates the need for verification and auditing of a diplomate's CME/SAM activities.

Diplomates should check with their CME provider to ensure that their participation will be reported through PARS.

More information about ACCME PARS is provided on page 16 and will follow as the service becomes available.



NEW ASSESSMENT INITIATIVE— ABMS MOC PART III PILOT: *ABPath CertLink™*

The ABP is participating in an MOC assessment pilot delivered through the CertLink™ Assessment Platform, sponsored by the American Board of Medical Specialties. The ABPath CertLink Assessment Pilot uses a longitudinal assessment model, with more frequent assessments of knowledge and judgment which can help diplomates identify knowledge gaps for improvements in practice. The results of this pilot will determine if this assessment format can be an alternative to the current secure MOC examination taken once every ten years.

The soft launch of the ABPath CertLink Assessment Pilot was conducted from October 2, 2017 through January 31, 2018. There were 132 volunteer diplomates with varied demographics who were invited to take part; 114 participated in all four months. They were given 10 items to answer each of the four months, which simulated the four quarters in a year. Participants were asked to access the platform on either a desktop or laptop computer, or tablet, and then give feedback on functionality and design. There was a total of 4799 items answered. Participants could use any resources (books, internet, etc.), except another person, to answer questions.

Soft launch participants provided feedback through the CertLink platform, and were asked to report any system functionality issues and feedback via the CertLink Support ticketing system. Periodic surveys were used to gather information from volunteers. Overall, the results were very positive about CertLink. Most survey respondents expressed strong agreement on the platform's ease-of-use, organization, and overall satisfaction.



Here are some of the things users said:

- *People will like this. Questions are easily looked up within the 5 minutes.*
- *I enrolled and completed the cases. It's very slick, and I think pathologists will like it. 5 minutes is plenty of time. No glitches with the questions.*
- *If you answer incorrectly then read the critiques, you should get the answer correct on the second attempt.*
- *The software interface is clean and well thought out; no trouble getting from question to question or answering. Images are excellent. Very much impressed: a huge THANK YOU to the ABP for making this a reality. Even the most skeptical and negative member of the committee (MOC Advisory Committee) was quite pleased.*
- *Liked it very much! I did have to zoom and a couple images were a little fuzzy, but overall quite wonderful!*
- *Easy to navigate; Modern; Slick; Fluid experience*
- *Visually appealing; Exceeded expectations; Level of difficulty was on point*

Opportunities for improvement were also identified during the soft launch. All issues have either been corrected or corrections and communications are currently in development and will be addressed in time for the hard launch of the pilot on July 2, 2018.



Feedback for improvements included the following:

- Firewalls not allowing access
- Issues with images/resolution/zooming
- Issues with signing in/password resetting
- Buttons not working/not ideally located
- Items mistakenly marked incorrect/incorrect scoring
- Unclear instructions/verbiage
- Words running together/lines of text overlapping
- "Eliminate" button confusion
- Common/easily accessible, but sometimes poor references
- System crashing/got kicked out (internet connection failures)
- Screen freezing
- Issues accessing via smartphone (not encouraged)
- Missed email notifications
- Slow to load next question
- Issues using Macs/iPads

Information on how to participate and incentives for participating in the hard launch of the ABPath CertLink Assessment Pilot will soon be released. Your participation will allow you to have a voice and active role in creating the next generation of MOC Assessment... Stay tuned for further details!

CertLink™ Screenshots

Dashboard showing your test performance compared to your peers.

The screenshot shows the American Board of Pathology dashboard. On the left, a vertical navigation menu includes Dashboard, Assessment, Question History, and Resources. The main content area features a 'Community Comparison' section with two bar charts: 'YOU' at 93% and 'PEERS' at 63%. Below this, it states 'You are performing 30% better than your peers' and includes a 'What is This?' button. To the right, a 'Your Performance' section displays a circular progress indicator at 93%, along with statistics: 13 Correct Answers, 1 Incorrect Answer, 6 Remaining Questions, and 20 TOTAL QUESTIONS. An 'Assessment Details' button is located below these statistics. At the bottom, a calendar icon indicates '171 DAYS REMAINING THIS QUARTER'.

Tested concepts are listed to help identify knowledge gaps.

The screenshot shows the 'Review' section of the American Board of Pathology interface. It features a table with columns for 'Content area', 'Key Point', and 'Answered'. The 'Answered' column includes a 'Sign Out' button. The table lists four items:

Content area	Key Point	Answered
AP ANATOMIC PATHOLOGY	Lynch syndrome mutation. View Details	09/23/17
AP ANATOMIC PATHOLOGY	Diagnosis of bacterial pneumonia. View Details	09/23/17
CP CLINICAL PATHOLOGY	Blood specimen collection; spurious thrombocytopenia. View Details	09/23/17
CP CLINICAL PATHOLOGY	Recognize the signs and symptoms of allergic transfusion reactions and treatment. View Details	09/23/17

Each row includes a 'Details' button.

Details of each question include the critique and references for further review.

The screenshot shows the details of a question in the American Board of Pathology system. It includes a 'View My Notes' button and a 'Sign Out' button. The main content is divided into two sections:

Critique: The gross photo shows marked congestion which can also be seen in congestive heart failure. Tissue sections show alveoli filled with neutrophils, indicative of bacterial pneumonia. None of the other entities would show this degree of acute inflammation. Congestive heart failure would show alveoli filled with edema fluid, without neutrophils. Pulmonary embolism would show a gross, wedge-shaped area of hemorrhage and emboli. Pulmonary fibrosis would show thickened, fibrotic alveolar walls. No soot is seen in the bronchi or alveoli to suggest smoke inhalation.

References:

van der Pol T, et al. Pathogenesis, treatment, and prevention of pneumococcal pneumonia. *Lancet* 2009;374:1543-1556. Tuomanen EI, et al. Pathogenesis of pneumococcal infection. *N Engl J Med* 1995;332:1280-1284. Musher DM, et al. Community-acquired pneumonia. *N Engl J Med* 2014;371:1619-1628.

Navigation buttons at the bottom include 'Prev', 'Back To History List', and 'Next'.



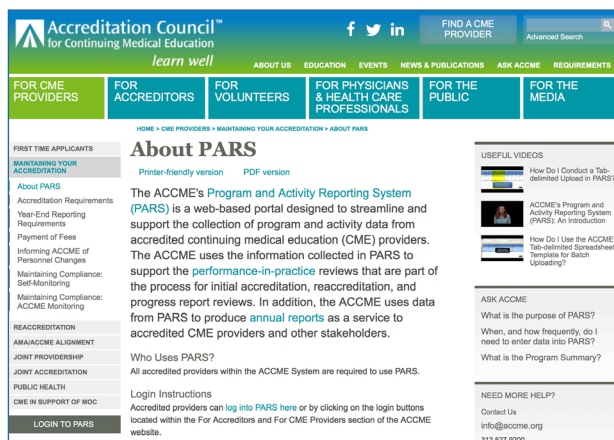
ABMS MOC DIRECTORY

The American Board of Medical Specialties (ABMS) offers a centralized repository of approved MOC activities relevant to multiple medical specialties and subspecialties. Physicians can access approved CME activities for MOC categorized by ABMS specialty/subspecialty or by ABMS-ACGME competency. CME providers can submit and receive approval to list their CME offerings in the directory. This directory increases the inventory of MOC CME activities for diplomates and identifies activities that may be relevant to more than one specialty. The directory can be accessed at <http://www.bms.org/initiatives/abms-moc-directory/>.



ACCME PROGRAM AND ACTIVITY REPORTING SYSTEM (PARS)

The ABP is collaborating with the Accreditation Council for Continuing Medical Education (ACCME) to create automated reporting of a diplomate’s educational and practice improvement activities for MOC to the ABP. This is another example of the ABP striving to reduce the burden of MOC for our diplomates and it will be done at no cost to diplomates. The registration of educational activities and reporting of diplomates’ completion data to the ABP is done by CME accredited providers, using the ACCME’s Program and Activity Reporting System (PARS). PARS is a web-based system that collects data about educational activities. In the first half of 2018, PARS will be available for CME accredited providers to register their educational activities for MOC, and report diplomate completion data to the ABP. CME accredited providers will also be able to identify and categorize their CME, SAMs, and Part IV activities that will be searchable by diplomates in ACCME’s CME Finder.





ABP AMBASSADOR PROGRAM/ SPEAKERS BUREAU

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

Several of our Trustees have been on the road recently as ABP Ambassadors. Dr. Karen Kaul was a guest speaker at Moffitt Cancer Center, University of Alabama, University of Cincinnati, University of Colorado, St. Louis University, and the Chicago Pathology Society. Dr. Ritu Nayar has spoken at Rush Medical Center and UNC Chapel Hill. Dr. Edward Ashwood presented at University of Colorado. Drs. Nayar, Kaul, and Johnson made a presentation on ABP exams and MOC to the CAP Residents Forum in 2017. Dr. Rebecca Johnson was a guest speaker at the ASCP Residents' Council, Penn State/Hershey Medical Center, the Ohio State University, the University of South Florida, and Geisinger Medical Center.



EXAM BLUEPRINTS

The primary and subspecialty examination blueprints (grids) are posted on the ABP Website. The blueprints give categories of topics covered in the examinations with the approximate percentage of questions for each topic.

HONOR CODE

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 used recalled items to prepare for Board exams. The ABP considers this practice to be cheating, unethical and unprofessional behavior. Program Directors are encouraged to talk with their residents about the honor code, professionalism, and ethical behavior.





EXAMINATION PERFORMANCE

All of the ABP examinations are graded using the criterion-referenced method. See the ABP Website 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.

2017 Primary Examination

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
AP	696	86%	583	546	95%	113	51	43%
CP	579	92%	539	516	96%	40	15	38%

5-year Certified Report

Primary	2013	2014	2015	2016	2017
APCP	516	495	504	484	498
AP only	93	105	90	79	72
CP only	34	65	48	36	50

2017 Subspecialty Examinations

	Total Candidates		First-Time Takers			Repeaters		
	#	% Pass	#	# Pass	% Pass	#	# Pass	% Pass
BB/TM	55	89	48	45	94	7	4	57
CH	1	100	1	1	100	-	-	-
CI	22	73	14	13	93	8	3	38
CYP	142	98	130	128	98	12	11	92
DP	48	93	43	39	91	5	4	80
FP	45	91	41	39	95	4	2	50
HEM	126	98	121	121	100	5	3	60
MMB	10	90	10	9	90	-	-	-
MGP	49	92	47	44	94	2	1	50
NP	33	94	32	31	97	1	0	0
PP	19	84	18	16	89	1	0	0

5-year Certified Report

Primary	2013	2014	2015	2016	2017
BB/TM	33	39	67	57	49
CH	0	1	2	2	1
CI	24	25	21	25	16
CYP	134	154	160	144	141
DP	44	48	40	56	43
FP	40	42	45	48	41
HEM	133	143	156	142	125
MMB	9	7	11	7	9
MGP	45	40	55	57	45
NP	10	9	14	12	17
PP	20	20	26	21	16

Maintenance of Certification

MOC	Total Candidate #	% Pass
Fall 2017	331	95.8
Spring 2017	265	97.7
Fall 2016	304	100
Spring 2016	437	100
Fall 2015	187	100
Spring 2015	213	100
Fall 2014	89	96.6

Maintenance of Certification Participation Stats

	2015	2016	2017
Certificates Enrolled	1190	1152	1112
Certificates Lapsed/ Revoked	63	71	88
Diplomates Enrolled	676	617	640
Diplomates Lapsed/ Revoked	53	55	71

2018 ABP EXAMINATION DATES

Exams	2018 Dates
Anatomic / Clinical Pathology	
Spring (Tampa)	Starts May 14
Spring (Tucson)	Starts June 18
Fall	Starts October 15
Maintenance of Certification	
Spring	Starts March 12
Fall	Starts August 20
Subspecialty	
Cytopathology	Starts August 27
Forensic Pathology	September 5
Blood Banking/Transfusion Medicine	September 6
Dermatopathology	Starts September 12
Chemical Pathology	September 17
Medical Microbiology	September 17
Molecular Genetic Pathology	Starts September 18
Neuropathology	September 20
Pediatric Pathology	September 24
Hematopathology	Starts September 25
Clinical Informatics (Prometric)	October

NOTE: Dates are subject to change.

Please check the ABP Web site for current information.



Diplomate pin awarded upon Board certification

Questions may be addressed to

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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.

