Message from the President

Acting to benefit the public through self-regulation requires the commitment to establish standards of care based on knowledge and professionalism that are credible, reproducible and unbiased. The challenge in front of any certifying body is undertaking this responsibility in a manner that is beneficial to all those being monitored. The Mission Statement of the ABU reinforces the Trustees responsibility to protect the public while collaborating with certified Urologists. All Trustees have an active Urologic practice and we hold ourselves to the same standards and requirements of certificate maintenance as we expect of all our Diplomates. Over the past several years we have listened to the concerns and recommendations of our Diplomates and, consequently, have transitioned to a Lifelong Learning (LLL) program under the direction of Mike Ritchey. This change includes returning to a modular format for our Knowledge Assessment and eliminating the high stakes pass/fail aspect of the exam. We recognize these to only be preliminary steps to our needed evolution of LLL.

Over the last two years, Diplomates across specialties have questioned the role of the American Board of Medical Specialists (ABMS) in professional self-regulation. The ABMS recognized the responses from Boards related to LLL activities were not consistent. The ABMS met this challenge head-on by creating The Vision Initiative. This diverse group of stakeholders represented physicians, health care providers, medical associations, specialty societies and advocates for the public. The group was tasked with the responsibility to review all aspects of current continuing certification. To that end, a Vision for the Future report was established to assist the ABMS with directing continuing certification across all Boards in a consistent fashion. While Urology was already in-step with many of the “must” recommendations for LLL, we do have the responsibility to make our process longitudinally evolving to meet the need and assure the public that our Diplomates are engaged in continuous education. We feel any change in our process must be aligned with Diplomates’ current practice norms by reducing the burden of point-in-time cramming for an exam and the need to travel to a secure testing center, as is currently undertaken for our Knowledge Assessment. We will continue to work with our Diplomates as we transition to a more responsive, longitudinal, LLL program.

The question will remain: Does Certification and Continued Certification really matter? Indeed, it does! Regardless of the profession, almost all have requirements for Certification and continued learning that are used to assure the public that the certified individual has qualifications surpassing a standard of expertise that has been identified within their profession.

Continuing Certification identifies the individuals who have accepted the responsibility to continuously learn and advance their profession to its highest level. It’s a matter of choice regarding who will set the standards for Certification. As a Diplomate of the ABU, you have accepted the challenges of self-regulated Certification set forth by the Board. I can assure you that your ABU Certification recognizes your achievement of maintaining the highest standard of Urologic Care and Professionalism. Working together we will continue to evolve our self-regulation.

This past year, as with every year, has been met with several unique challenges that go beyond those of LLL. The past few years the Board has run a financial deficit in the face of strong staff efficiency. Therefore, the Trustees recognized the inevitable need to better align with inflation/cost of living by modestly increasing the Certifying Oral Exam and Annual Certificate Fees, while holding stable the fee of the Qualifying Exam taken shortly after residency. The Board’s goal was to limit any additional financial burden on the young Urologist. The Board also recognized that Pediatric Fellowship education could be enhanced with transitioning the Scholarly year of the Pediatric Fellowship to the ACGME; a process that will evolve over the next 2 years. Other initiatives include working toward a formal memorandum of understanding with the American Board of Obstetrics and Gynecology which is needed to maintain a joint certification for our Female Pelvic Medicine and Reconstructive Surgeons;
investigating the establishment of Designated Focused Practice for Urologic Oncology to provide the public with acknowledgment of those Urologists that are committed to caring for patients requiring oncologic expertise; and the finalization of a Retired Certificate for qualifying Diplomates (please see details on page 6). Also, it has become apparent to the Trustees that over the last several years, the position of the Executive Secretary has grown well beyond its title. We feel transitioning the position to one of Executive Director better represents the position’s responsibilities and places it on par with the all other ABMS Boards.

To participate on the Board has been an opportunity that I never anticipated and one that honestly came to me by being in the right place at the right time. I will be forever enriched with understanding the responsibility that the Board has to the Public and its Diplomates. I have truly come to appreciate the character of the Trustees and all the staff who give so much to assure certification within Urology is held to the highest standards. Over the years I have had the privilege to work with 3 truly outstanding Executive Secretaries: Stuart Howards, Gerry Jordan and Brant Thrasher -- each with a unique personality and working style but all with a similar commitment, passion, and a tireless work ethic focused on protecting the public and respecting the needs of our Diplomates. I have learned so much from each one, and a “thank you for your service” does not do justice. Suffice it to say, that the respect our Specialty has gained in the eyes of the Public and throughout the ABMS community of Boards is in large part due to each one’s leadership. The commitment of our Executive Secretaries has carried over to the most dedicated administrative and office staff that I’ve worked with.

They are responsive to the Trustees, 24/7, and thoroughly understand the needs of our Candidates and Diplomates. Under the leadership of Lindsay Franklin, Executive Assistant/Director of Operations all the staff hold themselves to the highest of professional standards. I am very grateful to Lindsay and her staff (Amy Woodson, Jim Surgener, Donna Payne, Charlie Hall, Wulan Surgener, Melissa Hall, Fran Hogan, Cindy Hamady, Pam Hall, Rachel Hall and Ted Steadman) for all that they do. The backbone of certification is through testing and Urology is credited with having one of the best testing processes established by the Examination Committee under the direction of Donna Connelly, Matt Baden and Andrew Jones (psychometrics). They foster an atmosphere of excellence which is carried over to all members of the Exam Committee. The Board is greatly indebted to their leadership and the Committee members for the work they perform and products they create.

I will always treasure the opportunity I’ve had working with each of the Trustees, past and present. I have learned much from their diverse areas of expertise and unique personalities. I’m honored to be part of a group of individuals having the singular goal of promoting Urology with the commitment to do what is in the best interest of the Public. The future for the ABU will always be challenging; the strength of its leadership will successfully carry it forward.

Purpose of the ABU

The purpose of the American Board of Urology is:

1. To improve the quality of urologic care
2. To establish and maintain high standards of excellence in the specialty of Urology and its approved subspecialties
3. To encourage the study, and advance the cause of Urology
4. To evaluate specialists in Urology who apply for initial and continuous certification and urologists in approved subspecialties who apply for subcertification
5. To grant and issue to qualified physicians certificates of special knowledge and skills in Urology and approved subspecialties, and to suspend or revoke same.
6. To serve the public, hospitals, medical schools, medical societies, and practitioners of medicine by furnishing lists of urologists whom it has certified to the American Board of Medical Specialties and the American Medical Association.
A Special Thanks
to Michael L. Ritchey, M.D.

Michael L. Ritchey will complete distinguished service with the Board in 2020. Mike officially joined the Board as a Trustee in 2009. Long before that date, however, he’d served the Board’s Exam Committee outstandingly for many years: first as a task force member, then, a senior consultant before finally assuming the chairmanship. While a Trustee, Mike has served on most of the Board’s committees and chaired many of them. His administrative leadership was recognized by being elected as 2014-2015 Board President. Mike’s strong interest to serve the public and our Diplomates led to his selection by the Trustees to Chair the committee on Maintenance of Certification. Under Mike’s leadership, the committee transitioned to Life Long Learning. Mike’s innovations led to the return of a modular exam and elimination of the high stakes outcome with a transition to Diplomate education through CME remediation. The ABMS also recognized Mike’s organizational skills and the respect he had established with other Boards by selecting him to Chair the Committee on Continued Certification. Mike’s character and work ethic has served the Board well. All of the Trustees and staff thank Mike for his many years of contribution to the Board.

The ABU Welcomes Back
J. Brantley Thrasher, MD, FACS

Dr. Thrasher is a Board-certified urologist with more than 30 years’ experience in urology. A native of South Carolina, he was awarded his medical degree from the Medical University of South Carolina. Subsequently, he did an internship at Walter Reed Army Medical Center in Washington, D.C., before completing urology residency at Fitzsimons Army Medical Center in Aurora, Colorado. Following a urologic oncology fellowship at Duke University Medical Center in Durham, North Carolina, he was assigned as urology residency program faculty at Madigan Army Medical Center in Tacoma, Washington where he served three years as the Program Director. In 1998, he was named to the William L. Valk Chair of Urology at the University of Kansas Medical Center in Kansas City, Kansas, a position he served until 2016, when the same institution named him William L. Valk Distinguished Professor. He also served as President of the Kansas University Urological Surgery Foundation Board of Directors, as a Clinical Consultant for the Scientific Committee for the Kansas IDeA Networks of Biomedical Research Excellence, and as the Course Director for the Urology Grand Rounds Lecture Series. Additionally, Dr. Thrasher has served locally, regionally and nationally on multiple national committees in urology. He is a member of numerous academic, honorary, and specialty societies and has served as President of many of them.

Currently the immediate Past-President of the American Urological Association, he is also a Past-President of the Society of Urology Chairpersons and Program Directors, and a Past-President of the Society of Urologic Oncology.

Dr. Thrasher served on the Residency Review Committee for Urology from 2010-2017, and was a Trustee of the American Board of Urology from 2010-2016, serving as its Vice-President from 2015-2016. On June 1, 2019, he assumed the role of ABU Executive Director.

Bringing a wealth of experience and leadership in the field of urology, as well as a long history with urology society structures, we are pleased to welcome Dr. Thrasher back.
Message from the Vice President

In common with every previous Trustee of the American Board of Urology, I complete my six-year term convinced of the relevance and value of our work acting for the benefit of the public. By establishing and maintaining standards of certification for urologists, Trustees have the privilege to work with certified urologists to insure the delivery of high quality, safe and ethical urologic care. Each Trustee serves on Committees that support the standards of the ABU, and by extension, the American Board of Medical Specialties. My work on the Examination and Lifelong Learning Committees has given me insight into the importance and complexity of assessment of clinical competence during the initiation of a Diplomate’s practice and its evolution over successive decades.

The current Qualifying (written) and Certifying (oral) examinations represent the culmination of a commitment from a series of Examination Committee chairs to enhance the reliability, fairness, and clinical relevance of the initial certification of graduating urologists. This process has a clear focus on assuring the public that board certified urologists have the appropriate surgical training, fund of knowledge, and decision making required for the safe care of patients. In addition to these examinations, a practice log, complication narratives, and peer review provide the Trustees with an in-depth summary of types of cases and clinical environment that make up the urologist’s practice.

The Life Long Learning Committee assesses practicing Diplomates across their ten-year certificate span. This assessment culminates in a knowledge assessment, practice log review, and other elements of lifelong learning. As a member of this Committee, one of my roles has been to work with Board leadership to modify the process, generically known as Maintenance of Certification, and balance the inherent tension between Diplomates’ concerns about the burden of assessment and the continued need to maintain high standards of excellence in the specialty of urology and its approved subspecialties. The ABU has engaged in outreach and listening to understand our Diplomates’ concerns, and as a result, refined and differentiated our approach to continued certification as distinct and different from initial certification. Continued certification represents a Diplomate-facing collaboration between the ABU and its certificate holders.

As part of this process, I met with Diplomates from several states in 2015 for a round table discussion about recertification and MOC. The biggest attendee concerns focused on the then high stakes nature of the examination; wanting to get information from the practice logs back to urologists; and the ways in which the examination did or did not mirror the actual practices of the Diplomates and their study habits. In a sign of engagement and collaboration, the ABU has addressed each of these concerns within the past 4 years.

Exam: The Life Long Learning (LLL) examination is no longer a “high stakes” exam; a urologist’s certificates is not revoked for low performance on the Modular Exam. Instead, topic relevant CME is assigned, and upon completion, the certificate is renewed. Diplomates and the public can be assured that the Trustees still consider the process of LLL and maintaining standards to be of the utmost importance. Instead of relying on the exam, however, the Trustees use billing logs, peer review, complications and death reports as the “high stakes” assessments tools.

Diplomate Dashboard: Diplomates have expressed frustration that the laborious process of completing billing logs did not provide value to them, even as the ABU and ABMS view the practice logs as a key and innovative component of practice assessment. In response to these concerns, the ABU charged a subcommittee to develop a mechanism to return practice data to Diplomates based on billing logs. Now in a pilot phase, billing data is being used to create a dashboard capturing the most commonly performed procedures and comparing them to the aggregate data of all Diplomates in the same cycle of LLL. The first use of this data will be to share information with Diplomates about how their practice compares to their peers nationally. An example of the dashboard below shows the author’s top ten CPT codes and their comparison to the cohort mean for all Urologists in the same year of LLL.

Continued on page 5
Alignment: Urologists’ practices evolve over time and ensuring that the knowledge assessment is clinically relevant to the practice is a high priority for Diplomates. Thus, once refined, a future feature will entail an alignment of the Modular Examination topics to the practice content extracted from the Log. Under these circumstances, “studying for the exam” truly becomes a lifelong effort, in which problem-based learning within a practice will be matched by exam questions relevant to that practice.

In conclusion, my work as a member of the ABU has allowed me to appreciate the continued value that the public and practicing urologists place in board certification; that the practice of surgery will always be a high stakes profession; and that the ABU will innovate and adapt to reflect evolutions in clinical practice and the way surgeons acquire new skills and maintain their funds of knowledge.

Noteworthy News

RE-ENTRY POLICY: If a Candidate fails the Qualifying Exam for the third time, the Board may consider an individual request to re-enter the process. These requests will be assessed on a case-by-case basis. The applicant will be required to undergo a professional competency and/or educational assessment in a program approved by the ABU. These evaluations will be performed at the expense of the Candidate. Specific CME activity or other evaluation may also be assigned. If re-entry criteria are met the applicant will be allowed to apply to re-take the exam. Likewise, if a Candidate fails the Certifying Exam for the third time or fails to pass the exam within the required window of 6 years from residency (with any approved variances), the Board may consider individual requests to re-enter the process. The applicant will be required to undergo a professional competency and/or educational assessment in a program approved by the ABU. These evaluations will be performed at the expense of the Candidate. Specific CME activity or other evaluation may also be assigned. If re-entry criteria are met, the applicant will be allowed to apply to re-take the exam.

Approved re-entry applicants for either exam will generally be expected to take the exam at the next available time it is administered. Failure to do so requires a written excused absence from the ABU, and only one such excused absence will be allowed. The Candidate will be expected to successfully complete the entire process (QE and CE) within four years from re-entry.

IMG ALTERNATIVE PATHWAY TO CERTIFICATION: Entrance into the certification process differs for individuals who completed a urology residency program not approved by the Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPSC). For these International Medical Graduates (IMG), an alternate pathway into the certification process is available. However, the American Board of Urology (ABU) considers this situation to be extraordinary and approves or disallows entrance into this alternate pathway on a case-by-case basis. The requirements for application and entrance into the certification process are listed below.

REQUIREMENTS FOR APPLICATION
1. Currently employed in the US at an academic center on the core teaching faculty of a residency program approved by the ACGME.
2. Hold the rank of full professor.
3. At least 7 years of experience in a full-time faculty position in a program with a residency program accredited by the ACGME or the Royal College of Physician and Surgeons of Canada (RCPSC-C) providing outstanding clinical and educational service in such a program. This service could have been accumulated at more than one such program, including in Canada.

REQUIREMENTS FOR ENTRANCE INTO CERTIFICATION PROCESS
1. The applicant must supply 4 letters of recommendation from academic urologists in active practice, including the Department Chair (or Division Chief), at least one other senior faculty member from that institution, and two external letters from senior faculty members at another academic institution attesting to the applicants contributions in the areas of residency/fellow education, scholarship and patient care.
2. Documentation of extraordinary scholarship and evidence for continued contributions, as well as national recognition, in one or more of the following areas: Research, Education, Clinical Care, Program Development, and Service
   a. Scholarship in the above areas are evidenced by: original research publication record, grant funding, organization and/or participation in national and/or international meetings, invitations to serve as visiting professor or give lectureships, professional society awards, appointments to national and/or international committees for policy or guideline development, editorial positions, educational leadership positions, curriculum development and/or design and implementation of educational programs, mentoring of residents and fellows, leadership and/or participation in clinical trials, etc.
3. Copy of current CV

MISSION STATEMENT

The mission of the American Board of Urology is to act for the benefit of the public by establishing and maintaining standards of certification for urologists, working with certified urologists to achieve lifelong learning to insures the delivery of high quality, safe and ethical urologic care.
LIFE LONG LEARNING
The ABU has already transitioned from a high stakes point-in-time exam to a point-in-time knowledge assessment that identifies individualized knowledge gaps. Based on a defined threshold, we currently direct Diplomates who receive a “conditional pass” to complete individualized CME requirements related to their performance, in order to allow them to move forward with continued certification. Our goal is to transform the point-in-time knowledge assessment into a process that better incorporates the goals of formative longitudinal learning and allows flexibility for our Diplomates to continue learning without significant disruption or burden to their clinic practice and daily lives.

Our vision for LLL is that the knowledge assessment will occur over a 5-year cycle. There will be annual assessments with results aggregated over this duration. These knowledge assessments will be used with other elements of our LLL program to make a summative decision regarding our Diplomates every 5 years. Formative assessment will combine the benefits of a practice-based knowledge assessment, and CME credited reading list. Both will contain core content related to general Urologic practice and individually selected modular content that best represents the Diplomate’s clinical practice.

The knowledge assessment and reading list will undergo development and construction in 2020 and will be piloted in 2021. We anticipate a two-year pilot before full implementation in 2023. We will develop a similar knowledge assessment for both the primary certificate and for our two subspecialty certificates in pediatric and female urology.

RETIRED CERTIFICATE STATUS
The American Board of Urology (ABU) notes that many senior Diplomates, being 30 years post training and nearing retirement, are choosing certificate expiration, in lieu of undertaking the logistics of the practice log requirement and the burden of the knowledge assessment. Therefore, to encourage certificate retention, the ABU will offer the American Board of Medical Specialties (ABMS) newly instituted Retired Status to support currency in urology among senior Diplomates and affirm their continued value to the ABU and the public.

Eligibility requirements for the Retired certificate designation include:
1. Possession of an active certificate at the time of retirement.
2. Unrestricted license in any jurisdiction at the time of retirement.
3. Attestation to complete disengagement in patient care, overseeing medical laboratories, or supervising in a medical field.
4. Non-performance of any function for which Board certification is required.

Individuals who expired or forfeited their certificates since January 2015 and who met and continued to meet the above requirements, may also apply for the Retired Status designation.

Those Diplomates of the American Board of Urology who also possess Subspecialty Certification are eligible to apply for the new certificate status, providing they retire in both the subspecialty and the general specialty.

There is no application or maintenance fee to achieve and retain Retired Status.

A Diplomate with the Retired status will be listed publicly as Retired with the ABU and on the ABMS Certification Matters™ website.

If you are a retired urologist who would like to take advantage of this new status, our online process makes it simple. Please visit http://www.abu.org/retired-status/ and complete the Diplomate Request for Retired Status into which you will upload a brief, signed attestation.
The Board Welcomed…

New Trustees: David B. Bock, M.D. and James M. McKiernan, Jr., M.D.

Dr. David B. Bock has been practicing urology in Kansas City since completing his training at the Mayo Clinic in 1991. He has special interest and expertise in the diagnosis and treatment of benign prostatic enlargement, kidney stone disease, male and female urinary incontinence, and cancers of the urinary tract. Additionally, Dr. Bock has extensive experience in the field of endoscopic urologic surgery.

Dr. Bock is actively involved in a number of clinical studies in many areas of urology. He serves as principal investigator in the majority of these studies.

Dr. Bock is certified by the American Board of Urology and is licensed in both Missouri and Kansas. He is a member of the American Urological Association, the American Association of Clinical Urologists, Metropolitan Medical Society, the South-Central Section of the American Urological Association, and the Kansas City Urological Society.

Dr. James M. McKiernan, the John K. Lattimer Professor of Urology, is the chair of the Department of Urology of the College of Physicians and Surgeons and urologist-in-chief at New York-Presbyterian/Columbia. Dr. McKiernan is only the sixth physician to hold this title since the founding of the department in 1917. The Department of Urology, one of the oldest and most distinguished in the nation, consistently ranks among the top in New York and throughout the United States. New York-Presbyterian's urology program ranked No. 5 in the latest U.S. News & World Report ranking of America's best hospitals. In 2015, the department ranked No. 7 in NIH grant funding among academic Urology departments in America.

Dr. McKiernan graduated from Johns Hopkins University with a BA in biology and received his MD from Columbia University College of Physicians and Surgeons. He completed his training in urology and general surgery at New York-Presbyterian Hospital, followed by a urologic surgical oncology fellowship at Memorial Sloan-Kettering Cancer Center. Dr. McKiernan's clinical practice is focused in urologic oncology and particularly on surgical therapy in high-risk patients with bladder and kidney cancers. Dr. McKiernan evaluates and treats over 1000 patients with bladder cancer every year. His research, funded by NIH and biotechnology industry grants, focuses on developing novel therapeutics for bladder cancer treatment as well as comparative effectiveness research in urologic oncology. In the management of kidney and bladder cancer, he has special expertise in organ preservation and reconstructive surgery to maximize quality of life. Dr. McKiernan’s research has been published in Cancer, Cancer Research, the Journal of Clinical Oncology, JAMA Oncology, Journal of Urology, Urologic Oncology, and Urology. He has authored and co-authored more than 220 scientific articles and book chapters on urologic cancer and related issues.

For the past 10 years, he has directed a research team at Columbia University Medical Center investigating quality outcomes and effectiveness in urologic cancer surgery. He has served as the Vice Chairman for the AJCC TNM Staging Task Force, Co-Chair of the AUA Guidelines Panel on non-muscle invasive bladder cancer, as well as on the American Board of Urology and Society of Urologic Oncology Examination Committees. In addition, Dr. McKiernan is the principal investigator of the NIH-funded clinical trials program of experimental therapeutics in bladder cancer at Columbia University/NYPH, which is investigating new agents for bladder preservation in patients whose cancer has recurred after standard therapy. In collaboration with researchers at Columbia's Herbert Irving Comprehensive Cancer Center, his team continues to develop new therapeutic strategies for managing bladder cancer.
Dr. Stephen Y. Nakada served as a Trustee of the American Board of Urology from February 2013 until February 2019 and was its President 2018-2019. He also served as Chair of the Executive Committee, Secretary-Treasurer, Chair of the Oral Exam Committee, Chair of the Residency Review Committee and member of the Nominating Committee, the Credentials Committee, and the Publications Committee.

Of his term as a Trustee, Dr. Nakada stated, “The opportunity to serve on the American Board of Urology (ABU) has been the highlight of my career to date. I feel fortunate to have served to improve our credentialing process, both at the levels of certification and Life Long Learning. These efforts were led by wonderful group of trustees and Executive Secretary, Dr. Gerald Jordan, whose wisdom, grace and guidance in my view was unparalleled. I must say, the staff at the ABU, led by Lindsay Franklin, is absolutely top notch. They are the key to having both a high performing and professional image for urology and the ABU. We will miss spending time with them. I had the good fortune to partner with Dr. Mark Austenfeld from Kansas City during my tenure on the ABU, and we remain friends to this day. Under able leadership of Brantley Thrasher, the new Executive Director, the future remains bright for the ABU and the field of urology.”

Dr. Mark S. Austenfeld served as a Trustee of the American Board of Urology from February 2013 until February 2019 and as Vice President 2018-2019. He served on the Executive Committee and served as Chair of the Nominating Committee, the Finance Committee, the Quality Measures Committee, and the Diplomate Relations and Communications Committee. He also served on the Life Long Learning and Log Committee, the MOC Committee, and the Recertification Committee.

Regarding his service to the ABU, Dr. Austenfeld had this to say: “When I received the phone call from John Forrest giving me the news that I had been selected to serve on the ABU, I remember being excited but anxious. I was excited to have the opportunity to be involved in such an important and meaningful process, and to share some ideas that John and I had discussed concerning recertification. I was hopeful, but a bit apprehensive, wondering if I would fit in with my academic colleagues. At the first meeting, Dr. Jerry Jordan, the Executive Secretary, and my fellow Trustees put me immediately at ease as they expressed the value of private practice input into the ABU process.

The next 6 years was a life-changing experience for me as we committed to the critical evaluation and improvement of the recertification and maintenance of certification (MOC) process. Nearly every specialty in ABMS was dissatisfied with their MOC program and frustrated that their concerns were not being heard. From the beginning the ABU agreed that change was necessary and that our MOC process could be better. Major changes were necessary and as we explored options it was critically important that we were unanimous in our decisions. This required trust in each other, a trust that our close relationships made possible. The structure of our summer meetings allowed these relationships to develop. I’m very proud of what we accomplished regarding meaningful changes to MOC with transition to a better process of Life Long Learning, a process that virtually eliminated the high stakes, pass/fail, written exam. But it is the close relationships that my wife, Jennifer, and I were able to develop over those years that I will remember the most! I was particularly fortunate to have such a great partner Trustee, Steve Nakada, who with his wife Deanna, made the experience for us even better!

The ABU staff, a dedicated crew of talented individuals from near the ABU office in Charlottesville, VA are exceptional! Lindsay Franklin and her staff seem to work tirelessly to facilitate the board functions, but also to generously serve our Diplomates. I was very fortunate to have worked with such a group of warm professional people!
**2019 Qualifying (Part 1) Examination**

322 candidates sat for the 2019 Qualifying (Part 1) Examination on July 11 and 12 at Pearson VUE Test Centers across the country. 317 candidates (98%) passed and 5 candidates (2%) failed. The 2020 Qualifying (Part 1) Examination is scheduled for July 9 and 10.

**2019 Certifying (Part 2) Examination**

317 candidates challenged the February 2019 Certifying (Part 2) Examination in Dallas, TX. 305 (96%) passed and were certified while 12 (4%) 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: diagnosis, management, follow up, and overall ability. The Board believes this scoring methodology results in increased statistical reliability. The 2020 Certifying (Part 2) Examination is scheduled for February 21-22.

**2019 Female Pelvic Medicine and Reconstructive Surgery Examination**

A total of 9 candidates sat for the 2019 Female Pelvic Medicine and Reconstructive Surgery (FPMRS) Subspecialty Certification Examination on June 21 at Pearson VUE Test Centers across the country. The pass rate on the examination was 100%. Like general urology certificates, all subspecialty certificates are ten-year time-limited certificates and subject to the Life Long Learning (LLL) Program. The next FPMRS examination will be administered on June 26, 2020.

**2018 Pediatric Subspecialty Certification Examination**

24 candidates sat for the 2019 Pediatric Subspecialty Certification Examination (PSCE) on October 12 and 18 at Pearson VUE Test Centers across the country. 24 (100%) candidates passed the exam. Like general urology certificates, all subspecialty certificates are ten-year time-limited certificates and subject to the Life Long Learning (LLL) Program. The next PSCE Examination will be administered on October 16 or 22, 2020.

**2019 Life Long Learning (LLL) General, LLL Pediatric Subspecialty and Recertification Knowledge Assessment**

585 Life Long Learning (LLL) Level 2 Diplomates (569 General Urology / 16 Pediatric) completed the 2019 Life Long Learning knowledge assessment at Pearson VUE Test Centers on October 12th and 18th. Of the 585 total candidates, 452 Diplomates (77%) passed unconditionally and 133 Diplomates (23%) earned conditional passes. The conditional pass breakdown of each sub-group is as follows: LLL Level 2 general 130 (23%); LLL Level 2 pediatric subspecialty 3 (19%). Diplomates who earn conditional passes must complete up to three CME courses within one year as remediation for their weakest knowledge assessment area(s) identified. The next LLL knowledge assessment will be administered on October 16 or 22, 2020.

**ABU Change of Address Policy**

The processes of Certification, Recertification, Subspecialty Certification, and Life Long Learning (LLL) have become increasingly complex, requiring significant exchanges of information between the American Board of Urology and its Diplomates. For many reasons, standard mail, telephone calls, and faxes have become inefficient. The cost involved is significant for the Board, having the potential to influence fees.

Therefore, it is imperative that the American Board of Urology has current, accurate mailing and electronic contact information for all Diplomates, including those with time-unlimited certificates, those in recertification, those in subspecialty certification, and those in LLL. It is the obligation of the Diplomate to maintain that information with the ABU. Failure to do so compromises the Board’s ability to convey important information to the Diplomate and jeopardizes currency in LLL, recertification, or certification. Diplomates are required to verify their contact information annually and if one’s information changes, the ABU must be notified. A lapse in this information could ultimately result in certificate revocation.
Voluntary Contributors

The Trustees would like to express sincere appreciation to the following Diplomates who made voluntary contributions:

Dennis S. Cesar, M.D.
Hark Chun Chang, M.D.
Pavitar S. Cheema, M.D.
Stacy Jay Childs, M.D.
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Rajendra Singh Chouhan, M.D.
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Ralph deVerre White, M.D.
William C. DeWolf, M.D.
Robert W. Doebler, M.D.
George W. Drach, M.D.
Glenn W. Dunnington, M.D.
Richard T. Eliason, M.D.
Gregor K. Emmert, Sr., M.D.
Roger A. Evans, M.D.
William P. Evans, M.D.
Grant Hopkins Evans, D.O.
Riad N. Farah, M.D.
Robert M. Feit, M.D.
Bernard H. Feldman, M.D.
George A. Fiedler, Jr., M.D.
Teodoro Ernesto Figueroa, M.D.
Dirk Thomas Fisher, M.D.
Francis E. Florio, M.D. in memory of Dr. John Duckett
Reed A. Fontenot, Jr., M.D.
Matthew John Forsyth, M.D.
R. Steve Foster, M.D.
Brendan M. Fox, M.D.
Martin D. Fritzrand, M.D. in memory of Dr. Robert Stackpole
Frederick M. Fry, M.D.
John R. Furman, M.D.
Stanley H. Galansky, M.D.
David C. Ganch, M.D.
Peter J. Garbeff, M.D.
Irving S. Garlovsky, M.D.
Charles L. Gates, Jr., M.D. in honor of Dr. John Kaswick
Alexander C. Gellman, M.D.
Sverrir O. Geogssson, M.D.
Myles David Gibbons, M.D. in honor of G. Mosley
George M. Glantz, M.D. in honor of Dr. M. Spatz & Dr. S. Rudansky
Robert E. Glesne, M.D.
Ronald Peter Giinski, M.D.
Kenneth A. Goldberg, M.D.
Lawrence N. Gorab, M.D.
Robert P. Gossett, M.D.
Timothy Gerald Grayson, M.D. in memory of Dr. W. Bedford Waters
Joseph M. Greco, M.D.
John Elbert Greene, M.D.
Michael E. Gribetz, M.D.
Tomas Lindor Griebling, M.D. in memory of Dr. Thomas J. Rohner, Jr.
Donald P. Griffith, M.D.
William P. Griggs, M.D.
Robert T. Grissom, M.D.
Ira C. Grossman, M.D.
Dean A. Hadley, M.D.
Marcelle R. Hamberg, M.D.
Jay J. Handler, M.D.
Philip M. Hanno, M.D.
David L. Harold, M.D.
Joseph Denton Harris, IV, M.D.
Mahmood S. Hasan, M.D.
Gordon Bruce Healey, M.D.
Lawrence E. Heller, M.D.
Ronald G. Henry, M.D.
Harry W. Herr, M.D.
Tzu L. Ho, M.D. in honor of Kathryn Queener
W. Howard Holl, III, M.D.
Charles M. Holman, Jr., M.D. in honor of Arthur Evans
John D. Holstone, M.D. in memory of Dr. John Duckett
Robert E. James, Jr., M.D.
Thomas William Jarrett, M.D.
George James Jones, M.D.
Joseph C. Kassis, M.D.
David J. Katz, M.D.
William H. Klopman, M.D.
John Paul Koonce, M.D.
Alfred A. Kopecky, M.D.
Vijayasimha Kotha, M.D.
Hari P. Kothegal, M.D.
Alan Scott Kowitz, M.D.
James Michael Kozlowski, M.D.
Krishnaswamy Krishnamurthi, M.D.
Patrick W. Kronmiller, M.D. in memory of Dr. Christopher A. Minott
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Samuel Shin-Kwon, Lee, M.D.
Richard G. Leff, M.D.
Edward K. Leventhal, M.D. in memory of Dr. William M. Glantz
Gregory A. Lewis, M.D.
John H. Lifland, M.D.
Robert Alan Light, M.D.
James E. Lingeman, M.D.
J. Martin Little, M.D. in honor of Dr. Gerald Jordan
L. Keith Lloyd, Jr., M.D.
Jorge L. Lockhart, M.D.
Edward S. Loh, M.D.
Gonzalo L. Lopez, M.D. in honor of Dr. Roy Witherington
Phillip Lowe, M.D.
Kin W. Lui, M.D.
Isaac Madeb, M.D.
Edwin Maeso-Gonzalez, M.D.
Carlos S. Maestre, M.D.
Zahi N. Makhlou, M.D.
Medhat N. Mansour, M.D.
James Daniel Masterson, M.D.
Arthur M. Matthews, Jr., M.D.
William W. Mayers, M.D.
Michael E. Mayo, M.D.
Jack Weldon McNinch, M.D. in memory of Mrs. Karen Graser Sastre
Albert McBride, M.D.
Diplomates have passed away:

The office of the American Board of Urology regretfully reports having received notification in 2019 that the following Diplomates have passed away:

Alexander A. McBurney, M.D.
Mark Warren McClure, M.D.
Michael R. McFadden, M.D.
Thomas B. McGinnis, M.D. in memory of Dr. William Fair
Thomas P. McGregor, M.D.
Benjamin K. McInnes, III, M.D.
David Russell McKenzie, M.D.
James G. McMurray, M.D.
Walter L. Mendenhall, III, M.D.
John H. Meriwether, M.D. in memory of Dr. Alan D. Pelmutter
Raymond W. Merrell, M.D.
Thomas J. Mertz, M.D.
Edward M. Messing, M.D.
Eli K. Michaels, M.D.
Brian J. Miles, M.D.
J. Steve Miller, M.D.
Carl Mills, II, M.D.
Rosalia Missieri, M.D.
David F. Moblely, M.D.
Theodore L. Moley, M.D. in memory of Dr. S. Grant Mulholland
Randall J. Moeller, M.D.
Mohammed N. Mona, M.D.
Stephen Alan Mong, M.D.
James E. Montie, M.D.
Thomas E. Moody, M.D.
James O. Moon, M.D.
Billy R. Mosley, M.D. in memory of Dr. Richard Middleton
Wael F. Muakkassa, M.D.
Edward Muecke, M.D.
Joseph B. Murphy, M.D.
Gurumurthai Nagabhushana, M.D.
Harris M. Nagler, M.D.
C. R. Natarajan, M.D. in memory of Dr. Richard D. Williams
Pernankel D. L. Nayak, M.D.
Daniel H. Neustein, M.D.
Thomas E. Newman, M.D.
Ziad A. Niazi, M.D.
Mark J. Noble, M.D.
James Francis Nolan, M.D.
Stephen Ralph Nold, M.D. in honor of Dr. W. Hardy Hendren

Israel Paul Nosnik, M.D.
Seth P. Novoselsky, M.D.
Ned Richard Novsam, M.D.
G. Coleman Oswalt, Jr., M.D.
Frederico A. Padin, M.D.
William Robert Page, M.D.
Jerry M. Parker, M.D.
Dennis H. Peters, M.D.
Ryan Baird Pickens, M.D. in memory of Drs. Darrocott Vaughan, John Ware, & George Hurt
M. Sheldon Polsky, M.D.
William Stewart Powell, M.D.
Kevin Pranikoff, M.D.
Steven R. Previte, M.D.
Peter J. Puchner, M.D.
Don Robertson Queener, M.D. in memory of Dr. Bogdan Marcel
Jacob Rajfer, M.D.
Eduardo R. Randrup, M.D.
Shlomo Raz, M.D.
T. Philip Reilly, M.D.
Charles W. Reynolds, M.D.
Stanley M. Ring, M.D.
James P. Roach, M.D.
Timothy Michael Roddy, M.D. in memory of Ms. LuAnn Wiita
Frederick G. Rodosta, M.D.
Raleigh W. Rollins, M.D.
Gene S. Rosenberg, M.D.
David R. Rosencrantz, M.D.
Randolph J. Ross, M.D.
Robert R. Ross, Jr., M.D.
Joe R. Ross, Jr., M.D.
James Burnell Rounder, Jr., M.D.
Glen A. Rountree, M.D. in memory of Dr. Richard D. Williams
Donald H. Rudick, M.D.
Lewis F. Russell, M.D.
Harry Merritt Rutland, III, M.D. in memory of Dr. Fray Marshall Simon Saada, M.D.

Stephen A. Sacks, M.D.
Arthur I. Sagalovksy, M.D.
Thomas Jason Sanders, M.D.
Richard B. Sasnett, Jr., M.D. in honor of Dr. John N. Wettlauer
Cesar J. Sastre, M.D. in memory of Dr. Stuart Applebaum
Paul F. Schellhammer, M.D. in memory of Dr. Asay Kparker
Karl F. Schlaepfer, Jr., M.D.
Joseph D. Schmidt, M.D.
John P. Schneider, M.D.
Ira Schwartz, M.D.
Troy W. Scott, III, M.D.
Michael B. I. Scott, M.D.
Terrence M. Scott, M.D.
David Lawrence Scott, M.D.
Ladd J. Scriber, M.D.
Michael Y. Seiba, M.D. in memory of Dr. Joseph C. Addonizio
Mark Banks Sender, M.D. in honor of Dr. Roy Witherington
Navin C. Shah, M.D.
Salem S. Shahin, M.D.
Shimon Shalit, M.D.
Allan M. Shanberg, M.D.
Nathan P. Shappley, III, M.D.
Ira Dorian Sharlip, M.D.
Robert A. Shpall, M.D.
Yale Shulman, M.D.
Sherman J. Silber, M.D.
Anup K. Singh, M.B.B.S.
Leonard B. Skaist, M.D.
Steven John Skoog, M.D.
Arnold B. Skor, M.D.
Donald M. Sledz, M.D.
Stanley J. Smith, M.D.
Joseph A. Smith, Jr., M.D.
Robert B. Smith, M.D.
Solomon K. Sobeingin, M.D.
Otto P. Soltes, M.D.
Frank F. Spallancz, Jr., M.D.
William A. Stallworth, M.D.

Jay Joseph Stein, M.D.
Ned B. Stein, M.D.
Joseph C. Stevens, M.D.
William Wilton Stewart, M.D.
Mark W. Story, M.D.
Juan B. Suarez, M.D.
Gerald Sufnin, M.D. in memory of Dr. Jack McAninch
R. Brickley Sweet, M.D.
Nhip Tang, M.D.
Stephen P. Taylor, M.D.
Garo M. Tertzakian, M.D.
Arthur Tijerina, M.D.
Frank L. Tortora, Jr., M.D.
Raymond W. Turner, M.D.
Thurlow J. Underhill, M.D.
Robert G. Uzzo, M.D.
Allan Chad Van Horn, M.D.
John Gerard Van Savage, M.D.
Jack H. Vitenson, M.D.
Roger J. Vitko, M.D.
Daniel C. Voglewede, M.D.
Wesley C. Walker, M.D.
John P. Walsh, M.D.
Robert T. Webb, M.D.
Thomas E. Weldon, M.D.
Kristene Elizabeth Whitmore, M.D.
John R. Whittaker, M.D.
Bruce E. Wiita, M.D. in honor of Francis Benaventi
James M. Wilson, M.D. in memory of Drs. Andrew Novick & Stephen Streem
Lawrence Winton, M.D.
Gilbert J. Wise, M.D. in memory of his father
Roy Witherington, M.D.
William M. Wixted, M.D. in honor of Dr. John Redman
Claude H. Workman, III, M.D.
Talata Edouard Yaghmour, M.D.
Donald A. Young, III, M.D.
Youssef K. Youssef, M.D.
Craig D. Zippe, M.D. in memory of F. Brantly Scott

In Memoriam

The office of the American Board of Urology regretfully reports having received notification in 2019 that the following Diplomates have passed away:

Omar Benitez, M.D.
Sosale Madaiah Beruchel, M.D.
John Michael Hoog, M.D.
Harry N. Kotsis, M.D.
Ashay Vilas Kparker, M.D.
Mark C. Lindgren, M.D.

James M. McMurty, M.D.
Michael Kenneth Ouwenenga, M.D.
Edward Lee Simmons, M.D.
Robert H. Stackpole, M.D.
Babu V. Surya, M.B.B.S.
Samual Dwane Thomas, M.D.
Addison E. Thurman, M.D.
Harvey C. Walker, M.D.
W. Bedford Waters, M.D.
Allan R. Weide, M.D.
Stephan Lionel Werner, M.D.
Youssef T. Costandi, M.D.
The ABU candidate and Diplomate portal is here! The new system provides candidates and Diplomates a means of accessing personalized, current information about the specific processes of certification or Life Long Learning in which they are involved. Features include web-based interfaces to handle new candidate certification, peer review, log submissions, subspecialty certification, and more. In addition to offering applicants status updates in a given process, the portal provides electronic document storage and secure payment capabilities by credit card.

Check out our website!  www.abu.org

Check out your portal!  https://portal.abu.org

You are currently in the Life Long Learning Level 2 cycle.

Application Progress

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Based on your submitted documentation, ABU staff have verified the following CME credits:

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<td>Total</td>
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A Special Thanks to
Executive Secretary Gerald H. Jordan MD, FACS, FAAP (hon), FRCS (hon)
2012-2019

Throughout his tenure, Dr. Jordan’s devotion to the American Board of Urology’s mission guided his facilitation of many milestones, to include: Maintenance of Certification (MOC) evolution to Life Long Learning (LLL), Pediatric Subspecialty Certification (PSC), Female Pelvic Medicine - Reconstructive Surgery Subspecialty Certification (FPMRS), the Diplomate Portal, an electronic Oral Exam, the ABU Town Hall at the annual AUA meeting, and Fireside Chats. And, looking ahead, these developing initiatives also are owing to Dr. Jordan’s vision: Retired Status Designation and Focused Practice Designation.

The Trustees and staff of the American Board of Urology thank Dr. Jordan for his unparalleled and dedicated service as Executive Secretary 2012-2019.

We Remember W. Bedford Waters, M.D.

“There are some who bring light so great to the world, that even after they have gone, the light remains.”

Dr. W. Bedford Waters served with great distinction and dedication as a Trustee of the American Board of Urology from 2003-2009, as President from 2008-2009, and as Chairman of the Maintenance of Certification Committee from 2007-2012. He also served as Secretary-Treasurer, Chair of the Executive Committee, Chair of the Recertification Committee, Finance Committee member, Oral Exam Committee member, Oral Examiner, and representative to the American College of Surgeons. Dr. Waters was instrumental in developing the framework and policy for the Board’s maintenance of certification program (MOC), now Life Long Learning, spending countless hours working with ABU staff to implement the program. His passion for life and medicine was contagious — his spirit, electric. Dr. Waters, we are forever grateful for your compassion and your countless contributions to the field of urology.
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President-Elect
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Wulan S. Surgener, Meetings Coordinator
Amy H. Woodson, Certification Coordinator