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

The American Board of Pathology

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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.

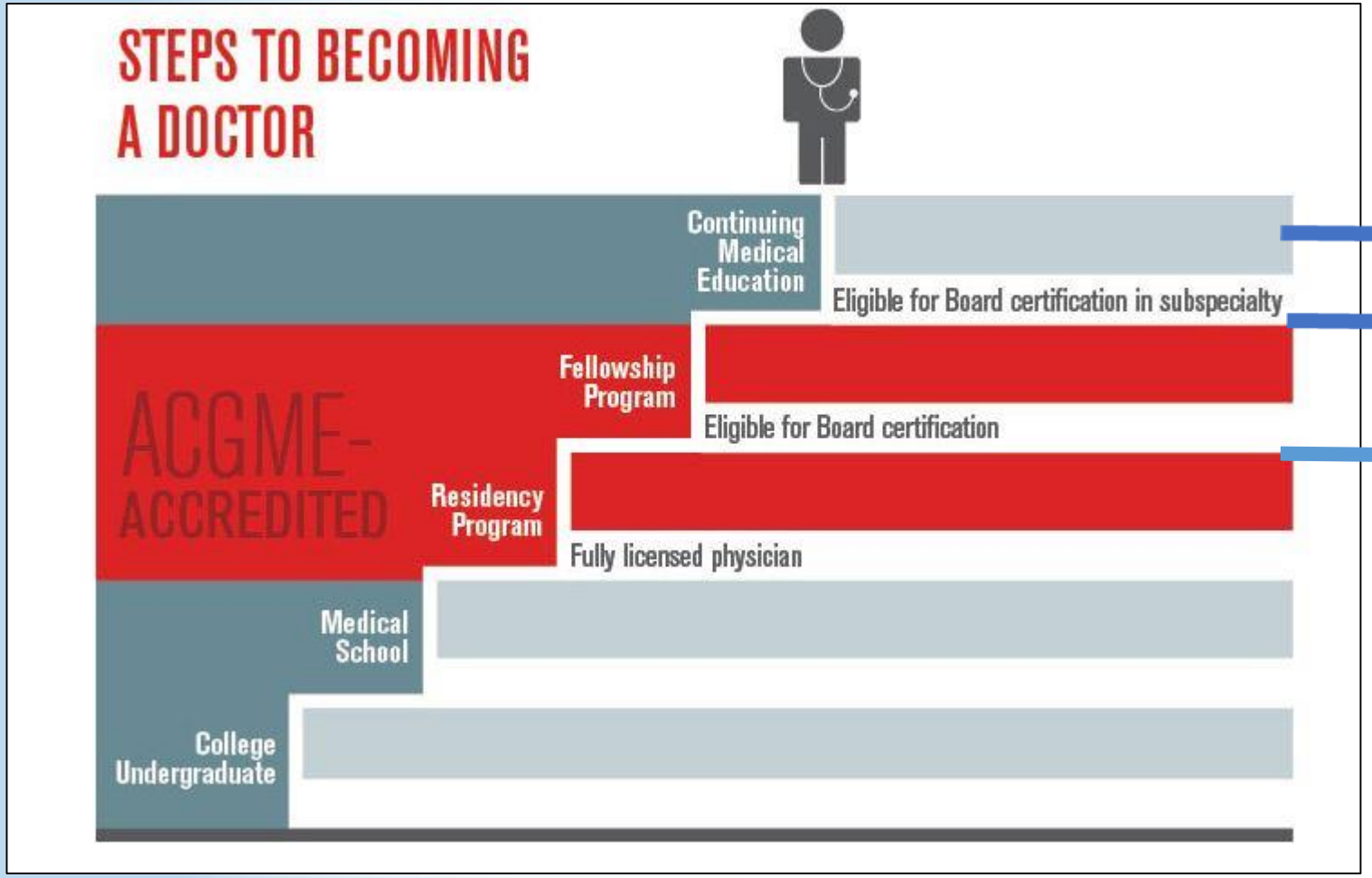
THE ABP

<u>Mission</u>:

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

American Board of Medical Specialties

Higher standards. Better care.®

24 Certifying Member Boards

http://www.abms.org/about-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

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***

https://s3.amazonaws.com/ascpcdn/static/ASCPResources/Membership/Residents/2017/11_17380_LS_2017+Fellowship+and+Job+Market+Survey.pdf

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:

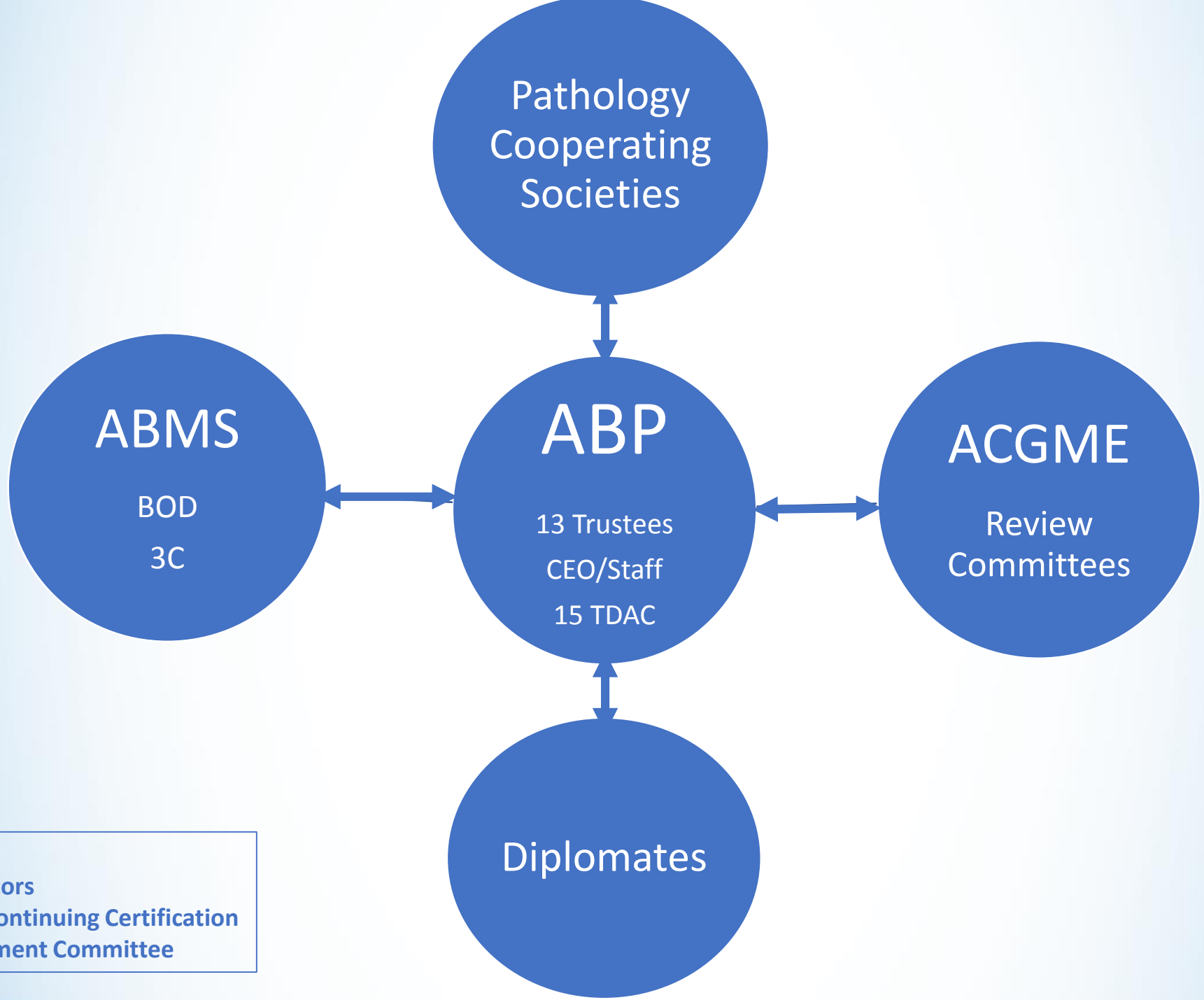
Primary (Core/Initial)	
AP/CP	**498**
AP only	**72**
CP only	**50**
Subspecialty	**503**

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.



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

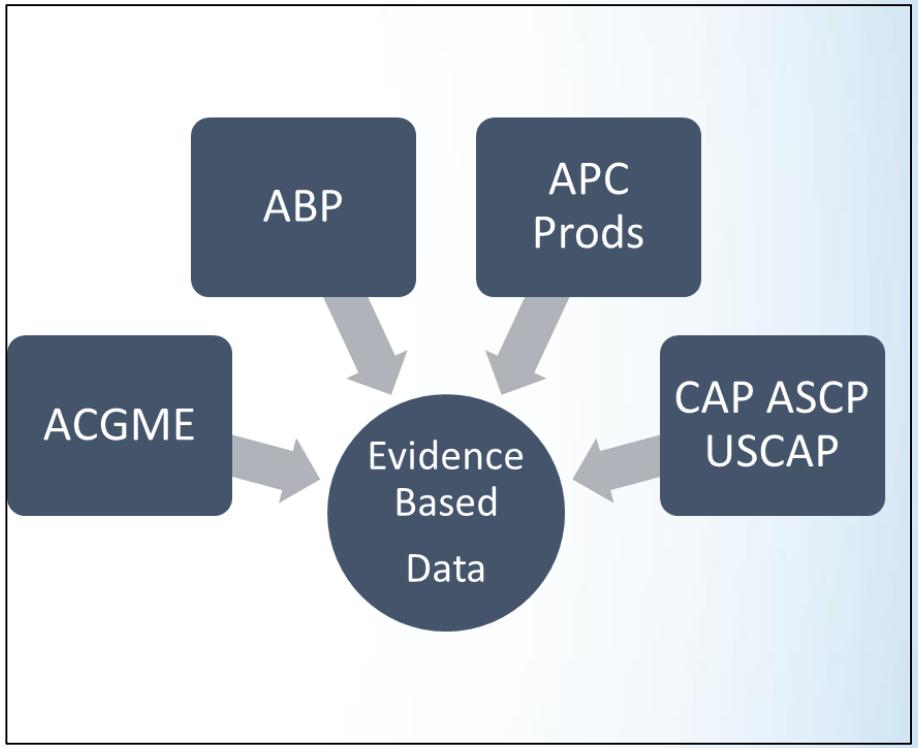
Recent ABP Initiatives

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

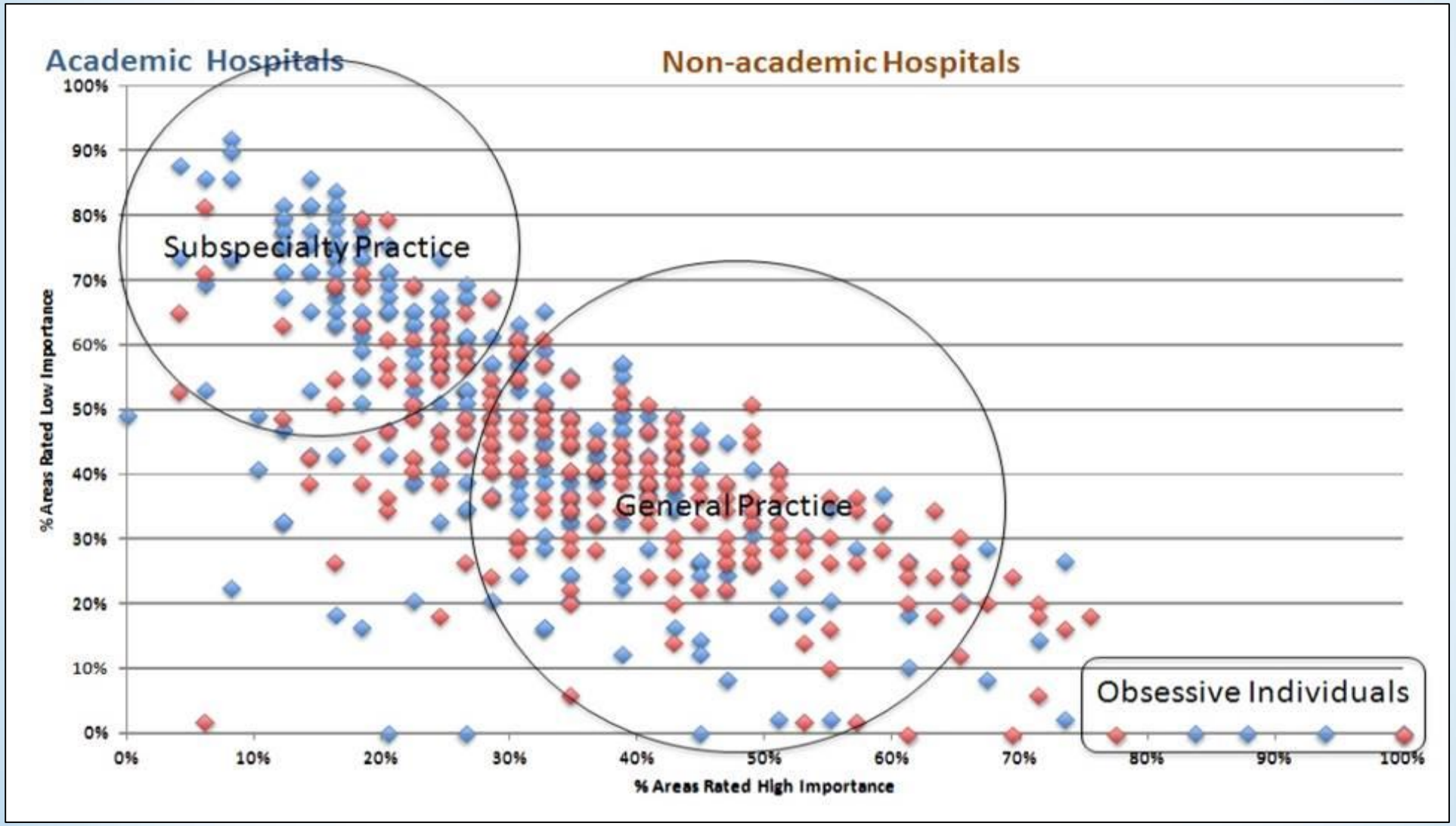
- What does every pathologist need to know vs. vs. What do some/few pathologists need to know?
- Assure every pathologist has essential core training
- Adjust the amount of training; train for the future
- Move specialized training to fellowships
- Identify key emerging areas

2016 Results Similar to Prior Surveys

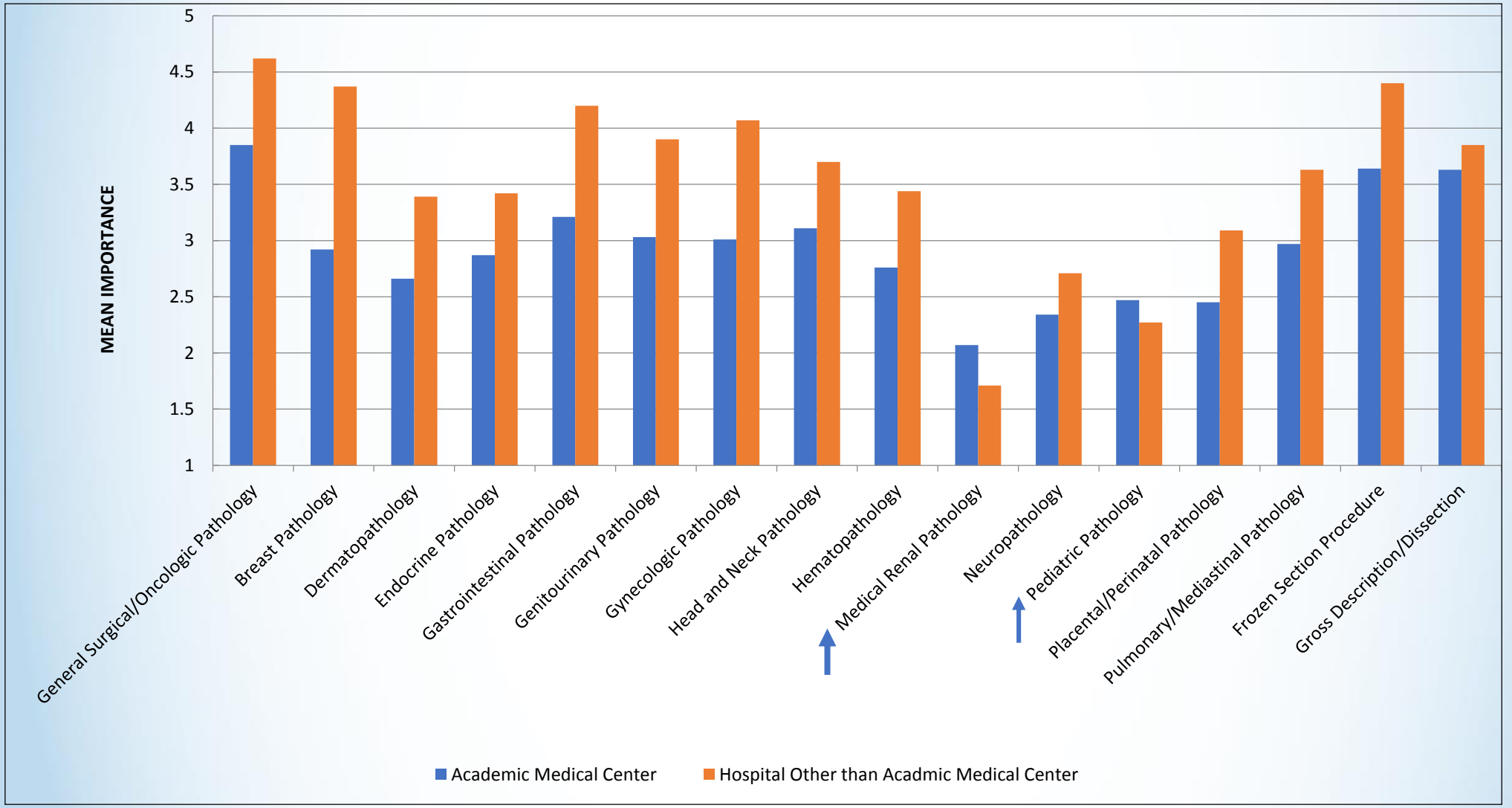
- New-in-practice pathologists report that residency training was about right.

- 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)

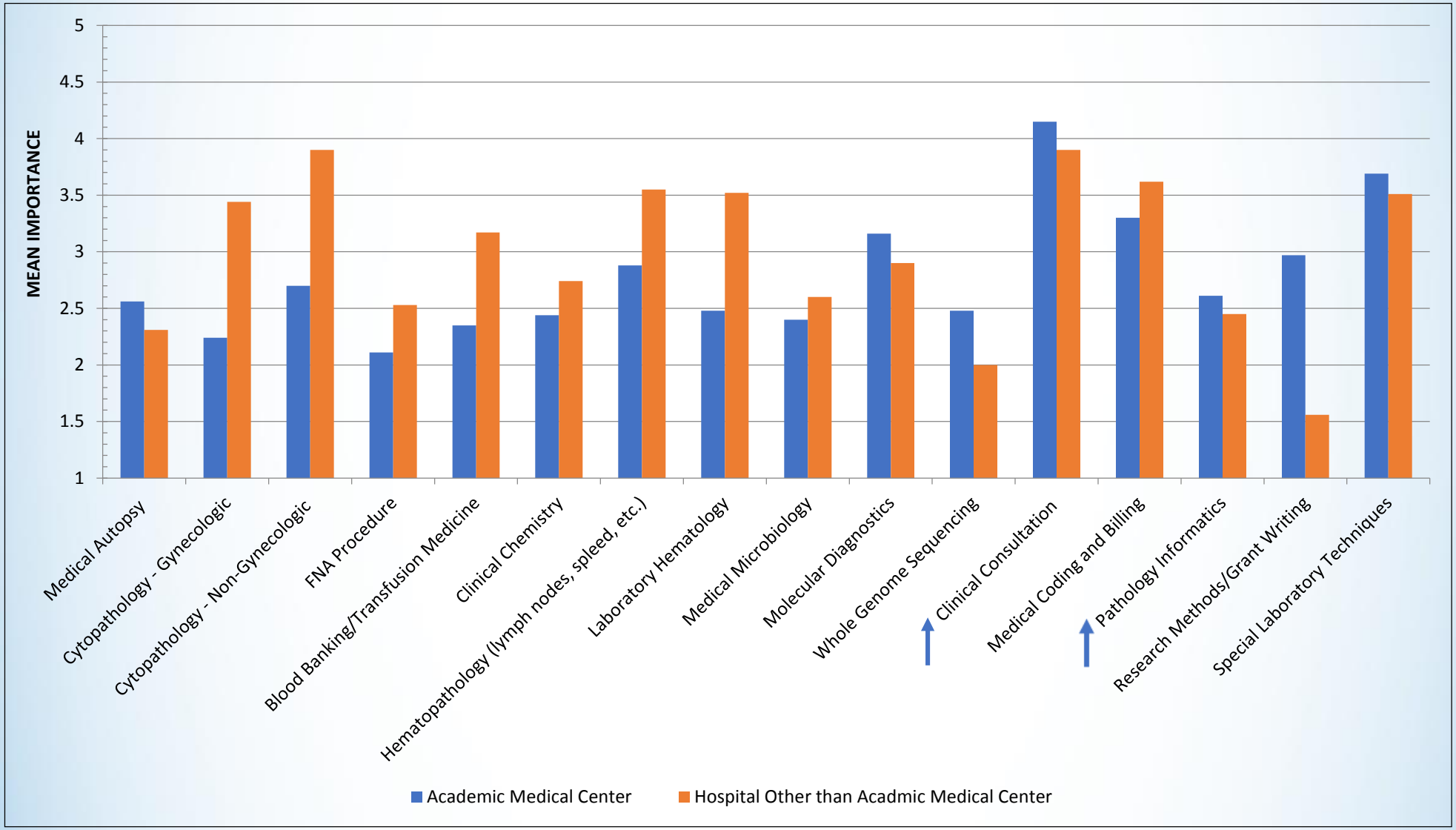
Practice Setting Differences



Surgical Pathology: Significant Differences in Importance by Practice Setting



Other Practice Areas: Significant Differences in Importance by Practice Setting



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

BECOMING A PHYSICIAN

Toward Competency-Based Medical Education (CBME)

Deborah E. Powell, M.D., and Carol Carraccio, M.D.

N Engl J Med 2018; 37(8):3-5

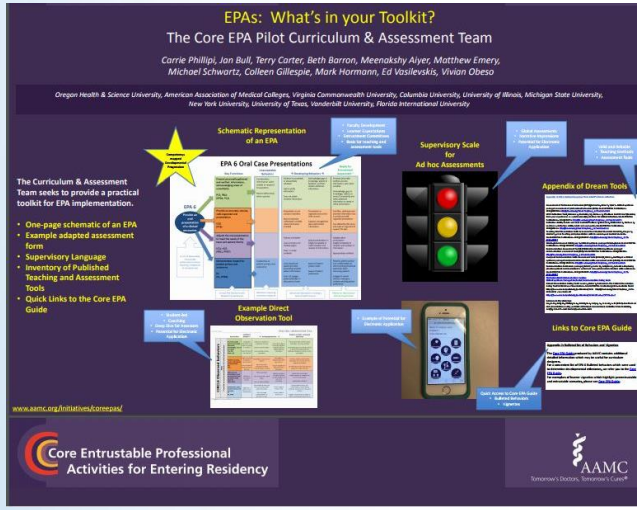
- Reconceives medical training by recognizing that not all students or trainees master all necessary skills at the same pace.

- 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)

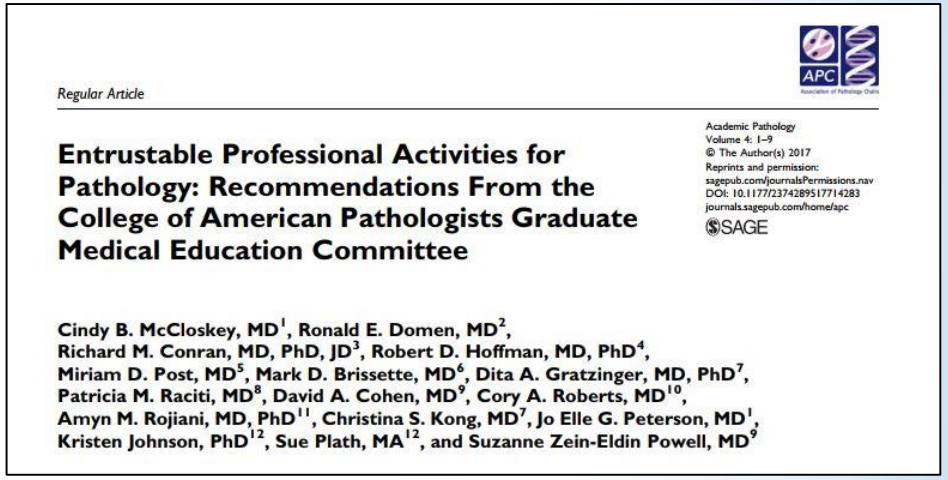
EPAs are observable, measurable units of work – that require the integration of competencies.

EPAs in Medical School



https://www.aamc.org/download/478538/data/lsl2016epapostersessionposters.pdf

EPAs in Residency Training



Regular Article

Entrustable Professional Activities for Pathology: Recommendations From the College of American Pathologists Graduate Medical Education Committee

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- **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)

CMSS Council of Medical Specialty Societies

MEMBER LOGIN USERNAME PASSWORD Forgot Password LOGIN

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CMSS PRINCIPLES OF SELF-REGULATION

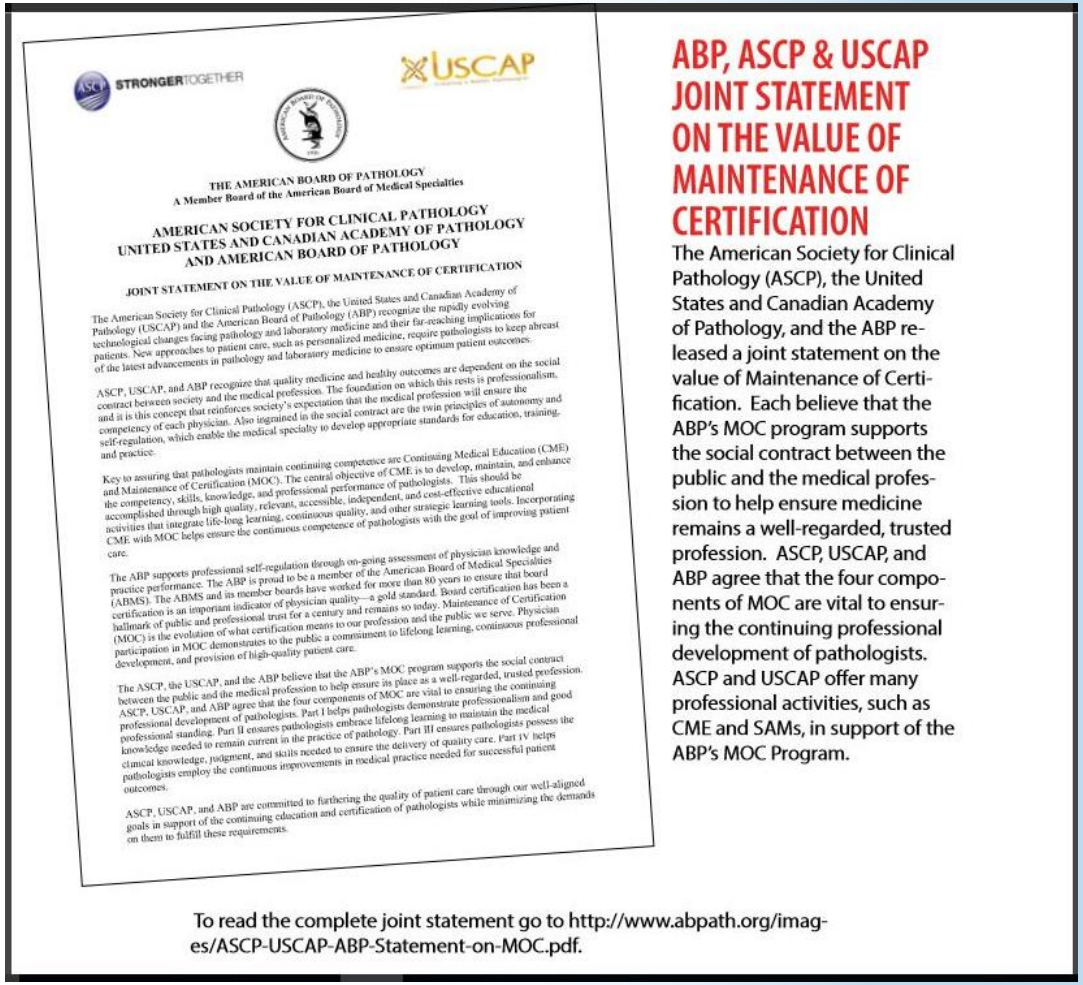
Principles of Self-regulation (including life-long learning and on-going performance improvement)

CMSS supports the principle of professional self-regulation, including life-long learning and on-going performance improvement.

Specialty societies are formed to fulfill professional self-regulation through continually educating specialists through life-long learning, and facilitating on-going performance improvement in practice. Certifying boards are formed to fulfill professional self-regulation through on-going assessment of physician knowledge and practice performance.

Therefore, with complementary goals, societies and boards should collaborate to continually improve the care of patients and the health outcomes of populations. Specifically, societies and boards should work together to change and evolve existing processes of on-going assessment of physician knowledge and practice performance to be consistent with these principles of professional self-regulation, and to be more relevant and less burdensome to practicing physicians.

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



STRONGERTOGETHER USCAP

THE AMERICAN BOARD OF PATHOLOGY
A Member Board of the American Board of Medical Specialties

AMERICAN SOCIETY FOR CLINICAL PATHOLOGY
UNITED STATES AND CANADIAN ACADEMY OF PATHOLOGY
AND AMERICAN BOARD OF PATHOLOGY

JOINT STATEMENT ON THE VALUE OF MAINTENANCE OF CERTIFICATION

The American Society for Clinical Pathology (ASCP), the United States and Canadian Academy of Pathology (USCAP) and the American Board of Pathology (ABP) recognize the rapidly evolving technological changes facing pathology and laboratory medicine and their far-reaching implications for patients. New approaches to patient care, such as personalized medicine, require pathologists to keep abreast of the latest advancements in pathology and laboratory medicine to ensure optimum patient outcomes.

ASCP, USCAP, and ABP recognize that quality medicine and healthy outcomes are dependent on the social contract between society and the medical profession. The foundation on which this rests is professionalism, and it is this concept that reinforces society's expectation that the medical profession will ensure the competency of each physician. Also ingrained in the social contract are the twin principles of autonomy and self-regulation, which enable the medical specialty to develop appropriate standards for education, training, and practice.

Key to assuring that pathologists maintain continuing competence are Continuing Medical Education (CME) and Maintenance of Certification (MOC). The central objective of CME is to develop, maintain, and enhance the competency, skills, knowledge, and professional performance of pathologists. This should be accomplished through high quality, relevant, accessible, independent, and cost-effective educational activities that integrate life-long learning, continuous quality, and other strategic learning tools. Incorporating CME with MOC helps ensure the continuous competence of pathologists with the goal of improving patient care.

The ABP supports professional self-regulation through on-going assessment of physician knowledge and practice performance. The ABP is proud to be a member of the American Board of Medical Specialties (ABMS). The ABMS and its member boards have worked for more than 80 years to ensure that board certification is an important indicator of physician quality—a gold standard. Board certification has been a hallmark of public and professional trust for a century and remains so today. Maintenance of Certification (MOC) is the evolution of what certification means to our profession and the public we serve. Physician participation in MOC demonstrates to the public a commitment to lifelong learning, continuous professional development, and provision of high-quality patient care.

The ASCP, the USCAP, and the ABP believe that the ABP's MOC program supports the social contract between the public and the medical profession to help ensure its place as 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. Part I helps pathologists demonstrate professionalism and good professional standing. Part II ensures pathologists embrace lifelong learning to maintain the medical knowledge needed to remain current in the practice of pathology. Part III ensures pathologists possess the clinical knowledge, judgment, and skills needed to ensure the delivery of quality care. Part IV helps pathologists employ the continuous improvements in medical practice needed for successful patient outcomes.

ASCP, USCAP, and ABP are committed to furthering the quality of patient care through our well-aligned goals in support of the continuing education and certification of pathologists while minimizing the demands on them to fulfill these requirements.

ABP, ASCP & USCAP JOINT STATEMENT ON THE VALUE OF MAINTENANCE OF CERTIFICATION

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.

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

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™

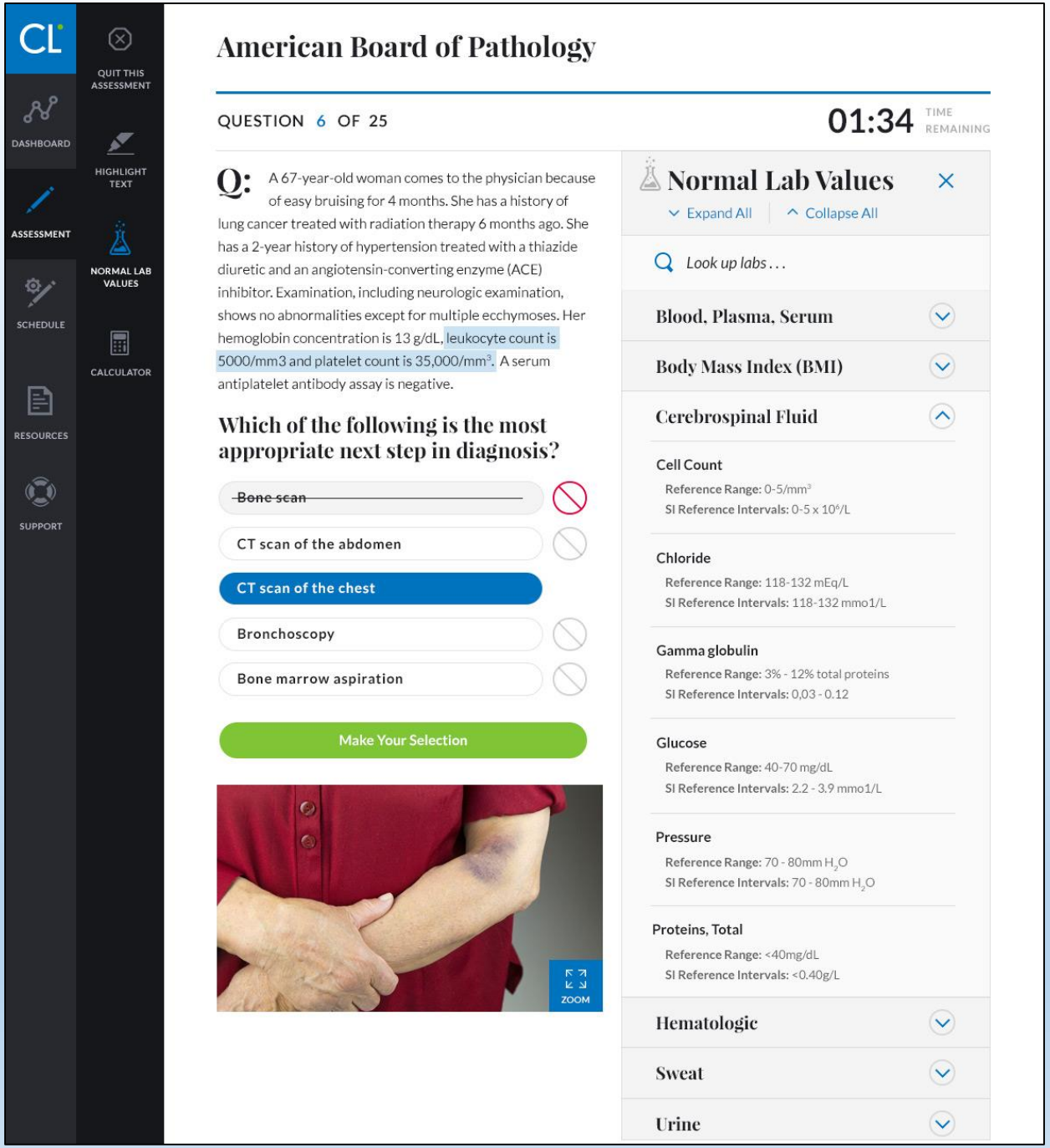
ASSESSMENT OF LEARNING FOR LEARNING

- 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

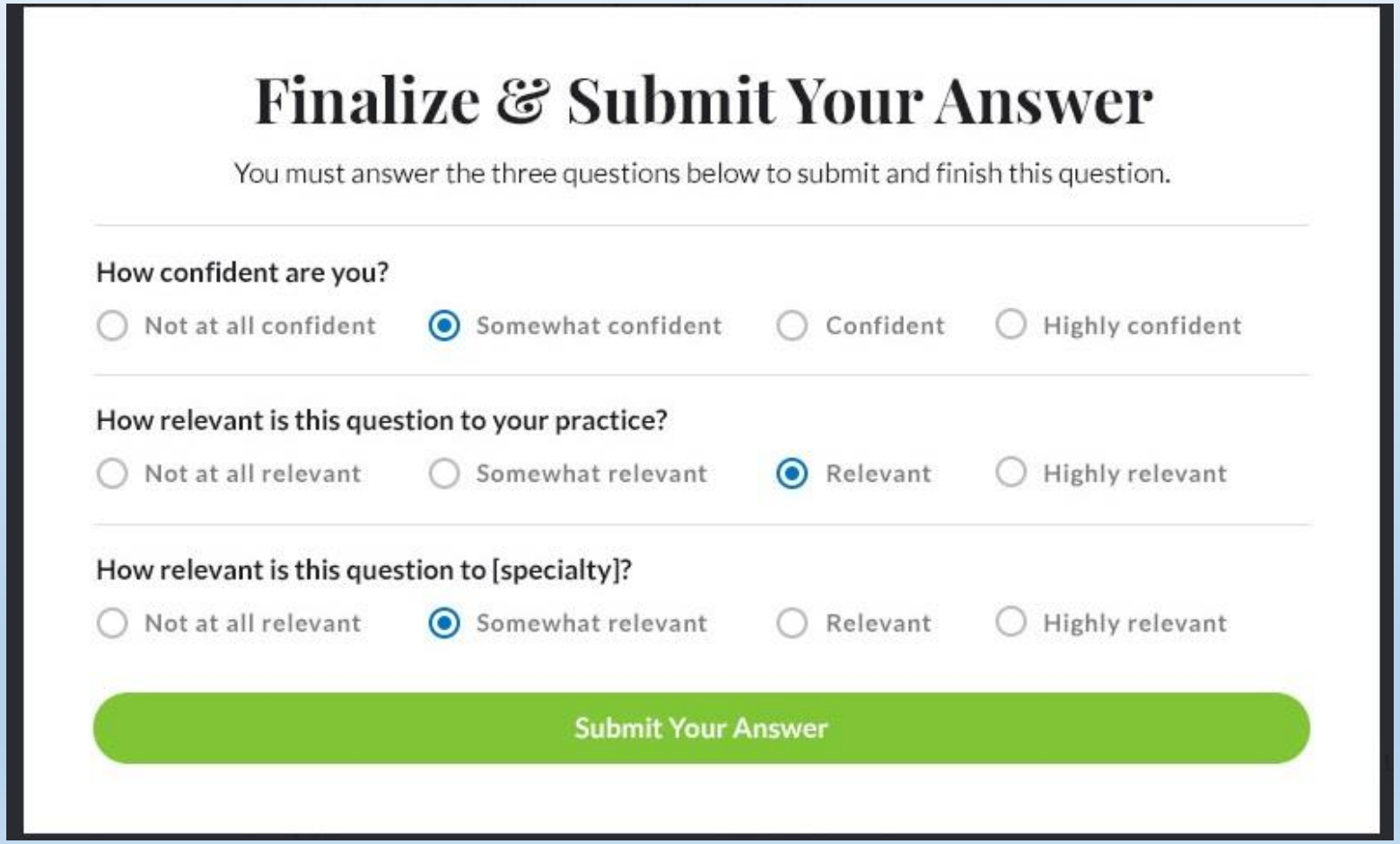
- Diplomates voice and active role in creation- crowdsourcing



ABPath CertLink™ Pilot:

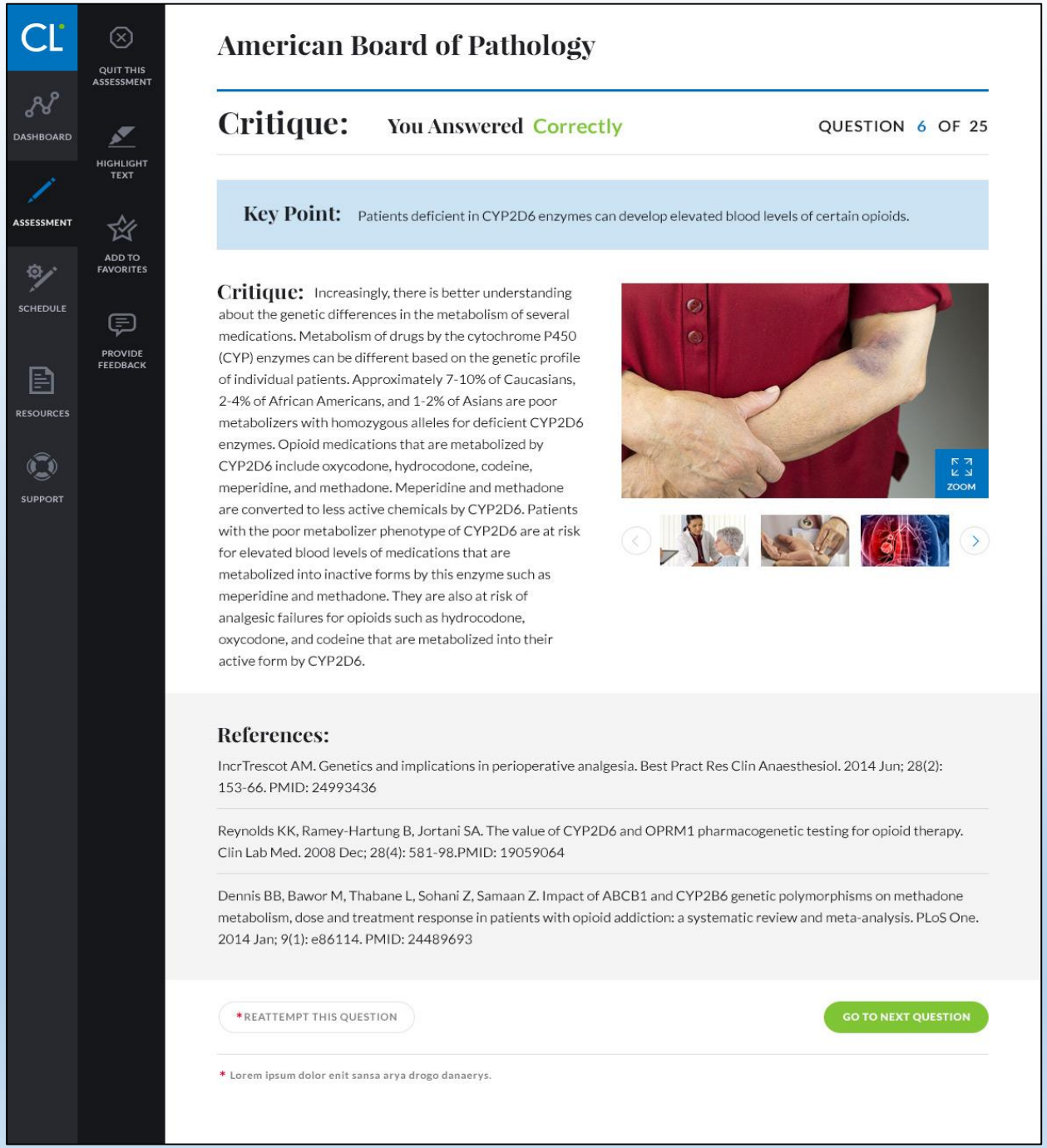
-Assessment focused on practice relevant content

After answering a question, diplomate has three additional questions:



ABPath CertLink™ Pilot:

Feedback to ABP

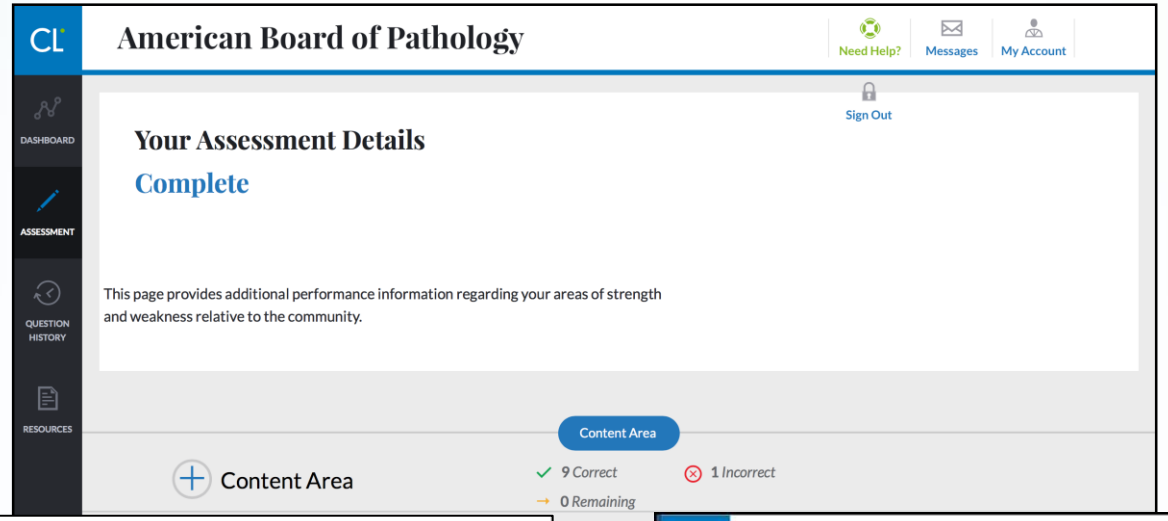


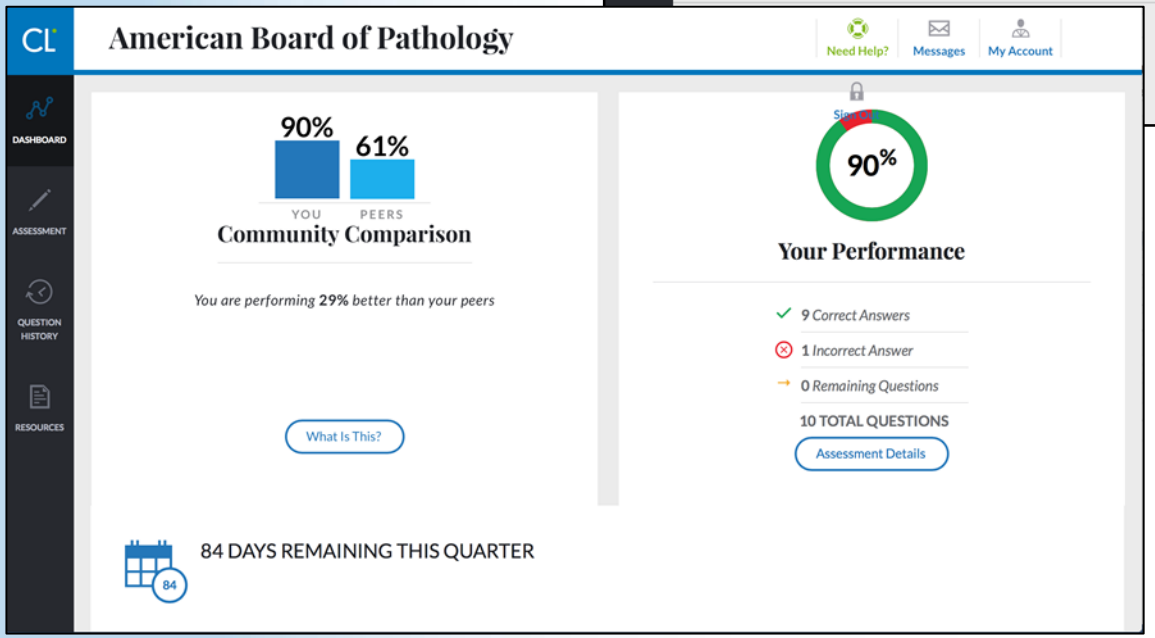
ABPath CertLink™ Pilot:

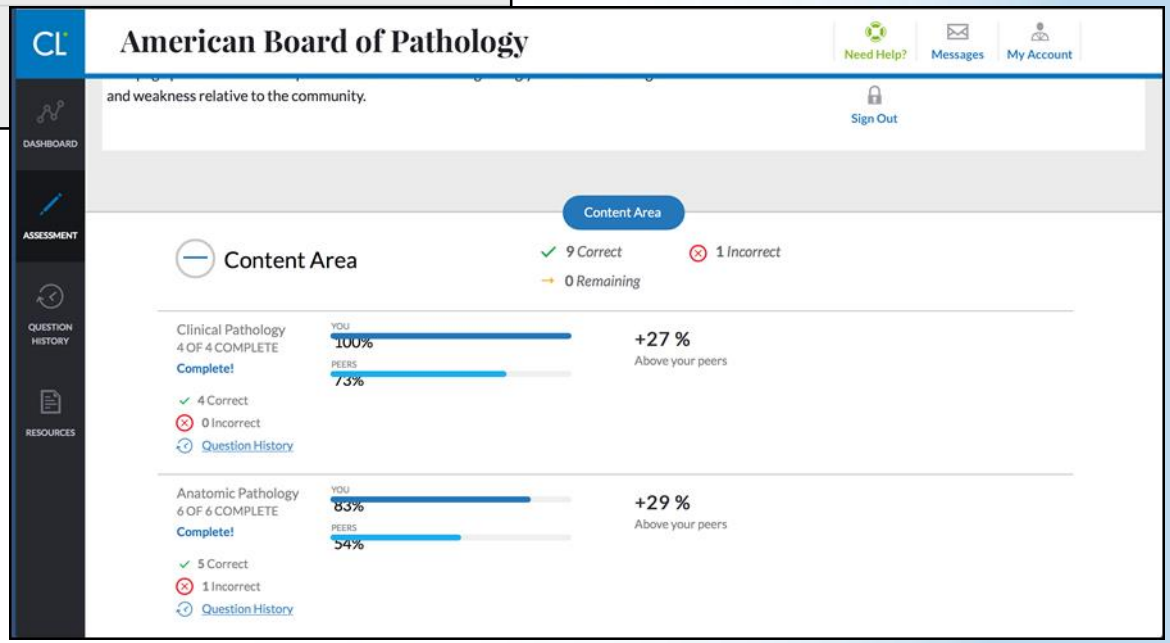
Immediate Focused Feedback to Diplomate

- Key Point
- Critique
- References

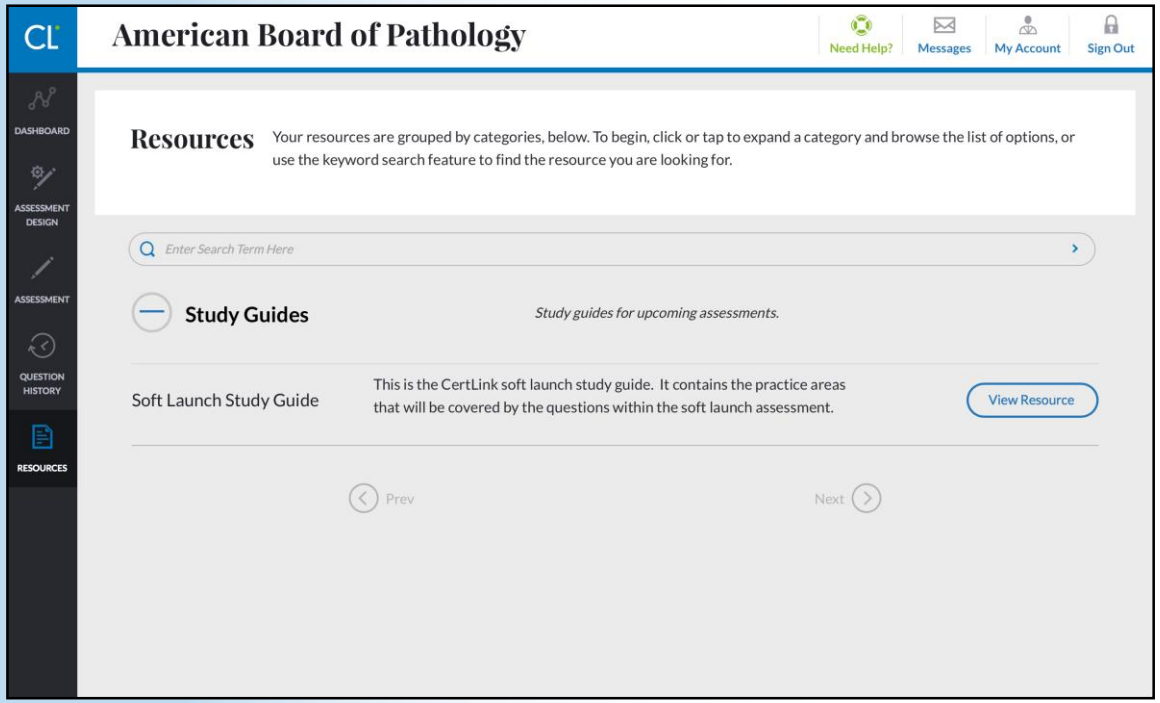
ABPath CertLink™Pilot: Provides A Personal Dashboard That Displays Peer Comparison and Strengths & Weaknesses

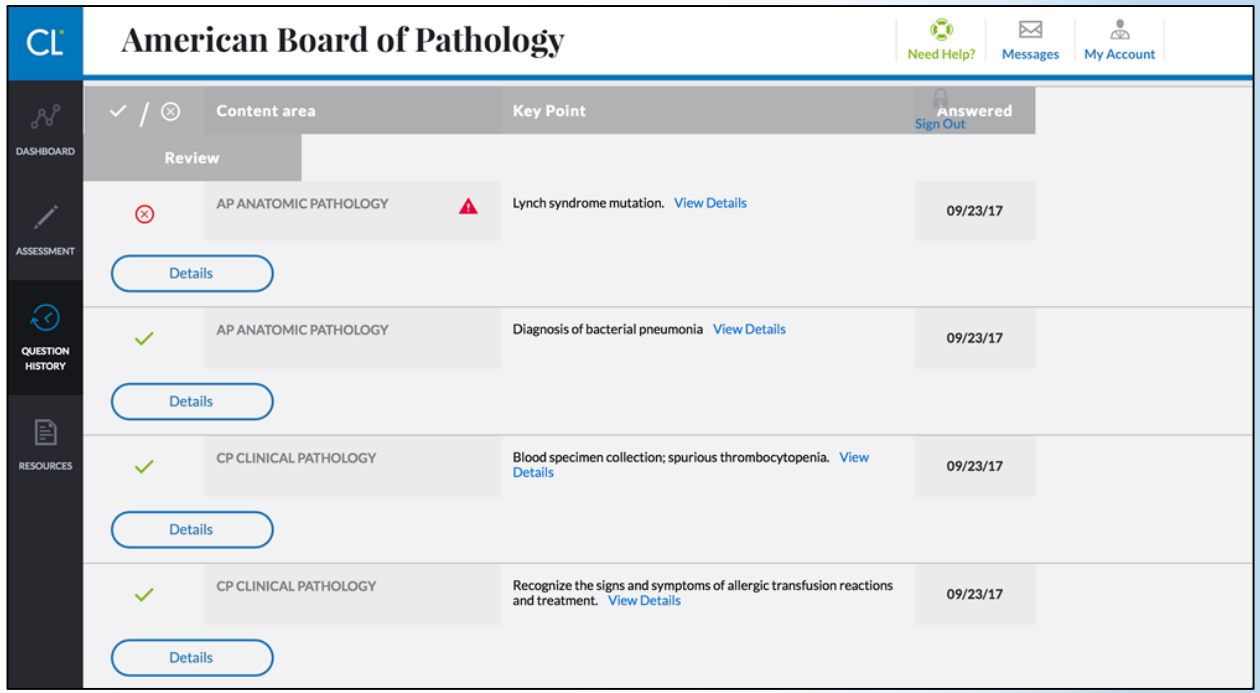






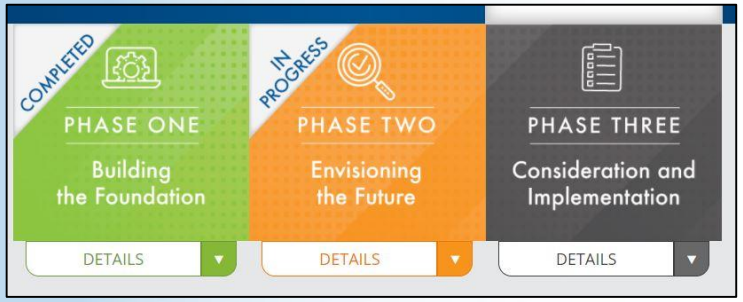
ABPath CertLink™Pilot: Guidance To Resources For Study, Before and After Assessment



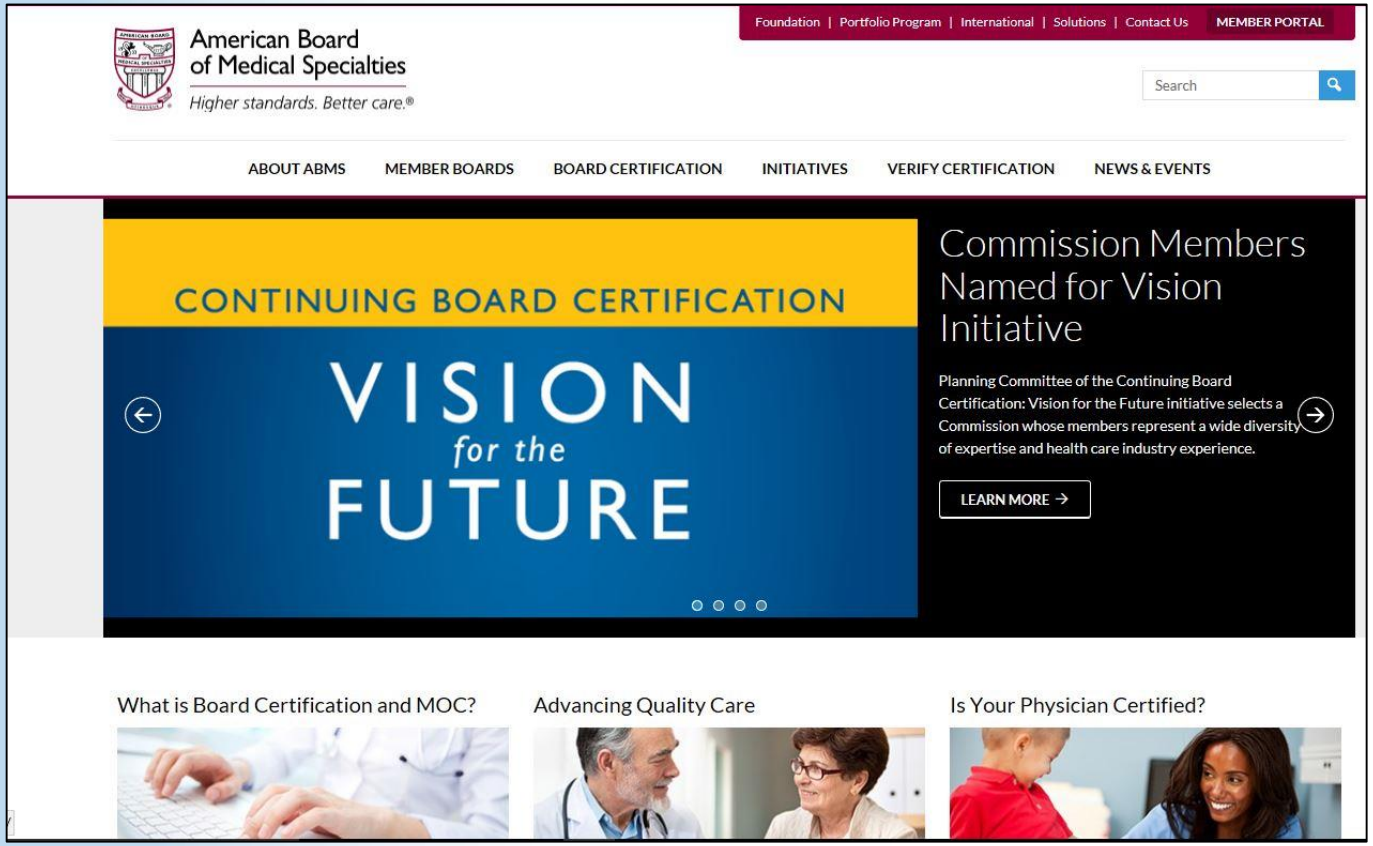


Retesting of key content as a means of improving retention

ABMS: Continuing Certification



http://www.abms.org/



- 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.

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