

From the President's Desk: Transitions in training and practice

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March 2015—Turning points emerge in retrospect, but I'm ready to put a red pushpin at December 2013 on the evolutionary timeline for pathology graduate medical education. Twenty-four pathology education organizations came together that month for a workforce summit sponsored by the CAP, the American Society for Clinical Pathology, the Association of Pathology Chairs, and the United States and Canadian Academy of Pathology that would refine consensus on how to best shape the future of our specialty.



Dr. Herbek

The outcome to date is an annual survey sponsored by the American Board of Pathology in association with its Maintenance of Certification updates for all new-in-practice ABP-certified pathologists. The first iteration—developed by a workforce summit workgroup led by Stephen Black-Schaffer, MD, pathology residency training program director at Massachusetts General Hospital, and David J. Gross, PhD, director of the CAP Policy Roundtable—just wrapped up. ABP chief executive officer Rebecca L. Johnson, MD, says the ABP will use the survey to ensure that certification examination content reflects not only what trainees should learn now but also what they will need to know to prepare them for future practice.

As Suzanne Z. Powell, MD, residency training program director at Houston Methodist Hospital and CAP Graduate Medical Education Committee chair, puts it, a lot of the things that a lot of people have been working on for a long time seem to be coming together. We have a reliable workforce supply-and-demand model and can now focus on educating our trainees in the right areas and in the right proportions to ensure that tomorrow's pathologists are up to date and prepared to grow in place.

Today's new pathologists are entering a competitive job market. We know a lot about their expectations from the ASCP Resident In-Service Examination (RISE) survey, but we wanted something equally granular on actual job search results. During the next 15 years, far more pathologists will retire than enter practice just as population age and disease incidence will increase the demand for our services. New technologies and opportunities emerging under accountable care organizations will affect roles and responsibilities of pathologists and other laboratory professionals. The future is bright but we need to be nimble now.

The 2014 RISE survey showed that 56 percent of residents planned to complete one fellowship and another 39

percent were thinking about completing two. Only four percent (48) of all graduating residents had pursued jobs without seeking fellowships, and 29 of those individuals had received at least one job offer. The RISE survey also validated what seems to be the biggest concern of today's trainees: a need for more graduated responsibility for their cases.

Tracking trainees after residency can be challenging, but graduates do check in for credentials verification when they find a job or need a medical license. In 2013, a group of program directors recognized that they had previously untapped information, and Robert D. Hoffman, MD, PhD, training program director at Vanderbilt University Medical Center, surveyed program directors about the hiring timeline and successful placement of trainees from the 2008–2012 graduating classes. The upshot was that 95 percent of residents had obtained pathology-practice positions within four years of completing residency and about half had secured those positions within 18 months.

The CAP Graduate Medical Education Committee surveyed first-time job seekers who were looking for positions during the 12 months ending June 2014, most of whom, 83 percent, had just graduated. In this group, 66 percent had already accepted a position, and the majority had found positions they liked in regions they wanted to live. Of the 89 percent who were fellowship trained, 25 percent had completed two or more fellowships.

The committee also surveyed employers in 2014 and learned that many rely on word of mouth to find new people—networking is important. Also of interest: 57 percent of employers would consider applicants who had not completed a fellowship.

The ABP new-in-practice survey is sure to become a great resource as we continue to refine training goals and practice styles. As Dr. Black-Schaffer puts it, if pathologists are to practice evidence-based medicine, they need evidence-based education. It could be that we will need to navigate toward right-sized training to cover whatever comes our way 10 years from now. Perhaps we'll see a more substantial role for subspecialty fellows in some practices. In any event, he says, it's all about using those training years optimally and asking the right questions. I believe that our initiatives in GME and new-in-practice support will put pathology in the forefront of efforts to train future physicians for the emerging practice environment. Thanks to the long-term hard work of more people than I can name here, we will have the evidence required to do it right.

A few final words about our trainees and new-in-practice members. I would like to thank the 238 Residents Forum delegates in attendance at CAP '14 who graciously included me in their town hall on graduated responsibility. What a dynamic, engaging afternoon! I was pleased, but not surprised, to learn they are now planning to pilot a targeted networking program at the spring 2015 House of Delegates/Residents Forum meeting. Their plan to connect hiring pathologists and graduating trainees is sure to be a winner.

I would also like to recognize the CAP New In Practice Committee, which has done wonderful work to welcome and nurture our newest fellows (<http://j.mp/cap-new-practice-committee>). When asked how well-established pathologists can best help new-in-practice colleagues, Michelle Powers, MD, MBA, who chairs the NIP Committee, stressed the importance of clear expectations. "Let them know so they know," she said. "Give them a metric to work toward and an opportunity to exceed it."

I could devote an entire column to the importance of supporting our newest members. To be succinct, I'll share what Residents Forum chair Lauren Stuart, MD, MBA, said when asked what CAP fellows could do for physicians in training and new in practice. "Give us continuous feedback on our performance," she said, "both good and bad."

Speaking of feedback, I have a suggestion for those who are thinking about retirement. Why not make mentorship your new hobby during the transition and beyond? Taking on a mentee—and persuading your partners to do the same—would be a great way to celebrate Laboratory Week, April 19–25.□

Dr. Herbek welcomes communication from CAP members. Write to him at president@cap.org.