



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

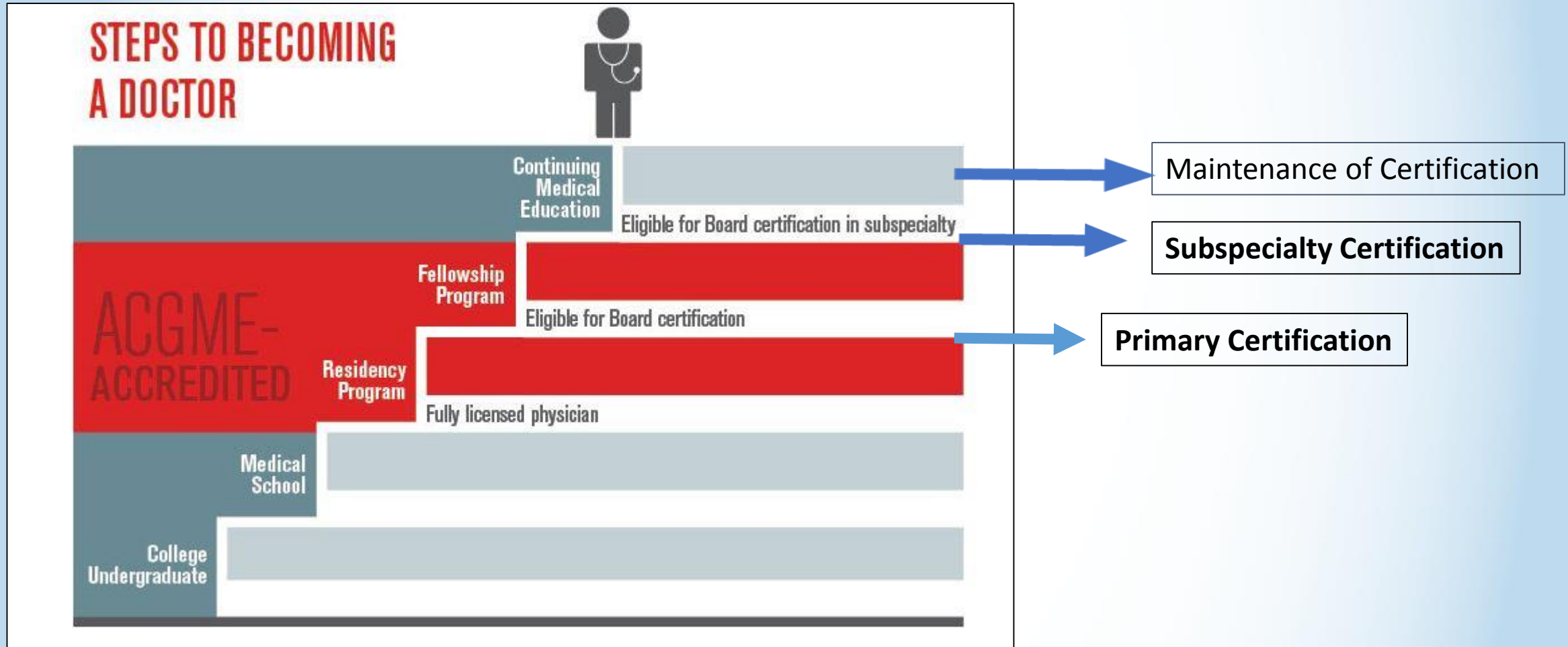


Mission:

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



Residency/Fellowship Training Oversight-ACGME



Accreditation Council for
Graduate Medical Education

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**



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

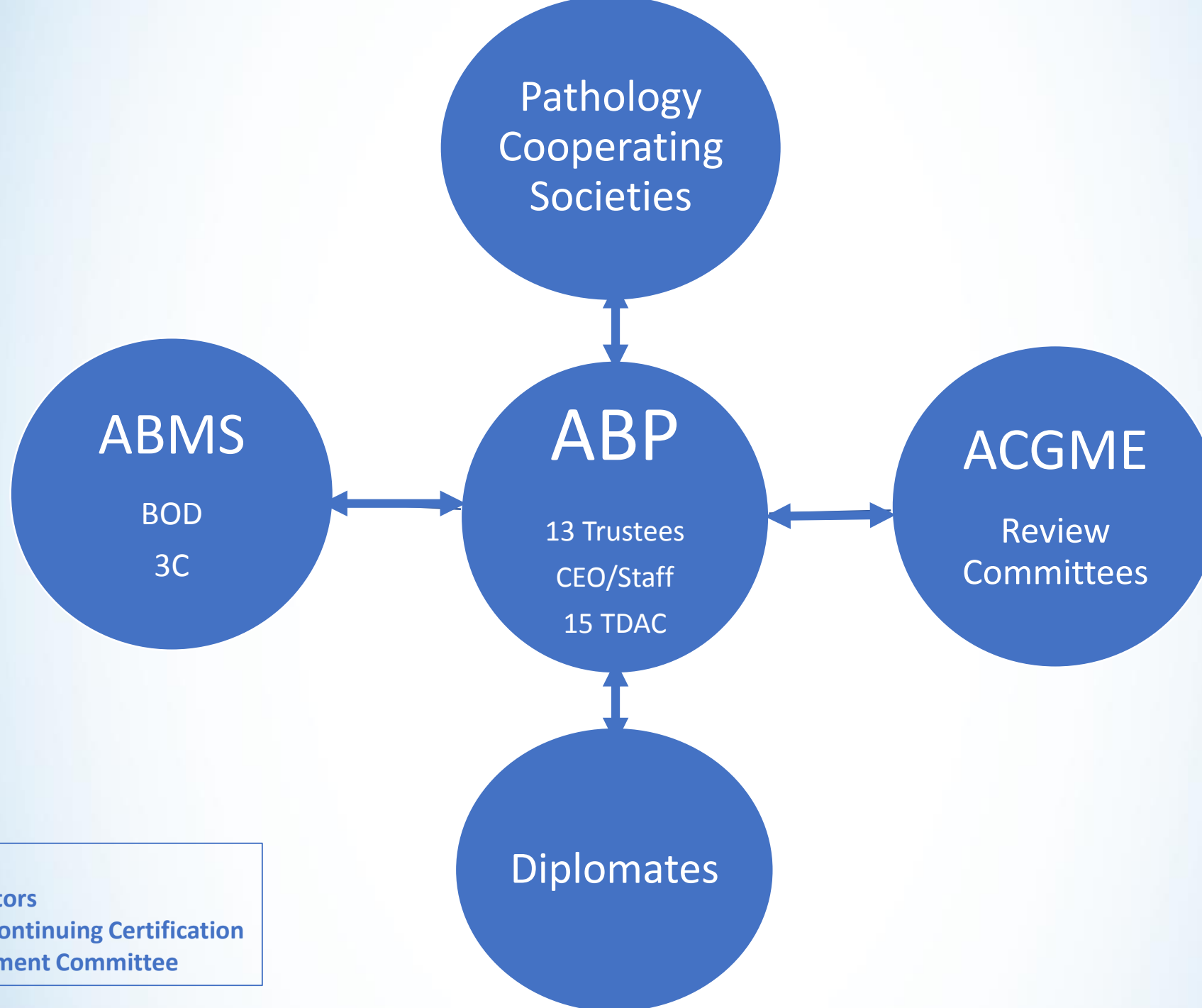
CP only 50

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

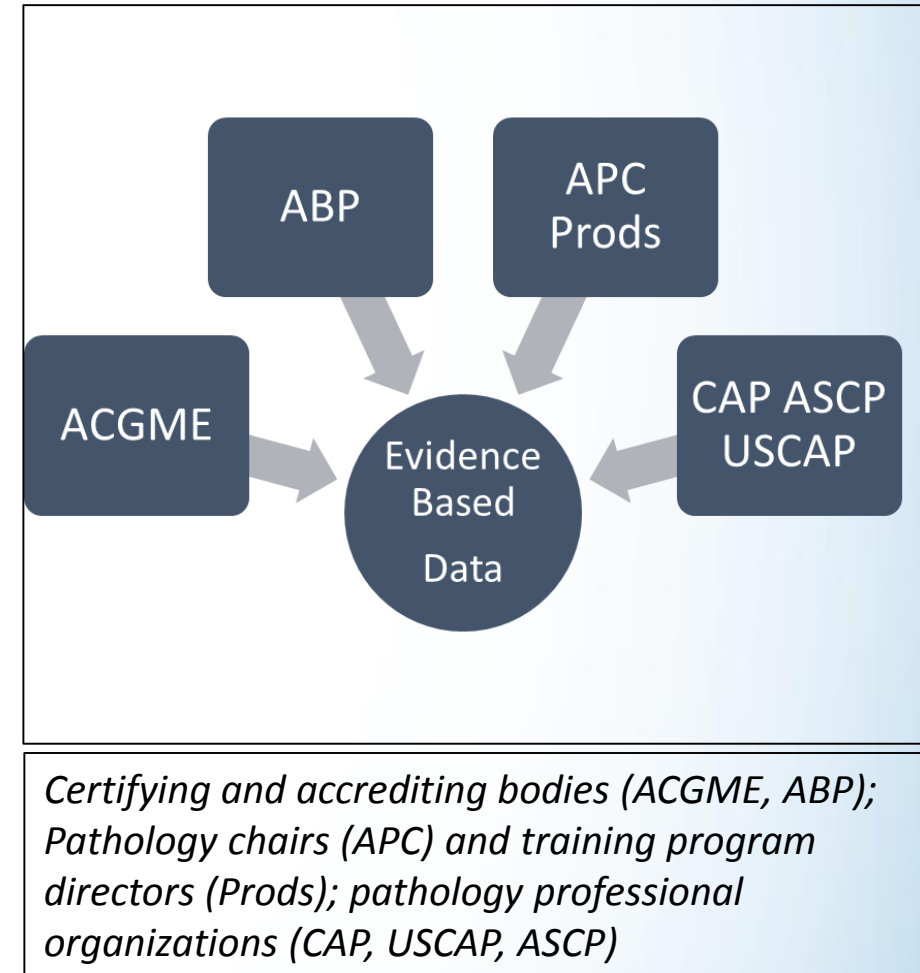
Residency Training

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*)





Desired Outcome of Training/Practice Survey

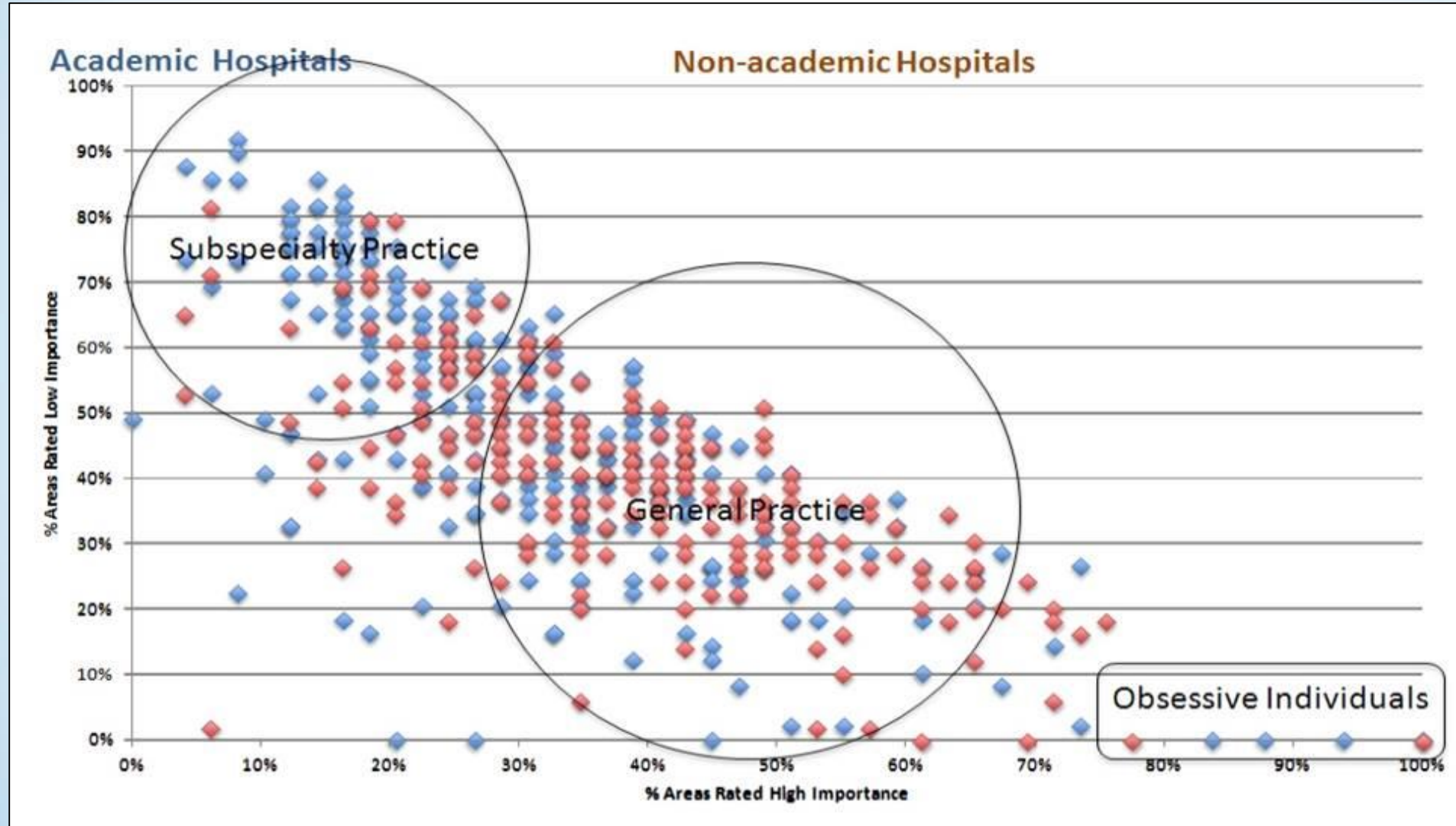
- What does every pathologist need to know vs. vs. What do some/few pathologists need to know?
- Assure every pathologist has essential core training
- Adjust the amount of training; train for the future
- Move specialized training to fellowships
- Identify key emerging areas



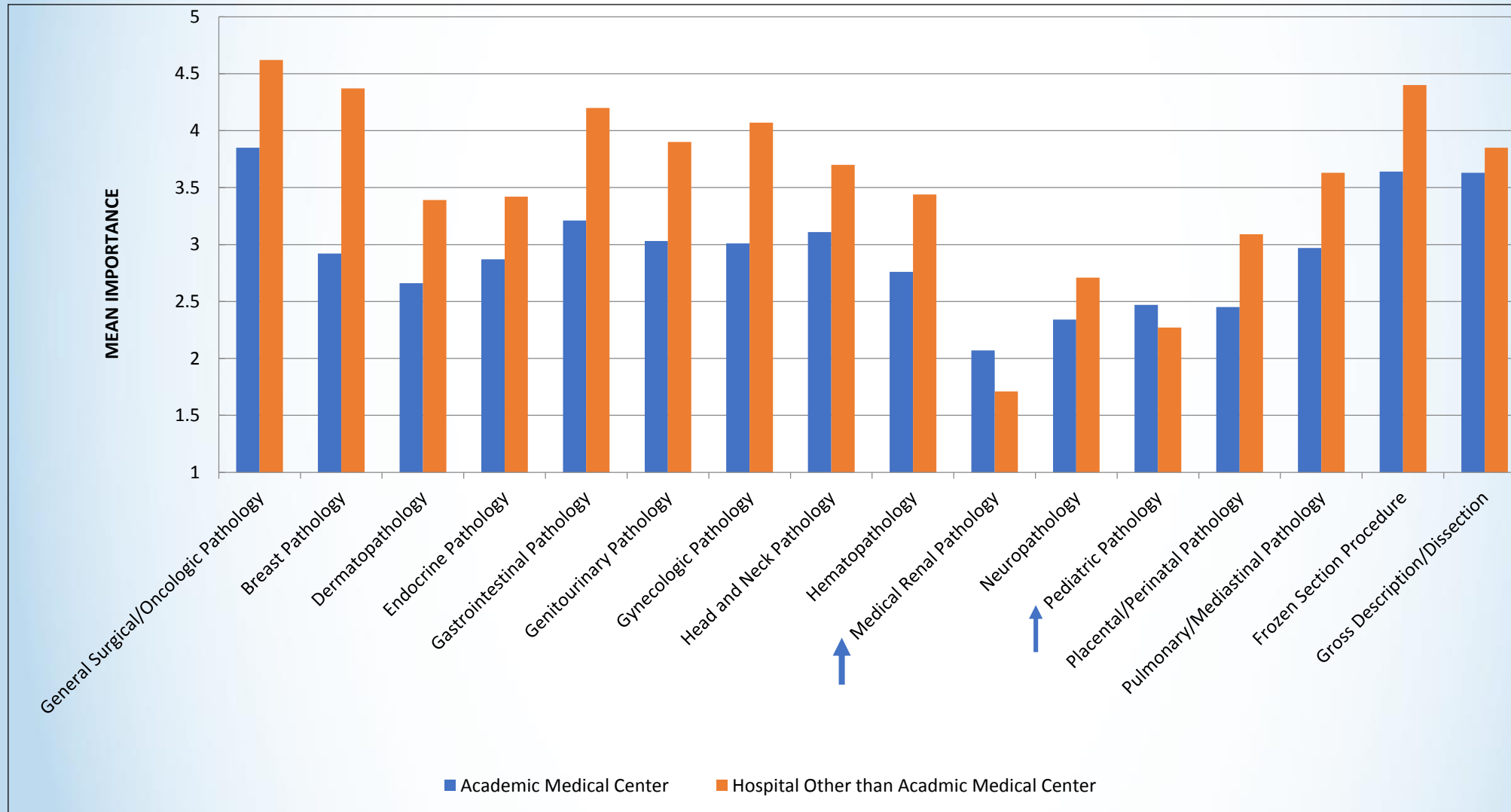
2016 Results Similar to Prior Surveys

- 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)

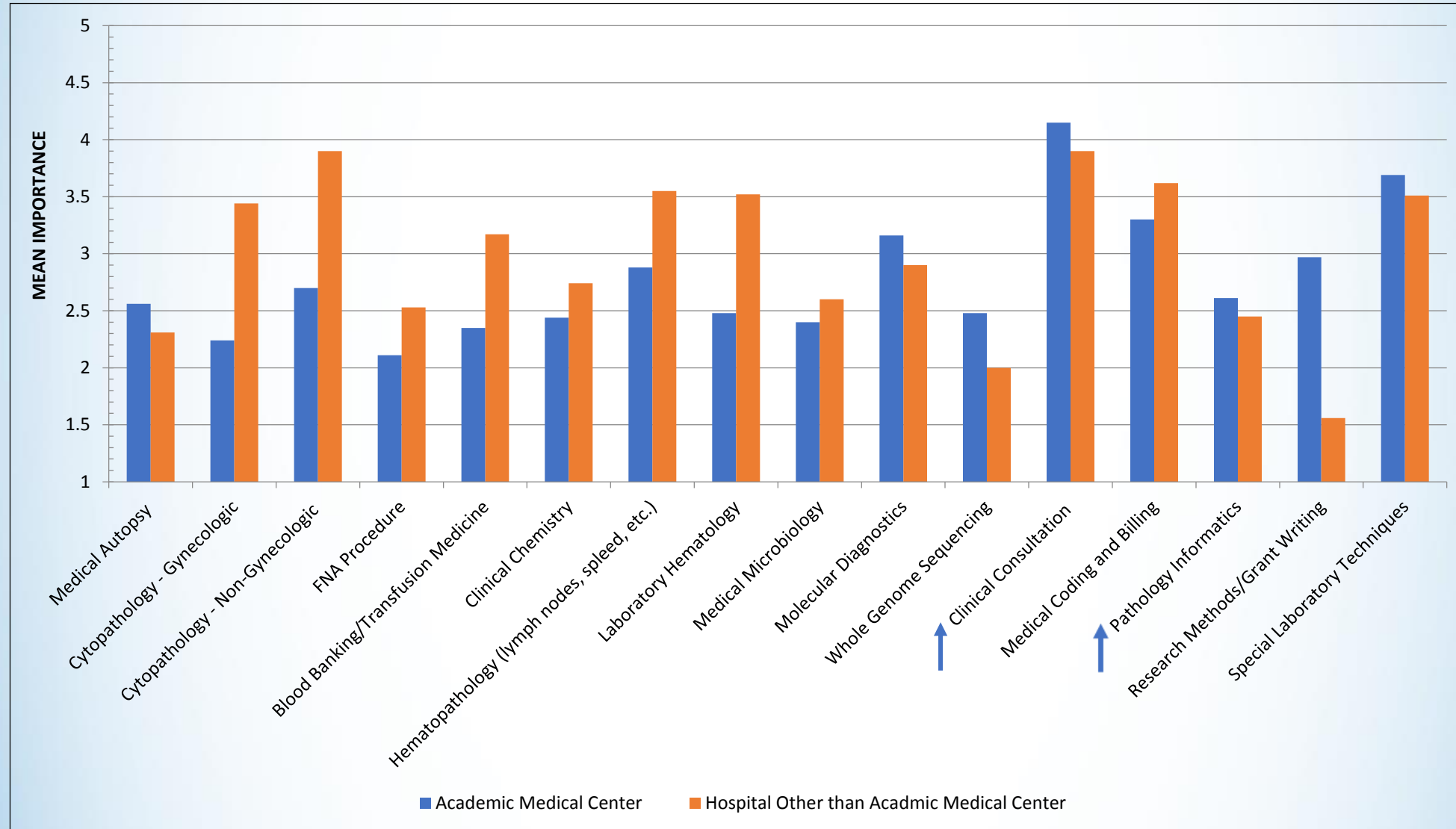
Practice Setting Differences



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

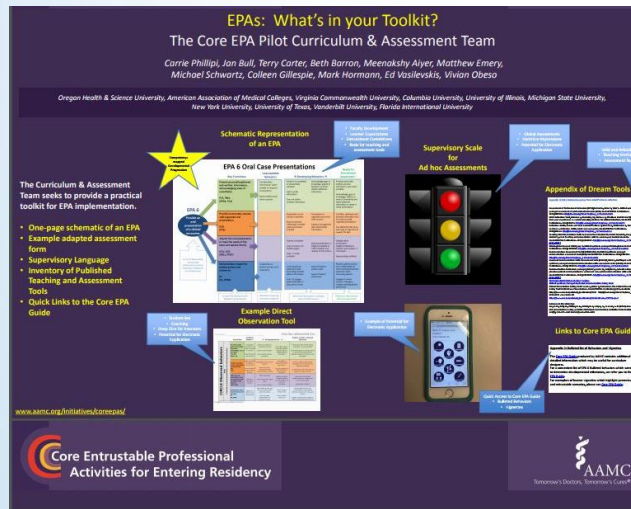
- Reconceives medical training by recognizing that not all students or trainees master all necessary skills at the same pace.
- Innovative model that could create a **learner-centric education system** that, in turn, helps bring about a patient-centric care system

CBME and ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPA)



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

EPAs in Medical School



EPAs in Residency Training

Regular Article

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

Cindy B. McCloskey, MD¹, Ronald E. Domen, MD², Richard M. Conran, MD, PhD, JD³, Robert D. Hoffman, MD, PhD⁴, Miriam D. Post, MD⁵, Mark D. Brissette, MD⁶, Dita A. Gratzinger, MD, PhD⁷, Patricia M. Raciti, MD⁸, David A. Cohen, MD⁹, Cory A. Roberts, MD¹⁰, Aryn M. Rojiani, MD, PhD¹¹, Christina S. Kong, MD⁷, Jo Elle G. Peterson, MD¹, Kristen Johnson, PhD¹², Sue Plath, MA¹², and Suzanne Zein-Eldin Powell, MD⁹

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journals.sagepub.com/home/apc
SAGE

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

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

The ABP Supports Self Regulation and Continuous Certification (MOC)





Council of Medical
Specialty Societies

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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





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

CL

QUIT THIS ASSESSMENT

DASHBOARD

HIGHLIGHT TEXT

ASSESSMENT

SCHEDULE

RESOURCES

SUPPORT

AMERICAN BOARD OF PATHOLOGY

QUESTION 6 OF 25

01:34 TIME REMAINING

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 neurologic examination, shows no abnormalities except for multiple ecchymoses. Her hemoglobin concentration is 13 g/dL, leukocyte count is 5000/mm³ and platelet count is 35,000/mm³. A serum antiplatelet 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

Make Your Selection



Normal Lab Values

Expand All Collapse All

Look up labs...

Blood, Plasma, Serum

Body Mass Index (BMI)

Cerebrospinal Fluid

Cell Count

Reference Range: 0-5/mm³

SI Reference Intervals: 0-5 x 10⁹/L

Chloride

Reference Range: 118-132 mEq/L

SI Reference Intervals: 118-132 mmol/L

Gamma globulin

Reference Range: 3% - 12% total proteins

SI Reference Intervals: 0.03 - 0.12

Glucose

Reference Range: 40-70 mg/dL

SI Reference Intervals: 2.2 - 3.9 mmol/L

Pressure

Reference Range: 70 - 80 mm H₂O

SI Reference Intervals: 70 - 80 mm H₂O

Proteins, Total

Reference Range: <40mg/dL

SI Reference Intervals: <0.40g/L

Hematologic

Sweat

Urine

ABPath CertLink™ Pilot:

-Assessment focused on practice relevant content



After answering a question, diplomate 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 individual patients. Approximately 7-10% of Caucasians, 2-4% of African Americans, and 1-2% of Asians are poor metabolizers with homozygous 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:

IncrTrescot AM. Genetics and implications in perioperative analgesia. Best Pract Res Clin Anaesthesiol. 2014 Jun; 28(2): 153-66. PMID: 24993436

Reynolds KK, Ramey-Hartung B, Jortani SA. The value of CYP2D6 and OPRM1 pharmacogenetic testing for opioid therapy. Clin Lab Med. 2008 Dec; 28(4): 581-98. PMID: 19059064

Dennis BB, Bawor M, Thabane L, Sohani Z, Samaan Z. Impact of ABCB1 and CYP2B6 genetic polymorphisms on methadone metabolism, dose and treatment response in patients with opioid addiction: a systematic review and meta-analysis. PLoS One. 2014 Jan; 9(1): e86114. PMID: 24489693

* REATTEMPT THIS QUESTION

GO TO NEXT QUESTION

* Lorem ipsum dolor enit sansa arya drogo danaerys.



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



CL

American Board of Pathology

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Messages

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DASHBOARD

ASSESSMENT

QUESTION HISTORY

RESOURCES

Your Assessment Details

Complete

This page provides additional performance information regarding your areas of strength and weakness relative to the community.

Content Area

9 Correct
0 Remaining

1 Incorrect

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ASSESSMENT

QUESTION HISTORY

RESOURCES

90%

61%

YOU

PEERS

Community Comparison

You are performing 29% better than your peers

What Is This?

84

84 DAYS REMAINING THIS QUARTER

90%

Your Performance

9 Correct Answers

1 Incorrect Answer

0 Remaining Questions

10 TOTAL QUESTIONS

Assessment Details

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ASSESSMENT

QUESTION HISTORY

RESOURCES

Content Area

9 Correct
0 Remaining

1 Incorrect

Clinical Pathology

4 OF 4 COMPLETE

Complete!

4 Correct
0 Incorrect

Question History

YOU

100%

PEERS

73%

+27 %

Above your peers

Anatomic Pathology

6 OF 6 COMPLETE

Complete!

5 Correct
1 Incorrect

Question History

YOU

83%

PEERS

54%

+29 %

Above your peers



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

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American Board of Pathology

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DASHBOARD

ASSESSMENT DESIGN

ASSESSMENT

QUESTION HISTORY

RESOURCES

Resources

Your resources are grouped by categories, below. To begin, click or tap to expand a category and browse the list of options, or use the keyword search feature to find the resource you are looking for.

Q Enter Search Term Here

Study Guides

Study guides for upcoming assessments.

Soft Launch Study Guide

This is the CertLink soft launch study guide. It contains the practice areas that will be covered by the questions within the soft launch assessment.

View Resource

Prev Next

CL

American Board of Pathology

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DASHBOARD

ASSESSMENT

QUESTION HISTORY

RESOURCES

✓ / ✕

Content area

Key Point

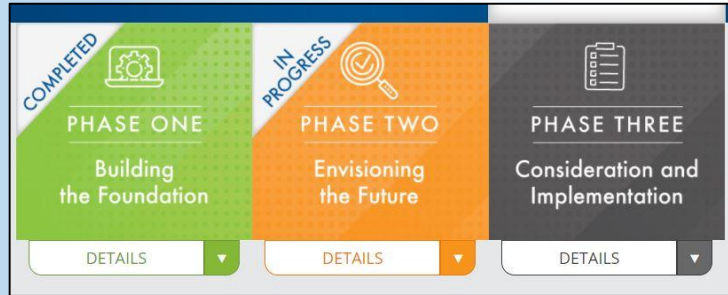
Answered
Sign Out

Review

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

Retesting of key content as a means of improving retention

ABMS: Continuing Certification



<http://www.abms.org/>

The screenshot shows the ABMS website with the following elements:

- Header: American Board of Medical Specialties logo, tagline "Higher standards. Better care.®", and navigation links: Foundation | Portfolio Program | International | Solutions | Contact Us | MEMBER PORTAL.
- Search bar: A search input field with a magnifying glass icon.
- Navigation menu: ABOUT ABMS | MEMBER BOARDS | BOARD CERTIFICATION | INITIATIVES | VERIFY CERTIFICATION | NEWS & EVENTS.
- Main banner: "CONTINUING BOARD CERTIFICATION" in yellow, followed by "VISION for the FUTURE" in large white letters on a blue background. Navigation arrows (left and right) are present.
- Text on the right: "Commission Members Named for Vision Initiative". Below this, a paragraph states: "Planning Committee of the Continuing Board Certification: Vision for the Future initiative selects a Commission whose members represent a wide diversity of expertise and health care industry experience." A "LEARN MORE ->" button is at the bottom.
- Footer: Three sections with images and titles: "What is Board Certification and MOC?", "Advancing Quality Care", and "Is Your Physician Certified?".

- 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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