

MAINTENANCE OF CERTIFICATION



The American Board of Pathology

P. O. Box 25915
Tampa, Florida 33622-5915
Telephone (813) 286-2444
FAX (813) 289-5279
Web site: <http://www.abpath.org>

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OFFICE OF THE BOARD

Betsy D. Bennett, M.D., Ph.D.
Executive Vice President
P. O. Box 25915
Tampa, Florida 33622-5915
Telephone (813) 286-2444
FAX (813) 289-5279
Web Site: <http://www.abpath.org>



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.

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ORGANIZATIONAL HISTORY

In June 1935 the Section on Pathology and Physiology of the American Medical Association (AMA) and the American Society of Clinical Pathologists (ASCP) appointed committees that together considered the feasibility and desirability of establishing a national certifying board. The joint committee agreed unanimously that such a board should be established and proceeded to draw up bylaws.

In May 1936 the ASCP and the Section on Pathology and Physiology of the AMA accepted the proposed bylaws, authorized the nomination of four members each to the ABP, and suggested incorporation in Michigan. Approval of the ABP was granted by the Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals of the AMA.

On 19 July 1936, the ABP met for the first time in Chicago. The original Trustees were Doctors F. W. Hartman, E. B. Krumbhaar, H. T. Karsner, and J. J. Moore from the Section on Pathology and Physiology of the AMA, and Doctors A. H. Sanford, F. H. Lamb, A. G. Foord, and R. R. Kracke from the ASCP.

Officers elected were: Doctors A. H. Sanford, president; F. H. Lamb, vice president; F. W. Hartman, secretary-treasurer.

PURPOSES

- To encourage the study of pathology.
- To protect the public interest by maintaining the standards and advancing the practice of pathology as a medical specialty.
- To determine the competence of those endeavoring to practice the specialty of pathology and to arrange and conduct investigations and examinations to determine the qualifications of such individuals who voluntarily apply for the certificates issued by the ABP.
- To grant and issue certificates in pathology to qualified applicants.
- To recognize special qualifications and added qualifications in pathology through candidate examination.
- To provide a mechanism for recertification of its diplomates.
- To participate in the graduate medical education program evaluation and review process for pathology.
- To serve the public, medical profession, hospitals, and medical schools by maintaining a registry of specialists who have been certified by the ABP.

The ABP does not seek special privileges for its diplomates, nor does it:

- Confer an academic degree.
- Confer a legal qualification or license to practice pathology.
- Define hospital privileges.
- Define the scope of specialty practice.
- Delineate who may or may not engage in the practice of pathology.

MAINTENANCE OF CERTIFICATION OVERVIEW

The American Board of Pathology (ABP), along with the other 23 members of the American Board of Medical Specialties (ABMS), has committed to participating in a Maintenance of Certification (MOC) program. This program is designed to ensure that all physicians meet the highest standards of practice in their chosen specialties and maintain these standards throughout their careers.

MOC is a continuous process that begins immediately after board certification. It uses the six areas of competency adopted by the Accreditation Council for Graduate Medical Education (ACGME) and the ABMS to ensure that all aspects of practice are evaluated and outcomes are measured. The six areas of competency are patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. ABMS has taken these six competencies and developed a four-part MOC program. These are designated as Part I Professional Standing; Part II Lifelong Learning and Self-Assessment; Part III Cognitive Expertise; and Part IV Evaluation of Performance in Practice.

As of January 1, 2006, all primary and subspecialty certificates issued by the ABP are time-limited and expire on December 31 ten years after they are issued. The MOC process must be completed no later than 10 years after a certificate (primary, subspecialty, or MOC) is awarded and may be completed as early as the 8th year. Regardless of the date at which the process is actually completed, the anniversary dates for recertification will be derived from the initial certification date in the primary specialty. For example, a diplomate who is initially certified in 2006 and completes all MOC requirements in 2014 will be issued a new certificate in 2016. That certificate will then expire in 2026.

Certain parts of the MOC process have deadlines that must be met at specific times during the 10-year cycle. Failure to meet such a deadline will result in a period of probation followed by potential loss of certification if the problem is not corrected.

The ABP recognizes that pathology practice is very diverse and that after a period of time a diplomate who was initially certified in anatomic and clinical pathology may find his/her practice limited to one of these areas. In this case, the diplomate may choose to maintain certification in either anatomic pathology or clinical pathology or both. Similarly, a diplomate who holds a subspecialty certificate and whose practice is confined entirely to that subspecialty may choose to maintain certification in the subspecialty only, in the subspecialty and the primary discipline with which it is associated, or in the subspecialty and both primary disciplines.

Diplomates who hold both primary and subspecialty time-limited certificates and wish to maintain certification in both will be given the option to complete MOC in subspecialties at the same time as MOC in the primary specialty. In this case, the anniversary date for both certificates will be that of the primary certificate.

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

REQUIREMENTS FOR MOC PARTS I-IV

Part I: Professional Standing

1. All diplomates of the ABP must maintain a full and unrestricted license to practice medicine in at least one jurisdiction of the United States, its territories, or Canada. If a diplomate holds more than one license, all must be full and unrestricted. Evidence of licensure must be provided to the ABP at the time of application for the cognitive examination.

Each candidate for initial certification and each diplomate must provide the ABP with complete information concerning any and all restrictions placed on his/her license within 60 days after its imposition. This information must include, but shall not be limited to, the identity of the medical board imposing the restriction as well as the restriction's duration, basis, specific terms, and conditions.

2. At the time of application for the cognitive examination, diplomates must provide the ABP with documentation of medical staff membership and scope of health care organization privileges. If the diplomate's practice is such that this information is not applicable, then the diplomate must submit a description of his/her practice.

Part II: Life-Long Learning and Self-Assessment

1. Each diplomate must obtain an average of 25 Category 1 CME credits per year for each 2-year period in the MOC cycle and must also complete 2 self-assessment units during each 2-year period. Eighty percent of the CME requirement must be directly related to the diplomate's practice. The remainder may be in areas of general relevance to pathology, such as administration or ethics.

The ABP is working with organizations that provide CME in pathology to assist them in developing self-assessment programs for diplomates. Such programs may address medical knowledge in a particular area or may be related to review of specific medical literature. Each program must include a self-administered examination. The diplomate must meet a minimum performance level in order to use the program to meet the ABP MOC requirement. CME credits may be available for self-assessment programs, but for MOC purposes, these activities are in addition to the primary CME requirement of 25 credits per year.

Each diplomate is responsible for maintaining an electronic record of his/her Lifelong Learning and Self-Assessment activities with the ABP. This record must be updated at least every 2 years. These requirements must be met before a candidate will be allowed to sit for the cognitive examination.

2. In order to assist organizations developing CME and self-assessment activities as well as to help diplomates through the MOC process, the ABP will publish annually with its newsletter a list of topics that it considers to represent (1) advancements important to a broad conceptual understanding of principles of pathobiology; and/or (2) critical elements related to the accurate diagnosis of disorders important to patient health. These topics will provide the

basis for Parts II-IV of the Maintenance of Certification process and will be divided into the following areas:

Anatomic Pathology (including surgical and autopsy pathology)
Cytopathology
Dermatopathology
Forensic Pathology
Neuropathology
Pediatric Pathology
Clinical Pathology (general)
Blood Banking/Transfusion Medicine
Chemical Pathology
Hematology
Medical Microbiology
Molecular Genetic Pathology
Laboratory Administration and Management (included in each area)

Part III: Cognitive Expertise

1. The MOC examination is mandatory, will be given at least once each year, and must be taken no later than 10 years after initial (or most recent) certification. The examination may be taken as soon as 8 years after the most recent certification, giving a candidate a potential period of qualification of 3 years.
2. The ABP recognizes the breadth of pathology practice and will provide modular examinations that are as relevant as possible to individual practice settings. Diplomates taking the anatomic pathology or clinical pathology examination must take one general AP or CP module and then may select additional general modules or more limited modules that reflect the diplomate's practice. Each primary maintenance of certification examination will be 1 day in length. Those who maintain certification in AP/CP will take 2 days of examinations (one AP and one CP) in a manner analogous to that of the primary certification examination. Each subspecialty examination will also be a 1-day examination. These examinations may or may not have modular components, depending on the subspecialty.
3. The exact nature of the modules to be provided is under development. However, each testing module will contain questions related to:
 - Fundamental knowledge
 - Current and clinically valid practice-related knowledge, e.g. questions will include information new to the field since the diplomate's last certification or MOC examination and will evaluate the outcome of the diplomate's Lifelong Learning and Self-Assessment experience.
 - Practice environment: includes such areas as federal and state regulations relevant to anatomic and/or clinical pathology, CLIA standards, AABB standards for transfusion medicine, principles of laboratory management, coding and billing, quality assurance, laboratory accreditation and safety, professionalism, and ethics.

4. The examination will be a closed-book assessment based on knowledge that a competent practitioner would be expected to possess without access to reference material. The ABP recognizes that utilization of appropriate reference material during the diagnostic process is basic to the practice of pathology. Accordingly, appropriate reference material (such as staging systems, etc.) will be embedded in the examination.
5. Initially, the examination will be given in the ABP Examination Center in Tampa, Florida. If future technology permits assurance of examination security, the ABP anticipates administering its computer-based examinations in regional computer testing centers or possibly on the World Wide Web.
6. The cognitive examination will be based on the same proven psychometric principles used in the primary certification examinations. The examinations will be criterion referenced.
7. Aggregate results of the MOC examination in each general and subspecialty area will be published in the ABP newsletter on the ABP Web site.

Part IV: Evaluation of Performance in Practice

1. All diplomates will be required to provide peer attestations as to interpersonal and communication skills, professionalism, ethics, and effectiveness in systems-based practice. At the beginning of the 4th year of each certification period and again at the time of application for the cognitive examination, each diplomate will be asked to supply the ABP with the names and contact information for four references who can attest to his/her ability and effectiveness in practice. These references include: (1) an ABP-certified pathologist who is familiar with the diplomate's practice, (2) a physician or administrator in a senior management position in the health care facility where the diplomate practices, (3) a board-certified physician in another specialty, and (4) a technologist or pathologist's assistant who works with the diplomate in his/her practice and is familiar with his/her professional activities. If any of these reference requirements are not applicable to the diplomate's practice or position other references may be substituted on a case-by-case basis. The ABP will provide for electronic submission of references directly by the individuals requested to provide them.
2. Accreditation of laboratories (where applicable) is considered to be an essential element of systems-based practice. Accordingly, each pathologist participating in MOC will be asked to document the accreditation status of his/her laboratory at the time of application for the cognitive examination. The accrediting agency must be appropriate for the diplomate's scope of practice, such as Centers for Medicare and Medicaid Services, Joint Commission on Accreditation of Healthcare Organizations, College of American Pathologists, American Association of Blood Banks, and the National Association of Medical Examiners.
3. Each laboratory with which a pathologist is associated must, at least three times per year, participate in inter-laboratory improvement and quality assurance programs appropriate for the spectrum of anatomic and clinical laboratory procedures performed in that laboratory. These programs must be recognized and approved by the ABP and would include programs

sponsored by a cooperating society of the ABP. Documentation of satisfactory performance in such programs as defined by the provider and approved by the ABP must be supplied to the ABP via electronic transmission every 2 years.

4. Each individual pathologist must, on an ongoing basis, participate in both inter- and intra-laboratory improvement and quality assurance activities and programs appropriate for his/her professional activities. These would include surgical and cytopathology inter-laboratory programs sponsored by a cooperating society of the ABP (or otherwise approved by the ABP) as well as departmental quality assurance and government-mandated compliance activities. Documentation of the pathologist's satisfactory performance in both types of programs as defined by the provider and approved by the ABP must be submitted to the ABP via electronic transmission every 2 years.
5. Practice performance may be further assessed by documentation of use of appropriate protocols, outcome measures, and practice guidelines as developed by recognized authorities in the appropriate area and sponsored or approved by the ABP or one of its cooperating societies. Protocols, methods of outcome evaluation, and guidelines may be made available to the MOC candidate through a variety of mechanisms including Web sites, CDs, journals, and presentations at professional meetings.

UNSATISFACTORY PERFORMANCE

1. Diplomates are expected to satisfactorily complete all four parts of MOC. Those whose performance is below ABP expectations will be required to submit to the ABP an implementation plan to improve performance. Such a plan must include objective measures of improvement (i.e., examination performance, improved survey performance) or letters of attestation of improvement in areas that do not lend themselves to objective assessment, such as communication and professionalism. Those who fail to show significant improvement could be subject to intensified practice review by the ABP. Such review might include submission of detailed information regarding the area of practice in question (i.e., additional reports, quality assessment plans).
2. Diplomates who fail to satisfy performance criteria by December 31 of the year in which the time-limited certificate expires will no longer be recognized by the ABP as a diplomate of the ABP in the area in question. These physicians may continue to participate in MOC activities and may request to be recertified when the MOC requirements have been satisfied. Such a request must occur within 5 years of loss of certification. If a diplomate wishes to regain certification after 5 years, he/she must retake the initial certification examination. If the diplomate has remained in active practice since losing certification, the requirement for an additional year of training in an ACGME-approved pathology training program before sitting for the primary examination will be waived. However, the diplomate will always have the option to satisfactorily complete a period of additional training or a course of remedial education as a part of his/her attempts to complete the MOC requirements. The diplomate may appeal to the ABP according to the standard appeals procedure at any point in the MOC process if he/she believes that the MOC standards have been unfairly or inappropriately applied.

DIPLOMATES NOT IN ACTIVE PRACTICE

1. Diplomates with time-limited certificates who are not involved in patient care will still be required to participate in all four components of MOC. In order to satisfy Part IV (Performance in Practice) the non-practicing diplomate will be required to document completion of a reading assignment from the current pathology literature and either participate in quality assessment activities of any pathology group of which he/she remains a member or subscribe individually to and document satisfactory performance in at least one performance assessment tool in his/her area of practice (i.e., surgical pathology, cytopathology).
2. Diplomates returning to active practice after a period of inactivity exceeding 1 year will be required to submit a plan for direct observation by a board-certified pathologist followed by an attestation of competency to be submitted 6 months after entry into practice.

APPLICATION AND FEE

1. Each diplomate will be automatically enrolled in the MOC program at the time he/she is initially certified. The application form for renewal of certification will be available on the ABP Web site (<http://www.abpath.org>) and must be submitted at the time of application for the cognitive examination. The MOC fee (amount yet to be determined) must be submitted along with the application.
2. In addition, each diplomate will be assessed a fee for maintenance of an electronic record of certification/MOC with the ABP. The fee will be \$100 and will be assessed at the beginning of the 3rd year in the MOC cycle and then every 2 years thereafter.

APPEALS PROCEDURE

1. An individual who has received an unfavorable ruling from the ABP or a committee of the ABP may appeal such determination by mailing a notice of appeal to the ABP within 60 days of the date such ruling was mailed to the individual. However, failure of a certifying examination may be appealed only in the manner and to the extent provided in paragraph 11, which follows.
2. On receipt of a notice of appeal, the applicable ABP committee will invite the individual to submit in writing such information as the individual feels appropriate in support of the appeal. The committee may make such further investigation as it deems appropriate and may request the individual to submit additional information. The committee, acting on all the information before it, will reconsider the unfavorable ruling and report its decision to the individual and the president of the ABP. Any notice of unfavorable action will specify the grounds for the action and inform the individual that he/she may request a hearing before an appeals committee of the ABP by doing so in writing within 30 days of the date the notice of unfavorable action was mailed.

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

modify, or overrule the decision of the ABP committee. The Appeals Committee will inform the individual, the concerned committee, and the president of the ABP in writing of its decision and the reasons therefore within a reasonable time of the hearing. The decision of the Appeals Committee will be final and binding.

11. A candidate who fails a MOC examination may request that the examination be rescored to verify the accuracy of the results as reported. Such request must be made in writing to the executive vice president of the ABP within 90 days of the date of mailing of the results of the examination to the candidate and must include a fee of \$50 per certifying examination or part thereof. There will be no further appeal from failure of an examination.