

## **The Association of Pathology Chairs: A History of Service to Academic Pathology Departments**

**Executive Summary** The APC began in response to a need for a mechanism to inform Pathology Departments of important policy changes at the National Institutes of Health (NIH) that might affect their research activities. Although the organization was formally incorporated in Washington, DC, in 1968, it held its first meeting in 1965. Its purpose was to provide a forum for Pathology Department chairs to discuss and learn from one another so as to develop stronger, more effective departments with particular emphasis on the educational and research missions. This purpose has remained much the same over the years, but the structure changed to provide broader support for the faculty and staff involved in education within Pathology Departments. Furthermore, the APC began to pay greater attention to the clinical mission and to align itself with other pathology organizations to advocate nationally for the discipline of pathology and laboratory medicine. Over the nearly 50 years of its existence, the membership has grown to include not only chairs of departments in Canada and the United States, but also the directors of residency programs (PRODS) and undergraduate pathology medical education (UMEDS), department administrators (PDAS), and coordinators for residency programs (GMEAS). From the outset, chairs have met annually in regional meetings, and the first national APC meetings were held in the spring and fall in association with other pathology organizations such as USCAP, ASIP, CAP, and ASCP, or with the AAMC. In 1987, with its first Aspen conference, the organization began to hold a national stand-alone summer meeting and eventually dropped the fall and spring meetings. The summer meeting continues to be a major part of APC activities, although annual regional meetings, a website with regular newsletters, teleconference calls, and listservs continue to be mechanisms by which members share information about best practices in academic pathology departments.

### **1960's: The early years**

The APC history begin in the early 1960's as a series of informal regional meetings that were initiated at the suggestion of the advisory committee of the NIH Pathology Study Section as a means of informing chairs of changing policies of the National Institutes of Health (NIH). The success of the regional meetings in facilitating communication among chairs led to an initial national meeting in Philadelphia on March 5, 1965 at the time of the American Association of Pathologists and Bacteriologists (AAPB) and the International Association of Pathologists (IAP) joint meeting, which was chaired by Dr. Thomas D. Kinney, chair at Duke University.

Dr. Kinney was chair of the Pathology Study Section at the time that the regional chair meetings first began. It was recorded that at least 40 chairs attended this meeting, but 67 replied that they were in favor of a national organization. The decision was made to organize an informal association, to meet each spring at an evening meeting during the regular annual meeting of the AAPB-IAP, with the officers limited to a chair and a secretary, the latter to serve for three years to facilitate continuity. The chair of the association

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would serve one year and would generally be the chair of the pathology department in the city where the meeting was to be held. The chair would convene the meeting and organize the program. It was deemed important, though, that the regional meetings should continue and that the annual national meeting would receive reports from the regional entities. The name chosen for the organization was the rather cumbersome **American Association of Pathology Chairmen of Medical School Departments (AAPCMSD)**.

*Thomas D. Kinney chaired the first organizational meetings of chairs in 1965 and 1966 (source: pathology.mc.duke.edu)*



An important issue was to identify an optimal organization of academic departments including space, facilities, department size and manpower. In addition, Drs. Kinney and Robert W. Wissler (the secretary) noted the importance of recruiting students into pathology as well as analyzing where pathologists were being trained and where they went to practice pathology (the latter information was often referred to as “manpower studies”).

At the March 4, **1966**, meeting, 52 chairs attended, and the need to formalize the association was apparent. Dr. Kinney organized the meeting and again served as its chair. A committee was appointed to write a constitution and bylaws, which included Drs. Kinney, Wissler, and Robert Coon. An important issue was the need for funding for the expansion of research training programs. Other issues discussed at this meeting including seeking a closer association with the Association of American Medical Colleges (AAMC) and the problem of oversubscription by pathology residents to the Berry Plan. The Berry Plan was instituted during the Korean and Vietnam Wars and allowed physicians-in-training to complete a residency program with the requirement that they would subsequently serve two years in the military, but would be assured they would work in their specialty field rather than be assigned to a general medical officer post. Because the program attracted many pathology residents, it left gaps in the numbers of pathologists available to fill both academic and practice positions.

On March 10, **1967**, at a meeting convened in Washington, DC, by Dr. Abner Golden of Georgetown University, more than 50 chairs unanimously adopted a Constitution and Bylaws and decided to continue to use the extended name of the organization, AAPCMSD.

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*Robert Wissler, First  
President of APC  
(source: [www-news.  
uchicago.edu/releases/06  
/061207.wissler.shtml](http://www-news.uchicago.edu/releases/06/061207.wissler.shtml))*

The constitution provided for a 6-member council, which was elected at this meeting as follows: Dr. Wissler, president; Dr. Robert Stone, vice-president; Dr. Joel Brunson, secretary-treasurer; Drs. Paul Lacy and Ashton Morrison, Councilors; and Dr. Goldman, past-president. Dr. Wissler appointed Dr. Kinney to represent the AAPCMSD in the newly formed AAMC Council of Academic Societies (CAS), and Dr. Coon was appointed to chair a committee to arrange for the incorporation of the association. Other important issues addressed at this meeting included two speakers from the NIH asking the pathology chairs to provide input about important areas for the NIH to pursue because funding was limited, and a speaker from the VA stressing the ways that VA Hospitals could participate in training both medical and allied health science personnel. The leadership committed to the distribution of regular newsletters to keep its constituency abreast and relayed a plan to develop a clearinghouse for innovations in teaching and

training, as well as a master record of appointments of its members to national and regional committees and study sections. The first newsletter came out in the summer of 1967 and was written by the Secretary-Treasurer, Dr. Brunson. These letters to the APC membership have continued without interruption at least yearly, except for once in 2008, to this day.

On June 26, **1968**, the **AAPCMSD** was formally incorporated in Washington, DC. The initial “mission” focused on communication among the chairs and also with various other organizations relevant to pathology. In the Articles of Incorporation, the purpose of the organization was originally stated to be: “to promote the interests and general effectiveness of medical school departments of pathology; to promote the growth and continuing development of the discipline of pathology” and later amended in 1969 to read “The Corporation is organized exclusively for the educational and charitable purposes of improving and advancing pathology education in the United States, through efforts to increase the general effectiveness of medical school departments of pathology and improvement of the curricula and administration thereof. For these purposes, the corporation is organized to provide a forum for discussion and a means for the development and exchange of information among the chairmen of medical school departments of pathology.”

Through the period of **1967-71**, the AAPCMSD met in the spring with the AAPB [which merged with the American Society for Experimental Pathology (ASEP) in 1976, later became the American Association of Pathologists (AAP) and finally, in 1992, the American Society for Investigative Pathology (ASIP)] and with the IAP. In the March, **1969**, meeting prior to the AAPB meeting in San Francisco, there was a one-day program on computer applications.

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In the fall **1969** newsletter, a list of all chairs and their departments was provided, including names of the full voting members (99 in all), and the corresponding Canadian members (12) who had no vote. The Canadian chairs were corresponding members at that time, although they were later given full member status. The Constitution and Bylaws as well as the Articles of Incorporation with Amendments to the Articles were also included in this newsletter. Over the years, a number of amendments to the constitution and bylaws have been made, particularly those clarifying membership on the APC Council, mechanisms of election of officers of the organization, standing committees, and the addition of sections.

### **1970's: A fledgling organization gains credibility and influence**

At a meeting on March 7, **1971**, in Montreal, the chairs discussed whether or not to have a national pathology resident matching program. After 1971, in addition to the annual spring meeting, an annual fall meeting was also held in conjunction with AAMC. In addition, four regional meetings were regularly held and reports of these meetings always constituted part of the annual meeting. The regional groups were the Northeast Chairs, the Southeast Chairs (which extended as far west as Texas) the Midwest Chairs, and the Western Chairs. The minutes of these annual meetings were included in the newsletters and demonstrated common themes among all the chairs; namely, issues around medical student and post graduate education, methods of funding departments, national issues that impacted laboratory inspection and billing, research funding, falling autopsy rates, and reimbursement for autopsies.

By **1972**, documents were now using a shortened name for the organization: the Association of Pathology Chairman, Inc, or the APC. In their Spring meeting, the organization confirmed its commitment to work more closely with the AAMC and to hold the annual fall meeting concurrently with the AAMC as its official annual meeting. It elected officers in that spring for a year and a half so that subsequent new officers would be elected in the fall and begin their tenure at the beginning of the following year. It was also decided at this time to hold a third "Quail Roost" meeting for the APC, a meeting dealing with departmental management issues, noting the success of the two such previous meetings. Dr. Kenneth Brinkhous agreed to organize the meeting. It is possible that this was the forerunner of the later national APC meetings, held in the summer independently from other national organizations.

A Feb. **1973** newsletter noted that a VA pathology advisory council had been formed that was headed by Dr. John Carter under the auspices of VA. Its intention was to work with APC, and it was at this time particularly interested in helping to support post-sophomore fellowships in pathology. In September, the Council met for the first time in Aspen, Colorado, which was later the location for the annual summer APC meetings.

In **1974**, there was a combined meeting of the West and Midwest groups (a pattern that reemerged in future years), the Southeast group met and a national meeting was held Nov. 11, 1974 in Chicago one day prior to the AAMC meeting. Of note, at this time there were

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435 residency programs, reduced from over 600 a few years before. (By 2013, there were only 137 accredited pathology training programs.)

In **1975**, it was proposed that an annual meeting of the combined West and Midwest groups be held in Aspen; the meeting was scheduled for 1976. Council members typically met with the regional chairs in July in Aspen to help decide on the agendas for the regional meetings in the fall, and this planning strategy continued through the 70's.

In **1976**, then president Dr. Robert Anderson conveyed his opinion in a newsletter that the APC had become a primary change agent for pathology. As examples of important changes in which the organization was involved in the previous several years, he listed: 1) defining effective utilization of the clinical lab, 2) developing guidelines for residency training programs in pathology, 3) quantifying manpower needs in academic pathology, and 4) defining the role of the pathologist in immunopathology. Dr. Tom McGill was noted to have been very influential as an advocate for pathology in Washington, DC.

In **1977**, several committees were identified as working within the APC: a Research Committee, an Undergraduate Curriculum Committee, a Veterans Affairs (VA) Committee, an Immunopathology Committee (involved with creating a certification for the pathology subspecialty), and a Pathology Resources Committee (charged with the task of developing a database of the finances, space, etc. of academic departments, as well as developing mechanisms for management training.) Each committee was active and provided regular reports that were given at the annual meeting and printed in the newsletters.

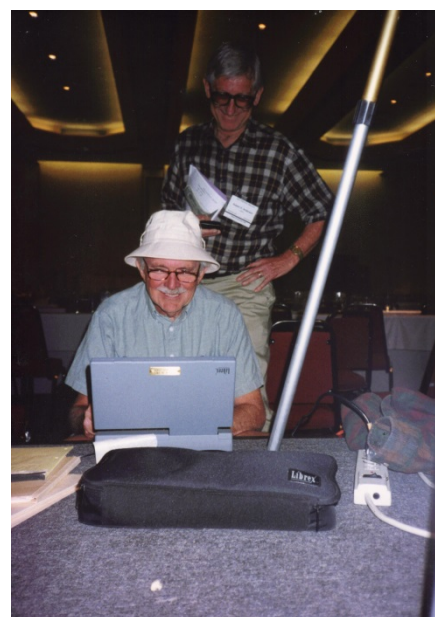
The passage of a law to regulate laboratories that received Medicare and Medicaid payments, (the Clinical Laboratory Improvement Act) was on the horizon. It was clear that this legislation would require more rigorous inspection and accreditation, and that CAP was already performing this service well. The APC Council met with several representatives from CAP to discuss common issues. APC committed to encouraging all academic pathology departments to have their respective hospital laboratories inspected and accredited by CAP, which many chairs had already done. In addition, the two organizations agreed to cooperate on a second, more in-depth survey of manpower needs in pathology. APC members agreed to encourage their residency directors to complete this survey. Recognizing the importance of a closer association, both organizations agreed to communicate more regularly and to meet face-to-face at least annually. At the end of the year, when Dr. Ellis Benson--then President of APC--was at the end of his term, he noted that APC had become less of a "Dean's Club of Department heads meeting on a friendly basis" and instead had evolved into an organization that spoke for academic pathology.

**1978** was a very active year for APC, with Dr. Gill as the president and Dr. John Craighead beginning his three-year term as Secretary-Treasurer. It was becoming apparent that pathology might be threatened by the potential passage of a number of bills before Congress at the time that were aimed at containing the escalating costs of Medicare and Medicaid. An unexpected consequence of these laws could be to threaten the recognition of pathologists as physicians and pathologists' livelihood, without strong pathology input.

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These laws, among others, included CLIA and the so-called “Talmadge Amendment.” Dr. Rolla Hill was appointed as the Public Affairs Representative for a five-year term, with the responsibility of keeping the APC and its Council informed about important issues relating to pathology. He did so diligently, reporting regularly in the newsletter to the entire membership as well as meeting with Council. A five-year five-point set of goals was identified by Council, discussed by the membership at its regional meeting, and approved at the annual meeting. The 5 points were: 1) a primary concern for education at all levels, 2) the dual role of the pathologist as a scientist and physician, 3) the quality and development of pathology manpower, 4) financing academic departments, and 5) increased effectiveness of the APC. In addition, at the Fall annual meeting new Articles of Incorporation (synonymous with bylaws) were approved that defined more accurately how the organization operated, including listing objectives, defining membership, describing officers, their responsibilities, and how they were elected; indicating who was on the Executive Council; and describing the central importance of the regional meetings to the function of the APC.

In **1979**, a new pathology manpower survey resulted in a larger number of responses from accredited pathology programs than any previous surveys. It indicated that between 500 and 600 residents per year had completed training in the previous five years, and suggested that about 600 new pathologists per year would enter the job market in the coming years. The survey also indicated that roughly 20% of finishing residents had difficulty finding jobs. (It is appropriate to note that at this time, there was a nationwide concern that the US was turning out too many physicians and that there was an oversupply of specialists with too few generalists.) Chairs of the APC committees met with Council and the regional representatives at the summer Aspen Council meeting. Issues raised by the various committee chairs included the absence of an autopsy experience for many medical students, the lack of clinical pathology in medical student pathology courses, the progress of the national matching program, the possible impacts of the government’s attempts to control the number of residency positions, and the need to develop management conferences for chairs. Another issue identified in an affirmative action survey of pathology departments in 1979 was that the percentages of tenured/non-tenured faculty among women (13%/24%), blacks (1%/1%), Hispanics (3%/4.5%), Asian/Pacific Islanders (7%/12%), and Native



*Drs. Rolla Hill (sitting) and Robert Anderson (standing) at a meeting in Aspen. The two were important early members of the APC, and both served on Council. Each was president for a term and received Distinguished Service Awards.*

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Americans (0%/0.2%) was low, likely reflecting in part the low numbers of these groups entering medical school.

In the first 12 years since incorporation, the APC had grown in membership and complexity, and was making major national impact, on a number of fronts. The dedication of the chairs who served on Council and on the various committees, and who regularly participated in the full meetings and regional meetings, made the APC the leader in strengthening academic pathology departments, which in turn strengthened the medical institutions in which the department members taught and performed research and patient care.

### **1980's: New Medicare laws, five years of residency training, and the first independent annual summer meeting**

In the early 1980's, the federal government continued to attempt to rein in Medicare costs. The federal government targeted hospital costs (Part A under Medicare), and because pathologists were often paid under contract by the hospitals, their reimbursement for services as laboratory leaders was at risk. Furthermore, ways to reduce physician reimbursement were being considered; and how pathologists would be reimbursed under Part B Medicare payments, whereby the indirect patient care they provided was not recognized by many as true physician services, was also vulnerable. The Health Care Financing Administration (HCFA, now called Centers for Medicare and Medicaid Services - CMS), had already interpreted the law as disallowing the billing for separate pathologist services for individual laboratory tests. It was timely that APC had increased its connections to CAP, which had strong organizational ability to lobby Congress and was, thus, leading the charge to preserve the financial integrity of the discipline of pathology.

In February, **1980**, the APC council met with CAP; and in March, the membership met in Anaheim with the Federation of American Societies for Experimental Biology (FASEB), of which the AAPB had become a part. As usual, the APC council met with regional representatives and its committee chairs in Aspen during the summer to plan for the regional meetings in the fall and for the annual meeting to be held in October with ASCP and CAP in St. Louis. The APC, working with ASCP and CAP, undertook a new manpower survey, with a plan to involve more academic pathology departments than previously, to assess whether current training program sizes would supply the needed number of pathologists in the coming years. APC also joined with CAP in filing an injunction against HCFA to prevent them from implementing their plan to deny Part B reimbursement for pathologists billing directly for laboratory services. The injunction was allowed in the Little Rock District Court, but failed to halt the eventual implementation of this plan in 1983. The APC Council asked the Resource Committee to organize a meeting of pathology departmental administrators so that the group could "compare notes" and share their insights into management issues within their respective departments. This meeting was finally held in the spring of 1983 at the APC annual meeting in St. Louis and was likely a forerunner to the eventual development of the Pathology Department Administrators Section (PDAS) in the late 90's.



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By **1981**, it was clear that the American Board of Pathology (ABP) was seriously considering adding a fifth year to the resident training program with the plan to require a year of clinical training. This plan was supported by some pathology organizations, but the APC and its members were generally not in favor of it. One of APC's major concerns was the implication that direct patient care was necessary for pathologists to gain the appropriate perspective to serve as consultants in regard to laboratory testing and rendering diagnoses on tissue submitted to the anatomic pathologist. Another very practical concern was the absence of a mechanism for funding the fifth year. Dr. William Hartman, with approval of the APC Council, went before the ABP in February, arguing against the fifth year.

Early in the year, APC's Articles of Incorporation were amended to allow officers to take their new positions July 1 (rather than January 1), so that the summer Council meeting would be held with the new officers in place who would then continue to carry out their yearly work through the following June. At the summer Council meeting, the new president, Dr. Paul Lacy, appointed a new Graduate Medical Education Committee (GMEC), chaired by Dr. David Korn, to deal with the fifth year training issue. Following the fall annual meeting, which was held in conjunction with the AAMC meeting, the GMEC was charged to meet with the ABP to discuss the fifth year.

Sadly, Secretary-Treasurer, Dr. Reginald Mason, died during the year, and Dr. Robert Pritchard assumed the duties of this position. Dr. Pritchard's humor and good cheer would enlighten many future APC newsletters, which over the years regularly provided APC membership with news of the organization.

Early in **1982**, the APC continued to register its concerns with the ABP about the fifth year. These statements had no effect on the ABP, which formally announced, in the fall, that, beginning in 1985, residents must complete a fifth year to become "board-qualified" for certification as pathologists. However, flexibility was allowed as to how the clinical component could be fulfilled. During the next few years, the APC Council - with 84% of its membership in favor, - continued to try and block implementation of the fifth year. The manpower survey, conducted jointly by the APC, ASCP, and CAP, published its results in 1982 in the *American Journal of Clinical Pathology* (77:517-527). The survey indicated that there was a close match between the supply of pathologists and the need for pathologists. These studies were predicated on the four-year training period for pathologists, and it was not known at the time how- or even if- an additional year of training might alter the conclusions of the report. The Resource Committee, under the chairmanship of Dr. Jon Straumfjord, developed a well-researched survey of department resources, including faculty numbers and how they used their time (research versus teaching versus service) and space. This was not the first such survey for APC, but was the first that was very carefully designed, and it involved Dr. Straumfjord's visiting 30 departments to determine what kind of data would be most relevant to include in a survey. By the end of the year, 30 departments had completed the survey, and the results were distributed to the membership. This process of regularly surveying academic departments has since become a major role for the APC, and continues under the committee that originated the surveys;



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this committee is now called the Practice and Management Committee (P&MC). By the end of the year, the issue of how pathologists and prospective payments for patient care in hospitals would be paid was becoming an ever more important issue in academic pathology departments.

In **1983**, the CAP, with the active participation of the APC, again filed an injunction to block HCFA carrying out stipulations in the Tax Equity and Fiscal Responsibility Act (TEFRA) passed in the summer of 1982, which disallowed Part B billing for laboratory testing. However, the injunction, as well as its appeal, failed, and by the winter of 1983, the Medicare laws were modified so that hospitals would be paid at a fixed rate for cases discharged under a system of disease related groups (DRGs). Pathologist would henceforth receive only Part A monies for their laboratory testing services (on behalf of all Medicare/Medicaid and other patients in government-payer supported programs), presumably in proportion to the pathologist's time and effort. The APC was one of the academic societies that worked with the AAMC to understand and then inform its membership what these new laws and interpretations by HCFA would mean for the financial welfare of their departments. Newsletters, regional meetings, and national annual meetings focused on educating the APC constituency.

Dr. Ronald Weinstein, new chair of the GMEC, argued passionately for the inclusion of a residency directors' group within the structure of the APC in late 1982. In the 1983 fall meeting, the residency directors group met with chairs in St. Louis, at their annual APC meeting. Dr. Weinstein drafted a report that was subsequently endorsed by the Chairs and became the basis for the formation of PRODS (Weinstein RS: The concept of an Association of Residency Program Directors. *Pathologist* 1983; 37 136-138)

In the spring of **1984**, the newsletters documented the continuing role of the APC in guiding discussions about how to fund clinical laboratories in the future. TEFRA regulations (which had mandated that pathologists could no longer bill government payers for professional services associated with most laboratory tests) continued to raise considerable concern in both academic and practice pathology about how to support services provided by clinical pathologists.

By July **1985**, the ABP mandate that a 5<sup>th</sup> year to include a clinically-oriented "credentialing" year would be required for the training of pathologists took effect. This requirement continued until the fall of 2001 when the ABP, with strong input from the APC, reverted back to a four-year training requirement.

By **1985-86**, the APC had four standing committees: Graduate Medical Education (GME), Undergraduate Medical Education (UME), VA Administration and Public Affairs, and Government Relations. The first two continue to be active to the present day, while the third was discontinued in the 90's, and the last lapsed for a time in the 90's before being reactivated as the Advocacy Committee in 2006.

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The first Distinguished Service Award was presented in 1986 to Dr. Rolla Hill, partly because of his extraordinary service to pathology in the education of politicians and the public about the discipline of pathology, and also for his critical role in keeping the APC and its membership informed about important government laws and activities of vital concern to pathology.

At the May **1986** meeting, the constitution was changed to allow Canadian chairs to become full members. The constitution also formalized that the president's term was for two years, rather than one; and the tenure of other positions were correspondingly changed with the president-elect and past president terms also spanning two years. Issues for the APC had become complex enough that more time in office was deemed appropriate. The 1986 fall meeting was held just prior to the CAP/ASCP meeting, instead of with the AAMC, and the Council met instead with the AAMC at its regular meeting.

The first Aspen "Retreat" was planned for all APC Chairs and Program Directors in Aspen, CO, in late July and early August, **1987**. It was organized and chaired by Dr. Weinstein as chair of the graduate Medical Education Committee (GMEC). The theme was pathology resident recruitment; the last meeting established a "thematic" approach for program planning for annual summer meetings, which continued until 2009. Also in 1987, the GMEC, - led by Dr. Weinstein - organized a separate meeting in Park City, UT, to develop a report on content of pathology residency training for the 1990s and beyond. This report had a major impact on training programs, particularly emphasizing the growing importance of computer competency in pathology. The report heralded the coming competency-based approach implemented in the early 2000's.

A second Aspen "Retreat" in late July, **1988**, was organized by Dr. William Gardner and focused on Faculty Recruitment and Development. In the August newsletter of that year, a list of vacant chairs was published, a service of the APC that has been longstanding and continues to this day. A November newsletter noted that the instigation of a fifth year requirement resulted in a drop in residents finishing residency, which as an immediate consequence, produced a rise in the salaries for starting pathologists.

The theme of the **1989** Aspen meeting was on medical student teaching in the 1990's. There were an astounding 145 registrants for the 3-year old summer meeting, but the fall annual meeting with the AAMC and CAP/ASCP continued to occur. APC Council considered having a membership category called "Fellows" for former chairs, and determined that the 1990 Aspen meeting would be on recruitment, education, and certification of residents and the accreditation of their programs. In November, the



*Ronald Weinstein with his wife Mary at the first Aspen summer meeting in 1987.*

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APC decided to relocate their administrative offices to Bethesda, MD, with the assistance of Dr. Frances Pitlick, (formerly of the NIH). She had also become the Executive Officer of the Association of American Pathology (AAP) and the Universities Associated for Research and Education in Pathology (UAREP). She would manage the APC within the offices of these two organizations. An important issue for APC by the end of the 1980's related to how to integrate the sub-discipline of forensic pathology into departments, and an *ad hoc* committee was appointed to develop a questionnaire of how pathology departments might best accommodate this discipline.

The 1980's had thus seen APC heavily involved in the impact of changes in Medicare-related laws on pathology and the attempts to block the implementation of a fifth training year for pathology residents. The organization had modified to include input and participation by residency directors and chief administrative staff, and had organized a summer meeting for its membership that focused on improving pathology departments' abilities to teach medical students, train residents, and carry on the management of their affairs. APC's regular informative newsletters kept their constituency well-informed.

### **1990's: Regular annual summer meetings, adding PRODS, and centralizing administrative offices in Bethesda**

Over the years, some confusion occurred as to what distinguished UAREP from APC. While UAREP was based in Bethesda from its early beginnings, APC did not develop its headquarters in Bethesda until 1990. Until then the presiding Secretary-Treasurer of APC held the APC records. These were transferred to Bethesda in 1990 when the APC moved its administrative offices there. During the 1990's, UAREP was dissolved into APC. By this time all APC chairs were also members of UAREP, and the missions of each had become more aligned so that there seemed little need to have two separate organizations.

At their **1990** winter meeting, the Council considered doing away with the fall meeting, because the summer meeting was becoming the one most widely attended. Council asked that during the regional meetings in the fall, the membership discuss this option. The Council continued to discuss how departments might fund the 5<sup>th</sup> year. HCFA was considering a new rule to stop supporting residents and fellows after 5 years (including fellowship training), which would greatly impact pathology departments if they not only had to fund 5 years of residency, but also a year or two of fellowship training. In addition, a new manpower report from 1988 was published--again a joint project of the APC, CAP and ASCP--in the *Archives of Pathology and Lab Medicine* (114:566-9), which verified the conclusion of a 1986 survey that there was a growing deficit of manpower for pathologists in community hospitals and private laboratory practices.

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*Summer Council Meeting in Aspen, 1990. Early Council meetings were held in Aspen, Colorado. From left to right: Deborah Powell, John Wright, Carl Sohn, Pasquale Cancilla, Robert Anderson, and John Matsen.*

This contrasted with earlier reports of an oversupply of pathologists and might well have reflected the requirement of additional training instigated with residents entering their training in 1985. In the summer of 1990, 160 people attended the 4<sup>th</sup> Aspen meeting; the list of committees now included a committee on the autopsy, in addition to the four previously mentioned committees. The Resource Committee had become the Committee on Practice and Management (P&MC). A Group for Research in Education in Pathology (GRIPE) representative attended the meeting and met with the Undergraduate Medical Education Committee (UMEC). The program directors, organized as a section under the Graduate Medical Education Committee (GMEC), were named **PRODS (Pathology Residency Directors Section)** and met for the first time in that capacity at the summer meeting. Late in the year, the Joint Commission on Accreditation of Hospital Organizations (JCAHO) proposed that non-MDs might serve as laboratory directors, which stimulated great concern among pathologists and the APC.

In June **1991**, a strategic planning meeting, chaired by Dr. Robert Anderson, was held at Deer Valley in Salt Lake City, UT. The primary focus was to reassess the mission of the organization, to develop a list of principle goals, and, in particular, to distinguish parts of the mission that were the responsibility of the APC organization from those which were appropriately within the province of individual departments. The mission statement agreed upon was: "The Association of Pathology Chairmen exists to advance the disciplines of pathology and laboratory medicine by developing and/or facilitating programs at LCME-



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accredited medical schools in an environment that will optimize and promote scholarship through leadership in research, excellence of educational programs, exemplary patient care and high-quality community service.”



*APC strategic planning group in Deer Valley from left to right. Front row: Barbara Atkinson, Deborah Powell, Fred Gorstein, Pasquale Cancilla, Robert Pritchard. Back row: John Wright, David Bailey, Leonard Jarett, Laurence (Larry) Marton, H. Clarke Anderson, Robert (Andy) Anderson. Missing from the photo but also present at this meeting were John Matsen, L. McCarthy, William Gardner and Fran Pitlick.*

A number of concerns had been expressed by the membership in a survey related to inbreeding within the leadership, uneven participation by chairs, and a lack of clear goals. These issues were addressed by developing a number of specific goals, including: 1) creating and maintaining an improved organizational framework to provide more representation in the APC governance structure for all medical school departments; 2) providing leadership in issues involving ethical and moral considerations; 3) improving communications among the membership; 4) promoting more vigorous recruitment and nurturing of outstanding medical students to enter pathology; and 5) fostering excellence in biomedical research, patient-care, and education. Detailed objectives in each of these

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areas were developed along with implementation plans, many of which are described below.

The summer meeting that year included chairs as well as associate chairs, division heads, and department administrators. The meeting was focused on how to manage an academic pathology department; PRODS had a one-day meeting during the regular meeting. A Research Committee was re-established during the year, after having been disbanded many years earlier. Among concerns raised during the year by APC were: the large medical school debts that many residents carried, some departments by-passing the match or pre-selecting their residents, and work done by residents that was included in Part A reimbursement (this could result in charges of “double-dipping” since residents salaries were paid separately from Part A).

In the fall, the decision was made that the next summer program would deal with potential “cheating” on the match by pathology departments. The major theme would be undergraduate medical education, and GRIPE would be invited to develop a part of the program. Dr. John Wright developed a post-sophomore fellowship directory to indicate to prospective medical students which Departments of Pathology had such programs. These fellowships were typically one-year pathology department-based programs to provide medical students with an opportunity for research and experience in pathology before beginning their clinical training.

At the **1992** winter meeting, Council discussed the issue of VA pathologists as members of the academic departments and whether supplementation of their salaries was feasible. They also discussed impending federal regulation that might prohibit a bias against foreign medical graduates and how that might impact resident selection. A Clinical Pathology Task Force, which included APC representatives as well as representatives from other pathology organizations, also met in January to discuss “Training Residents for the Effective Practice of Laboratory Medicine in the 90’s and Beyond.” In the spring, the Pathology Honor Society was formed to reward medical students for their achievements in pathology, and by the fall of 1992 the APC was recruiting departments to establish founding memberships. In addition, the APC with ASCP and CAP created a Joint Commission/Committee on Recruitment and Retention (JCRR) to evaluate the future manpower needs for pathologists and how to recruit medical students into pathology. Members of the committee were somewhat skeptical of the possibility of a pathology shortage, although APC as a group disagreed with this position. Issues that surfaced during the summer meeting included the need to survey the status of PhD graduate programs within departments of pathology (to be tackled by the Research Committee) and the potential need for help from pathology departments in retaining Allied Health training programs within academic institutions, particularly medical technology programs.

In the **1993** winter meeting the Council designed a program on faculty development as the theme for the summer meeting in Snowmass, CO, and an extra day was allocated for recently appointed new chairs and new residency program directors. Bylaws for the new Pathology Honor Society were developed as a template for member departments and a

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response to the Physicians Payment Review Commission (PPRC) was developed regarding “Financing Graduate Medical Education: Options for Reform.” By spring, some improvement in compliance with the residency match program was noted. A Bylaws change was proposed to change the name of the organization from Association of Pathology Chairmen, Inc. to Association of Pathology Chairs, Inc., and to denote a non-voting membership for Senior Fellows. The bylaws were approved and the Senior Fellows were formally welcomed to the summer meeting.

Issues important in **1994** included concern about falling autopsy rates; CAP, ASCP and APC planned a conference for May 1995 on Autopsy & Healthcare Reform to address this issue. Other issues included the role of pathology assistants in the practice of pathology (to be addressed by a survey), continuing concern about the potential closure of VA hospitals in 6-8 years, whether to form a section for business managers, and payment codes and classification of pathology as specialty practice rather than primary care. APC successes included the creation of a Faculty Development Manual, an effort lead by Dr. Benson; becoming a cooperating society of the ABP; the participation of 48 departments in the Pathology Honor Society, which featured *Modern Pathology* at ½ price for student inductees; and the development of a Pathology Chairs Listserv, an important mechanism for exchanging information about what was of interest to the APC membership. The listserv continues to be an active form of communication among APC chairs to this day. During the year, a Pediatric Pathology Fellowship was approved by the ACGME, an action also approved by the APC.

The **1995** meeting focused on undergraduate medical education and was entitled “Educating the Educator.” One important issue addressed was how to teach critical thinking. A special day-long session that focused on leadership was scheduled especially for new chairs and program directors, but was attended by experienced chairs and directors as well. The pathology department business managers were present and began the process of forming the **Pathology Department Administrators Section (PDAS)**. Dr. Robert Prichard was honored with the Distinguished Service Award, the first person to be recognized posthumously.

By the winter of **1996**, cheating on the match was still a topic of concern. The AAMC had reviewed their experience and did not cite pathology, but PRODS still circulated a document outlining the ethical and legal aspects--essentially, a code of ethics for their membership. Concerns continued to be expressed about survey results which that indicated a shrinking job market and what impact this might have on recruitment of residents. It was thus appropriate that the topic for the 1997 summer meeting would be residency training. Furthermore, PRODS was established as a section, reporting directly to the APC Council, rather than to the Graduate Medical Education Committee.

A highlight of the **1997** meeting was the invitation to its alumni to celebrate the 30<sup>th</sup> year of incorporation of the APC. A special workshop was also held to enhance negotiating skills for APC chairs, PRODS, and PDAS membership. The Bylaws were changed to include the PRODS chair to serve on the APC Council to facilitate communication. It was noted that



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during the year there were no complaints from pathology applicants about the NRMP (National Residency Matching Program) and that 39 medical schools offered post-sophomore fellowships.

Highlights of **1998** included another summer meeting on undergraduate medical education with the participation of GRIPE, and the continuation of discussions of UAREP becoming more closely affiliated with APC. APC also was noted as one of seven organizations to be part of the National Caucus of Basic Biomedical Science Chairs, an independent organization which regularly met in Washington, DC, with Dr. H. George Mandel (from the George Washington University School of Medicine and Health Sciences) as chair. The principal goal of the Caucus was the enhancement of basic biomedical research; to those ends, the caucus kept Congress informed of the importance of such research, and the need to support it by appropriate funding, particularly through the NIH and NSF (National Science Foundation).

**1999** saw the functions of the Autopsy Committee, the VA Committee, and the Public Affairs committee merged into other relevant committees. A Committee on Committees was established to oversee the function of the other committees and perform the functions of the Public Affairs Committee. It was to be chaired by the president-elect and populated by the chairs of the remaining standing committees: GMEC, UMEC, P&MC, and Research Committee. The summer meeting in Boulder, CO, focused on residency issues with emphasis on the match and research opportunities for residents, but also introduced the concept of a "hot topics" session as well as a successful "chairs only" added day to facilitate a more personal interaction time for chairs. During the year, concerns were raised on the internet about the lack of job opportunities for residents, although there was conflicting data in this regard. The bottom line was that this type of information affected the recruitment into pathology for several years. At the same time, the ABP was advocating for five years of pure pathology training (doing away with credit for a fifth clinical year) and recommending this stance to the Pathology Residency Review Committee (RRC). APC and PRODS both opposed this view and expressed their beliefs in writing to the RRC.

### **2000-2009: APC incorporates UAREP and adds PDAS, UMEDS, GMEAS and an Advocacy Committee**

The business of pathology was the central theme of the **2000** summer meeting, which was appropriately the first official meeting of the Pathology Department Administrators Section (PDAS) first official meeting. From the outset this group allied with the P&MC to develop and monitor surveys for academic departments, as well as to develop programming specifically geared to meet the needs of their constituency. During the meeting, PRODS was introduced to the new Electronic Residency Application Service (ERAS), and UAREP partnered with APC to present new educational opportunities for student and resident education through web-based programs. Important issues for PRODS and APC were the decreasing numbers of American medical school graduates entering pathology and the high turnover of residency program directors. Dr. Ross Zumwalt, President of the ABP, discussed the issue of recertification of pathologists in one of the PRODS sessions as well as

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presented the ABP's point of view about continuing to require the 5<sup>th</sup> year of training.

**2001.** The annual summer meeting was held at Park City, UT, and focused on Undergraduate Medical Education. It was jointly sponsored by APC, PRODS, GRIPE, and PDAS. In addition to the overall topic of undergraduate medical education, an underlying theme of competency in medical education wove its way through the entire conference. Indeed, a major **Summit Session** under the direction of APC/PRODS was on "The Pathology Residency: Moving from a 5-Year Training System to a Competency Model" and dealt with the controversial issue of time versus competency as a basis for defining the requirements for certification of pathology residents. The presentations included a discussion of the Park City Report of 1988, which has served as a framework for the requirements for pathology residency training since that time. The 1988 Park City report had recommended that AP/CP residency training programs consist of a core training in AP and CP for three years, with two years of additional training, which would consist of general AP, general CP, a subspecialty of pathology, research or a clinical year of experience or a combination of all or some of the foregoing. From the RRC's and the ACGME's point of view, in the future six general competencies would henceforth need to be incorporated into program requirements, along with methods of evaluation and assessment: 1) Patient Care, 2) Medical Knowledge, 3) Practice-Based Learning and Improvement, 4) Interpersonal and Communication Skills, 5) Professionalism, and 6) Systems-Based Practice. Objectives would be defined for each competency. The outcome of the Summit Session was a motion passed by the membership at the APC Business Meeting, as follows: "To qualify for certification, a resident must successfully complete an accredited competency-based four-year program." The motion was carried forward to the ABP by Dr. Jerry Garvin, APC President, and Dr. Margaret Grimes, PRODS Chair, to the ABP, a key recommendation that helped lead the Board to drop the requirement for the 5<sup>th</sup> credentialing year in the fall of 2001.

An important initiative of the P&MC was to advocate that APC members participate in the Medical Group Management Association (MGMA)'s survey to document departmental clinical effort. This survey had begun three years previously, and few academic pathology departments completed the survey. The survey results, therefore, were poorly representative of academic situations, but yet were used by medical school deans and hospital administrators in assessing pathologists' efforts. In 2001, the MGMA created a survey that was more academically oriented and responsive to APC suggestions. Therefore, the P&MC urged APC participation. This issue would become a recurring one, with the APC later developing its own survey but continuing to advocate for completing the MGMA surveys as well.

In the fall newsletter following the tragedies in New York and Washington, President Garvin wrote about how the events of 9/11 would likely change the way we recruited residents from the Middle East.

**2002.** The theme of the second Park City, UT, summer meeting was residency education. The subject was particularly timely, because the elimination of the credentialing year had

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occurred the prior fall, and there was increased urgency to focus on competency-based training as being required by the RRC. The annual UAREP members' meeting was also held during the summer APC meeting, and it was decided to recommend to the UAREP Board that the activities and resources of the organization be incorporated into the APC, and that UAREP's educational and research missions be incorporated into APC activities, partly because all of the members of UAREP were also members of APC. One highlight of the summer meeting was honoring Dr. Fran Pitlick at the Wednesday evening dinner as she retired from her various administrative and leadership roles in ASIP, APC, AMP, and UAREP. Another highlight was the Saturday morning session in which Mark Flomenbaum, MD, gave a moving presentation on the experiences of the New York City Medical Examiners Office following the 9/11 tragedies. He emphasized the enormity of the requirements for successfully identifying remains using DNA technology and handling all the data.

**2003.** At its winter Council meeting, the APC Council developed a 5-year strategic plan for the organization. The Council also developed new Vision and Mission statements and began the process of creating a logo. Courtney Garvin, daughter of APC past-president Dr. Garvin, generated several designs; one was approved by the general APC, a logo that the APC has continued to use. As a result of UAREP funds being made available to APC for use in education and research programs, the Council appointed an APC Research and Education Group (**APCREG**) with Dr. Vinay Kumar as its chair and charged the group to develop an annual competition to award grants for developing innovative educational tools. The goal was to fund one or two programs that would advance education in pathology using the interest income generated by the former UAREP funds.

The summer meeting was held in Canada for the first time, at Mont Tremblant, Quebec (near Montreal), in an effort to more fully integrate the Canadian chairs into the organization. The focus was on clinical practice and management issues. One highlight was the presentation of the Distinguished Service Award to Dr. Charles Hirsch, Chief Medical Examiner of New York City, for his leadership in Forensic Pathology over many years and particularly for his leadership of the Office in New York following 9/11.

**2004.** The theme of the annual summer meeting in Mont Tremblant was undergraduate medical education and at the winter Council meeting, the issue of developing a section for course directors was raised. Therefore, at the summer meeting an informal session was planned for course directors and chairs to discuss the feasibility of such a section. GRIPE held a companion meeting and joined with the APC in several sessions. While GRIPE raised concerns about a section for course directors in APC, the concept of such a section was generally received favorably by APC members, and the formation of a Medical (School) Course Directors Section (MCDS, but later renamed **Undergraduate Medical Educators Section or UMEDS**), was approved. The plan was that they would meet annually at the summer APC meeting with the goal of providing a forum for the exchange of information and ideas that would facilitate the continued development and enhancement of undergraduate medical education in Pathology and Laboratory Medicine. Also during the

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summer meeting, the issue of the difficulty of establishing fellowship programs that would lead to certification in Molecular Genetic Pathology was discussed. A major stumbling block was that programs typically required collaboration between a Genetics Department offering experiences in Clinical Genetics and a Pathology Department with appropriate laboratory experiences. Thus, Pathology Departments in medical schools where clinical genetics was weak or non-existent had difficulty meeting the criteria for establishing accredited programs. Council agreed to explore the possibility of creating a subspecialty certification in Molecular Pathology, but as will be described below, it found that this might not be necessary, at least immediately.

During the fall, APCREG sent out a request for innovative and exciting proposals to enhance pathology education at the undergraduate level. The Group intended to fund two or more proposals at a level of \$25,000 each, with the principal investigators designated as APC-REG Medical Scholars. The first two APC-REG Medical Scholars selected were Dr. Alain C. Borczuk of Columbia University Medical Center, and Dr. Patricia S. Latham of George Washington University.

**2005.** At the third and last summer meeting in Mont Tremblant, the theme was Graduate Medical Education. Highlights of the meeting were a Keynote Address by Dr. Jordan Cohen, president of the AAMC, who talked about residency training as the future of American medicine and led a Saturday morning session on gender equality in pathology leadership. The first meeting of MCDS was held this year.

After extensive discussions with the ABP, the American Board of Medical Specialties (ABMS), and among many pathology chairs, the issue of subspecialty training in molecular pathology was partially resolved with the conclusion that pathology departments would be able to establish 'Molecular Genetic Pathology (MGP)' fellowship programs in the absence of a standing Department of Medical Genetics and an accredited training program in Medical Genetics at the applicant institution by requesting an exception from the MGP RRC. The latter would individually consider each case. The RRC for the MGP had already granted two exceptions to the 'clinical genetics training' and 'department of clinical genetics' requirements. Participants in such programs would still need to pass the cognitive MGP exam that included a substantial number of genetics questions. However, it was anticipated that in the near future, the clinical practice in genetics requirement of the MGP program would be liberalized to allow the requirement to be met by attending conferences and meetings, rather than the need for direct patient contact and genetic counseling. Alternatively, pathology departments could request, under the selective pathology accreditation option of the ACGME, approval from the pathology RRC of a Molecular Pathology fellowship program without clinical genetics. These conclusions were circulated widely and led in subsequent years to the approval of more Molecular Pathology Programs.

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*Winter Council Meeting, 2006. For over 20 years, beginning in the early 90's, the Council met in January in Puerto Vallarta. Because the site was initially chosen by Robert Pritchard, for many years the staff in the facility where the meeting was held referred to the Council as the "Pritchard group." Note the increase in laptops from the Aspen Council meeting in the summer of 1991 (Fig. 2). Clockwise from left: Jonathan Braun, James Crawford, Robert Hunter, Mary Lipscomb, Robert Reddick, Michael Tykocinski, David Wilkinson, Ralph Green, and Patricia Thomas.*

**2006.** Although it had begun a few years before, during the year Council felt the urgency of collaborating more actively with other pathology organizations to preserve appropriate funding of pathology and pathologist services. It was deemed especially important to provide greater input into CPT coding and reimbursement for the new tests such as molecular genetic tests. Then-president Dr. David Wilkinson noted that academic Pathology chairs were already in highly visible positions in the College of American Pathologists (CAP). But more APC involvement was needed; and, therefore, Council appointed an **Advocacy Committee** with Dr. Fred Gorstein as its first chair to monitor legislative, regulatory, and other organizational matters, and to facilitate communication between the APC and legislative bodies, governmental agencies, licensing and accrediting bodies, and other pathology and non-pathology professional organizations.

At the summer meeting in Colorado Springs, CO, the focus was on clinical practice and management, and PDAS applauded the fact that the APC/PDAS departmental survey had received a very strong response.

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**2007.** Regulatory issues relative to reimbursement for pathology services continued to be a hot-button issue throughout the year. These issues included those related to 'Medically Unbelievable Edits' (MUE, later changed to medically unlikely edits), the regulation of genetic testing, proficiency testing in cytopathology, and representation in the discussions of the American Medical Association (AMA) regarding coding and payments in the various clinical specialties. Gaining appropriate recognition for physician services performed under "Part A" contracting continued to be a challenge. Both the Advocacy and P&M Committees played important roles in communicating across pathology organizations and in crafting APC's stances on these issues.

The **Friends of Pathology Award** was developed in 2007 by the Advocacy Committee in collaboration with Council to recognize an individual outside of the field of pathology and laboratory medicine, whose career accomplishments had been exceptionally beneficial to the pathology and laboratory medicine. An APC delegation, including the President, Advocacy Committee Chair, and others selected by the President, would present the award in person to the recipient. The first award winner was Senator Edward Kennedy, and an APC delegation visited the Senator to present the award for his support of the AFIP through the Defense Base Closure and Realignment Commission (BRAC) review and subsequent legislation.



*APC delegation, presenting the Friends of Pathology award to Senator Ted Kennedy. From left to right: Priscilla Markwood, Donald Karcher, Leo Furcht, Senator Kennedy, James Crawford, Michael Tykocinski, Dan Remick, and Steve Galli.*



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The summer meeting was again held in Colorado Springs, CO, and focused on the theme of Undergraduate Medical Education. Special attention was given in PRODS sessions to new topics including the growing concern among pathology resident organizations about timing of fellowship application, the possible institution of a national pathology fellowship match sponsored by NRMP, the use of the educational portfolio as a method for evaluating resident competencies, and other emerging technologies for evaluation of resident competency. APC leadership, and in particular President James Crawford, evaluated the feasibility of a fellowship match for pathology subspecialties, which would become a focus for the organization in the coming years. Another important issue discussed at the summer meeting was the issue of Maintenance of Certification (MOC) and the shape of a MOC exam for all pathologists.

**2008.** The summer meeting was held for the third and last year in Colorado Springs, CO, with Graduate Medical Education as its theme. An important topic discussed during the course of the meeting was a match program for pathology fellowships. The APC membership felt that a fellowship match program was needed, and strongly indicated that the APC should take the lead in standardizing the fellowship application process. It was hoped that leadership by the APC would result in a more standardized application process with deadlines, including a March 1 date for issuance of offers, and a declaration of ethical principles to guide programs and applicants through this process. The big question was whether to launch the process in the current year or wait. During the summer Council meeting, serious thought was given to discontinuing the triennial cycle of meeting themes based on areas of service within academic Pathology Departments and to substitute a program whereby practice and management, undergraduate education, graduate education, advocacy, and research were all included in every summer meeting.

The new president, Dr. Mark Tykocinsky, took office at the summer meeting, but in December accepted a position as Dean of Jefferson Medical College and Senior Vice President of Thomas Jefferson University. Therefore, President-Elect Dr. Charles Jennette immediately became the President for the ensuing two years. Because of issues of succession, however, for the first year since the APC inception, no newsletter was produced. Subsequently, the Bylaws were amended to clarify succession when leaders left the APC.

**2009.** At the winter Council meeting, a new format for the summer meetings emerged with full-day sessions to be held Wednesday through Friday, with the Council meeting being the sole activity for Saturday. It was decided that the coming summer meeting would focus on practice and management issues, but that the possibility of moving away from the 3-year programming cycle with a special focus on one aspect of pathology department activities each summer would be brought to the APC as a whole at the summer meeting. During that meeting in Seattle, the APC agreed to this plan, and in 2010 the meeting format would include graduate medical education, undergraduate medical education, practice and management, and the overarching themes of research and advocacy. This change was



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intended to better engage all APC sections and standing committees at each annual meeting.

During the year, mechanisms for election of Standing Committee Chairs and Vice Chairs were clarified, the name of the **Course Directors Section (CDS)** was changed to the **Undergraduate Medical Educators Section (UMEDS)** to better reflect current medical school curricular structure with schools frequently integrating their curriculum, and the **APCREG** was redefined and renamed the **Academic Mission Group (AMG)** with the goal of providing resources and tools that will enhance the ability of departments to succeed in their clinical, research, and educational missions. Changes in the APC “Operating Procedures” included approved methods for selecting the recipients of the Distinguished Service Award and Friends of Pathology Award and appointments of Senior Fellows. In another effort to enhance APC year-round activities and to engage as many chairs as possible in APC activities, **Ann Thor**, then Chair of the Research Committee, arranged well-attended gatherings of APC chairs at the ASIP and USCAP Annual Meetings, with the intention of having these activities become regular APC functions.

In December, the first fully electronic edition of the Newsletter was published and included a copy of the second 5-year strategic plan, which had been developed the previous year.

### **2010- 2013: Looking to the future**

**2010.** For the first time, the summer meeting (in Seattle, WA) was organized so that sessions and related workshops addressed topics of interest to each of the APC standing committees and associated sections. The new format was a success, and therefore became the format for future summer APC meetings.

The AMG requested that each of the five standing committees in the APC (Undergraduate Medical Education, Research, Practice & Management, Graduate Medical Education, and Advocacy) sponsor projects that would lead to tangible products, such as guidelines, data sets, or other shared resources that would be useful to the APC membership in achieving their missions. Proposals sponsored by standing committees were to be given priority as the AMG made their decisions about awards.

For several years the P&MC had been working with PDAS to develop an effective survey tool to collect data pertaining to academic pathology department characteristics and operations, with the goal of continuing this process every other year to provide valid benchmarks. In parallel with participation in this APC survey, academic pathology departments were always strongly encouraged to participate in the MGMA surveys to allow APC to improve the accuracy and relevance of their survey for academic pathology. This effort was amplified during 2009 and 2010, and in 2010, an increase in the number of responses to both the P&M and MGMA surveys was reported.

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The fellowship match initiative gathered momentum with the Northeast Regional Association of Pathology Chairs formally voting to support the concept of the fellowship match. Several pathology chairs were reported to be working closely with fellowship directors in order to ensure that they were informed about and supported the concept of a fellowship match. It was anticipated that a fellowship match might occur as early as the summer of 2012, with the fellows starting in July 2013.

**2011.** The president of APC continued to recognize a major impact that the Advocacy Committee was playing in the organization, holding monthly conference calls to discuss wide-ranging issues that impacted academic pathology, including 1) the role of health information technology (HIT) in pathology practice and residency training, 2) CPT coding and payment for molecular pathology tests, 3) issues related to evolution of the US Medical Licensing Exam (USMLE), and 4) changing requirements for accreditation of residency programs by the ACGME.

The GMEC devoted considerable effort in engaging stakeholders, including subspecialty societies and the Association of Directors of Anatomic and Surgical Pathology (ADASP), to discuss the issues surrounding implementation of fellowship application reform, including a formal match process for subspecialty fellowships in pathology. The APC Council unanimously endorsed a formal National Residency Matching Program (NRMP) match mechanism. An initial pre-match enrollment survey was sent to fellowship program directors in March of 2011, and results were discussed at the summer APC meeting. The APC planned to re-open the APC enrollment survey in August for subspecialty fellowships that achieved a 50% participation level in the initial survey, because the NRMP required that at least 75% of programs nationally fill at least 75% of their positions in the match. The hope was that the fellowship match process would be implemented for fellows beginning their training on July 1, 2013.

The summer annual meeting was held in Monterey, CA, with genomic and personalized medicine as the major theme. The agenda included a major session on personalized medicine, which covered the impact of personalized medicine in undergraduate and graduate medical education, the implications of new technology on pathology practice, and finance and regulatory issues.

**2012.** The 2012 APC Friends of Pathology Award was given to the Engelberg Center for Health Care Reform, a part of the prestigious Brookings Institution. Although the award had previously been given to individuals, the Advocacy Committee believed it would be appropriate that a non-pathology organization that had made significant contributions to the field of pathology receive this award. The Engelberg Center is a nonprofit public policy organization, based in Washington, DC, with a 96-year history of performing high-quality research and providing non-partisan advice to national leaders on matters related to governance, foreign policy, national security, and economics. The Center is charged with developing data-driven, practical policy solutions to promote access to high-quality affordable and innovative health care in the US. Over the previous few years, the Engelberg Center had worked closely with pathology organizations and pathologists to promote the

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role of pathologists in two important areas: Accountable/coordinated care and health information technology. The latter was the theme for the summer APC meeting in Monterey, CA.

The GMEC, following many discussions from 2007 on, and after reaching out to subspecialty societies, conducted a survey which revealed five fellowship program areas with sufficient interest to warrant further consideration to participate in the fellowship-matching program. These were areas that had expressed over or near 50 percent interest, although as previously mentioned, ultimately 75 percent participation was needed to participate in the match. A second vote of just these five areas revealed that 74 percent of MGP and 81 percent of Pediatric Pathology programs favored a match, though some contacts indicated that too many commitments were already made to consider 2013 as the target year to begin enrolling applicants through the match. Therefore, MGP and Pediatric Pathology were scheduled to begin a match for the applicants who would enroll in programs in July, 2014. Cytopathology and Hematopathology indicated a high interest in the match process and would potentially enter the match program at a later time.

An *ad hoc* **Leadership Development & Diversity (LDD) Committee**, chaired by Dr. Ann Thor, was initiated by the APC Council, which began with 20 volunteers from the APC, including Senior Fellows. A link on the APC website was made available, allowing APC members to access relevant articles and power point files on diversity, salary issues, women in academia and research, career flexibility and family, social contracting to enable cultural change, generational issues in recruitment and retention, tips on writing recommendations devoid of generational or sex-based bias, strategic career planning, etc. Several APC members and alumnae agreed to provide consultations for other APC members or aspiring chairs of Pathology.

**2013.** Two relatively new initiatives continued to take shape during 2013. First, the LDD Committee, discussed above, issued a survey to establish baseline data for: 1) assessing needs for leadership mentoring by chairs and those interested in becoming chairs, and 2) obtaining numbers of leadership positions within APC departments held by women and minority populations. Second, the UME Committee identified three competencies (disease mechanisms, organ system pathology, and diagnostic and therapeutic pathology) for which learning objectives would be written for use in teaching pathology in the 4-year medical school curriculum. The goal was to include pathologists from many institutions to write the objectives under these three topics. The intent is to post the objectives on websites to make them available nationally, to write a concept paper to describe the project, and to report back to the APC at one of its summer meetings. As of early 2014, these competencies are available on the APC website.

The 2013 summer meeting was held in Boston, MA, with the overarching theme of Academic Pathology in the evolving health care system. In particular, how changes in health care delivery and financing would impact pathology practice, education and research was covered. Initial planning for the meeting took place at the annual winter Council meeting where all section leaders were invited to participate, ensuring that the

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program would truly represent the interests of all attendees at the meeting. A luncheon was held during the summer meeting where the APC history was discussed and the Distinguished Service Award to Avrum Gottlieb, the first Canadian chair to receive the award, and the Friends of Pathology Award to Mark Sobel were presented. It was particularly moving to commemorate Dr. Sobel who although not a pathologist has made and continues to make major contributions to the success of academic pathology, particularly in the arena of molecular pathology.

### **APC Presidents, 1965-2014:**

1965-67	Robert W. Wissler
1967-68	Robert S. Stone, resigned; replaced by John T. Ellis
1968-70	John T. Ellis
1970-71	Jack P. Strong
1971-72	Joel Brunson
1973-74	Dante Scarpelli
1974-75	Jack M. Layton
1975-76	Rolla Hill
1976-77	Robert Anderson
1977-78	Ellis Benson
1978-79	Thomas J. Gill III
1979-80	Vernie A. Stembridge
1980-81	William H. Hartmann
1981-82	Paul E. Lacey, resigned; replaced by John E. Craighead
1982-83	John E. Craighead
1983-84	W.H. Kirsten
1984-86	David Korn, resigned by Oct 27, 1984: replaced by Roger D. Smith
1986-88	Roger D. Smith
1988-90	H. Clarke Anderson

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1990-92	John M. Matsen
1992-94	William A. Gardner
1994-96	John R. Wright
1996-99	Clive R. Taylor (3 year term with the resignation of President-Elect)
1999-02	A. Julian Garvin (Took office early)
2002-04	Mary F. Lipscomb
2004-06	David S. Wilkinson
2006-08	James M. Crawford
2008	Mark Tykocinski, resigned 12/08; replaced by J. Charles Jennette
2008-10	J. Charles Jennette
2010-12	Peter Jensen
2012-14	Ann Thor

**Distinguished Service Awardees**

1986	Rolla Hill
1987	Ellis Benson
1988	Werner Kirsten
1989	Kenneth M. Brinkhous
1990	George Lundberg
1991	Tom Kent
1992	Gus Abel
1993	Ramzi Cotran
1994	Robert Anderson
1995	Robert Prichard, posthumously

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1997	William Hartmann
1998	Leonard Jarett
1999	David Korn
2000	Donald King
2001	Fred Gorstein
2002	Leonard G. Koss
2003	Charles S. Hirsch
2004	Peter A. Ward
2005	Henry Pitot; Jack Strong
2006	Richard G. Lynch; Emanuel Rubin
2007	Deborah E. Powell
2008	William Gardner, Jr.; Harold Dvorak
2009	Jay M. McDonald
2010	David Hardwick
2011	Ronald Weinstein
2012	Nelson Fausto (Posthumous); Clive Taylor
2013	Avrum Gottlieb