Following are answers to questions posted on the 8/10/22 ACVP Certifying Examination Town Hall

1. Have you ever evaluated the success of each training site?

   No. This is not within the scope of the charge of the Certifying Examination Board.

2. What is the average pass rate over the past five years for both clinical and anatomical pathology?

   Below is the pass rate (%) from 2017 to 2021 for anatomic (AP) and clinical (CP) pathology:

<table>
<thead>
<tr>
<th>Year</th>
<th>AP</th>
<th>CP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>65.6</td>
<td>68.2</td>
</tr>
<tr>
<td>2018</td>
<td>60.6</td>
<td>89.2</td>
</tr>
<tr>
<td>2019</td>
<td>76.3</td>
<td>70.8</td>
</tr>
<tr>
<td>2020</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2021</td>
<td>83.2</td>
<td>90.6</td>
</tr>
</tbody>
</table>

3. As slide description and analysis is no longer tested, it must obviously be considered a non-testable skill, such as conducting a necropsy. However, it is considered a critical skill if not the most critical skill, by employers in diagnostic pathology, academia, and CROs among others. What would you say to a prospective employer looking for this critical skill set in a potential employee who has passed a multiple-choice test?

   To be clear, aspects of description and analysis are still assessed on the Certifying Examination, albeit in a different manner than the historical glass slide section. One approach would be for these skills to fall under the scope of the Training Program Accreditation in a process separate from the Certifying Examination.

   Demonstrating skills, including microscopic descriptions, would be an excellent component of a job site visit/interview. This would be a meaningful way to evaluate a candidate’s job readiness.

   And as a follow up, the "old" test with short answer and essay started a candidate at zero points and there was no way to randomly accrue points by guessing correctly or gamesmanship. How does the CEB think that probability does not artificially inflate a candidate’s score on a multiple choice test?
While a multiple-choice question does provide a limited number of possible answers, the previous microscopic examination relied exclusively on subjective grading with inherent risk of error and bias. Psychometric research indicates that well written multiple-choice questions are extremely discriminating. The basis for discrimination is: how confident are we that the candidate knows a specific piece of information? Well written multiple-choice questions can confidently and specifically determine this.

4. Would you say that finding a secure way to incorporate digital slides into the exam is
   A. high priority
   B. low priority
   
   This continues to be an unequivocally high priority for the Certifying Examination Board.

5. Fill in the blank could be a subset of the exam. NOT ALL EXAM QUESTIONS, Correct?
   
   Unfortunately, fill in the blank questions would require hand-grading and subjectivity in grading, which would inherently result in increased errors and reduced examination discrimination.

6. Is the current exam format going to remain stable for the next five years? It is difficult for the residents to study if the format changes constantly. Mentors also must adjust how to present material so it mimics the exam format.
   
   We acknowledge the uncertainty that the changes in the Certifying Examination have created in residency training. However, the same knowledge and interpretation skills, defined as necessary for a day-one pathologist by the ACVP Job Task Analysis (JTA), assessed in past examinations are still being assessed. In short, the change in format does not require a change in training. Having said that, we recognize that preparing for the examination by offering practice examinations would optimally use multiple-choice questions. If possible, the Certifying Examination Board may be able to offer more question examples in the future to aid in this.

7. Also, will there be a standardization of image type and quality? Feedback from our residents indicated that there was a mixture of low quality, highly pixelated images in jpeg or in pdf files with multiple pages without "go to next page" or page "1 of 4" prompts. Several test takers missed images because they did not know to look at next page.
   
   This is an excellent point. Standardization of image format, quality control and assurance involve work of our committees with the testing platform service and has been ongoing since prior to the first iteration of this format in 2021. We agree that this is a primary issue to address.

8. I'm not sure if you can answer this, but about how many questions are discarded in the post-exam review?
   
   The number of items discarded is consistently less than 5% of the total questions.
9. When a question is thrown out during the post-examination psychometric process, are the remaining questions then worth more than one point, or is it then graded on a lesser score than 400/300 etc.?

If questions are removed, the entire section is graded on the new number. For example, if two questions are discarded from the first section, that section is graded as x/98 and then weighted back to 100%. In this way, each of the three sections remain equally weighted. This is in line with best practices of assessment.

10. Hello! Descriptions are a large part of how we manage our cases and are required by many of our clinicians. With the change in our exam are we at all concerned about losing this skill?

This skill will not be lost. Whether this requirement is mandated through the Certifying Examination (historical), the Training Program Accreditation or another future mechanism, it remains important. The description in a diagnostic report is simply a way to communicate information. The Certifying Examination still tests the true fundamental skills of a pathologist. These include tissue and cell recognition, identifying lesions, recognizing key diagnostic features, connecting microscopic changes to pathogenesis, recognizing etiologic agents, and knowing what ancillary diagnostic tests to perform.