ABU Report

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Message from the President

Michael Ritchey
President

Fulfilling the ABU Mission

The mission statement for the American Board of Urology is fairly straightforward: "to act for the benefit of the public to insure high quality, safe, efficient and ethical practice of Urology by establishing and maintaining standards of certification for urologists". However, the process by which that goal is attained is both tedious and time consuming. Most of the work performed by the trustees of the ABU revolves around assuring that the mission of the ABU is achieved. There are many ABU committees, but those that generally require the greatest time commitment are the credentials, recertification and maintenance of certification committees. All of the ABU trustees serve on one or more of these committees.

Certification

The first time a diplomate comes to the attention of the ABU is during their initial application to take the qualifying examination (QE). The primary prerequisite to sit for the examination is a letter from the program director documenting completion of chief residency and a statement that the candidate is qualified to practice urology independently. After successfully passing the QE, the next step is completion of the certifying or oral examination (CE). Much more detail is provided to the board at this time regarding the candidates' practice of urology. This is the first time we solicit peer review of the candidate and obtain a practice log. The most common reason not to complete the certification process, however, is failure to pass either the QE or oral exam. The bar is set very high to pass the exams. Surprisingly, there is a paucity of data on correlation between exam scores and subsequent practice.

Recertification

Recertification has been required for all diplomates whose certificates were issued after January 1985 and before 2007. This process allows an intensive scrutiny of the diplomates practice every ten years. The recertification process is slowly being replaced by Maintenance of Certification (MOC) and thus as year groups become due for recertification, successful completion de facto enrolls them into MOC.

Maintenance of Certification (MOC)

Maintenance of certification is required for all diplomates with certificates issued after January 1, 2007. MOC is a mandate of the American Board of Medical Specialties (ABMS). This program requires completion of different levels every 2 years. There are several components that are examined: Professional Standing (Licensure and Peer Review), Lifelong Learning and Self-assessment (CME), Cognitive Expertise (Examinations) and Practice Performance (Outcomes and Quality Improvement). These are based on the 6 Core Competencies: patient care, medical knowledge, interpersonal communication, professionalism, practice-based learning and improvement and systems based practice. The MOC process is an evolving one and will continue to do be going forward. The ABU MOC program has been reviewed in several of our recent newsletters. The ABMS is re-evaluating these programs and has recently developed new standards that may allow medical boards some flexibility in development of the programs.

The examination required for both recertification and MOC causes great anxiety and concern for the diplomate. This exam is constructed from questions based on clinical scenarios avoiding any basic science. Complaints that the

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exam does not really reflect one's ability to practice clinical urology may be valid to some extent. Other concerns regarding the exam are that many urologists specialize in very narrow areas and the exam tests the entire spectrum of adult urology. At one time the exam was composed of 5 modules and one could choose the modules they wanted to complete. The modules were eliminated due to concerns about statistical validity inherent to the small number of questions in each module. Someone who exclusively practices endourology likely does not need to know a great deal about managing infertility or erectile dysfunction. That said, many subspecialists practice in large group practices or academic programs and do have to provide call coverage. Knowledge of the entire scope of urologic practice may be required on occasion. However, the above concerns suggest a need for a better method of assessment of cognitive expertise. An ABU task force is engaged with that process at this time.

Practice performance assessment is a key element of Part IV MOC. Diplomates do complete Practice Assessment Protocols (PAPs) at each level of MOC. The ABU also requires submission of a practice log at the end of the MOC cycle as the primary means to complete this requirement. This is unique to our board. We recognize that this is a time consuming and labor intensive process for all involved (diplomate, ABU staff and trustees). However, it provides great insight into the actual practice of the diplomate and assessment of their practice standards. Dr. Pearle provided a detailed account on our reviews of practice logs in last year's ABU newsletter. The practice logs allow the trustees to be certain that the diplomate has a sufficient case load to maintain their skills. More importantly we have the opportunity to provide feedback to the diplomate. The latter can be an impetus for change of some outlier practice patterns. This may be of more benefit to those practicing in solo practice or small rural communities. Isolation in these solos may not allow a urologist to understand that their practice deviates from the standard.

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Mission Statement

The mission of the American Board of Urology is to act for the benefit of the public to insure high quality, safe, efficient, and ethical practice of Urology by establishing and maintaining standards of certification for urologists.

ABU Policy Updates

- **International Medical Graduates/Canadian Residency Policy Change:** The American Board of Urology recently changed its policy concerning criteria that would allow Canadian urology resident graduates to apply for US certification. That policy has been changed to read:

  Applications from medical graduates from schools outside the United States or Canada who provide an equivalent medical background and who have completed a RCPS(C)-approved urology residency in Canada will be reviewed on a case by case basis.

  Certification by the Royal College of Physicians and Surgeons of Canada is not required for the Qualifying (Part 1) Examination; however, it is required to be admissible to the Certifying (Part 2) Examination.

- **ABU Policy on Initial Certification Exam Attempts:** Applicants approved by The American Board of Urology (ABU) to enter the certification process must successfully complete both a Qualifying (Part 1) Examination and a subsequent Certifying (Part 2) Examination to become certified. Assessment of clinical practice through review of practice logs and peer review will also be performed prior to admission to the Certifying (Part 2) Examination. Certification must be achieved within six years of the successful completion of an ACGME accredited urology residency. An applicant will have no more than three attempts to pass the Qualifying (Part 1) Examination and no more than three attempts to pass the Certifying (Part 2) Examination. Applicants who have not successfully completed the certification process within six years of completion of their urology residency or who have failed either the Qualifying (Part 1) Examination or Certifying (Part 2) Examination three times must repeat and successfully complete the urology portion of an ACGME accredited urology residency program in order to re-enter the certification process.

- **ABU Policy on Subspecialty Certification Exam Attempts:** Candidates seeking subspecialty certification have 3 opportunities to pass the examination, and must do so within six years of completing the fellowship process. All cases will be reviewed on an individual basis by the appropriate subspecialty certification committee. In order to re-enter the process, candidates who have "timed-out" or failed three attempts at certification, will require completion of an additional fellowship year in an ACGME accredited fellowship.

- **ABU "Board Eligible" Status Policy:** The American Board of Urology recognizes the term Board Eligible in reference to its applicants and candidates. A candidate is not certified until all components of the certification

process have been successfully completed. However, in the case of initial general urology certification, the period from July 1 or the date of completion of residency training for 6 years or until successful completion of the certification process or failure to pass the Qualifying (Part 1) Examination or Certifying (Part 2) Examination in three attempts, whichever comes first, is considered the "board eligible" timeframe. If certification is not completed in that timeframe or within three attempts at either exam, or if the Board eligible timeframe ends, the candidate will cease to use that term further. There is no board eligible timeframe for subspecialty certification.

In Memoriam

The office of the American Board of Urology regretfully reports receiving notification in 2013-2014 that the following Diplomates have passed away:

Joel Lawrence Alvis, Sr, MD
Bryant Barnard, MD
James Stuart Boren, MD
Marvin B. Brooks, MD
Ruskin W. Brown, MD
Robert D. Crouch, MD
Billy Melvin Dickey, MD
Lester M. Felton, Jr, MD
Roy Pelham Finney, Jr, MD
C. Garo Gholdoian, MD
Ronald Franklin Gilbert, MD, FACS
David Clark Grout, MD
Kenneth S. Helenbolt, MD
Stephen A. Holt, DO
Abraham Kern, MD
Joseph Ward Kurad, MD
Thomas James McGeoy, MD
Nelson A. Moffat, MD
Sylvia Montag, DO
Jesus S. Navarro, MD
Tom Edward Nesbitt, Sr, MD
Thomas J. Rohner, Jr, MD
Koti V. Sangisetty, MD
Harry Wechsler Schoenberg, MD
W. T. Snodgrass, MD
Harry S. Stevens, MD
Rene Octaviano Sullesta, MD
Donald C. Trapp, MD
Ely C. Wagshul, MD
Andres I. Vargas, Jr, MD
Kenneth E. Way, MD
Woody Neil York, MD

2014 Qualifying (Part 1) Examination

317 candidates sat for the 2014 Qualifying (Part 1) Examination on July 14 and 15 at Pearson VUE Test Centers across the country. 289 candidates passed (94%) and 19 candidates failed (6%). The 2015 Qualifying (Part 1) Examination is scheduled for July16 and 17.

2014 Certifying (Part 2) Examination

267 candidates challenged the February 2014 Certifying (Part 2) Examination in Dallas, TX. 243 (91%) passed and were certified while 24 (9%) failed. The Board uses the multi-faceted Rasch model and the Fair Average for scoring the standardized oral examination. This methodology adjusts for differences in the difficulty of various protocols and in examiner severity. The candidates were scored on four clinical skill categories including diagnosis, management, follow up, and overall ability. The Board believes this scoring methodology results in increased statistical reliability. The 2015 Certifying (Part 2) Examination is scheduled for February 20-21.

2014 Pediatric Subspecialty Certification Examination

33 candidates sat for the 2014 Pediatric Subspecialty Certification Examination (PSCE) on June 5 and 12 at Pearson VUE Test Centers across the country. All 33 candidates passed (100%). Like general urology certificates, all subspecialty certificates issued are ten-year time limited certificates and subject to MOC. The 2015 PSCE will be administered on October 14 and 23.

2014 Female Pelvic Medicine and Reconstructive Surgery Examination

A total of 417 candidates (urologists and gynecologists) sat for the 2014 Female Pelvic Medicine and Reconstructive Surgery (FPMRS) Subspecialty Certification Examination on June 20, 2014 at Pearson VUE Test Centers across the country. The pass rate on the examination was 85%. Like general urology certificates, all subspecialty certificates issued are ten-year time limited certificates and subject to MOC. The next FPMRS examination will be administered on June 26, 2015.

2013 Recertification Examination

576 Diplomates sat for the Recertification Examination at Pearson VUE Test Centers in October 2013. 558 Diplomates (97%) passed and were recertified and 18 Diplomates (3%) failed. The pass rate was consistent with previous years. 523 Diplomates are registered for the 2014 Recertification Examination administered on October 24 or 29, 2014. Results of that examination were not available at the time of this publication.The recertification process as it currently exists will be discontinued by 2019 when Maintenance of Certification is fully implemented. ■

The Board Welcomes...

New Trustees: David B. Joseph, MD and Hunter B. Wessells, MD

Dr. David B. Joseph is a Professor of Urology at UAB and Chief of Pediatric Urology at Children's of Alabama. His six-year term as an ABU Trustee began February 28, 2014. Dr. Joseph was nominated to the ABU by the American Urological Association (AUA). Dr. Joseph specializes in pediatric urology, with a special interest in pediatric neurourology. A native of Wisconsin, Dr. Joseph received his undergraduate degree at Johns Hopkins University. He completed medical school and urology residency training at the University of Wisconsin. Dr. Joseph went on to complete a fellowship in Pediatric Urology at Boston Children's Hospital/Harvard Medical School. Following fellowship training, he joined the faculty at the University of Alabama at Birmingham in 1986, becoming the Beverly P. Head Endowed Chair in Pediatric Urology at Children's of Alabama in 2010. Dr. Joseph is a Diplomate of the American Board of Urology, having recertified twice and adding subspecialty certification in pediatric urology in its inaugural year, 2008. He is a Fellow of the American College of Surgeons, a Fellow of the American Academy of Pediatrics, a past President of the Society for Pediatric Urology, a member of the Board of Directors of the Spina Bifida Association, and a member of the American Urological Association. He has served on the ABU/AUA Joint Examination Committee as a member, Consultant, and past Chair.

Dr. Hunter Buchanan Wessells is Professor and Nelson Chairman of the Department of Urology at the University of Washington School of Medicine in Seattle. His six-year term as an ABU Trustee began February 28, 2014. Dr. Wessells was nominated to the ABU by the American Association of Genitourinary Surgeons (AAGUS). Dr. Wessells specializes in genitourinary trauma, reconstructive surgery, and erectile dysfunction. Dr. Wessells received both his undergraduate and medical degrees at Georgetown University. He completed his general surgery and urology residency training at the University of Pennsylvania in Philadelphia. Dr. Wessells went on to complete a fellowship in Genitourinary Reconstructive Surgery and Trauma at the University of California, San Francisco prior to joining the faculty at the University of Arizona College of Medicine in 1995. He joined the Department of Urology at the University of Washington in 2000 and has served as its Chairman since 2008. Dr. Wessells is a Diplomate of the American Board of Urology, a member of the American Urological Association, a Fellow of the American College of Surgeons, and a member of the American Association of Genitourinary Surgeons. He has served in professional and government positions including the AUA Legislative and Guidelines Panel for Urotrauma, the Urological Kidney and Genital Development Study Section of the National Institutes of Health, and the Examination Committee of the American Board of Urology/American Urological Association. He is Associate Editor of the *International Journal of Impotence Research*. ■

American Board of Urology Trustees 2014-2015

Back row *(from left)*: H. Ballentine Carter, MD, Stephen Y. Nakada, MD, David B. Joseph, MD, Kevin R. Loughlin, MD, MBA, Fred E. Govier, MD, Hunter B. Wessells, MD, J. Christian Winters, MD, Mark S. Austenfeld, MD

Front row *(from left)*: J. Brantley Thrasher, MD, Gerald H. Jordan, MD, Robert R. Bahnson, MD, Margaret S. Pearle, MD, PhD, Michael L. Ritchey MD, Peter N. Schlegel, MD, Ian M. Thompson, Jr. MD

The Board Thanks . . .

Margaret (Peggy) S. Pearle, MD, PhD and Robert R. Bahnson, MD

During their tenure as Trustees of the American Board of Urology, the ABU Maintenance of Certification (MOC) program was implemented, subspecialty certification in Pediatric Urology was implemented, a permanent Board office was established, subspecialty certification in Female Pelvic Medicine and Reconstructive Surgery was approved and implemented, significant revision to the oral examination transpired, and a mission statement and code of professionalism were developed and adopted.

Dr. Margaret (Peggy) S. Pearle served as a Trustee of the American Board of Urology from February 2008 until February 2014 and was its President from 2013-2014. She also served as Chair of the Executive Committee, Secretary-Treasurer, and served on the Qualifying Examination Committee, Recertification Committee, MOC Committee, Pediatric Subspecialty Certification Committee (Chair), Publications and Research Committee (Chair), and Nominating Committee. In addition, Dr. Pearle has served as an ABU representative on the Residency Review Committee (RRC) for Urology since 2009.

Of her term as a Trustee of the ABU, Dr. Pearle stated, "My tenure as a Trustee of the American Board of Urology has been the most meaningful time of my career. Although I have had the opportunity professionally to serve in a variety of capacities, the opportunity to play a role in raising the bar for our profession and honoring our commitment to the public to provide competent, compassionate care has been more gratifying than any individual accomplishment. I am honored to have shared this responsibility with some of the most selfless, honorable and inspiring individuals I have known, and I am gratified to know that the mission of the ABU, to act for the benefit of the pubic, remains in their hands."

Dr. Robert R. Bahnson served as a Trustee of the American Board of Urology from February 2008 until February 2014 and as Vice President from 2013-2014. He served on the Oral Examination Committee, MOC Committee, Ad Hoc Committee on Female Urology, Credentials Committee (Chair), and Nominating Committee (Chair). In addition to service on these committees, Dr. Bahnson was an ABU representative to the Milestones project and to the American Board of Medical Specialties Assembly.

Regarding his service on the ABU, Dr. Bahnson had this to say, "When I joined the Trustees, I thought the only function of the American Board of Urology was examination and certification of urologists. During my 6 years I learned a great deal. My fellow Trustees and Executive Secretaries, Stuart Howards and Gerry Jordan, helped me learn the ABU's noble purpose. The American Board of Urology serves the public and requires its Diplomates to maintain the highest professional standards. It was a pleasure and privilege to serve." ■

New ABU Website and Portal Coming in 2015

The American Board of Urology has contracted with Virginia-based Immerge Technologies, a web design and software development agency, to develop a new ABU website with a diplomate portal. This work will not only enhance the public image of ABU but will also provide much needed technology tools for diplomates and for partner organizations.

The new system will provide candidates and diplomates a means of accessing personalized, "real time" information about the specific certification processes in which they are involved. Features include web-based interfaces to handle new candidate certification, peer review, log submissions, subspecializations, and more. In addition to allowing applicants to know their status in a given process, the portal will provide electronic document storage and secure payment capabilities by credit card.

The eighteen-month project is scheduled to launch in the first quarter of 2015 and represents hundreds of hours of work by both ABU staff and the development team at Immerge. The end product will be a tool that will know and present to diplomates just what is needed, streamlining application and renewal processes for the 21st century. ■

The American Board of Urology Update on Maintenance of Certification

MAINTENANCE OF CERTIFICATION was published in Urology Practice, Volume 1, Issue 4, Author(s): Gerald H. Jordan, MD, Margaret S. Pearle, MD PhD, Lori R. Davis, Pages 211-213, Copyright © 2014 American Urological Association Inc.

Margaret S. Pearle, MD, PhD, Gerald H. Jordan, MD, FACS, FAAP(Hon), FRCS(Hon), and Lori R. Davis

The process of Maintenance of Certification (MOC) adopted by the American Board of Medical Specialties (ABMS), which comprises 24 medical specialty Boards, has recently come under fire. Although the Program for MOC has met with some skepticism since its inception in 2000, recent changes to the American Board of Internal Medicine's MOC program, aimed at creating a more seamless process of continuous learning and assessment, elicited a barrage of complaints and criticism from some of its Diplomates. The Trustees of the American Board of Urology (ABU) took note of this condemnation and sought to address the misconceptions and presumptions shared by Diplomates from a variety of Boards about MOC.

The Program for MOC facilitates the process by which physicians uphold their inherent contract with patients as formalized in the *Physician Charter: Medical Professionalism in the New Millennium*.[1] Published in 2002 by representatives from numerous international societies, the Physician Charter is almost universally endorsed by the Boards, including ABU. According to the Charter, "Physicians must be committed to lifelong learning and be responsible for maintaining the medical knowledge and clinical and team skills necessary for the provision of quality care." It further states that "the profession as a whole must strive to see that all of its members are competent and must insure that appropriate mechanisms are available for physicians to accomplish this goal." These statements are only a snippet of the Physician Charter, but they comprise the foundation of MOC programs. Responsible for administering MOC, the Boards are committed to assuring that its requirements are neither onerous nor frivolous.

Staying current with medical knowledge is not a simple task. It is estimated that medical knowledge doubles every eight years. At the current rate, clinicians will need to learn, unlearn, and then re-learn half of their medical knowledge base five times during a typical career, according to Brent James, MD, Intermountain Healthcare's Chief Quality Officer and Executive Director of its Institute for
Healthcare Delivery Research. Moreover, research shows that both knowledge and skills decline over time and physicians, in general, poorly estimate their own knowledge base and skill sets.[2] Yet, quality health care demands use of the most current medical knowledge.

The world of medicine has changed, admittedly with more responsibility now transferred to the physician. At a minimum, a physician should be expected to expend some time and effort reflecting on his/her practice, becoming re-educated about current evidence-based practice, and gaining insight into what makes us professional and ethical doctors. The American Urological Association has joined ABU in trying to accomplish these goals as they relate to the public trust responsibility. Incorporating MOC into our practice is the right thing to do, even if the current process is imperfect and evolving.

It is important to understand the process in order to see how it accomplishes the goals universally accepted as physician responsibilities. MOC is divided into four parts to administratively ensure that all necessary aspects of our public trust are evaluated at intervals. For urologists, MOC Part I involves verification of credentials, peer review, and monitoring of professional responsibility actions. MOC Part II focuses on lifelong learning and self-assessment. Diplomates demonstrate lifelong learning by completing and documenting 90 hours of urology-focused continuing medical education (CME), 30 hours of which must be Category 1 credits as defined by the Accreditation Council for Continuing Medical Education, twice during the 10-year MOC cycle. In many cases, Diplomates receive MOC credit for CME activities in which they are already engaged, thus reducing the burden on urologists to fulfill this requirement

While CME is a vital tool for gaining knowledge, MOC is a much more comprehensive and directed demonstration of a physician's skills, knowledge, and competency, incorporating an additional assessment component that allows physicians to compare their performance to their peers. MOC Part III focuses on the assessment of knowledge, judgment, and skills. Currently that assessment is accomplished by administration of a cognitive examination focusing on core clinical information and advances within the specialty. ABU is sensitive to objections raised by Diplomates about periodically taking an examination that is perceived by many as invalid because it does not reflect their specific practice focus. Urology has only two subspecialty certifications: pediatric urology and female pelvic medicine and reconstructive surgery. For those formal subspecialties, developing integral examinations that reflect one's "focus of practice" is readily accomplished. For most, however, subspecialization is

informal. For the urologist who has a practice focus that is not a formal subspecialty, the task is more difficult. Indeed, ABU has some concerns about the effectiveness of the current examination process in accomplishing our assessment goals. Although the examination assesses clinical knowledge, it alone cannot function as the sole marker of clinical competence. Nevertheless, periodic re-examination in its current form is required.

On a positive note, ABMS' recently revised 2015 standards for the Program for MOC allow the Boards more flexibility to explore alternatives that augment or replace the current examination process.[3] Because the traditional "recertification/MOC" examination is perceived as the "gold standard" for re-assessment, other methods must prove to be as rigorous and secure as the current process. Much of this is driven by the demands of the government and public stakeholders who, in the opinion of the ABU, have the perception that exams are far more effective in assessing competency than we do. To that end, ABU is investigating a number of programs aimed at significantly modifying the MOC process to make it more relevant and practitioner-specific. These alternatives, however, must prove to be as rigorous and secure as the current process before they can be approved by ABMS and implemented by Member Boards. For now, ABU Diplomates will have to be patient as ABU seeks to prove that we have a better product to offer.

Currently, ABU's secure, computer-based, closed book recertification/MOC examination must be taken during years 7, 8, or 9 of the 10-year MOC cycle. The examination, which is written by practicing urologists, consists of 100 questions covering all domains of urology. A concerted effort is made to confine tested knowledge to general practice. In 2011, ABU changed the format of the modular examination in response to Diplomate complaints concerning module content and selection. The new format increases statistical validity and is more consistent with other ABU examinations. In the future, ABU hopes to pilot exam designs that will better address the special expertise individual practitioners have developed during their years of practice. Although it may be impossible or impractical to create a process that takes into consideration every urologist's unique practice, ABU's goal is to develop an assessment tool that is as relevant to general urologists as it is to specialists. Despite its shortcomings, the pass rate of the recertification examination has remained consistently in the 97% to 99% range since its first administration in 1996.

The content areas of MOC Part II and Part IV are somewhat overlapping. In the revised standards, Part II is described as "lifelong learning and self-assessment of the Diplomate" and Part IV is defined as "improvement in medical practice by the Diplomate." Part II is designed to contribute to improved patient care through ongoing participation in high quality, unbiased learning and self-assessment activities that are relevant not only to the Diplomate's specialty, but also to the Diplomate's area of practice within the specialty. In Part IV, improvement in patient care is accomplished through ongoing assessment and improvement in the quality of care provided by the Diplomate in either his/her individual practice or the larger health system or community in which the Diplomate practices. Practice Assessment Protocols (PAPs) are technically a Part II activity required to be completed four times in the 10-year MOC cycle. They are generally guideline-based and require Diplomates to review their management of patients treated for a specific diagnosis, for which they are then scored according to their compliance with guideline recommendations. ABU acknowledges that the guidelines may not be appropriate in all cases. The PAPs encourage Diplomates to re-examine patients whose management deviated from the guidelines and determine if their management was justified.

For urologists, MOC Part IV involves submission of a billing log, as a surrogate for a practice log that contains both Evaluation & Management and current procedural terminology codes. The frequency of use of these codes is compared with that of all other Diplomates submitting logs during that particular cycle in order to understand the practice patterns and utilization of practicing Diplomates. When the use of technology, testing, or procedures deviates from the norm, the Board seeks an explanation by way of description of indications for the use of the code and/ or justification based on unique aspects of one's practice. Scrutiny of billing logs allows the Board to assure that the Diplomate has sufficient volume of practice to maintain skill and to identify individuals practicing outside the norm so as to inform and educate them about their aberrant practices.

Although physicians are increasingly challenged with more responsibility and accountability than in the past, they are being provided more resources, technology, and information than ever before. As such, criticism of a program and process that recognize the dynamic nature of medicine and its practice and seeks to provide physicians with meaningful tools to support advancements in learning skills and professional development is unfounded. The benefit of MOC and its mission to enable physicians to fulfill their professional commitments on an individual basis is clear. ABU is committed to developing and administering an efficient MOC process that ensures

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One of the most important competencies we try to assess is professionalism and ethics. This is accomplished in a number of ways. We do solicit peer review from hospital leadership (chief of staff, chief of surgery, etc.) and other urologists in the community. As expected, we generally find that submitted peer review is rarely very negative. This is clearly due to the fact that most urologists practice compe-tently and in an ethical manner. However, one concern is that many urologists have more of an office-based practice and do few major procedures in the hospital, preferring to work in ambulatory centers. For these urologists and those practicing in small communities, peer review may provide less insight into a diplomates practice. Complications of surgery in the hospital setting may come to attention of a peer review committee or be presented at a morbidity and mortality conference. Problems that occur in the office or ambulatory center may not be scrutinized to the same de-gree. Our review of practice logs provides us a window into the practice patterns of our diplomates both in the office and out.

The practice of medicine has evolved tremendously over the last few decades. Medicine is now widely viewed as a business and there is a great focus on increasing revenue and maintaining profit margins. Surgeons relied on reimbursement for procedures performed for decades. As that reimbursement has declined, physicians have looked to other areas to increase revenue. Our review of practice logs may offer some insight into the ethical practice of the diplo-mate. In urology, we have seen a surge in billing for in office ancillaries such as ultrasound, CT and urodynamic studies. If we identify a significant outlier compared to their peer group, the board will generally send a letter of inquiry ask-ing for an explanation regarding the use of a specific CPT code. As long as there are valid indications for obtaining such studies, the ABU will not take adverse action. As one of my early mentors used to say, "if you order a test, be sure you plan to use the information that it provides". The AUA has developed guidelines for management of most com-mon urologic problems. Included in these guidelines are recommendations for the appropriate clinical evaluation of patients. All urologists should be familiar with these guide-lines and make efforts to have their practice mirror those recommendations. Despite being in "business", it is our duty and obligation to put the public health of society and needs of our patients above our own. It is imperative that we deal with patients honestly, with compassion and avoid conflicts of interest when making patient care decisions. Doing otherwise undermines public trust in medicine. v

ABU Update on MOC

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Diplomates provide their patients with quality, current, and compassionate care.

Figure 1 illustrates the timeline and requirements of the current ABU MOC process. The cost of MOC is minimal to the ABU Diplomate, requiring only the payment of the current $200 annual fee, unless deadlines are not met and late fees are incurred. There are no additional exam fees or application fees. There has been no increase in ABU fees associated with recertification or maintenance of certification in ten years.

The next time you are asked to complete an MOC requirement, please consider your professional commitment to your patients and remember that they have entrusted you with their most valued resource, their health. v

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1. ABIM Foundation, American Board of Internal Medi-cine; ACP-ASIM Foundation. American College of Phy-si-cians-American Society of Internal Medicine; European Federation of Internal Medicine. Medical Professional-ism in the New Millennium: A Physician Charter. *Ann Intern Med* 2002:136(3):243-6.

2. The statement by Dr. Brent James, Executive Director, Institute for Health Care Delivery Research at Inter-mountain Healthcare in Salt Lake City, UT, was made at The Colorado Health Symposium: The Health Policy Landscape on July 31, 2009. His presentation was titled *Controlling Health Care Costs By Improving Patient Out-comes*.

3. The 2015 standards can be found at: http://www.abms. org/pdf/Standards%20for%20the%20ABMS%20Pro-gram%20for%20MOC%20FINAL.pdf.

INCOMING ABU PRESIDENT

Ian M Thompson, Jr., M.D. of San Antonio, TX will assume the position of President of the American Board of Urology following the conclusion of the Board's winter meeting in Dallas in February 2015. Dr. Thompson succeeds Michael L. Ritchey, M.D.

Pediatric Subspecialty Certification Exam and PSC MOC Dates

The first group of Diplomates awarded subspecialty certificates in Pediatric Urology (2008) is now entering Level Four of Maintenance of Certification (MOC). These Diplomates are required to take a Pediatric MOC Exam in year 7, 8, or 9 of their subspecialty certification. The first opportunity to take the exam is October 14 or 23, 2015. The Pediatric MOC Exam will be given on the same day as the Pediatric Subspecialty Certifying Exam taken by the recent Fellows. The American Board of Urology has decided that this will be the same exam. There are two reasons for this decision. Most importantly, we feel the Diplomate who chooses to maintain certification in the subspecialty of pediatric urology should be held to the same standard and rigor required for initial certification. In addition, the overall number of Diplomates certifying and maintaining certification in pediatric urology remains low. In order to ensure that the exam has reliability from a statistical perspective to establish a valid pass-point, it is necessary to combine the results of those Diplomates certifying with those participating in MOC. Application instructions will be mailed in December 2014. Deadline for application is February 1, 2015; logs are due March 15, 2015. ■

American Board of Urology Joins the Portfolio Program

At their recent board meeting, the Trustees of the American Board of Urology voted to join The Multi-Specialty MOC Portfolio Approval Program. The Multi-Specialty MOC Portfolio Approval Program (Portfolio Program) offers a single process for healthcare organizations to support physician involvement in quality improvement and Maintenance of Certification (MOC) across multiple ABMS specialties. This pathway offers a streamlined approach for organizations that sponsor and support multiple well-designed quality improvement efforts involving physicians across multiple disciplines to work with ABMS Member Boards to grant MOC Part IV credit to physicians who are involved in those improvement efforts. For the ABU Diplomate, this means that participation at a local sponsoring organization can also satisfy ABU MOC requirements. Specific information about MOC credit for participation in quality improvement in a Portfolio approved program will be communicated to ABU Diplomates as urology sponsored programs become available. ■

ABU Maintenance of Certification (MOC)

1464 ABU Diplomates were required to complete Level 1, Level 2, or Level 3 of Maintenance of Certification (MOC) in 2013. The majority of these Diplomates successfully met all requirements; those Diplomates who were non-compliant received letters informing them that they were being given an additional ninety days in which to complete all necessary requirements to avoid revocation of their ABU certification.

1975 Diplomates are currently enrolled in the 2014 MOC classes (Levels 1, 2, 3, and 4) and are working towards the completion of requirements, including online applications, verification of medical licensure, completion of a PAP of their choice, peer review and documentation of 90 hours of urology focused CME for Level 2 Diplomates, and completion of one Patient Safety Module for Level 3 Diplomates. Level 4 Diplomates also submitted a six month practice log for review by the MOC Committee and will sit for the first MOC cognitive examination offered at Pearson test centers on October 24 or 29, 2014. As has been the case in prior years, a significant majority of ABU Diplomates have complied with the requirements and deadlines and are expected to complete their respective MOC components and maintain their ABU certification. Trustees of the American Board of Urology will review the files of any non-compliant Diplomates at their board meeting in February 2015.

IMPORTANT MOC DATES

- **MOC Examination October 14 or 23, 2015**
- **Level Four Information Letters by U.S. Mail December 2014**
- **Levels One – Three Information Letters by U.S. Mail April 2015**

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ABU Maintenance of Certification (MOC)

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MOC Entry Timeline

CERTIFICATION PROCESS

Certification Exam Year	Certificate Expires	Year for Level 1 (year 2)	Year for Level 2 (year 4)	Year for Level 3 (year 6)	Year for Level 4 (years 7, 8, or 9)
2007	2017	2009	2011	2013	2014-2016
2008	2018	2010	2012	2014	2015-2017
2009	2019	2011	2013	2015	2016-2018
2010	2020	2012	2014	2016	2017-2019
2011	2021	2013	2015	2017	2018-2020
2012	2022	2014	2016	2018	2019-2021
2013	2023	2015	2017	2019	2020-2022
2014	2024	2016	2018	2020	2021-2023
2015	2025	2017	2019	2021	2022-2024
2016	2026	2018	2020	2022	2023-2025
2017	2027	2019	2021	2023	2024-2026

RECERTIFICATION PROCESS

Current Certificate Expires	Recertification Exam Years	Year for Level 1 (year 2)	Year for Level 2 (year 4)	Year for Level 3 (year 6)	Year for Level 4 (years 7, 8, or 9)
2008	2007	2010	2012	2014	2014-2016
2009	2007-2008	2011	2013	2015	2015-2017
2010	2007-2009	2012	2014	2016	2016-2018
2011	2008-2010	2013	2015	2017	2017-2019
2012	2009-2011	2014	2016	2018	2018-2020
2013	2010-2012	2015	2017	2019	2019-2021
2014	2011-2013	2016	2018	2020	2020-2022
2015	2012-2014	2017	2019	2021	2021-2023
2016	2013-2015	2018	2020	2022	2022-2024
2017	2014-2016	2019	2021	2023	2023-2025
2018	2015-2017	2020	2022	2024	2024-2026
2019	2016-2018	2021	2023	2025	2026-2028

MOC PRODUCT/TOOLS UPDATE

Patient Safety Modules at Level 3

The Patient Safety modules implemented for Level 3 MOC are designed to improve patient care in a variety of clinical environments. Each of the ten modules will provide Diplomates with the skills and knowledge necessary to ensure optimal patient care. Topics range from disruptive behavior, fatigue, and sexual misconduct to informed consent, patient handoff, and relationship with industry, offering Diplomates a variety of subject areas in which to assess knowledge and ensure appropriate care. The Trustees of the ABU are exploring options for expanding access to patient safety education that will meet both ABMS MOC mandates and provide opportunities for Diplomates to earn continuing medical education credits.

Practice Assessment Protocols (PAP)

- Practice Assessment Protocols (PAPs) are being reviewed and updated on an as needed basis in accordance with the appropriate urologic Guidelines.

Ethics Modules Update

The ABU Trustees are continuing their work on exploring and developing professionalism and ethics modules for use by Diplomates in Level 3 of MOC, with a target date of 2015 for implementation. Information and updates on the status of these modules will be communicated to MOC Level 3 Diplomates in the spring of 2015.

Reminder of Policy on MOC Examination Attempts

In order to maintain consistency with other ABU examinations, the Trustees have increased the number of examination attempts for MOC Diplomates from two years to three years; therefore, MOC Diplomates may apply for their final level of MOC, which includes the cognitive exam, in year 7, 8, or 9 of their MOC cycle.

Diplomates who are eligible to enter Level 4 of MOC in 2015 will receive a letter in December 2014 informing them of the required deadlines if they wish to complete Level 4 requirements. As always, entering the examination process on the first opportunity (year 7) does not change the Diplomate's MOC cycle; that is, the Diplomate's certificate is still valid for ten years and the next cycle of MOC will not begin until two years following that original expiration date. Likewise, entering in year 8 or 9 does not impact the expiration of the certificate or the timeframe in which one enters the next MOC cycle.

MOC Requirements

Requirements	Level 1 (year 2)	Level 2 (year 4)	Level 3 (year 6)	Level 4 (years 7, 8, or 9)
Complete application online	yes	supplemental application	supplemental application	supplemental application
ABU office verify licensure	yes	yes	yes	yes
ABU office complete peer review		yes		yes
Candidate: Complete online Practice Assessment Protocol	yes	yes	yes	yes
Candidate: Submit documentation of 90 hours of CME		yes		yes
* Candidate: Complete Patient Safety Module (*implemented in 2013)			yes	
* Candidate: Complete Ethics Module (*proposed implementation in 2014)			yes	
Candidate: Submit 6 month electronic practice log				yes
Candidate: Computer-based closed-book exam				yes

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