Message from the President

Urologists today face many challenges. There is a workforce shortage, record high levels of burnout, and ever broadening requirements from hospital systems and payers. These factors all interact to complexly burden the modern-day practicing urologist. Add to this the increased importance of patient satisfaction, quality outcomes, and the persistent pursuit of efficiency, and one is left believing the current state of clinical urology is taxing, confused and confounded at best. Yet in light of all this, urology remains one of the most coveted of healthcare specialties, and as Chairman of a major program in the Midwest, I can assure all of you that in 2019, most urology training programs are attracting the best and the brightest our medical schools have to offer. So, what is it about urology that has led to this? I believe urology remains a field of great satisfaction, as the vast amount of urologic disease is treatable, and treatable by only a urologist. Moreover, being in the forefront of patient assessment, our role as diagnosticians, as well as our role in the surgical outcomes of our patients, has required that we master most relevant aspects of social and technical medicine. But what impresses me the most about present-day urology is, despite all these challenges, many urologists remain major clinician, administrator, and educator role models to other physicians. Personally, I am extremely proud to be a urologist and active Diplomate of the American Board of Urology.

During my tenure on the Board, I led the Certifying Examination Committee (oral boards) and served on the Credentials Committee. Prior to becoming a Trustee and President, I served on the Examination Committee, which writes the Qualifying Examination (written boards). These are voluntary appointments, but what amazed me about the Exam Committee was its absolute commitment to fairness, proper testing metrics, and face validity. Today, the written examination has truly met the “sniff” test as both a differentiating and fair tool for Part 1 candidates. Historically, the Oral Examination has been more subjective, but the transition to a more secure electronic format has made it more consistent and objective. But most importantly, the Oral Exam today has an equivalent reliability to the Qualifying Examination, all while being administered in the “simulated” clinical encounter, with true human interplay between the examiner and candidate. Through tireless efforts of the Trustees and a new, younger crop of examiners, we in urology have testing which is challenging, fair, and reliable. Adding the candidate’s operative logs, complications narratives and peer review, means our overall certification process is as rigorous and efficient as any in the ABMS.

While certification has been embraced by our Diplomates, Life Long Learning has not been so well received. Specifically, one may ask why continue with Life Long Learning after achieving board certification? Really, the better question is why not?! We are all committed to offering the best to our patients, and in this fast paced world of innovation and cure, the practice of urology is changing constantly.

The combination of the cited literature, AUA Guidelines, CME meetings, and grand rounds all enable continuous educational opportunities for urologists. But what is the future of Life Long Learning, and more importantly, ongoing certification? I believe as we continue to work in an era of electronic communication, increasingly, we will use online simulation, electronic assignments and clinical assessments. In the past few years, as a result of feedback from all of you, the Board has made significant efforts to simplify Life Long Learning, specifically by making the high stakes examination more prescriptive rather than judgmental. More importantly, the ongoing tasks of Life Long Learning are less frequent, and can be managed electronically, without ever having to leave home. However, to date, it appears urologists still enjoy attending CME meetings. As a result, the Board has learned to communicate more effectively and clearly, and we will continue in this endeavor through regional presentations at meetings, as well as through our new and improved internet portal. In addition, we continue to diligently provide practical feedback on individual clinical practice through the log process. In this way, the logs not only guide future Life Long Learning educational models, but also help individual urologists understand their practice patterns.

The primary mission of the American Board of Urology is to act for the benefit of the public, by creating certification standards and by partnering with urologists in Life Long Learning. Through our strong alliance with the AUA, we use learning modules and other educational programs to provide comprehensive, concise, and convenient approaches to maintain certification. More
importantly, our Life Long Learning program facilitates the practice of high-quality urology all across the United States. Plus, I believe the future of certification will include more advanced simulation, and the Board must endeavor to manage the broadening roles of urologists (including genomics, transgender urology, and transitional urology) while also supporting certificates of added qualification and subspecialization. Consequently, our Board must further interact with other specialty boards to provide the clearest view of adequate qualifications required to provide the highest level of care to the public. I am certain that the leadership of the American Board of Urology is prepared to handle these challenges, by providing high level, state of the art methods to certification and Life Long Learning, while retaining the personal touch needed to continue supporting our candidates and Diplomates for years to come.

Serving as Trustee and now President of the Board has been a true highlight in my career. Specifically, its been a privilege working alongside the outstanding staff at the Board: Lindsay Franklin, Amy Woodson, Jim Surgener, Donna Payne, Charlie Hall, Wulan Surgener, Melissa Hall, Fran Hogan, and Cindy Hamady; as well as independent consultants Donna Connelly and Matthew Baden. I would also like to acknowledge Dr. Gerald Jordan, who will be stepping down as ABU Executive Secretary in June of this year. Dr. Jordan has provided outstanding service to the Board and our Diplomates, through his unwavering skill, wisdom and common sense. His ability to communicate with all of you, the Diplomates, and with us, the Trustees, has been exemplary. Many of you who have called the Board office and interacted with Dr. Jordan know exactly what I am talking about. I have found Dr. Jordan to be knowledgeable, affable and engaging with boundless skills and energy. It has been my honor to serve with him.

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 subspecialization.
5. To grant and issue to qualified physicians certificates of special knowledge and skills in Urology and approved subspecialties, and to suspend or revoke the 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.

INCOMING ABU PRESIDENT

David B. Joseph, M.D. of Birmingham, AL 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 2019. Dr. Joseph succeeds Stephen Y. Nakada, M.D.

INCOMING EXECUTIVE SECRETARY

J. Brantley Thrasher, M.D. of Kansas City, Kansas will assume the position of Executive Secretary of the American Board of Urology on June 1, 2019. Dr. Thrasher succeeds Gerald J. Jordan, M.D. He served as ABU Trustee from 2010-2016.

CERTIFIED BY ABU LOGO

To increase awareness and value of Board Certification, the Trustees of the American Board of Urology commissioned the Certified By ABU logo. As a Diplomate of the American Board of Urology, you can now create a personalized logo by using this link: http://certified.abu.org. Simply enter your name as you would like for it to appear within the logo (ie: John T. Smith, M.D.) and click “Submit”. Once generated, you will be able to save and use it as with any file. You may make and retain multiple versions. Personalized logos can be used online or in print to enhance email signatures, websites, stationary, etc.
A Special Thanks to Retiring Executive Secretary Gerald H. Jordan MD, FACS, FAAP (hon), FRCS (hon)

Dr. Gerald Jordan’s history with and impact on the field of urology is monumental. With a career that began in the military, the breadth of his experience reflects pursuit of varied clinical and academic interests and dedication to urologic advancement through leadership. Upon U.S. Naval Academy graduation in 1966, Dr. Jordan began service to his country with 20 years of active duty, including two tours in Viet Nam. He attended Army Airborne and Navy Flight Schools and was awarded U.S. Naval Aviator Wings, among his many military accomplishments. He received his medical degree from the University of Texas at San Antonio in 1977 and became a USAF Flight Surgeon that same year. Completing internship and a urology residency at the Naval Regional Medical Center in Portsmouth, Virginia, Dr. Jordan then furthered his training with a fellowship in pediatric and adult reconstructive urology at Eastern Virginia Graduate School of Medicine. With this focus to his medical practice, he steadily rose to leadership, ascending to Professor at EVMS in 1993 and then Chairman of the Urology Department in 2000, in addition to being Program Director for the Devine Center for Genitourinary Reconstructive Surgery at Sentara Norfolk. Dr. Jordan pioneered many surgical innovations which became the standards of care worldwide, and his contributions to the literature have been significant. Fittingly, in his honor, the Devine Center was renamed The Devine-Jordan Center in 2012.

Since 1984, Dr. Jordan has been a Diplomate of the American Board of Urology and, though holding a time-unlimited certificate, he underwent voluntarily recertification in 2007. He was nominated to the position of Trustee in 2006, and after serving a six year term, accepted the post of ABU Executive Secretary in 2012. In this capacity, Dr. Jordan has been highly active as an invited participant, presenter and lecturer at conferences, events and teaching institutions worldwide. In May 2019, Dr. Jordan will retire from this prestigious appointment. The Board and whole urologic community are fortunate to have had the longstanding leadership of Gerry Jordan, whose benevolent method of operation has always been toward collaboration. Illustrating this admirable quality is the following simple quote taken from his recently dictated correspondence to a colleague: “...the future lies in both sides trying to work together. That means, perhaps, sharing journals, more interface in each other’s meetings etc. Those interfaces will have to capitalize on the different thinking mechanisms and talents of the two, thus, making both the better because of the other.”

Dr. Jordan is professionally affiliated with dozens of societies and organizations and, in addition to the American Board of Urology, has generously lent his leadership skills through holding executive offices in many of them. The relationships Dr. Jordan has established and strengthened over the course of his seven years as Executive Secretary are immeasurable, as exemplified in the following peer reviews:

“As ABU’s Executive Secretary, Dr. Jordan has done an outstanding job of enhancing the relationship between the ABU and AUA. His leadership and vision have allowed us to collaboratively align ABU’s certification and Life Long Learning programs with AUA’s education and quality programs for the benefit of the urology community.” Michael T. Sheppard, CPA, CAE (Chief Executive Officer, AUA)

“Dr. Jordan is one of the most honest, fair and collaborative individuals I have come across in urology. I have been privileged to work with him as part of the SAU, as well as through the AUA office of education and in other societies. His willingness to recognize issues and understand alternative perspectives is simply phenomenal. He has always been very approachable and willing to give his time to present at our meetings and participate in dialogue. His committed and capable leadership has left a legacy of cooperation which will stand us in good stead for the future.” Badrinath R. Konety, M.D., MBA (President, SAU)

“It has been a privilege to work with Dr. Jordan on behalf of the Societies for Pediatric Urology and together on improving the quality and integrity of pediatric urology fellowship training. Our organization (SPU) and our membership has been strengthened by our relationship with the ABU by Dr. Jordan’s foresight, clarity of mission and generosity.” Lane S. Palmer, M.D. (President, SPU)

continued on pg 6
“When I began my time as ABMS President, things had been tense between ABU and ABMS. Despite this, Gerry was the first Member Board Executive who reached out and invited me to meet with his Board. His leadership made it possible – and more than that, likely – that we could work out any differences and move forward productively. And that is exactly what happened. Another thing I will mention about Gerry is how deeply committed he is to the ABU, our profession, and our country. I was always so impressed listening to him talk about the work that ABU does to enhance urologic care in this country and in a way that is very supportive of urologists. One of my favorite moments in my entire tenure as ABMS president was being at a national air museum in Arizona and having the retired military members among our the ABMS Boards’ leadership talk a bit about their experiences. Gerry was one of those people and he held me and others spellbound that evening.” Lois M. Nora, MD, JD, MBA

“It is the general opinion that Dr Jordan has done an outstanding job as Executive Secretary of the American Board of Urology. Indeed, with the Trustees having a finite time on the Board, the Executive Secretary is the one person with an extended tenure and ability to provide a historical perspective, which is so important for providing the precedence that is required for making proper and fair decisions. Gerry has demonstrated the organizational skills required for the position and has been a good listener and problem solver. One of his strong suits has been as a communicator which is so important as the ABU relates to other academic medical organizations, to the community urologists, and to the world outside of medicine.” Robert M. Weiss, M.D. (President AAGUS)

"Gerry is a real leader, he relates well to all and is a good listener. He can relate not only to urologists but also to other physicians and the lay community. He has provided a steady hand and a fund of past experience to the ABU. The ABU has been so very fortunate to have him serve as Executive Director.” Robert C. Flanigan, M.D. (President AUA)

“Dr. Jordan has made significant contributions at the national level that have positively impacted the entire House of Surgery and have fostered collaboration between AUA and ACS to address common goals in the rapidly evolving field of surgical education.” Ajit K. Sachdeva, M.D. (ACS Director, Division of Education)

“Dr. Jordan has stewarded the ABU through a time of tremendous change with the advent and evolution of Maintenance of Certification. Like other regulatory changes with mandatory compliance, MOC has caused its share of angst and consternation for urologists across practice settings. In the face of these challenges, Dr. Jordan has continued to show up at meeting after meeting, first listening then assuring audiences with poise and equanimity as to the ABU’s mandate and intent without minimizing valid concerns. His is a rare and admirable brand of leadership which has provided stability in challenging times for the ABU and our specialty. His leadership will be missed. His example over these past years at ABU will stand as a model for emulation by future leaders of the great organizations and committees of the house of urology.” Mark T. Edney (AACU President)

Throughout his tenure, Dr. Jordan’s devotion to the American Board of Urology’s mission has 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 since 2012.

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 insure the delivery of high quality, safe and ethical urologic care.
The Board Welcomed…
New Trustees: Christopher L. Amling, M.D. and James Stuart Wolf, Jr., M.D.

Dr. Christopher L. Amling, FACS, is the John Barry Professor and Chair of the Department of Urology at Oregon Health & Science University (OHSU) where he also serves as Director of Robotic Surgery. He received his undergraduate education from the University of Oregon and his medical degree from OHSU. He did his surgery and urology residency training at Duke University Medical Center and then completed a fellowship in urologic oncology at the Mayo Clinic. Dr. Amling served in the US Navy for 20 years, attaining the rank of Captain. Before coming to OHSU in 2009, he was Program Director and Chair of Urology at the Naval Medical Center in San Diego and then Chief of the Division of Urology at the University of Alabama at Birmingham.

Dr. Amling has a longstanding interest in resident training and experience in the development and assessment of resident evaluation tools. In collaboration with the ACGME, he developed the SECR resident competency evaluation system in 2001 which was made available via the ACGME website to program directors of all specialties. He served on the Urology Residency Review Committee (RRC) for six years and has been a member of other national committees related to resident education including the ACGME Urology Milestones Project Committee and the ACGME Advisory Committee on Education Outcome Assessment. Dr. Amling was Chair of the Fellowship Committee for the Society of Urologic Oncology and also served as President of the Society of University Urologists in 2009.

Dr. Amling has been on several national AUA committees including the Education Council, Research Council and the Public Media Committee, and is the recipient of the AUA Gold Cystoscope Award in 2009. He has served on the Board of Directors for both the WSAUA and SESUA, and currently serves as President-Elect of the WSAUA. He is a member of multiple professional organizations including the American Surgical Association (ASA), the Western Urologic Forum (WUF), the American Association of Genitourinary Surgeons (AAGUS) and the Clinical Society of Genitourinary Surgeons (CSGUS). Dr. Amling has contributed over 215 peer-reviewed publications, many of which have focused on prostate cancer risk assessment and treatment outcomes. His clinical practice focuses on the utilization of robotic and minimally invasive surgery for the treatment of genitourinary malignancies.

After receiving his M.D. from Northwestern University, Dr. Wolf completed urology residency at UCSF and then an Endourology / Laparoscopy Fellowship with Ralph Clayman. He joined the University of Michigan in 1996, and over the ensuing 20 years, he served as the Director of the Division of Endourology, the Director of the Endourology / Laparoscopy Fellowship, and the Associate Urology Department Chair for Surgical Services. In 2016, he assumed his current role as Associate Chair for Clinical Integration and Operations in the Department of Surgery and Perioperative Care at Dell Medical School of the University of Texas at Austin.

Dr. Wolf has served on the Board of Directors of the Michigan Urologic Society, the Society of Academic Urology, and the Endourological Society. He chaired the American Urological Association (AUA) Practice Guidelines Committee, and the AUA Science & Quality Council. At the University of Michigan, Dr. Wolf received the Silver Cystoscope Award for Urology Residency Teaching Excellence 3 times (1999, 2002, and 2005). He was appointed the inaugural David A. Bloom Professor of Urology in 2006. The Department of Urology awarded him the Faculty Service Award in 2011 and the Outstanding Achievement Award in 2012. He was inducted into the League of Educational Excellence of the University of Michigan Medical School in 2015, and that year he also received the inaugural Program Director’s Award from the Endourological Society. In 2010, Dr. Wolf was elected to the American Association of Genitourinary Surgeons. In 2018, he started a 6-year term as a Trustee of the American Board of Urology.

An author of over 300 peer-reviewed articles and videos, and 150 invited publications, Dr. Wolf serves, or has served, on the editorial boards of 11 journals. His scholarly work has been recognized by awards and/or research grants from the American Foundation for Urologic Disease, the Department of Veterans Affairs, the Endourological Society, the American Society of Transplant Surgeons, and the AUA and 2 of its sections.
The Board Thanks...
H. Ballentine Carter, M.D. and Fred E. Govier, M.D.

Dr. H. Ballentine Carter served as a Trustee of the American Board of Urology from February 2012 until February 2018 and was its President 2017-2018. He also served as Chair of the Executive Committee, Secretary-Treasurer, Chair of the Credentials Committee, and member of the Nominating Committee, the Maintenance of Certification Committee, the Credentials Committee, and the Pediatric Subspecialty Committee.

Of his term as a Trustee, Dr. Carter stated, “The opportunity to serve on the American Board of Urology (ABU) was the most rewarding time during my career in urology. I feel particularly fortunate to have served during a time of transition that focused on increasing the value of lifelong learning for diplomates, while reducing the burden of maintaining certification. These efforts were led by a group of trustees dedicated to our profession, an Executive Secretary (Dr. Gerald Jordan) whose wisdom and guidance is appreciated by all who know Gerry, and an office staff in Charlottesville whose support of the board mission and diplomates can only be described as a “dream team”. Each year 2 trustees are chosen for a 6-year term, and I had the good fortune to partner with Dr. Fred Govier from Seattle, Washington during my tenure on the ABU. We are all, as Diplomates of the ABU, fortunate to be served by a board whose work continues to positively influence our standing within the medical community.”

Dr. Fred E. Govier served as a Trustee of the American Board of Urology from February 2012 until February 2018 and as Vice President 2017-2018. He served on the Executive Committee and served as Chair of the Nominating Committee and the Publications and Research Committee. He also served on the Recertification Committee and the Female Pelvic Medicine and Reconstructive Surgery Subspecialty Committee.

Regarding his service to the ABU, Dr. Govier had this to say, “When I look back on my six years on the board, what stands out for me is the character of my fellow board members and the expertise and dedication of the ABU staff. To a member, everyone checked their egos at the door and worked tirelessly to fulfill our primary mission of protecting the public, while at the same time respecting the many burdens already being placed on our fellow urologists. While perhaps not an impossible task if this group had complete autonomy, such is not the case and this board is but one of 24 separate boards who together make these decisions. As such, our role requires really listening to and respecting everyone at the table to come up with workable solutions. I would like to give a special thanks to Bal Carter and Gerry Jordan, who I had the pleasure of working with for the entire six years. I cannot imagine a better partner or more dedicated voice for Urology than Bal and never in my entire life have I been around someone who functioned at such a high level and yet was so humble and respectful in every situation and interaction as Gerry. Serving on the board was a highlight of my career and an education around how well an organization can function.”

Message from the Vice President
Mark S. Austenfeld, M.D.

I am very grateful for having had the opportunity to serve as a trustee on the American Board of Urology. I remember in 2012 when I received the telephone call from Dr. John Forrest, my friend and a trustee at that time, informing me that I had been selected to serve on the board. I had a feeling of excitement but also of anxiety. I wasn’t sure if I was qualified or whether I would fit in well with the other trustees, who are predominately in academic practice. This anxiety was quickly relieved by the warm reception I received from Dr. Gerry Jordan, the Executive Secretary of the ABU, and the rest of the twelve trustees. I soon realized that we had a strong common goal regarding board certification and recertification and although we had different backgrounds, it was our collective opinion that mattered the most.

As my time on the ABU is coming to a close, I feel proud of our accomplishments and optimistic about the future of the recertification process. I would like to recognize Dr. Gerry Jordan, the Executive Secretary of the ABU for the past eight years. It was his experience, wisdom, and leadership that helped move the board toward meaningful change. I also want to recognize Dr. Michael Ritchey, the architect of the new Life Long Learning (LLL) process, who has spent countless hours toward improving recertification, and all of my ABU colleagues and their families. With six years of service and two trustees rotating yearly, I had the opportunity to work closely with 23 outstanding compassionate and dedicated physicians. I would like to especially thank Dr. Stephen Nakada, president of the ABU. Steve and I started together, and we have become good friends. I have tremendous respect for his dedication to the board. He was the catalyst behind revising the oral examination, working tirelessly to make the process more objective and accurate. It is been a privilege for me and my wife, Jennifer, to get to know Steve, his wife Deanna, and daughter Sarah over the past six years.

Although it is been said before, it cannot be emphasized enough that the staff at the ABU office is simply outstanding. Lindsay Franklin and her entire team, including Amy Woodson, Wulan Surgener, Jim Surgener, Charlie Hall, and Donna Payne, are a dedicated group of people that care deeply about their roles at the ABU. It is been a true pleasure to have known each of them and I hope we can stay in touch over the years to come.
2018 Qualifying (Part 1) Examination

323 candidates sat for the 2018 Qualifying (Part 1) Examination on July 12 and 13 at Pearson VUE Test Centers across the country. 315 candidates (97%) passed and 8 candidates (3%) failed. The 2019 Qualifying (Part 1) Examination is scheduled for July 11 and 12.

2018 Certifying (Part 2) Examination

303 candidates challenged the February 2018 Certifying (Part 2) Examination in Dallas, TX. 285 (94%) passed and were certified while 18 (6%) 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 2019 Certifying (Part 2) Examination is scheduled for February 22-23.

2018 Female Pelvic Medicine and Reconstructive Surgery Examination

A total of 60 candidates (urologists and gynecologists) sat for the 2018 Female Pelvic Medicine and Reconstructive Surgery (FPMRS) Subspecialty Certification Examination on June 22 at Pearson VUE Test Centers across the country. The pass rate on the examination was 88%, with 53 passing and 7 failing. 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 21, 2019.

2018 Pediatric Subspecialty Certification Examination

22 candidates sat for the 2018 Pediatric Subspecialty Certification Examination (PSCE) on October 12 and 19 at Pearson VUE Test Centers across the country. 20 (91%) candidates passed the exam and 2(9%) failed the exam. The pass rate was consistent with previous years. 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 12 or 18, 2019.

2018 Life Long Learning (LLL) General, LLL Pediatric Subspecialty and Recertification Knowledge Assessment

454 Life Long Learning (LLL) Level 2 Diplomates (434 General Urology / 20 Pediatric) and 23 Recertification Diplomates completed the 2018 Life Long Learning knowledge assessment at Pearson VUE Test Centers on October 12th and 19th. Of the 477 total candidates, 389 Diplomates (82%) passed unconditionally and 88 Diplomates (18%) earned conditional passes. The conditional pass breakdown of each sub-group is as follows: LLL Level 2 general 72 (17%); LLL Level 2 pediatric subspecialty 7 (35%);(534,16] and Recertification candidates 9 (39%). 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 12 or 18, 2019.

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.
Continuing Certification programs are required for all Diplomates of the American Board of Urology (ABU) with certificates issued after January 1, 2007. Continuing Certification is a mandate of the American Board of Medical Specialties (ABMS) of which the ABU is a member board. There are several components that are required: Professionalism and Professional Standing (Licensure and Peer Review), Lifelong Learning and Self-assessment (CME), Assessment of Knowledge, Judgement and Skills (Examinations) and Improvement in Medical Practice (Outcomes and Quality Improvement). The process has been an evolving one and will continue to be so. The ABMS continuously re-evaluates these programs through the Committee for Continuous Certification (C3). ABMS standards for MOC allow medical boards some flexibility in development of the programs.

In recent years, the ABU has made many changes to the MOC/Continuing Certification process. Therefore, we are not using the term Maintenance of Certification any longer as it implies a process contrary to our current process. In its place, we are citing the Life Long Learning (LLL) program.

In 2017, we made the decision to revert to a modular examination. This was due to the recognition that many urologists specialize in very narrow areas and the previous exam tested the entire spectrum of adult urology. We have decided to include a large percentage of questions that have been used on the AUA SASP exam. We are also making an effort to have more questions on the exam that are related to AUA Guidelines. The purpose of the exam is to assess our Diplomates to ensure that they are maintaining a good knowledge base. We do expect that our Diplomates maintain criteria standards for safe and effective urologic care.

A major change to our LLL program last year was the elimination of a “high stakes” exam. Since the 2007 inception of our initial program, our Diplomates have been required to pass an exam every 10 years to maintain their certificate. We now take the approach that this exam is only one of the components of LLL determining if Diplomates can continue forward in the process. We evaluate our Diplomates based on their completion of the entire LLL program to make a summative decision.

In lieu of traditional scoring, we now provide our Diplomates with metrics on their performance. We are able to identify those individuals with knowledge gaps and assign them individually directed CMEs. Diplomates are required to complete CME related to content areas of poor performance. Documented completion of the assigned CME is necessary before proceeding in LLL. Those who do not complete the required CME or do not elect re-examination will not be allowed to continue in the LLL process. In addition, those who do not take the LLL knowledge assessment will not be allowed to continue in the LLL process.

We are fortunate to have excellent collaboration from the AUA Office of Education to provide CME materials that match our examination blueprint.

We ask and strongly suggest that the LLL knowledge assessment be done at year 7 of the 10-year cycle. This allows ample time for remediation to be accomplished when assigned. During the integration years of this new scoring paradigm, we have been liberal with the issuance of variances to keep certificates from expiring while remediation is accomplished. However, going forward we will not have this flexibility. Thus, delaying the Knowledge Assessment into years 8, or particularly 9, may turn the assessment into a binary result that is “high stakes.” Please keep in mind that the goal of the ABU in using the Knowledge Assessment scoring paradigm is to assist our Diplomates with identification of knowledge gaps -- not to have an adverse effect on their certification.

Another recent change to our program is the ability to use registry participation to obtain credit for LLL. We first allowed participants in the MUSIC registry in Michigan to receive LLL credit. We next added the upper levels of the AUA AQUA registry to allow those participants to receive credit for this quality improvement work. The most recent registry to be approved for LLL participation is the Pennsylvania Urology Regional Collaborative (PURC). Another avenue to receive credit is participation in the ABMS Multi-Specialty Portfolio program. This is more likely to be used by Diplomates who are part of a large health system, or those in academic practices. However, the number of opportunities to receive such credit will grow over time.

We will continue to annually reassess our Life Long Learning program. We do have to ensure that our program is compliant with the overarching standards developed by ABMS, as we are a part of that community. The ABMS is in the midst of a year-long process, The Vision for the Future Commission, evaluating the programs of all boards for continuing certification. The commission has heard testimony from a variety of stakeholder groups including ABMS member boards, Leadership of the Council of Medical Specialty Societies, leadership state medical associations, and consumer and health care quality advocate groups. It is expected that their report will be available early next year. This may provide a blueprint for ABMS member boards to consider in developing/revising their continuing certification programs. Recommendations may include improving consistency across all ABMS member board programs and linking these programs to measurable and meaningful outcomes. ■
Voluntary Contributors

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

Alan M. Alabaster, M.D.
M. Rida Al-Ansari, M.D.
Micaela Aleman, M.D.
Robert M. Alexander, M.D.
William Randy Allen, M.D.
Paul F. Alpert, M.D.
Michael J. Altamura, M.D.
Amos M. Anderson, III, M.D.
Danilo Koku Asase, M.D.
Robert Alan Ball, M.D.
J. Richard Auman, M.D.
Richard A. Blath, M.D.
Robert Alan Ball, M.D. in honor of Dr. William L. De Wolf
William F. Barnes, M.D.
John M. Barry, M.D.
Winston E. I. Barzell, M.D.
Michael Brian Bauer, M.D.
Winston E. I. Barzell, M.D.
Robert C. Johnson, M.D.
Robert E. Johnson, M.D.
Robert R. Johnson, M.D.
Robert E. Johnson, M.D. in honor of Dr. Gerald Jordan
Rudy I. Haddad, M.D.
Howard Chris Halvorson, M.D.
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Philip M. Hann, M.D.
David L. Harold, M.D. in honor of Dr. John Konack
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Mahmood S. Hasan, M.D.
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Jack Weldon McNinch, M.D. in memory of Dr. Richard H. Williams
Albert McBride, M.D.
Mark Warren McClure, M.D.
Thomas B. McGinnis, M.D. in honor of Dr. Thomas A. Stamey
Thomas P. McGovern, M.D.
Marc Alan Melser, M.D. in Memory of Dr. Alan Wein
Houston M. Kimbrough, Jr., M.D.
M. Rida Al-Ansari, M.D.
Michael J. Altamura, M.D.
Amos M. Anderson, III, M.D.
Danilo Koku Asase, M.D.
Robert Alan Ball, M.D.
J. Richard Auman, M.D.
Richard A. Blath, M.D.
Robert Alan Ball, M.D. in honor of Dr. William L. De Wolf
William F. Barnes, M.D.
John M. Barry, M.D.
Winston E. I. Barzell, M.D.
Michael Brian Bauer, M.D.
Winston E. I. Barzell, M.D.
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In Memoriam
The office of the American Board of Urology regretfully reports having received notification in 2018 that the following Diplomates have passed away:

H. Barton Apfelbaum, M.D.
John Robert Delk, II, M.D.
Bruce Vincent Gronkiewicz, M.D.
Ray G. Hooper, Jr., M.D.
Nabil J. Sayegh, M.D.
Ralph E. Brooks, Jr., M.D.
Richard S. Fadil, M.D.
William G. Guerrier, M.D.
Robert J. Peartree, M.D.
Yancey A. Sloan, M.D.

Voluntary Contributors continued

David W. Rhodes, M.D.
James P. Roach, M.D.
Frederick G. Rodosta, M.D.
Eduardo Luis Rojas, M.D.
Raleigh W. Rollins, M.D.
Gene S. Rosenberg, M.D.
David R. Rosencrantz, M.D.
Joe R. Ross, Jr., M.D.
James R. Rotta, M.D.
Glen A. Rountree, M.D. in memory of Mary Kay Rountree
Lewis F. Russell, M.D.
Arthur I. Sagalowsky, M.D.
Thomas Jason Sanders, M.D.
Richard B. Sasnett, Jr., M.D. in memory of Dr. H. Ray Finney
Cesar J. Sastre, M.D. in memory of Karin G. Sastre
Peter T. Scardino, M.D.
Paul F. Schellhammer, M.D. in memory of Dr. Willet Whitmore Jr.
Joseph Schmidt, M.D.
John P. Schneider, M.D.
Ira Schwartz, M.D.
Michael B. I. Scott, M.D.
Terrance M. Scott, M.D.
Ladd J. Scriber, M.D.
Salem S. Shahin, M.D.
Shimon Shalit, M.D. in honor of Dr. Pablo Mowles
Ned T. Shanmugham, M.D.
Nathan P. Shappley, III, M.D.
Robert J. Sher, M.D.
Sherman J. Silber, M.D.
Anup K. Singh, M.B.B.S.
Leonard B. Skaiast, M.D.
Steven John Skoog, M.D.
Arnold B. Skor, M.D.
Stanley J. Smith, M.D.
John T. Sommer, M.D.
Frank F. Splann, Jr., M.D.
Brian James Stogdill, M.D.
Juan B. Suarez, M.D.
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New ABU Website and Portal

The ABU candidate and Diplomate portal is here! The new system provides 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, subspecialty certification, and more. In addition to allowing applicants to know their status 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

Diplomate Dashboard

Application Progress

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<th>Step</th>
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Practice Assessment Protocol

| Part A                       | April 1, 2016 | ✔️       |
| Part B                       | April 1, 2016 |         |
| Patient Safety Modules       | April 1, 2016 |         |
| Application Submission       | April 1, 2016 |         |

If you have any questions or concerns with this application, please contact the Board office via phone at 434/979-0059.
Front Row (from left): Hunter B. Wessells, M.D., Gerald J. Jordan, M.D., Fred E. Govier, M.D., H. Ballentine Carter, M.D., Stephen Y. Nakada, M.D., Mark S. Austenfeld, M.D., David B. Joseph, M.D.