Developing and Supporting a Workforce for High-Quality Oncology Diagnosis and Care: Education and Training

The American Board of Pathology

Ritu Nayar, MD
Professor and Vice Chair of Pathology
Northwestern University, Feinberg School of Medicine
Chicago, IL
email: r-nayar@northwestern.edu
Disclosure

• Trustee (Volunteer), American Board of Pathology (ABP).

• The ABP has no official policy or position on this topic.

Note:
The information presented here is up to date as of February 2018. Please refer to the ABP website (http://abpath.org/) for future updates.
THE ABP

Mission:
Promote the field of pathology and the continuing competency of practicing pathologists.

http://abpath.org/index.php/our-organization/about-the-abp
Medical Education and Certification

- Maintenance of Certification
- Subspecialty Certification
- Primary Certification
Residency/Fellowship Training Oversight—ACGME

The ACGME sets standards for effective training programs, and monitors compliance with those standards.

• 28 Specialty-Specific Review Committees

• Current model of accreditation has shifted emphasis from “time served” and compliance with minimum standards to competency-based assessment facilitated by monitoring and evaluating real-time data that tracks trainees’ education and achievements (milestones).

http://www.acgme.org/About-Us/Overview
Certification Oversight-ABMS

Mission
Serves the public and the medical profession by improving the quality of health care through setting professional and educational standards for medical specialty practice and certification

24 Certifying Member Boards

http://www.abms.org/about-abms/
Current Training in Pathology

- Residency
  - Anatomic & Clinical Pathology - 4 yrs
  - Only Anatomic or Clinical Pathology - 3 yrs

- Fellowships
  - 11 with certification by ABP
  - A number of other subspecialty fellowships are relevant to cancer diagnosis
  - 96% of residents do a fellowship
  - 46% choose to pursue 2 or more fellowships

ABP Examinations and Certifications

• Demonstrate to the public that a candidate has the requisite knowledge, judgment and skills in pathology or a subspecialty to practice safely, competently and independently

2017 New Diplomates:

Primary (Core/Initial)
- AP/CP: 498
- AP only: 72
- CP only: 50

Subspecialty: 503
Maintenance of Certification (MOC)

• Beginning in 2006, all primary and subspecialty certificates issued by the ABP are required to be maintained in the MOC program.

• MOC measures 6 core competencies in a 4 part framework:
  1. Professionalism and Professional Standing
  2. Lifelong Learning and Self-assessment
  3. Assessment of Knowledge, Judgment, & Skills (currently a 10 year examination)
  4. Improvement in Medical Practice.

• Diplomates report Part 1, 2, & 4 MOC activities every 2 yrs.
Pathology Cooperating Societies

ABP
13 Trustees
CEO/Staff
15 TDAC

ACGME
Review Committees

Diplomates

Key
BOD-Board of Directors
3C- Committee on Continuing Certification
TDAC- Test Development Committee
Recent ABP Initiatives

Residency Training

Maintenance of Certification
Pathology “New In Practice Survey”
Alignment of Training and Practice Needs

• Follow-up from 2013 Pathology Workforce Summit

• To determine how pathology residency training and initial ABP certification align with most critical knowledge and skills required in practice?

• Survey done in concert with MOC reporting (pathologists ≤10 years in practice)

Certifying and accrediting bodies (ACGME, ABP); Pathology chairs (APC) and training program directors (Prods); pathology professional organizations (CAP, USCAP, ASCP)
**Desired Outcome of Training/Practice Survey**

- What does *every pathologist* need to know vs. vs. What do *some/few pathologists* need to know?

- Assure every pathologist has essential core training

- Adjust the amount of training; train for the future

- Move specialized training to fellowships

- Identify key emerging areas
2016 Results Similar to Prior Surveys

- New-in-practice pathologists report that residency training was about right.

- Five areas that training was not “about right” and suggests need for realigning training
  - Molecular Diagnostics
  - Pathology Informatics
  - Laboratory Administration
  - Medical Coding and Billing
  - Dermatopathology (new)
Practice Setting Differences

![Graph showing academic hospitals and non-academic hospitals with different practice settings: Subspecialty Practice, General Practice, and Obsessive Individuals.](image)
Surgical Pathology: Significant Differences in Importance by Practice Setting

MEAN IMPORTANCE

Academic Medical Center

Hospital Other than Academic Medical Center
Other Practice Areas: Significant Differences in Importance by Practice Setting

MEAN IMPORTANCE

Academic Medical Center

Hospital Other than Academic Medical Center
Next Steps

• Define core training every pathologist needs for practice

• Where more training is needed? When?

• What do we take away?

• Move specialty training to fellowships

• Continue surveys; map to employers’ surveys
• Reconceives medical training by recognizing that not all students or trainees master all necessary skills at the same pace.

• Innovative model that could create a learner-centric education system that, in turn, helps bring about a patient-centric care system.
CBME and ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPA)

EPAs are observable, measurable units of work – that require the integration of competencies.

EPAs in Medical School

EPAs in Residency Training

- The ABP has issued a position statement on EPAs found at http://www.abpath.org/index.php/announcements/255-abp-position-statement-on-epas

The ABP Supports Self Regulation and Continuous Certification (MOC)

https://cmss.org/cmss-principles-of-self-regulation/

To read the complete joint statement go to http://www.abpath.org/images/ASCP-USCAP-ABP-Statement-on-MOC.pdf.

The American Society for Clinical Pathology (ASCP), the United States and Canadian Academy of Pathology, and the ABP released a joint statement on the value of Maintenance of Certification. Each believe that the ABP’s MOC program supports the social contract between the public and the medical profession to help ensure medicine remains a well-regarded, trusted profession. ASCP, USCAP, and ABP agree that the four components of MOC are vital to ensuring the continuing professional development of pathologists. ASCP and USCAP offer many professional activities, such as CME and SAMs, in support of the ABP’s MOC Program.
ABP’s MOC Initiatives:

Part 3 Assessment of Knowledge, Judgement and Skills *(10 yr exam)*

- Option of remote, secure testing
- Comprehensive study guides; exam grids
- Currently 95 modules to personalize to physicians practice
- Exam item bank updates

Part 2: Lifelong Learning and Self-assessment

- Automated reporting of diplomates continuing education credits (CME) and self assessment modules (SAM’s), and Part 4 activities

Stakeholder Input

- MOC Advisory Committee composed of diplomates
ABPath CertLink™

- Longitudinal assessments
- Formative and summative
- Pilot to last 3-5 years
- Voluntary participation
- 20 questions per quarter
- Can use any resource
- Timed, 1 chance at correct answer
- Soft launch 9/2017, mid 2018 for beta
- Diplomates voice and active role in creation - crowdsourcing
**American Board of Pathology**

**QUESTION 6 OF 25**

**Q:** A 67-year-old woman comes to the physician because of easy bruising for 4 months. She has a history of lung cancer treated with radiation therapy 6 months ago. She has a 2-year history of hypertension treated with a thiazide diuretic and an angiotensin-converting enzyme (ACE) inhibitor. Examination, including a neurologic examination, shows no abnormalities except for multiple ecchymoses. Her hemoglobin concentration is 13 g/dL. Hematocrit is 50.0% (nm3) and platelet count is 35,000/mm3. A serum and platelet antibody assay is negative.

Which of the following is the most appropriate next step in diagnosis?

- Bone scan
- CT scan of the abdomen
- CT scan of the chest
- Bronchoscopy
- Bone marrow aspiration

**Normal Lab Values**

- **Cell Count**
  - Reference Range: 4.5-5.5 mm³
  - SI Reference Interval: 0.5 x 10³/L

- **Chloride**
  - Reference Range: 115-122 mEq/L
  - SI Reference Interval: 115-122 mmol/L

- **Gamma globulin**
  - Reference Range: 7% - 12% total protein
  - SI Reference Interval: 0.03 - 0.12

- **Glucose**
  - Reference Range: 80-120 mg/dL
  - SI Reference Interval: 2.2 - 3.9 mmol/L

- **Pressure**
  - Reference Range: 100-120 mm Hg
  - SI Reference Interval: 110-120 mm Hg

- **Proteins, Total**
  - Reference Range: 60-80 mg/dL
  - SI Reference Interval: 40-60 mg/dL

- **Hematologic**
- **Sweat**
- **Urine**

**ABPath CertLink™ Pilot:**

- Assessment focused on practice relevant content
After answering a question, diplomat has three additional questions:

**Finalize & Submit Your Answer**

You must answer the three questions below to submit and finish this question.

**How confident are you?**
- Not at all confident
- Somewhat confident
- Confident
- Highly confident

**How relevant is this question to your practice?**
- Not at all relevant
- Somewhat relevant
- Relevant
- Highly relevant

**How relevant is this question to [specialty]?**
- Not at all relevant
- Somewhat relevant
- Relevant
- Highly relevant

Submit Your Answer

ABPath CertLink™ Pilot:
Feedback to ABP
American Board of Pathology

Critique: You Answered Correctly

QUESTION 6 OF 25

Key Point: Patients deficient in CYP2D6 enzymes can develop elevated blood levels of certain opioids.

Critique: Increasingly, there is better understanding about the genetic differences in the metabolism of several medications. Metabolism of drugs by the cytochrome P450 (CYP) enzymes can be different based on the genetic profile of individuals. Approximately 7-10% of Caucasians, 2-4% of African Americans, and 1-2% of Asians are poor metabolizers, i.e., non-critical alleles for deficient CYP2D6 enzymes. Opioid medications that are metabolized by CYP2D6 include oxycodone, hydrocodone, codeine, meperidine, and methadone. Meperidine and methadone are converted to less active chemicals by CYP2D6. Patients with the poor metabolizer phenotype of CYP2D6 are at risk for elevated blood levels of medications that are metabolized into inactive forms by this enzyme such as meperidine and methadone. They are also at risk of analgesic failures for opioids such as hydrocodone, oxycodone, and codeine that are metabolized into their active form by CYP2D6.

References:


ABPath CertLink™ Pilot: Immediate Focused Feedback to Diplomate
- Key Point
- Critique
- References
ABPath CertLink™ Pilot: Provides A Personal Dashboard That Displays Peer Comparison and Strengths & Weaknesses
ABPath CertLink™ Pilot: Guidance To Resources For Study, Before and After Assessment

Retesting of key content as a means of improving retention
ABMS: Continuing Certification

- Demonstrates the profession’s commitment to professional self-regulation
- Offers a consistent and clear understanding of what continuing certification means
- Establishes a meaningful, relevant and valuable program that meets the highest standard of quality patient care.
Take Away Messages . . .

• The renewed focus on competency-based medical education (CBME) and longitudinal assessment is changing training and how we assess competence.

• Continuous certification should be relevant and of value to the diplomate - “assessment of learning, for learning”

• The ABP is committed to proactively evolving to promote the practice of pathology and the continuing competency of practicing pathologists.
ABP TRUSTEES FOR 2018:

President
Karen L. Kaul, M.D., Ph.D., Evanston, Illinois
Vice President
Susan A. Fuhrman, M.D., Columbus, Ohio
Secretary
Steven H. Swerdlow, M.D., Pittsburgh, Pennsylvania
Treasurer
Michael A. Jones, M.D., Portland, Maine
Immediate Past President
James R. Stubbs, M.D., Rochester, Minnesota

Trustees
Edward R. Ashwood, M.D., Aurora, Colorado
Constance M. Filling, Ed.D., Washington, District of Columbia
Mohiedean Ghofrani, M.D., M.B.A., Vancouver, Washington
Eric F. Glassy, M.D., Rancho Dominguez, California
Jeffrey D. Goldstein, M.D., Los Angeles, California
Ritu Nayar, M.D., Chicago, Illinois
Gary W. Procop, M.D., M.S., Cleveland, Ohio
Barbara A. Sampson, M.D., Ph.D., New York, New York

ABP CEO
Rebecca L. Johnson, MD, MASCP