To complete this application, you must click on the next button at the bottom of the page. You will be asked to submit your application on the subsequent page.

Contact Name
Rebecca L. Johnson, MD

Contact Email Address
rljohnson@abpath.org

Name of Sponsoring Board(s):
American Board of Pathology

1. Provide the name of the proposed area of focused practice:
Clinical Microbiology

2. State the purpose of the proposed area of focused practice and include the rationale for how this area of focused practice is different than a subspecialty, in two paragraphs or less:
The purpose of a focus practice designation for Clinical Microbiology is to recognize ABPath diplomates with additional training or expertise in diagnostic bacteriology, mycology, parasitology and virology, methods for antimicrobial testing, and molecular techniques used diagnosis of infectious diseases. Many of these diplomates work in public health laboratories, university or industrial research programs or college or university educational settings and are active in the discovery, diagnosis, treatment and prevention of infectious and immune mediated diseases, combating the emergence of antimicrobial resistance, investigating potential world pandemics, responding to and preventing bioterrorism events, and leading epidemiologic investigations of local outbreaks.

3. Focused practice usually falls under one of these areas. Please describe which of the following this application addresses.
   a. Evolving area of practice
   b. Area of practice limited in scope or size
   c. Specialized procedure

Clinical Microbiology is a small subspecialty with a growing need for more specialists for the reasons indicated in #2. There are only 15 ACGME accredited training programs in Medical Microbiology with only 21 positions available, and some of these go unfilled because of funding. There are 17 American Society for Microbiology Committee on Postgraduate Educational Programs (CPEP) accredited programs with a total of 18-20 positions available.

4. Please outline the eligibility criteria required of candidates in the proposed area of focused practice, as it pertains to the following:

4a. Certification in a specialty or subspecialty by an ABMS Member Board:
Candidates must have ABPath primary certification in combined Anatomic/Clinical Pathology or in Clinical Pathology, subspecialty certification in infectious diseases, or primary certification from another ABMS member board. All candidates with time-limited certification must be participating in Maintenance of Certification and up-to-date with MOC requirements.
4ai. If diplomates of multiple ABMS Member Boards would be allowed to apply for this area of focused practice, please list those Member Boards:

Diplomates of other ABMS boards who complete ASM CPEP accredited training (unlikely there would be many) or diplomates certified in infectious diseases who meet our practice experience pathway requirements could qualify for focused practice designation in Clinical Microbiology. All candidates would be required to take and pass an ABP examination in clinical microbiology.

4b. What specialty and/or subspecialty certificate(s) will a diplomate be required to hold in order to be eligible for this area of focused practice?

see 4a.

4c. Clinical practice experience (both in terms of time and patient volume) in the area of focused practice, beyond initial training:

A candidate who has spent at least 30% (an average of 16 weeks/year) of their practice in three of the past five years practicing clinical microbiology could qualify for this designation after taking and passing an ABP examination in clinical microbiology.

4d. Additional qualifications (if any):

Candidates would have to take and pass an examination in clinical microbiology and participate in MOC for continuing focused practice designation.

5. With regard to Board-based assessment for candidates prior to awarding this area of focused practice, which assessment methods would be required? (Check all that apply)

Examination (Written)

5a. Please describe the rationale behind the method(s) required in the assessment process:

An examination is the best way to assess a candidate's medical knowledge in the area of clinical microbiology.

6. Please outline the Maintenance of Certification (MOC) program planned for this area of focused practice:

The MOC program will have the same requirements that our diplomates have now for maintaining their primary and/or subspecialty certification. If the candidate has a non-time limited certificate, he/she would have to participate in MOC to maintain their focused practice designation.

7. Document the professional and scientific status of this area of focused practice by addressing (a) through (d) below.

7a. Please describe how the existence of a body of scientific medical knowledge underlying the proposed area of focused practice is in large part distinct from, or more detailed than, that of other areas in which certification or focused practice are offered:

For candidates who complete ASM CPEP accredited training programs, the curriculum is more comprehensive and the training is for two years, including an emphasis on public health, whereas ACGME accredited training in Medical Microbiology is one year duration. CPEP training includes bacteriology, virology, mycology, mycobacteriology, parasitology, infectious disease serology, molecular microbiology, esoteric testing, and management and informatics. There is an emphasis on interpretation of microbiologic and other relevant data to effectively communicate and collaborate in the diagnosis, management, and treatment of patients with infectious diseases and provide solutions to infection control and epidemiologic investigations. Training also includes the design and conduct of microbiological research relevant to medical and public health issues in infectious diseases.

7b. Explain how this proposed area of focused practice addresses a distinct and well-defined patient population and care need:

Clinical microbiologists are important consultants to the health care team for the appropriate selection of tests, the correct interpretation of results, for recommendations for additional testing, and laboratory utilization management. They contribute to better patient care with lower cost to the system. They directly interact with infectious disease specialists, infection control practitioners, pharmacists, epidemiologists, and public health officials to improve patient care and population health.
7c. Please provide information about the group of diplomates concentrating their practice in the area of focused practice, if known:

7ci. The projected number of such diplomates (along with the source(s) of the data):

There are 16 ASM CPEP accredited training programs with -----positions, some of which go unfunded from time to time. These programs accept both MDs and PhDs, so the number of diplomates would be small. We do not have a reliable estimate of diplomates who would qualify by experience, but believe that the number would be small.

7cii. The annual rate of change of such diplomates in the recent past and projected annual rate of change for the near future (along with the source(s) of the data):

Physicians practicing clinical pathology and microbiology declined after TEFRA legislation passed in early 1990s and physicians were paid based on RBRVS and there was no longer direct payment for clinical pathology by Medicare and most insures. ABPath certification in Medical Microbiology has gone from a high of 18 candidates certified in 1983 to only 7 certified in 2016. There has been a resurgence of interest in clinical microbiology by physicians since alternate payment models have emerged, diagnostic teams have become popular, the need for expert consultation by health care providers has increased, and institutions are interested in laboratory utilization management and infection control, the latter which links to hospitals' Medicare reimbursement. There is a retirement "cliff" occurring in pathology, so these specialists are needed to replace current practitioners. See: Arch Pathol Lab Med. 2015;139:1413–1430; doi:10.5858/arpa.2014-0559-OA

7ciii. The current geographic distribution of this group of diplomates, its projected spread in the next five (5) years, and an explanation of how you arrived at this projection:

Most physicians practicing primarily or exclusively clinical microbiology are located in academic medical centers, large hospitals/health systems, and commercial laboratories, such as Quest and LabCorp. We project with consolidation of hospitals and health systems and increased insurance company contracts with commercial laboratories, the need for these specialists will increase over time.

7d. Please identify the existing national societies that have a principal interest in the area of focused practice:

American Society for Microbiology

7di. Indicate the existing national societies' size and scope, along with the source(s) of the data:

Source--www.asm.org
ASM--over 50,000 scientists and health professionals; mission--To promote and advance the microbial sciences. certifies doctoral-level microbiologists to direct medical and public health microbiology laboratories. The ASM American Board of Medical Microbiology certification is a credential for doctoral-level microbiologists and is a significant component toward meeting licensure requirements to direct laboratories engaged in the microbiological diagnosis of human disease. It is recognized under the Clinical Laboratory Improvement Amendments of 1988.

7dii. Indicate the distribution of academic degrees held by their members, along with the source(s) of the data:

Source--www.asm.org
MDs, PhDs, clinical laboratory scientists/medical technologists and students.

7diii. Indicate the relationship of the national societies' membership with the proposed focused practice designation:

ASM is the largest membership organization for microbiologists in the US. Their Committee on Postgraduate Educational Programs (CPEP) accredits post-doctoral training programs in the US. Their American Board of Medical Microbiology certifies doctoral-level microbiologists and we would hope that trainees would seek their certification.

8. Please describe how the cognitive knowledge, clinical and interpersonal skills, professional attitudes, and practical experience of diplomates in this area of focused practice will be distinct from diplomates in other specialties, subspecialties, and areas of focused practice in terms of:
8a. Clinical competence:

In addition to conventional knowledge and expertise in bacteriology, virology, mycology, mycobacteriology, parasitology, and infectious disease serology, diplomates with focused practice designation would likely have more training and experience in molecular microbiology, esoteric testing, management and informatics, infection control, epidemiology, and public health.

8b. Scope of practice:

While the scope of practice is similar to diplomates certified in Medical Microbiology, diplomates with focused practice designation are more likely to have an expanded scope of practice as describe in 8a.

8c. Body of knowledge and skills:

The body of knowledge and skills for focused practice diplomates is likely to have greater depth and breadth than subspecialists because of more extensive length of training and emphasis on additional areas as described in 8a.

9. For (a) through (e) below, please project the need for and the effect of the proposed new focused practice on the existing patterns of certification or other areas of focused practice. Please indicate how you arrived at your response.

9a. Please indicate whether there is any overlap between this area of focused practice and existing subspecialty certifications or other areas of focused practice.

There is overlap with the Medical Microbiology subspecialty for areas of basic microbiology; however diplomates with focused practice will likely have broader training and experience.

9b. Please outline plans for evaluation of the impact of the proposed area of focused practice on your own programs of specialty and subspecialty certification and any other areas of focused practice:

There is unlikely to be any significant effect on the number of diplomates certified in Medical Microbiology, which is currently few because of the few ACGME accredited programs and the frequent non-funding of fellowship positions. Most microbiologists practicing primarily or exclusively microbiology are graduates of ASM CPEP training programs.

9c. Please outline plans for evaluation of the impact of the proposed area of focused practice on other Member Boards' programs of specialty and subspecialty certification and any other areas of focused practice:

This should not have an impact on any other ABMS boards, since microbiology is a unique discipline without certification by any other board. There is an opportunity for diplomates with subspecialty certification in infectious diseases to qualify for focused practice designation based on experience and passing an ABP clinical microbiology examination.

9d. The impact of the proposed area of focused practice on practice, both existing and long-term, specifically:

9di. Access to care (please include your rationale):

These physicians are involved in and improve patient care through daily interaction with medical staff, infection control practitioners, clinical pharmacists, and healthcare administrators. While clinical microbiologists may have limited interaction with patients directly, as a non-patient facing specialty, they are critical to the health care team and health system in the appropriate selection, utilization, and interpretation of microbiological tests. They contribute to the triple aim of better patient care, improving population health, and lowering costs by their activities. They have valuable expertise in infection control, epidemiology, and public health.

9dii. Quality and coordination of care (please include your rationale):

See 9di.

9diii. Benefits to the public (please include your rationale):

See 9di. Expertise in public health, infection control, and epidemiology benefit the public.

9e. Please explain the effects, if known, of the proposed area of focused practice on:
9ei. Immediate costs and their relationship to the probable benefits (please indicate your methodology):

The immediate costs are the fee for an examination and associate travel costs, if they take the exam in our Tampa exam center. The exam fee will likely be between $700-1800, similar to the MOC and subspecialty exam fees, respectively. We could consider remote, secure testing for this exam, such as we use for our MOC Part III exam. The benefit is the recognition as a clinical microbiologist.

9eii. Long-term costs and their relationship to the probable benefits (please indicate your methodology):

Long-term cost are the fees for MOC and required MOC activities (e.g. CME); benefit is recognition as a clinical microbiologist.

9f. Please explain the effects if this area of focused practice is not approved:

Many physicians who practice clinical microbiology will not receive the recognition they deserve as specialists.

10. Please indicate how the proposed area of focused practice will be evaluated periodically (e.g., every five years) to assure that the area of focused practice remains viable:

We will track the number of applications and approvals for focused practice and survey these physicians regarding the professional value of the designation.

11. Please list key stakeholder groups from which ABMS may wish to solicit commentary on the proposed area of focused practice:

American Society for Microbiology

To be completed for areas of focused practice for which formalized training is currently available to meet some of the requirements for clinical experience and patient volume:

12. Please provide the following information for those training programs that have a primary educational effort devoted to the proposed area of focused practice, along with their geographic locations and the source(s) of the data:

12a. Please list the names of training programs in the proposed area of focused practice:

https://www.asm.org/index.php/postgraduate-training-cpep/approved-programs
Baylor College of Medicine and Texas Children's Hospital
Beth Israel Deaconess Medical Center
Children's Hospital Los Angeles
Indiana University School of Medicine
Mayo Clinic
Memorial Sloan-Kettering Cancer Center
National Institutes of Health
University of California, Los Angeles, Clinical Microbiology
University of Nebraska Medical Center
University of North Carolina Hospitals, Microbiology
University of Pennsylvania
University of Rochester School of Medicine & Dentistry
University of Texas Medical Branch Galveston
University of Utah School of Medicine, Microbiology
University of Washington Medical Center
Vanderbilt University Medical Center
Washington University in St. Louis, Barnes-Jewish Hospital, and St. Louis Children's Hospital

12b. Indicate the total number of trainee positions available currently (along with the source(s) of the data):

Source: https://www.asm.org/index.php/postgraduate-training-cpep/approved-programs
There are 18-20 positions, although because the training programs are usually two years, some programs do not accept applications every year.
12c. Provide the number of trainees completing the training annually (along with the source(s) of the data):

Source: https://www.asm.org/index.php/postgraduate-training-cpep/approved-programs
Unknown, but based on information in 12b (above) there should be approximately ten graduates/year. These programs train both MDs and post-doctoral scientists (PhDs).

12d. Organization(s) providing accreditation or oversight for training programs:

American Society for Microbiology Committee on Postgraduate Educational Programs (ASM CPEP). The program requirements and accreditation process are similar and as rigorous as ACGME subspecialty accreditation.

13. How much additional clinical experience is required beyond training?

None. These are generally 2 year training programs. ACGME training programs are only one year.

NOTE: When submitting this application, please attach the following items:
Copy of proposed application form for the candidates for this area of focused practice
A written statement indicating concurrence or specific grounds for objection from each Primary and Conjoint Board having expressed related interests in the same field
Written comments on the proposed area of focused practice from at least one (1) public stakeholder group
An example of how diplomates will be recognized for this area of focused practice

4.

Thank you for your application for an Area of Focused Practice. ABMS staff will review your application and follow up as appropriate. If you have any questions about the submission of your form, please contact Paul Lawlor via phone (312-436-2690) or email plawlor@abms.org
July 12, 2017

Dear Dr. Nora,

I am writing as President of the Academy of Clinical Laboratory Physicians and Scientists (ACLPS), and on behalf of the Executive Council of ACLPS, in strong support of the proposal by the American Board of Pathology to create an area of focused practice in Clinical Microbiology. ACLPS is a cooperating society of the American Board of Pathology, and its membership is composed of clinical pathologists, clinical chemists, clinical geneticists, and clinical microbiologists.

Creating this area of focused practice will, to quote the news release on focus practice designation, “recognize an evolution of practice that occurs following initial certification and is relevant to continuing certification.” Specifically, those with initial American Board of Pathology certification in Anatomic/Clinical Pathology or Clinical Pathology who develop specific interest and expertise in Clinical Microbiology will be able to take the appropriate sub-specialty American Board of Pathology exam. The criteria proposed by the American Board of Pathology for qualification in Clinical Microbiology as an area of focused practice are appropriate requirements for education and experience for this purpose. The requirements for maintenance of certification are also appropriate and consistent with usual practice by the American Board of Pathology. Those who qualify for an area of focused practice in Clinical Microbiology will significantly benefit from the recognition that sub-specialty board certification will provide and so we very much support this proposal.

Please contact me if you require any additional information.

Sincerely,

Alexander J. McAdam
July 12, 2017

Lois Margaret Nora, MD, MBA, JD
President and Chief Executive Officer
American Board of Medical Specialties
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Nora:

The American Society for Microbiology (ASM) is writing in support of the American Board of Pathology’s (ABP) proposed new designation—Focused Practice in Clinical Microbiology. Since the 1960s, ASM’s Committee on Postdoctoral Educational Programs (CPEP) has worked to ensure the availability of qualified doctoral-level personnel to direct medical and public health microbiology laboratories to provide quality health services to the public. CPEP is the accrediting body that establishes the training standards for high-complexity laboratory directors and monitors the accredited programs to ensure the standards are met.

CPEP-accredited fellowship programs prepare scientists and physicians for leadership roles in the medical and public health laboratory microbiology professions. CPEP-approved programs are open to postdoctoral-level candidates (e.g., Ph.D., M.D., Sc.D., D.O., and Dr. P.H.) and are typically two-year training programs. There are currently 17 accredited programs in the U.S.

CPEP Fellows receive training in diagnostic bacteriology, mycology, parasitology and virology, methods in antimicrobial susceptibility testing, and techniques used in the molecular diagnosis of infectious diseases. They receive research training and conduct original or collaborative research in conjunction with their clinical training. In addition, Fellows study laboratory management, epidemiology, public health and laboratory safety. Virtually all CPEP Fellows sit for the American Board of Medical Microbiology (ABMM) certification examination upon completion of their training. ABMM certification is recognized by the Clinical Laboratory Improvement Amendments of 1988 final rule and in all 12 states that require licensure as a significant component toward meeting licensure requirements to direct laboratories engaged in the microbiological diagnosis of human disease.

ASM supports CPEP training as an eligibility route for the Focused Practice in Clinical Microbiology designation and welcomes the American Board of Medical Specialties’ endorsement. ASM is confident that this designation will strengthen the practice of clinical microbiology, and improve patient care. Additional information about CPEP and training specifics is available at www.asm.org/cpep. Please feel free to contact either of us to further discussion.

Sincerely,

Susan Sharp, PhD, D(ABMM)
ASM Past-President
Susan.E.Sharp@kp.org

Melissa Miller, PhD, D(ABMM)
ASM Professional Practice Committee Chair
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