Resolution F2005-1

SUBJECT: Anatomical Pathology in the Scheme of Pay for Performance

PRESENTED BY: Sutini Ngadiman, M.D., FCAP (NY)

WHEREAS in this era of rapid health care transformation, Pay for Performance will be applied in the field of anatomical pathology, and

WHEREAS the criteria for evaluation may be developed by other agencies or insurance payers, and

WHEREAS, the leaders of the pathologists (CAP) should be at the forefront of developing these criteria for evaluation and providing the guidelines for the other agencies; be it therefore

RESOLVED that the College of American Pathologists take a leading role in developing evaluation criteria for anatomic pathology pay for performance in collaboration with other agencies (such as the Centers for Medicare and Medicaid Services, the Institute for Quality in Laboratory Medicine, the National Committee for Quality Assurance, the Agency for Healthcare Research and Quality and the Integrated Healthcare Association), and be it further

RESOLVED that the CAP Board of Governors develop useful guidelines for evaluating anatomic pathology pay for performance and report back to the House of Delegates at the next House session.
Resolution F2005-2


PRESENTED BY: Sutini Ngadiman, M D, FCAP (NY)

WHEREAS “CAP Today” is an excellent newsletter, but many readers feel that the size of the publication is too big, and

WHEREAS the large page size makes it difficult to clip the pages to be compiled in standard binders or files, and

WHEREAS it would be more convenient for the publication’s readership to receive the publication on 8.5 x 11 inch standard paper, be it therefore

RESOLVED that the College of American Pathologists call on the CAP Today editors and related committees to modify the size of CAP Today to 8.5 x 11 inch paper, and be it further

RESOLVED that the Board of Governors report back to the House of Delegates on this request at the next House session.
Resolution F2005-3

SUBJECT: Retention and Reorganization of the Armed Forces Institute of Pathology

PRESENTED BY: Dan J. Vick, M.D., M.D., FCAP (N.Y.)

WHEREAS the Armed Forces Institute of Pathology (AFIP) has existed as a national asset for consultation, education, and research in pathology for nearly 150 years, and

WHEREAS the Institute has maintained a vast tissue repository for nearly 150 years, and

WHEREAS the Institute provided consultation on over 92,000 cases for the military, federal, and civilian medical communities in 2001¹, and

WHEREAS the Institute awarded 108,953 CME hours in 2001 to military, federal, and civilian pathologists and other health care professionals through the many courses it offers², and

WHEREAS the Institute’s extensive research program includes hundreds of presentations and publications, and

WHEREAS the Institute, through the American Registry of Pathology, publishes numerous reference texts, including the Atlas of Tumor Pathology Series, which are of great value to practicing pathologists the world over, and

WHEREAS the Department of Defense has recommended in its May 2005 Base Realignment and Closure (BRAC) report that the AFIP be “disestablished”, citing its lack of military relevance, with the exception of the Office of the Armed Forces Medical Examiner, the National Medical Museum, and the Tissue Repository, and

WHEREAS the disestablishment of AFIP would represent a tremendous loss to the worldwide medical community, and

WHEREAS a precedent exists in which a 1956 Act of Congress moved the Armed Forces Medical Library to the Public Health Service (PHS) and rechristened it the National Library of Medicine²; be it therefore

RESOLVED that the College of American Pathologists petition, and call on the national societies of pathology to petition, Congress to retain the Armed Forces Institute of Pathology and move it to the Public Health Service (PHS), in order to have it function as a stand-alone and independently funded entity with a mission of providing expert consultation, education, active research, and publications of value to the pathology and medical communities at large.

¹ http://www.afip.org
² http://www.nlm.nih.gov/about/nlmhistory.html
Resolution F2005-4

SUBJECT: Requirements for Laboratory Statement Regarding aPTT Ranges

PRESENTED BY: Eleanor S. Pollak, M.D., FACAP (PA)

WHEREAS the aPTT values vary widely on a patient by patient basis, and
WHEREAS a laboratory statement validating a reference range of aPTTs cannot take into consideration all circumstances for each patient in whom laboratory test results are performed, and
WHEREAS there is a dearth of clinical data to indicate that patients are managed more effectively using anti-Xa levels to validate the therapeutic range of the aPTT than other approaches; be it therefore

RESOLVED that the College of American Pathologists eliminate the necessity in its Laboratory Accreditation Program inspections of documentation of a specific required range for aPTT levels for patients on heparin due to the lack of consistency in these clinical data, and be it further

RESOLVED that the Board of Governors report back to the House of Delegates on this Laboratory Accreditation Program inspection requirement.
Resolution F2005-5

SUBJECT: Program on New Practice Options, Innovations in Pathology, Time Savings and Efficiency

PRESENTED BY: John D. Milam, MD, FCAP (TX) and William A. Fogarty, MD, FCAP (Virgin Islands)

WHEREAS many pathology laboratories are compelled to offer broad services for patient care, and

WHEREAS the intricacies and complexities of pathology practices continue to increase at an accelerated rate, and

WHEREAS the demands for specific pathologic diagnoses coincide with the availability of specific therapeutic regimens, and

WHEREAS the up-to-date testing required for clinical pathology sections continues to change and increase, and

WHEREAS maintenance of competence for pathologists is increasingly more difficult to attain, and

WHEREAS the College of American Pathologists has historically offered continuing medical education to its members and others, and

WHEREAS the College of American Pathologists is well positioned to offer continuing medical education; be it therefore

RESOLVED that the College of American Pathologists develop a program for CAP'06 dealing with new pathology practices, useful innovations in pathology, practical practice options, realistic time saving methods and efficiency.
Resolution F2005-6

SUBJECT: Laboratory Accreditation Program Modifications

PRESENTED BY: George F. Kwass, M.D., FCAP (MA) and the Massachusetts Delegation

WHEREAS a major goal of the Laboratory Accreditation Program (LAP) is to provide the membership with a collegial, educational and informative accreditation process as an alternative to government agency inspection, and

WHEREAS a common by-product of the LAP is the use of CAP proficiency testing materials, the sale of which is profitable to the College and supports much of its advocacy program, and

WHEREAS increasing the number of laboratories participating in the LAP program is desirable for the CAP and the public, and

WHEREAS standards for CLIA certification based upon CAP inspection should not exceed the CLIA standards for which it is a surrogate, and

WHEREAS laboratories seeking CAP accreditation should not be placed in greater jeopardy of failure compared to governmental inspection; be it therefore

RESOLVED that the LAP be modified so that any inspected laboratory meeting the conditions for CLIA certification is recommended by the CAP for such certification, and be it further

RESOLVED that at least one non-academic, community-hospital-based pathologist be appointed to any CAP committee or other entity involved in recommending, developing or implementing LAP checklist questions, and be it further

RESOLVED that the Board of Governors report on implementation plan progress to the House at its next meeting.
Resolution F2005-7

SUBJECT: General Compliance Section for the CAP Website

PRESENTED BY: Mitchell S. Wachtel, MD, FCAP (TX)

WHEREAS the College of the American Pathologists does a superb job of providing educational articles as to compliance, but this information is not readily accessible in an organized fashion on the CAP website except for a selection in an area entitled "OIG compliance"; be it therefore

RESOLVED that a specific compliance section of the CAP website be created, and be it further

RESOLVED that the proposed compliance section include a continuously updated collection of CAP articles on compliance and other information deemed appropriate by the CAP Board of Governors.
Resolution F2005-8

SUBJECT: Professional Liability Insurance Information

PRESENTED BY: Joseph C. Bergeron, M D, FCAP (MA)

WHEREAS professional liability insurance is a necessity for practicing pathologists, and
WHEREAS the cost and terms of that insurance are set by carriers, and
WHEREAS carriers may change many aspects of the available coverage unexpectedly, such as what is covered, how individuals or types of practices are rated, and limits on dollars of coverage available, and
WHEREAS it is essential that pathologists be aware of the options available to them for coverage at the time of their annual renewal or any time a change in coverage is necessary due to changes in practice arrangements or characteristics, moving to a different state or practicing in an additional state, change in employment terms (e.g., part time vs. full time), acceptance of additional responsibilities, medical or military leave, and
WHEREAS it may be difficult for pathologists to be up to date on the wide variety of differences in expected costs and coverage options, such as tail coverage (that may cost two and one half times the cost of the current year's premium) and unavailability of "nose" coverage (building the cost of tail coverage into a new policy), and
WHEREAS pathologists with claims-made policies (although there have been no claims against them) are subject to the vagaries and potentially increasing demands of their insurer; be it therefore

RESOLVED that the College of American Pathologists monitor the professional liability insurance environment, develop a checklist for members to use in evaluating their insurer, gather the appropriate information regarding the professional liability insurance issues of its members, report its findings to its members via its web site, and update this information with relevant changes as they occur.
Resolution F2005-9

SUBJECT:  Electronic Voting in College General Elections

PRESENTED BY:  Philip J. Boyer, M.D, PhD, FCAP (TX) and the Texas Delegation

WHEREAS electronic tools have taken an increasingly central role in communication during the past decade, and

WHEREAS most College of American Pathologists (CAP) Members have access to the Internet and an increasingly sophisticated understanding of its workings, and

WHEREAS to assure anonymity, confidentiality, validity, security, and accessibility, CAP general elections are currently conducted by an outside firm (Ernst & Young LLP) employing paper ballots, and

WHEREAS electronic voting, if properly constructed, employing Web and e-mail components, has the capability of streamlining the election process, for instance announcing the opening of balloting, reminding members who have not yet voted about the ongoing balloting, etc., and

WHEREAS electronic voting, if implemented by the CAP, must maintain member confidence in the process and obtain similar levels of participation compared to paper-based voting, and

WHEREAS supplemental election and candidate information is currently posted in the members-only area of the CAP Web site, including biographical sketches, CVs, and other relevant information, minimizing the need to create, print, and mail glossy election-related materials, and

WHEREAS other national organizations (e.g. Society for Neuroscience with more than 36,000 members) have successfully implemented electronic elections after conducting appropriate fact finding and trial balloting; be it therefore

RESOLVED that the Board of Governors give favorable consideration to an amendment of the CAP Bylaws, currently under Board review, that would permit electronic voting in CAP elections of officers and governors, and be it further

RESOLVED that the CAP Board of Governors direct the appropriate committees and staff to investigate the technical and governance-related feasibility of electronic voting for CAP elections, and be it further

RESOLVED that the CAP Board of Governors report back to the House of Delegates about the findings of the electronic voting investigations by the Fall 2006 House session.
Resolution F2005-10

SUBJECT: Designation of the Armed Forces Institute of Pathology (AFIP) for Closure by the Defense Base Realignment and Closure Process

PRESENTED BY: Richard H. Knierim, M.D., FCAP (WA)

WHEREAS the AFIP has served as a source of educational material since 1862 when it was initially chartered as the Army Medical Museum and has spent the last 143 years progressing from that closely defined mission to serve as an active participant in the training of medical professionals and in research around the world, and

WHEREAS currently the AFIP contains some 3 million cases documented in its archives that include 50 million blocks and 10 million pieces of formalin fixed tissue, and

WHEREAS such a trove of material from around the world and across generations still provides an invaluable service to research requests due to the high number of rare cases and from the unique perspective of time, and

WHEREAS on May 13, 2005 the Secretary of Defense announced recommendations to close or realign military facilities in the United States as part of the Base Realignment and Closure process, and as part of this process, the Department of Defense (DoD) recommended closure of the AFIP. The DoD recommended that the medical examiners' functions and DNA registry be moved to Dover Air Force Base, Dover, DE; some education services to Fort Sam Houston, TX; the museum to Walter Reed National Military Medical Center in Bethesda, MD; other services currently provided by the AFIP would be discontinued, transferred to other parts of the DoD, or contracted out to the civilian medical community, and

WHEREAS Daniel Seckinger, M.D., FCAP, College of American Pathologists Past-President and Chairman of the Board of the American Registry of Pathology, presented on July 7, 2005 a statement to the Defense Base and Realignment Commission (BRAC) about many reasons to reject recommendations of the DoD and allow decisions about the fate of the AFIP through a broad discussion that takes into account all aspects of the AFIP mission; be it therefore

RESOLVED that the College of American Pathologists petition the Army Medical Department (AMEDD) and BRAC members to re-examine DoD recommendations about the AFIP, and if needed, help explore other venues for continued stewardship of AFIP archive material, and be it further

RESOLVED that the Board of Governors report back to the House of Delegates on the degree of success of this endeavor at the next House session.
RESOLUTION F2005-11

SUBJECT: Wording of Reference Committee Recommendations

PRESENTED BY: Carl P. Treling, MD, PhD, FCAP (CA)

WHEREAS reference committees of the CAP House of Delegates produce reports with the
recommendations of the committee regarding all resolutions and some other matters, and
WHEREAS each reference committee report is prepared by a different staff person, often with
different wording, and
WHEREAS some wording, in the past, has led to confusion among the delegates; be it therefore
RESOLVED that the wording shown below, in capital letters, be used in all reference committee
recommendations regarding resolutions, and be it further
RESOLVED that this wording be placed in our document “Procedures of the House of Delegates”
at a place specified by the Speaker. The wording is as follows:

"YOUR REFERENCE COMMITTEE RECOMMENDS APPROVAL OF RESOLUTION NUMBER X AND ASKS FOR A “YES” VOTE ON IT."

"YOUR REFERENCE COMMITTEE RECOMMENDS DISAPPROVAL OF RESOLUTION NUMBER X AND ASKS FOR A “NO” VOTE ON IT"

"YOUR REFERENCE COMMITTEE RECOMMENDS APPROVAL OF RESOLUTION NUMBER X AS AMENDED AND ASKS FOR A “YES” VOTE ON IT. THE RESOLVED PORTION IS AMENDED TO READ: “(New paragraph(s) stating amended resolution)"

"YOUR REFERENCE COMMITTEE RECOMMENDS APPROVAL OF THE FOLLOWING SUBSTITUTE RESOLUTION (FOR RESOLUTION NUMBER X) AND ASKS FOR A “YES” VOTE ON IT.” (New paragraph(s) stating substitute resolution)

"YOUR REFERENCE COMMITTEE RECOMMENDS REFERRAL OF RESOLUTION NUMBER X TO THE BOARD OF GOVERNORS.”
CAP Residents Forum

Resolution RF-F2005-1

SUBJECT: Cytology Proficiency Testing (PT) for Graduating Residents and Fellows

SUBMITTED BY: Matthew Carr, MD (Alternate Delegate—Indiana)

WHEREAS the Clinical Laboratory Improvement Act of 1988 (CLIA) requires proficiency testing (PT) of all individuals involved in screening or interpreting gynecologic cytologic specimens if such testing is available, and

WHEREAS the Centers for Medicare & Medicaid Services (CMS) has recently approved a nationwide Cytology PT program, and

WHEREAS Cytology PT may be required for Cytology fellows in some training programs, and

WHEREAS no guidelines have been released regarding how Cytology PT will be implemented for recently graduated residents and fellows, and

WHEREAS having passed an approved Cytology PT program is likely to be seen as a desirable job skill by potential employers, and

WHEREAS the cost of the available Cytology PT programs may represent a financial burden for individual residents and fellows, therefore be it

RESOLVED that the College of American Pathologists encourage residency program directors to pay for Cytology Proficiency Testing for any residents in their final year of training who desire to undergo testing, and be it further

RESOLVED that the College of American Pathologists encourage cytology fellowship directors to pay for Cytology Proficiency Testing for fellows who desire to undergo testing, and be it further

RESOLVED that the College of American Pathologists petition approved Cytology Proficiency Testing programs to offer discounted rates for the examination of residents and fellows, whether tested in conjunction with a laboratory or individually, and be it further

RESOLVED that the College of American Pathologists (CAP) provide discounted rates for the examination of residents and fellows in any Centers for Medicare & Medicaid Services-approved Cytology Proficiency Testing program the CAP currently sponsors or may sponsor in the future, and be it further

RESOLVED that the College of American Pathologists report back to the Residents Forum at future meetings on the degree of success of these efforts.
Resolution RF-F2005-2

SUBJECT: Standardization of Pathology Fellowship Application Process

SUBMITTED BY: Matthew Carr, MD (Alternate Delegate—Indiana)

WHEREAS each pathology fellowship program has unique application requirements and deadlines which can be confusing to those applying to multiple programs, and

WHEREAS many competitive fellowships fill their open positions years in advance of the start date, and

WHEREAS a central repository for information on training programs exists\(^1\) and is free to residents, and

WHEREAS often this repository may not be well known to residents seeking fellowship training and may have out-of-date or incomplete information, therefore be it

RESOLVED that the College of American Pathologists encourage fellowship training programs to adopt uniform application processes that standardize the materials required for a complete application, and be it further

RESOLVED that the College of American Pathologists encourage fellowship training programs to adopt a uniform timeline for filling open positions with standardized periods for applications, interviews, and offers, and be it further

RESOLVED that the College of American Pathologists encourage fellowship training programs to not fill open positions more than one year before the start date for said position, and be it further

RESOLVED that the College of American Pathologists encourage fellowship training programs to submit complete and up-to-date information to The Intersociety Committee for Pathology Information, Inc. for publication in the *Directory of Pathology Training Programs in the United States and Canada* each year and encourage residency program directors to promote this resource to residents considering fellowship training, and be it further

RESOLVED that the College of American Pathologists report back to the Residents Forum at future meetings on the degree of success of these efforts.

---

\(^1\) *Directory of Pathology Training Programs in the United States and Canada.* The Intersociety Committee for Pathology Information, Inc.  www.pathologytraining.org
CAP Residents Forum

Resolution RF-F2005-3

SUBJECT: American Board of Pathology Multiple Examination Sites

SUBMITTED BY: James J. Lyons, MD (Delegate—Tennessee)

WHEREAS the American Board of Pathology Primary Certification exam is given only at a single site in Tampa, Florida, and

WHEREAS the cost of traveling to this single site represents a substantial expense, which is in addition to the examination fee, and

WHEREAS such travel may be complicated by both weather and non-weather related issues, and

WHEREAS the educational indebtedness of medical residents is at historically high levels, and

WHEREAS the American Board of Allergy and Immunology, American Board of Anesthesiology, American Board of Emergency Medicine, American Board of Family Medicine, American Board of Internal Medicine, American Board of Neurological Surgery, American Board of Nuclear Medicine, American Board of Obstetrics and Gynecology, American Board of Ophthalmology, American Board of Pediatrics, American Board of Physical Medicine and Rehabilitation, American Board of Plastic Surgery, American Board of Preventive Medicine, American Board of Psychiatry and Neurology, American Board of Surgery, American Board of Thoracic Surgery, and American Board of Urology have all implemented multiple testing sites for their written certification examinations, therefore be it

RESOLVED that the College of American Pathologists Residents Forum petition the American Board of Pathology to develop multiple site testing for both the primary certification as well as the future recertification examinations.

1 Footnote: http://abms.org/member.asp
CAP Residents Forum

Resolution RF-F2005-4

SUBJECT: Fourth-Year Surgical Pathology Fellowship Investigation

SUBMITTED BY: Jenny Kuo, MD, MBA (Delegate—California)

WHEREAS the length of a pathology residency has been reduced from five years to four years, and a surgical pathology fellowship has typically been pursued in the fifth year, and
WHEREAS a pathology program may or may not offer a surgical pathology fellowship in the fourth year, depending on its curriculum, available elective months, and inclination, and
WHEREAS a fourth-year surgical pathology fellowship is not currently defined in terms of length and when and how it can be offered, and
WHEREAS it is recognized that there may be an inherent unfairness to a residency program offering additional recognition for a surgical pathology fellowship during a comparable four-year training program, therefore be it
RESOLVED that the College of American Pathologists Residents Forum Executive Committee investigate whether there are fourth-year surgical pathology fellowships being offered and, if so, what length requirements and formal recognition there are for such fellowships, and be it further
RESOLVED that the College of American Pathologists Residents Forum Executive Committee recommends that, in the interest of fairness between pathology training programs, that requirements for fourth-year surgical pathology fellowships be standardized or that such fellowships not be offered, and be it further
RESOLVED that the College of American Pathologists Residents Forum Executive Committee report back to the CAP Residents Forum the result of investigating fourth-year surgical fellowships by the time the last five-year pathology residents complete their training in July 2006.
WHEREAS, the Resident In-Service Examination (RISE) is a six-hour examination divided
into three segments, and

WHEREAS the RISE is a mandatory examination for residents at some pathology residency
training programs, and

WHEREAS not all of these pathology residency training programs designate time during
standard weekday working hours for completion of the RISE by their pathology residents,
therefore be it

RESOLVED that the College of American Pathologists Residents Forum recommend that the
College of American Pathologists ask the Association of Pathology Chairs Program Directors
Section to recommend that all pathology residency training programs that require residents to
complete the annual Resident In-Service Examination allot an appropriate amount of time
during standard weekday working hours for completion of the entire examination, and be it

RESOLVED that the College of American Pathologists report back to the Residents Forum
on the degree of success of the effort at the Residents Forum’s Spring 2006 Meeting.
CAP Residents Forum

Resolution RF-F2005-6

SUBJECT: Correlation Between Pathology Resident In-Service Examination (RISE) and American Board of Pathology Examination for Board Certification

SUBMITTED BY: Ellina Kalandarova, DO (Delegate—U.S. Army)

WHEREAS historically there has been little correlation or similarity between the Pathology Resident In-Service Examination (RISE) and the American Board of Pathology (ABP) examination for board certification, and

WHEREAS RISE is written and administered by the American Society for Clinical Pathology (ASCP) and the examination for board certification is written and administered by ABP, and

WHEREAS RISE is intended to serve as a measure of proficiency and standing for participating residency programs and individual residents, while the examination for board certification ultimately demonstrates one’s competence to practice pathology after completion of residency, and

WHEREAS it may be beneficial for residents if RISE was more representative of the examination for board certification, therefore be it

RESOLVED that the College of American Pathologists Residents Forum Executive Committee petition the American Society for Clinical Pathology and the American Board of Pathology to collaborate when questions for the Resident In-Service Examination are compiled in order to aid graduating residents to be better prepared for taking the board certification examination.
WHEREAS more residents are turning toward fellowship training, often in multiple fellowships, and
WHEREAS many residents are finding that applying to many fellowship programs, often while continuing in their current training and studying for board certification, can be a process that consumes substantial time and financial resources, and
WHEREAS a standard for fellowship application may be seen as an extension of the current ongoing drive for uniformity in pathology training, and
WHEREAS an electronic standard for fellowship application may potentially benefit both the resident and the fellowship program by saving time and monetary cost, therefore be it
RESOLVED that the College of American Pathologists Residents Forum ask the College of American Pathologists to work with the Association of Pathology Chairs and other pathology organizations to develop a standardized electronic application form for fellowship training, which could be voluntarily used by interested fellowship programs.
CAP Residents Forum

Resolution RF-F2005-8

SUBJECT: Professional Development and Career Guidance on CAP Web Site

SUBMITTED BY: Paul S. Uribe, MD, (Delegate—District of Columbia)

WHEREAS a significant portion of pathology residents take the United States Medical Licensing Examination (USMLE) Step 3 beyond their Post-Graduate Year 2 (PGY2), and

WHEREAS delaying taking the clinically-based USMLE Step 3 may be a detriment to the pathology resident as a vast majority of pathology residents have had little to no additional clinical experience beyond medical school, and

WHEREAS there is a lack of professional guidance for residents on the CAP Web site, therefore be it

RESOLVED that the College of American Pathologists Residents Forum Executive Committee add to its Web site a Professional Development and Career Guidance section that would provide recommendations to residents to take the United States Medical Licensing Examination Step 3 as early as possible, and be it further

RESOLVED that College of American Pathologists Residents Forum Executive Committee Web site provide additional career development resources for residents regarding state medical licensing, pathology board examinations, and other tools beneficial to residents, including study guides and a message board for the exchange of information and to facilitate communication.