Residents Forum
Call to Order and Verification of Credentials

John J. Cangelosi, MD
Residents Forum Chair
Residents Forum
External Electives
Nicole D. Riddle, MD
From CAP Survey

- The majority of respondents (87%) indicated that their programs allowed residents to participate in external rotations at other institutions. Those that did not allow cited lack of funds as the main reason.

- Over half of respondents selected "3-4 weeks" permitted for each resident for external rotations.

- About 33% selected "departmental/ hospital funding" and 27% selected resident own funding" as the source of fund.

- Over 61% of survey respondents indicated that external rotations was extremely important or important to a pathologist’s training.

- Over 63% of survey respondents indicated that external rotations was extremely important or important for a resident to be able to get a fellowship at a desired program/specialty.
How does Medicare Support GME programs?

- Medicare makes both direct GME and indirect GME (IME) payments to hospitals that train residents in approved medical residency training programs. The calculation of both direct GME and IME payments is affected by the number of full-time equivalent (FTE) residents that a hospital is allowed to count. The Medicare statute provides for direct GME payments to hospitals to cover Medicare’s share of the hospital’s direct costs of the residency training taking place at the hospital. IME payments to a hospital are paid under the Inpatient Prospective Payment System (IPPS) as a percentage add-on for each Medicare patient discharged from the hospital. IME payments are designed to cover Medicare’s share of the higher indirect costs of providing patient care at teaching hospitals relative to nonteaching hospitals.

Does Medicare make both direct GME and IME payments to hospitals for training residents at nonhospital sites?

- The per resident direct GME payment is based on all of the costs incurred by the hospital in training residents during a base year (including teaching physician costs), we believe Congress intended to permit hospitals to count time spent by residents training in nonhospital sites for purposes of IME and direct GME payments only if the hospital is actually incurring "all or substantially all the costs" of the residents training at the nonhospital site. For this reason, our current regulations require a hospital to incur the residents’ salaries and fringe benefits, travel and lodging costs where applicable and the cost of teaching physicians’ salaries and fringe benefits attributable to supervision of resident training in the nonhospital setting.
What we are doing now?

• Developing a survey for program directors/coordinators to address inter-program discrepancies.

• By educating programs, our goal is to ensure that all residents will have access to equal opportunities.
Residents Forum
The residents asked for...

• “Better online resources”
So we built a Wiki!
Pathology Resident Wiki

- pathinfo.wikia.com

- Anyone can edit or add info to wiki
  - Keeps site up to date and useful

- User friendly format
  - Like editing a Word document
Pathinfo.wikia.com

• Complete listing of all fellowship and residency programs

– We need YOUR help updating info for your programs!
The residents asked for...

- “Board prep materials/Qbank style questions”
• CAP cannot officially sanction board prep materials (i.e. – No “Qbank” style questions from CAP)

• But…
Pathinfo.wikia.com

• “Study Materials”
  – Individuals may post useful study info on the wiki
    • Which board prep books do you use?
    • Study flashcards
    • Links to useful pathology websites
RF Wiki Working Group

- Volunteers needed!
  - Are you good with computers?
  - Do you want to help with the wiki?
  - Do you want to get involved?

- We would like to assemble a small group to work together at continuing to build the wiki.

- If interested, email jglas@cap.org
Graduated Responsibility

- The concept that as you progress in your training you are given more responsibility and less supervision (changing with your competency, not necessarily your PGY-level)

  - Ex from Radiology: Senior residents do preliminary reads which later get signed out by an attending
### Graduated Responsibilities

18. Which do you think is the best definition of ‘Graduated Responsibility’?
Allowing a pathology resident to:

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>ALL</th>
<th>Resident/fellow</th>
<th>Residency program director</th>
<th>Practicing pathologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>120</td>
<td>25.5%</td>
<td>34.8%</td>
<td>15.9%</td>
<td>20.3%</td>
</tr>
<tr>
<td>275</td>
<td>58.4%</td>
<td>49.2%</td>
<td>54.5%</td>
<td>65.9%</td>
</tr>
<tr>
<td>22</td>
<td>4.7%</td>
<td>3.9%</td>
<td>6.8%</td>
<td>4.9%</td>
</tr>
<tr>
<td>26</td>
<td>5.5%</td>
<td>7.2%</td>
<td>9.1%</td>
<td>3.7%</td>
</tr>
<tr>
<td>28</td>
<td>5.9%</td>
<td>5.0%</td>
<td>13.6%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

Total 471 100.0% 100.0% 100.0% 100.0%
19. Does/did your program offer “assistant” medical directorship(s) to upper-level residents?

<table>
<thead>
<tr>
<th></th>
<th>Sample Size</th>
<th>ALL</th>
<th>Resident/ fellow</th>
<th>Residency program director</th>
<th>Practicing pathologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>122</td>
<td>26.3%</td>
<td>24.7%</td>
<td>37.2%</td>
<td>25.6%</td>
</tr>
<tr>
<td>No</td>
<td>341</td>
<td>73.7%</td>
<td>75.3%</td>
<td>62.8%</td>
<td>74.4%</td>
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<tr>
<td>Total</td>
<td>463</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
20. Does/did your program allow residents (not including surgical pathology fellows) to participate in a 'hot-seat' style system?

<table>
<thead>
<tr>
<th>% Selecting</th>
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<th>Resident/fellow</th>
<th>Residency program director</th>
<th>Practicing pathologist</th>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>170</td>
<td>36.7%</td>
<td>29.8%</td>
<td>37.2%</td>
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<tr>
<td>No</td>
<td>100</td>
<td>41.0%</td>
<td>43.3%</td>
<td>46.5%</td>
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<tr>
<td>I am not familiar with this system</td>
<td>103</td>
<td>22.2%</td>
<td>27.0%</td>
<td>16.3%</td>
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<tr>
<td>Total</td>
<td>483</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
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</table>
21. Do/did residents in your program have preview time? (with attending physicians listening to and correcting their diagnoses)

<table>
<thead>
<tr>
<th></th>
<th>Sample Size</th>
<th>ALL</th>
<th>Resident fellow</th>
<th>Residency program director</th>
<th>Practicing pathologist</th>
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</thead>
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<td>Yes</td>
<td>421</td>
<td>0.0%</td>
<td>88.2%</td>
<td>97.7%</td>
<td>01.7%</td>
</tr>
<tr>
<td>No</td>
<td>42</td>
<td>0.1%</td>
<td>11.8%</td>
<td>2.3%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Total</td>
<td>463</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
23. If residents have preview time, who dictates the cases?

<table>
<thead>
<tr>
<th></th>
<th>Sample Size</th>
<th>ALL</th>
<th>Resident/ fellow</th>
<th>Residency program director</th>
<th>Practicing pathologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident</td>
<td>204</td>
<td>48.7%</td>
<td>48.7%</td>
<td>45.3%</td>
<td>40.1%</td>
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<tr>
<td>Fellow</td>
<td>3</td>
<td>0.7%</td>
<td>1.0%</td>
<td>0.0%</td>
<td>0.0%</td>
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<tr>
<td>Faculty</td>
<td>57</td>
<td>13.6%</td>
<td>8.3%</td>
<td>2.8%</td>
<td>18.0%</td>
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<tr>
<td>Depends on the faculty member</td>
<td>101</td>
<td>24.1%</td>
<td>24.4%</td>
<td>26.8%</td>
<td>23.4%</td>
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<tr>
<td>Other</td>
<td>54</td>
<td>12.9%</td>
<td>16.7%</td>
<td>17.1%</td>
<td>9.5%</td>
</tr>
</tbody>
</table>

Total 410 100.0% 100.0% 100.0% 100.0%
Changes that have influenced graduated responsibility

- Health Care Financing Administration rules
- Risk exposure/Liability
- Emphasis on decreased turn-around time
- Duty hours
- Change from 5 year to 4 year residency program

LE Nochomovitz. AJSP 2005;29:1665-67
Types of graduated responsibility

AP

Forms more widely accepted
- Supervising medical students, more junior residents
- Presenting at conferences
- More difficult rotations after more experience
- Previewing prior to review with attending

Forms less accepted
- Allowing for the release of preliminary diagnoses (eg hotseat system)
- Allowing for preliminary frozen diagnosis prior to attending review or frozen diagnosis without attending review
- Allowing fellows to sign out cases with residents
Types of graduated responsibility

CP

Forms more widely accepted
- Residents taking call to help clinicians understand the clinical utility of certain tests they order
- Not necessarily “graduated”--first years on call do this as well as upper-levels

Forms less accepted
- Junior directorship opportunities--residents would work with attendings to become proficient at trouble shooting issues as they arise
Question for the audience

• How should we as residents and fellows define “graduated responsibility?”
Residents Forum
Standardized Fellowship Application

Emily Green, MD
Want programs to accept the standardized fellowship application?

TO TALK TO YOUR PROGRAM ABOUT THE FELLOWSHIP APPLICATION
Want to get the insider tips on fellowship programs?

POST WHAT YOU KNOW ON THE PATHOLOGY WIKI
Breakout Session

• How would you define graduated responsibility?

• What are you using for Board Prep?

  – Post Answers on pathinfo.wikia.com
Residents Forum
Bridging the Gap from Residency to Practice

Residents Forum Executive Committee Panel
Applying For Pathology Boards

Kyle L. Eskue, MD
http://www.abpath.org/

The American Board of Pathology
A Member Board of the American Board of Medical Specialties

2007 MOC Reporting: [Click here]
2009 Certificates Mailed: [Click here]

2/24/10 UPDATES

- **Spring 2010 Application Processing**: Receipt of your medical license, medical school diploma, and Step 3 score will be acknowledged during application review, so the office before your application will be processed. When your application is processed, the boxes will be checked. Please do not call or e-mail the Board office to inquire about the status of your application.
- **2010 subspecialty applications** are now available.
- **Fall 2010 primary applications** are now available.
- **Program Performance Reports** should be available March 5.
- **Spring 2010 exam date assignments** have **NOT** been posted.

PATHway to Pathology Resident Tracking and Online Applications (instructions and login link) | Maintenance of Certification (MOC) | Examination Announcements and Information Links

Welcome to PATHway to Pathology Resident Tracking and Online Applications

Program Directors
Program Directors should have received e-mails with their username and password to access this system. If you are a Program Director and have not received this information, please e-mail restrkrg@abpath.org and include your name, the ACGME program name, and your e-mail address.

APCP Applicants
In mid-September, all AP/CP Program Directors who have submitted ABP PATHway Resident Tracking Information for the current year (2009-2010) were sent a username and password for each resident in their programs that are listed as PG3 and PG4. This information will allow each resident to log in to PATHway and access their 2010 AP/CP Online Application. If you are a PG3 or PG4 pathology program resident and have not received your username and password, please contact your pathology program director.

• Enter the temporary user name and password provided by your program director
Primary Online Application Overview

- Page 1 - Biographical Info
- Page 2 - Type of training (AP/CP, AP only, etc)
- Page 3 - Medical Licensure (upload pdf of USMLE step 3 passage and proof of medical license application if not currently licensed)
- Page 4 - College and Medical School Info (upload med school diploma)
- Page 5 - Residency Training info
- Page 6 - Details about number of month per Rotation in Residency
- Page 7 - Only if training began before 2002 when credentialing yr required
Primary Online Application Overview

- Page 8 - “The Numbers Game”
  - provide # of: autopsies (shared, limited, forensic, fetal), Surgical specimens examined, Cytopath specimens examined, bone marrow performed, FNAs performed, clinical consultations
  - Upload pdf of all autopsy cases including Case #, autopsy date, gender, age, & primary diagnosis
- Page 9 - Gaps in training, adverse actions, program directors comments
- Page 10 - What exam are you taking?
  - Both AP & CP
  - AP portion of AP/CP
  - CP portion of AP/CP
  - AP only
  - CP only
- Page 11 & 12 - Certification page and Finalize
Starting Fall 2010, Residents must show proof from state medical licensing board that they have received your license application (proof can be a letter or email confirmation from the state licensing board regarding application receipt). They will **NO LONGER** accept a print out of the application from the website!!

- Proof of USMLE Step 3 completion is also required to be uploaded
- Proof of current State Medical License upload (if you already have it)
The ABP requires that all non-forensic autopsies counted toward autopsy requirements must have an autopsy permit (not an anatomic disposal). Residents should report only those autopsies in which they have an active role (as appropriate to the case) in each of the following: review of history and circumstances of death, external examination of the body; gross dissection; review of microscopic and lab findings; preparation of written description of gross and microscopic findings; development of opinion on cause of death; review of autopsy report with teaching staff.

50 autopsies should be completed before application is submitted

List on separate page(s) all of the autopsies that you have performed, giving only age, sex, primary diagnosis, and date performed. Do not send complete autopsy reports. Please number each item in the list, the minimum number of autopsies expected is 50.

You must click [Upload] to save.

Document must be PDF format and less than 4MB in size.

Of the total number of autopsies, indicate the number of:

- Shared autopsies
- Limited autopsies
- Forensic autopsies
- Fetal autopsies

Number of surgical specimens examined by you
Number of cytopathologic specimens examined by you
Number of bone marrows performed by you
Number of FNAs performed by you
Clinical pathology consultations participated in by you. A clinical consultation is defined by the ABP as any interaction (formal or informal) between you and another health care professional regarding handling of specimens and/or interpretation of data. These consultations may be oral or written and do not have to be billable. Do not include written anatomic pathology reports.
You can monitor the progress of your application online. Give the board some time to update your status.
Other useful links on ABP website

- **Spring 2010 Application Processing**: Receipt of your medical license, medical school diploma, and Step 3 score will be acknowledged during the process. Your application will be processed when these documents are received by the board office. When your application is processed, you will be notified. You do not call or e-mail the Board office to inquire if your documents have been received.
- **2010 subspecialty applications** are now available.
- **Fall 2010 primary applications** are now available.
- **Program Performance Reports** should be available by March 5.
- **Spring 2010 exam date assignments** have *NOT* been posted.

| PATHway to Pathology Resident Tracking and Online Applications (instructions and login link) | Maintenance of Certification (MOC) | Examination Announcements and Information Links | Verification of Completion Request, Replacement |
http://www.abpath.org/ExamLinks.htm

- Two useful links with answers and ABP policies

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**Examination Announcements**

- **COMBINED PRIMARY AND SUBSPECIALTY EXAMINATIONS**
  Effective for the 2010 examinations, all candidates for combined primary and subspecialty examinations will complete separate application and registration forms and pay the $1800 fee for each examination.

- **MAY 2009 BOARD MEETING UPDATE**
  Board meeting updates regarding combined AP/NP certification, multiple subspecialty certification, and pediatric pathology fellowship requirements. ([click here](#)).

- **HOTEL RESERVATIONS FOR EXAMINATIONS**
  Hotel reservations should be made no later than 3 weeks in advance of your stay to ensure rate and availability.

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<table>
<thead>
<tr>
<th>Exam Dates and Final Filing and Cutoff Dates</th>
<th>Exam Schedules, Hotel Links and Information</th>
<th>Exam Fee Schedule</th>
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<tbody>
<tr>
<td>Booklet of Information (policies, procedures, and requirements for certification)</td>
<td>Instructions for Candidates (examination and certification processes)</td>
<td>Instructions for PATHway to Online Applications</td>
</tr>
<tr>
<td>Applications and Forms</td>
<td>Newsletters and Links</td>
<td>Voluntary Recertification</td>
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<tr>
<td>Virtual Microscopy Practice Examination</td>
<td>Maintenance of Certification (MOC)</td>
<td>J-1 Visa Policy</td>
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### Fees

The application-examination fee schedule for 2010 is as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Anatomic pathology only</td>
<td>$1800</td>
</tr>
<tr>
<td>Clinical pathology only</td>
<td>$1800</td>
</tr>
<tr>
<td>Anatomic pathology portion of combined AP/CP</td>
<td>$1800</td>
</tr>
<tr>
<td>Clinical pathology portion of combined AP/CP</td>
<td>$1800</td>
</tr>
<tr>
<td>Anatomic pathology portion of combined AP/subspecialty</td>
<td>$1800</td>
</tr>
<tr>
<td>Clinical pathology portion of combined CP/subspecialty</td>
<td>$1800</td>
</tr>
<tr>
<td>Combined anatomic pathology and clinical pathology</td>
<td>$2200</td>
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<tr>
<td>Subspecialty only</td>
<td>$1800</td>
</tr>
<tr>
<td>Subspecialty portion of combined AP/subspecialty</td>
<td>$1800</td>
</tr>
<tr>
<td>Subspecialty portion of combined CP/subspecialty</td>
<td>$1800</td>
</tr>
<tr>
<td>Fee to transfer examination to a future administration</td>
<td>$500</td>
</tr>
<tr>
<td>Voluntary Recertification without examination</td>
<td>$1000</td>
</tr>
</tbody>
</table>
Deadlines & Timelines

- Deadline to submit application (2010):
  - Spring: January 15\textsuperscript{th}
  - Fall: May 15\textsuperscript{th}
  - Subspecialty: May 1\textsuperscript{st}

- Exam dates:
  - Spring: Mid May to July 1\textsuperscript{st}
  - Fall: Mid October to November 1\textsuperscript{st}
  - Subspecialty: Early to mid September

- Timeline:
  - Exam Dates Posted: usually mid March
  - Exam Results Received: usually 8 weeks after last exam date
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
Residents Forum
The Osteopathic Pathology Boards

Kyle M. Annen, DO
The American Osteopathic Board of Pathology

- Anatomic Pathology
- Laboratory Medicine
- Forensic Pathology
- Dermatopathology
- Pathology/Dermatopathology (added qualifications)
- Combined Anatomic Pathology/Forensics (2/2)

NO OTHER FELLOWSHIPS CURRENTLY CERTIFIED
Board Eligibility

• Six years to sit for boards from graduation.

• Must be a Graduate of an Osteopathic Medical School.

• The applicant must be licensed to practice in the state or territory where his/her practice is conducted.

• The applicant must be a member of the AOA or COA for 2 years prior to exam.

• The applicant must have satisfactorily completed an AOA-approved internship or training equivalent.

• The applicant must be able to show evidence of conformity to the standards set forth in the AOA Code of Ethics.

• Currently 120 AOBPa Certified Pathologists nationwide.
Examination

- Written
- Oral
- Practical

The candidate must pass all three components. Failure in any one component requires the candidate to retake all three components of the examination.
Why an oral examination?

- Chance to examine broad-spectrum knowledge. Questions might be “Tell me about GIST’s” or “Tell me about BRCA-1”

- One-on-one with board members.

- Can be ‘nudged’ if you get stuck.

- Believed to be the most current questions, testing true current information instead of using questions which are several years old.
Osteopathy?

YES! There are questions on osteopathic medicine on the board exam. These relate to philosophy. No manipulation questions.

• Only 1-2 candidates sit for the board yearly. Pass rate 85%

• Equivalent acceptance throughout U.S.

• Recommended study materials: Robbins, Henry’s and the Osler Review Course.

• Can take one board without the other and still be certified.
AOBPa Exam Schedule

• Held in conjunction every year with the AOA meeting. 2010 is Oct 23 & 24; San Francisco, CA

• Application deadline is Friday, July 23.

• Fees comparable to ABP.

• Can take AOBPa Boards later if needed, through resolution 56.
For More Information:

AOBPa Website: www.aobpath.org

Executive Director: Ellen Woods, MSC
Ph. (800) 621-1773, ext. 8229
E-mail:aobpa@osteopathic.org
Residents Forum
State Medical License Application

Kyle L. Eskue, MD
Extremely Variable Experience

- State of application
- Cost
- U.S. versus Foreign Medical Graduate
- Responsiveness of medical school
- Time to obtain required documents
- FCVS vs. no FCVS
- “Blemishes” on your track record
Federal Credentials Verification Service (FCVS)

- Service provided by division of Federation of State Medical Boards (FSMB)

- Service that collects and retains the commonly required documents of applicant for state medical licensure.
Federation Credentials Verification Service (FCVS)

FCVS was established in September 1998 to provide a centralized, uniform process for state medical boards to obtain a verified, primary source record of a physician’s core medical credentials.

This service is designed to lighten the workload of credentialing staff and reduce duplication of effort by gathering, verifying and permanently storing the physician’s and/or physician assistant’s credentials in a central repository at the FSMB’s offices.

FCVS obtains primary source verification of medical education, postgraduate training, examination history, board action history, board certification and identity. This repository of information allows a physician and/or physician assistant to establish a confidential, lifetime professional portfolio with FCVS which can be forwarded, at the physician’s request, to any state medical board that has established an agreement with FCVS, hospital, health care or any other entity.

FCVS ANNOUNCES GMECONNECT - A NEW SYSTEM FOR DIRECTORS AND COORDINATORS OF GME PROGRAMS

The FSMB introduces a new web-based technology service designed to provide fast and efficient verification of graduate medical education. GME program directors can now submit participant verification in a secure, user-friendly manner.
### Status

<table>
<thead>
<tr>
<th>DESIGNATION</th>
<th>STATUS</th>
<th>DATE RECV</th>
<th>DATE MAILED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Medical Board</td>
<td>SOURCE VERIF</td>
<td>01/27/2010</td>
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**Primary Source Provided Information**

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<tr>
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<tr>
<td>Complete Dates</td>
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<tr>
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<td>Conditions</td>
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<td>Official’s Signature</td>
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Details

- $300 initial application fee
- $95 Future profile requests
- Average time to process 8 to 12 weeks
- USPS Priority (No UPS of FedEx overnight because address is P.O. Box)
- Accepted by 64 State medical boards (MD & DO)
- Benefits:
  - Permanent Credentialing Repository for state licensure, hospital privileges, employment, insurance, professional memberships, etc
Participating States
The following forms are made available for the convenience of applicants and their FCVS applications.

- **Affidavit and Authorization for Release of Information** (ALL APPLICANTS) Complete this form and sign it in the presence of a notary. Attach a recent (less than six months) 2" x 2" passport quality color photograph of yourself (alone) to this form in the designated space. Photographs must be clear, front view, full face without a hat or dark glasses. Full length photos, black and white or computer-generated photographs will not be accepted. Sign your name across the front of the photograph. Do not sign on the back of the photograph. Be certain that the notary follows the directions listed on the form.

- **Explanation of Alternate Name Form** (All Applicants As Necessary) - To explain the use of any name(s) not supported by the identity document(s) submitted with your application. Be certain to sign the form in the space provided at the bottom of the page.

- **Explanation of Other Activities During Medical Education Form** (All Applicants As Necessary)

- **Clinical Clerkship Form** (International Graduates ONLY)

- **Fifth Pathway Form** (International Graduates ONLY)

- **Medical School Release Request Form** (US, Canadian, & Puerto Rican Graduates ONLY)

- **ECFMG Release Forms** (International Graduates ONLY)

- **NBME Examination History release Form** (US, Canadian, & Puerto Rican Graduates ONLY)

- **Premedical Education Form** (US Undergraduate Programs ONLY)

- **Change of Address Form**

- **Authorization to Speak to Form**
*Affidavit and Release Authorization to FCVS

- Fill out & sign
- Passport photo
- Notary signature (signature partially on photo)
*Medical School Release Request

- Request medical school transcript, verification of medical education, dean’s letter, etc. You will likely need to send a copy of your diploma separately.

Medical School Release Request

Name of Institution: ____________________________
Address: ______________________________________
City, State, ZIP Code: ____________________________

To: ____________________________
Name: ____________________________
Social Security Number: ____________________________
(Physician Applicant Social Security Number)
Date of Birth: ____________________________
(Month) (Day) (Year)
Graduation Date: ____________________________
(Month) (Day) (Year)

Dear Sir or Madame:

I am currently applying for state medical licensure. As you may know, the Federation Credentials Verification Service (FCVS), a division of the Federation of State Medical Boards, acts as an agent to collect and verify credentials of licensure applicants in this state.

To facilitate this process, I hereby request:

- An official medical school transcript which bears your institution’s seal and the signature of an authorized representative; and
- Certification of the enclosed Medical School diploma, by affixing the institution’s seal and the signature of an authorized representative onto the diploma; and
- The Dean of your Medical School, or an authorized representative, to complete the attached form titled “Verification of Medical Education”; and
- A copy of the official Dean’s Letter, if available.

Please send this information directly to FCVS in the enclosed postage-paid self-addressed envelope. If you have any questions about this process, please contact FCVS toll-free at 1-888-496-FCVS (1-888-275-3287). Thank you for your time and efforts.

Sincerely,

Signature (Physician Applicant)
*NBME Examination Release

- Release for NBME to send your USMLE scores to FCVS

---

NBME® EXAMINATION HISTORY RELEASE
Required only for Verification of NBME Part I, II and III Examinations

The Federation Credentials Verification Service (FCVS) is responsible for obtaining verification of your examination history according to the requirements of the medical licensing authority(ies) where you are having your Physician Information Profile sent. In the case of the National Board of Medical Examiners (NBME), medical licensing authorities have the option of requiring either or both of two types of examination verification: 1) an endorsement of your National Board certification; or 2) a Record of Scores.

NBME Endorsement of Certification
The NBME Endorsement of Certification (only for NBME diplomates) will show the following:
- Your most recent passing scores for the NBME Part I, II and III upon which your certification is based
- Complete examination history for any USMLE Steps upon which certification is based
- Your diploma status and certificate number

NBME Record of Scores
The NBME Record of Scores will show a complete examination history, indicating the date and score for all NBME Part I, II and/or III attempts, and, if you have met licensing examination requirements through a combination of NBME Parts and USMLE Steps, indicating the date and score for all USMLE Step 1, 2 and/or 3 attempts.

To facilitate this request, the NBME requires that you complete the following release:

To the National Board of Medical Examiners:

I__________ ___________________________ hereby request the National Board of Medical Examiners (NBME) to comply with the written request accompanying this release made by the Federation Credentials Verification Service (FCVS) on my behalf. If applicable pursuant to the accompanying request, I authorize the NBME, its staff and/or representatives to forward my Endorsement of Certification directly to FCVS. Furthermore, if applicable pursuant to the accompanying request, I authorize the NBME, its staff and/or representatives, to provide directly to FCVS a complete examination history in the form of a Record of Scores, whether or not such information is favorable or unfavorable. I hereby release from any and all liability the NBME, its staff and/or representatives, for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. I also acknowledge that a photocopy or facsimile of this authorization shall be valid as the original and shall be valid from the date signed.

__________________________
Signature

__________________________
Date

Printed Name (First, Middle, Last)

Medical School

Year of Graduation

NBME Identification Number (if known)

Please provide your current address (optional):

Current Mailing Address

City

State

ZIP
**Premedical Education Form**

- List your college of university
FCVS Contact Info

- Customer Service at 1-888-275-3287

Dallas Office
(Main Office)
P. O. Box 619850
Dallas, TX 75261-9850
Main Phone: (817) 868-4000
Main FAX: (817) 868-4099
Texas Medical License

• Example of an expense and relatively difficult state to get medical license

• Cost:
  – Application Fee: $800
  – FCVS (optional): $300
  – Copy of Birth Certificate: $30
  – Fingerprinting: $50
  – Texas Jurisprudence Exam: $50
  – National Practitioner Data Bank/Healthcare Integrity Protection Data Bank Self Query: $20
  – “Surprise” Activation Fee once approved: $800
  – GRAND TOTAL: ~ $2050

• Being able to afford a medical license without selling your kidney on the black market: Priceless!!
Additional Consideration for Foreign Medical Graduates

- FCVS is “helpful in keeping documents together”
- FCVS charges to translate documents (expensive upwards of $1000 or more)
- FCVS take longer than for US graduates (~3mths…upwards of 1 year or more)
- Major obstacle with medical school cooperation (rare occasion applicant must return to place of school)
- Be prepared to submit more documents and more time required to obtain license
Other States

• Bottomline…contact the state medical board that you will be applying to and visit their website!!
How to Get a Great Pathology Fellowship

Jerad M. Gardner, MD
Networking

- Easy and yet so important
- Not about flattery
- Spending time with program directors shows them that you are a hard worker and easy to get along with
- Who would you rather work with? Someone you know and like or someone you barely know with a good CV?
Elective Rotations

• Doing away rotations at programs you are interested in is one of the **most important** things you can do!

• If you cannot do an away elective, try to set up a visit of a day or two if you can.

• If the program is local, try to attend their lectures, conferences, and sign out sessions (if the program director is ok with it). In my experience most directors are fine with this. It was very helpful for me to do this.
Research

- Shows your interest in the subject
- Number of publications not necessarily important
- Attending subspecialty national meetings is good chance to meet faculty and to show your interest in the specialty
Current/Future Fellowships of RFEC

John Cangelosi, MD (Chair)
Surgical Pathology (2009-2010): UT-M.D. Anderson Cancer Center (Houston, TX)
Dermatopathology (2010-2011): University of Texas Medical Branch (Galveston, TX)

Kyle Eskue, MD (Vice-Chair)
Surgical Pathology (2010-2011): The Methodist Hospital (Houston, TX)
Cytopathology (2011-2010): UT-M.D. Anderson Cancer Center (Houston, TX)

Kyle Annen, DO (Secretary)
Applying for Transfusion Medicine 2012-2013

Jerad Gardner, MD (Delegate to CAP House)
Soft Tissue (2010-2011): Emory University Hospital (Atlanta, GA)
Dermatopathology (2011-2012): Emory University Hospital (Atlanta, GA)

Emily Green, MD (Alternate Delegate to CAP House)
Dermatopathology (2009-2010), University of Chicago (Chicago IL)

Michelle Powers, MD (Delegate to AMA)
Hematopathology (2007-2008): Washington University (St. Louis, MO)

Nichole Riddle, MD (Alternate Delegate to AMA)
Soft Tissue & bone (2011-2012)
Applying for GI Pathology (2012-2013)

Nirali Patel, MD (Member-at-Large)
Applying for Hematopathology 2012-2013

Amanda Wehler, DO (Immediate Past Chair)
Transfusion Medicine (2009-2010): Penn State Hershey (Hershey, PA)
Residents Forum
Subspecialty Fellowship Match

W. Stephen Black-Schaffer, MD, FCAP
APC Program Directors Section Chair

Mona Signer
National Resident Matching Program
Executive Director
Subspecialty Fellowship Match

Q&A

W. Stephen Black-Schaffer, MD, FCAP
APC Program Directors Section Chair

Mona Signer
National Resident Matching Program
Executive Director
Residents Forum
Residents Forum

NewsPath®

Kyle L. Eskue, MD
Vice Chair
NewsPath Editorial Board
Residents!

YOU Could Earn a $100 VISA gift card today...

Now that I have your attention…
NewsPath®

- Online series of short (500 words), newsworthy articles and podcasts
- Topics usually include current, cutting-edge laboratory testing or techniques
- Junior Members write articles and record them as five-minute podcasts
- Target audience includes fellow clinicians
What *NewsPath®* Offers Residents

- Become involved in the CAP immediately

- Strengthen writing/communication skills (fulfills ACGME pillars of medical knowledge and communications)

- Get a scientific advisor (with minimal or no supervision or effort needed from program)

- Add an article publication to your curriculum vitae
NewsPath®

Let NewsPath Work for You

- Who’s on iTunes? YOU!
- Who’s on iTunes today? Someone in this room…
NewsPath®

...CAP Junior Member
Peter G. Pavlidakey, MD
Residents!

YOU Could Earn a $100 VISA gift card today…

1. Remove quiz from your registration packet or raise your hand if you need a new one!

2. Write your name on the form.

3. Listen to the NewsPath presentation.

4. Answer three questions on the quiz.

5. Give your quiz to a NewsPath Editorial Board member.

6. At the next break, one quiz is randomly drawn and wins!
**NewsPath®**

**Helps You Win at Work…**

- **Survey**
  Ask residents in your program to complete a survey at [www.cap.org/newspath](http://www.cap.org/newspath) AND list you as the referring delegate = YOU could win!
  - Survey is live for only four weeks after show.
  - Get residents at your work to complete the survey for another chance to win.

- **Email** [newspath@cap.org](mailto:newspath@cap.org) to write an article.

- **Become a NewsPath supporter:**
  - Simply subscribe to RSS feed.
  - Post the *NewsPath* flyer on a bulletin board.
NewsPath®
Get Involved Immediately

1. **Now...** Take the quiz—chance to win $100 gift card today!

2. **At the airport...** Give NewsPath podcasts star ratings on iTunes.

3. **Everyday...** Transform the Specialty—Download and share articles and podcasts with fellow clinicians.
Residents Forum
AMA Resident and Fellow Section Update

Michelle L.E. Powers, MD, MBA
Residents Forum
Resident Advocate Award
Sponsor: CAP Residents Forum

- Approved by the Board of Governors—August 1993
- The CAP Resident Advocate Award was initiated in 1990 with a presentation made to Al Ercolano, Director of Governmental Activities in the College’s Washington, DC, office.
- **TIME OF PRESENTATION:** CAP Annual Meeting during the Residents Forum
- **FREQUENCY:** Whenever a suitable candidate is nominated, but not more than one time per year.
- **AWARD QUALIFICATIONS:** Individuals who have demonstrated outstanding contributions to and in support of pathology residents.
- **NOMINATION PROCEDURE:** Award nominations may be made by any CAP Junior Member. The Residents Forum Executive Committee will be the selection/reviewing committee, with final approval by the Board of Governors.
- **AWARDEE GIFT:** The recipient will receive a commemorative plaque and one night’s expenses paid to travel to accept the award.
Past Resident Advocate Awardees

- 1990 Al Ercolano—College of American Pathologists     Director of Governmental Activities
- 1993 Murray R. Abell, MD, FCAP—American Board of Pathology Executive Director and Executive Vice President
- 1999 William H. Hartmann, MD, FCAP—American Board of Pathology Executive Vice President
- 2002 Donald A. Senhauser, MD, FCAP—CAP President, 1991-1993
- 2009 James M. Crawford, MD, PhD, FCAP—Association of Pathology Chairs, Inc. President, 2007-2008

Deadline for 2010 nominees is May 1, 2010
Residents Forum
New in Practice Panel

- Diana Cardona, MD, Assistant Professor, Duke University Medical Center, Durham, NC
- Loren Clarke, MD, Assistant Professor, Penn State Hershey Medical Center, Hershey, PA
- Jacqueline Granese, MD, Solo practitioner and Lab Director, Graves Gilbert Clinic, Bowling Green, KY
- Stewart Knoepp, MD, PhD, Assistant Professor, University of Michigan Medical Center
- Antonio Martinez, MD, Associate Professor, Florida International University Herbert Wertheim College of Medicine, Mount Sinai Medical Center, Miami Beach, FL
- Anna Moran, MD, Assistant Professor, Penn Presbyterian Medical Center, Philadelphia, PA
- Chad Rund, DO, Staff Pathologist, GI Pathology PLLC, Memphis, TN
Pathologists Overseas: International Pathology Opportunity

Emily Green, MD
Pathology Residency Director Needed

- Paid position in Orotta Post-Graduate School in Asmara, Eritrea
- In association with Pathologists Overseas
- The position is for a minimum of 1 year starting in July 2012
- Interested applicants should be AP boarded and have an interest in cytology.
- Email Indrojit Roy if interested
  indrojit_roy@yahoo.ca
Residents Forum
The Pathology and Laboratory Quality Center

“The Center”
The Center is one of the first of several new initiatives under the new Transformation Program Office (TPO)

• The Center is playing a key role in the Transformation
  – Demonstrating pathologists as key members of the clinical care team
  – Increasing perception and acceptance of the pathologists’ role as physicians, focusing on patient care and clinical outcome

• What is the Center?
  – Area of the College that creates guidelines and white papers
  • Evidence- and consensus-based guidelines and white papers focused on patient care.
  • These guidelines and white papers will improve diagnosis and prognosis
  • Guidelines will be created when sufficient evidence exists; if insufficient data exists, a white paper will be developed
  • Sometimes generically referred to as standards or best practices, but we use the terms “guidelines” and “white papers”
The time is right for CAP to take the lead in guideline development for pathology

- Standards development is a CAP core competency
- Guidelines *directly influence patient care* not only for diagnosis, but also prognosis and therapy
- Time is right for CAP *leadership* in emerging areas such as molecular technology
- We need to be *proactive, rather than reactive*, to pathology practice issues and more responsive to requests from other organizations
The Center uses selection criteria to decide which ideas to pursue:

- Patient risk, patient safety and quality concerns exist; affects patient care and quality outcomes
- Evidence exists that assays are not being performed correctly, false +/-, etc
- Clear evidence of assay or treatment superiority exists
Work has begun on the following guidelines and white papers

- Lung Cancer Biomarkers
  - Partnering with the International Association for the Study of Lung Cancer
- HPV Terminology
  - Standardizing reporting of histopathology of HPV lesions, harmonizing terminology with that in use by other disciplines (e.g., head and neck, gynecology, genitourinary)
- Validation Principles for Digital Pathology
  - Creating principles for validating equipment from any vendor or application
The Center is reviewing the >40 ideas submitted thus far...

- Standardizing ECIS fields and nomenclature across platforms
- Standardizing terminology in reports
- Histology guidelines including special stains
- Quality assurance in surgical pathology/LEAN
- IHC validation
- IHC guidelines for all important biomarkers
- Guidelines for use of IHC in diagnosis of primary and metastatic neoplasms in lung and pleura
- IHC quality assurance
- Standardization of IHC tests requiring quantitative assessment
- IHC reporting guidelines
- Molecular pathology – use of new test in routine clinical lab
- Molecular pathology – LDT validation
- Molecular pathology – microarray data formats and reports
- Molecular pathology – reporting guidelines
- Clinical pathology – blood transfusions in surgical and other procedures
- Course/certificate program for physicians and nurses in blood utilization and administration
- Clinical pathology – algorithm for coagulation testing
- Hepatitis B drug resistance
- Appropriate use of cardiac markers in acute coronary syndrome
The Center is reviewing the >40 ideas submitted thus far... (Cont’d)

- Telepathology
- Digital Imaging – ongoing quality management
- Digital Imaging – economics
- Predictive marker testing for glioma – 1p19q
- Tissue banking
- Tissue procurement for research purposes
- Use of paraffin samples for research purposes
- Standardize reporting of bone marrow specimens per WHO standards
- Grossing standards for residents and PAs
- Guidelines for grossing pneumonectomy and lobectomy specimens in patients with known or suspected lung cancer
- Reporting guidelines/formatting reports
- Interpretive comments on clinical pathology reports
- Critical values reporting for surgical pathology
- Histologic processing and/or IHC
- Scoring protocol for digital imaging of predictive breast cancer factors
- Appropriate specimen handling of renal biopsies for primary diagnoses
- Appropriate workup of myeloma
- Algorithm for the workup of acute leukemia
- Standardization of BCR-ABL RQ-PCR MRD testing for monitoring TKI therapy
- Forensic pathology
- Autopsy in the 21st century
- Handling unusual specimens submitted for validation
The Center will work with other areas to create implementation tools for guidelines and white papers.

- Advocacy
- Education
  - SAMs
  - Certificate programs
  - Seminars, webinars
- Laboratory Accreditation
- Proficiency Testing
- Publication
- STS
- Web Team
- Other areas
How you can be involved.....

- Submit topics for Center guideline development the web site
- Volunteer to be a member of a Center Work Group

www.cap.org/center
Residents Forum
Transforming the Lifecycle of Biomarkers in AP
“Molecular Darwinism”

Jennifer L. Hunt, MD, FCAP
Residents Forum
Transforming the Specialty of Pathology

Thomas P. Malone, MBA
CAP Vice President, Transformation
Who am I and why am I here?

Thomas Malone
Vice President, Transformation
847.832.7578 tmalone@cap.org

Background –
• 20 years’ experience as an entrepreneur, executive, and strategy consultant
• Serial technology startup company founder and CEO
• Change and innovation leader able to move and translate between scientific and business environments.

Education –
• MBA, University of Chicago
• BS Physics, Georgia Institute of Technology
• BS Economics, Georgia State University
Prior to joining the CAP, I was founder and CEO of a biotech startup called Artificial Cell Technologies.

**Figure 1.** ACT’s polypeptide multilayer nanofilm-based capsules or “artificial cells” that mimic pathogenic organisms: Artificial Viruses.

**Figure 2.** Layer-by-layer (LBL) nanostructure assembly.

- Nanotech-based vaccine company
- In pre-clinical stage, nearing IND
- Focused on infectious disease targets that require control over pathway of immune response
Good Morning! Let's talk about Transformation.

Before we begin, let's take the temperature of the room

- What degree do you believe you understand the Transformation? What is it and why is it needed?

- What degree do you believe the Specialty is facing a true crisis – how real and serious is the problem?

- When do you think the trends and forces we face will have the biggest impact on pathologists (absent any actions by the College)?
The CAP has launched a large effort to secure the future of the Specialty of Pathology.

- Our specialty is facing an uncertain and unsecured future - significant challenges AND opportunities

- Other specialties and other providers are staking a claim to the traditional pathologist role; we risk being marginalized as *technicians*

- There’s no time to waste. We must be arguing a distinctive value proposition for pathology *performed by physicians*

- Without this, pathology may become a purely technical exercise, as it has in Europe, where med techs and PhDs play many of the roles that pathologists play in the US
We can’t do this alone, or by fiat – we must find a spectrum of future states that are win/win for us and other key stakeholders.

The Transformation Ecosystem

- Pathologists
- PCPs and other physicians
- Hospital administrators
- Payers
- PhDs
- Med techs
- Industry
- Academia
- Medical schools / Fellowship programs and their leaders
- Policymakers and Regulators
- Patients and Patient advocacy groups
- ABP, APC, ASCP, AACC, and the rest of the alphabet soup….
What are the realities we face? We hypothesize some key strategic forces to which pathologists must respond.

**Accelerating Changes in Technology**
- Digitalization
- Explosion in molecular
- High resolution quantitation
- Convergence of *in vitro* and *in vivo*

**Increasing Competition for Service Delivery**
- Other physicians
- PhDs and other non-physicians

**Disintermediation**
- Not central to current coordinated care models
- Poor access to patient clinical data / EHR
- Growth in DTC and POC diagnostics
- Large national providers

**Insufficient Training in Key Competencies**
- Training insufficient even for current state, let alone future needs

**Perceptions and Visibility are Problematic**
- Negative or nonexistent perceptions
- Not sitting at the right tables
- Problematic relationships with key stakeholder organizations

**Increasingly Engaged and Empowered Patient**
- Personalized / Portable Health Records
- *WebMD*

**Imbalance in Supply and Demand for Pathologists**
- Changing demographics
- Retirement cliff
- Changes in skills in demand

**Health System Cost Pressures**
- Healthcare reform
- Commoditization of lab services
- P4P

**Declining Total Pathologist Income**
- Flat or falling incomes (real $)
- Reduction in professional component reimbursement (and % of total)
What is the Transformation?

• What is the key problem we are trying to solve?

• Hypothesis: the Transformation is ultimately about:
  – Clear value proposition for pathologists as physicians
  – New and enhanced roles for pathologists that recognize and reinforce that value proposition
  – Economic and service delivery models that recognize and reinforce that value proposition
  – Perceptions and relationships that recognize and reinforce that value proposition

• Question: Will pathologists be MDs in the future?
How are we going to do this?

As *Lockheed-Martin likes to say, its all about the how...*

- New structures and capabilities (TPO, Initiatives)
  - The Center for Pathology Quality
  - The Institute
  - The Policy Roundtable
  - The Center for Informatics

- Data-driven case for change: agree on a set of facts from which alternatives, opportunities, and strategies can be made and shared across the Transformation ecosystem

- Compelling future state scenarios that allow for different career paths and different end points for different people

- Crowdsourcing: efficient, transparent and inclusive dialog with many stakeholders across the transformation ecosystem – The CAP Knowledge Exchange
We already know some of the things we will need to do even before we have the future state fully defined.

<table>
<thead>
<tr>
<th>Some Elements of the Transformation Change Journey</th>
<th>Some CAP Initiatives and Activities (not exhaustive)</th>
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| • New and strengthened perceptions and relationships with patients and other members of the House of Medicine | • The Center for Pathology Quality  
• Ogilvy partnership  
• Joint “future state” projects with APC, ABP, others  
• The Knowledge Exchange |
| • New skills and training | • The Institute  
• The Knowledge Exchange |
| • Enabling pathologists to practice medicine in the EHR space, not the LIS space | • The Center for Informatics  
• The Policy Roundtable |
| • Changes in payment mechanisms and models | • The Policy Roundtable  
• Advocacy efforts on molecular codes  
• Pathologist-initiated consult project  
• P4P measures and establishing a registry |
| • Wide and efficient engagement of stakeholders to gain input and buy-in and tell compelling stories | • Ogilvy partnership  
• The Knowledge Exchange |
Today’s Brainstorming Exercise

• The TPO needs your help

• Help us identify and prioritize the key trends and forces (both challenges and opportunities) that we must consider in building our case for change and our future state views

• Discuss at your tables and give us your input
Residents Forum