



ABU Report

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A Newsletter for Diplomates and Candidates from the American Board of Urology

October 2011

MESSAGE FROM THE PRESIDENT

Why Recertification and MOC?

Change is the order of the day for medicine over the next few years and we all feel intense scrutiny increasing its grip on our practice. The American Board of Urology (ABU) has been responding for the last decade to this heightened level of oversight in response to requirements set forth by the American Board of Medical Specialties (ABMS). ABMS was formed in 1970 to oversee the process and quality of specialty certification across 24 specialty boards offering 37 general specialty certificates and over 90 subspecialty certificates.¹ Periodic recertification was mandated in 1973 when concern was raised about the steady decline in continuing medical education and retooling clinical skills to keep pace with medicine. Life-time certificates were no longer granted and the next several decades have seen the quality movement advance initiatives to measure “quality” in individual practices. This quest for quality metrics continues unabated as every entity touching medical care tries to institute new measures and validate their methodology. The only current consistent measure for quality of medical care earned and learned through residency training is the certification examination given by the American Boards.^{3,4}

In 2000 the Institute of Medicine published its landmark article on preventable errors in medicine that led to 98,000 deaths in the U.S. per year.² In the same year, coincidentally, ABMS instituted Maintenance of Certification (MOC) as the official certification policy for its member boards, including the ABU. Core elements of MOC include professional standing (licensure), lifelong learning and self-assessment (continuing education credits), cognitive expertise (examination acknowledging growth and complexity of the field over time), and practice performance assessment (practice assessment protocols, PAP’s). Board certification is currently among the criteria required by hospitals, insurance plans, health maintenance organizations and other provider organizations to obtain privileges for medical practice.^{5,6} A recent survey

published in JAMA revealed 87% of 1997-2000 US medical school graduates currently were ABMS member board certified which is very similar to the 2003 board certification rate of 88%.⁵ Furthermore, state medical boards are required to ensure ongoing competence of physicians seeking re-licensure and establish requirements for Maintenance of Licensure (MOL). State medical boards are shifting from enforcers and regulators to “facilitators of quality improvement”. We predict time limited certificates will not satisfy requirements for state licensure in the future and all practicing urologists will be required to follow MOC-like requirements. The ABU strongly endorses the position that MOC should meet the needs of MOL with common goals and requirements to reduce the burden and redundancy that misalignment would create for our diplomates. The ABU will continue to monitor requirements and institute benchmarks as clearly and timely as possible. Our focus will emphasize a continuum of self improvement – what improvements can I make in patient care?, what do I need to know and be able to do? and, how am I doing? To meet the diversity and reality of current practice we are adding more PAP’s, providing more CME credits for completing protocols, and focusing the oral examination questions on solving clinical problems with less emphasis on reciting rigid scripted material. Examinations are now copyrighted ensuring the integrity of the process with criminal prosecution for breaches of professional behavior.



Timothy B. Boone, MD, PhD
President

As urologists we owe honor to our teachers, mentors and colleagues in practice. With this in mind, I revisited

Continued on page 2

Message from the President

continued from page 1

the presidential messages from my predecessors and make note of their contributions, reflections, and deliberations with fellow trustees:

“Urology is meant to evolve, and because urologists care for the diseases of the genitourinary tract, we must integrate new areas of medical, surgical, technological, imaging and pharmacologic options into diagnosing, managing, treating and preventing problems of the urinary tract” Linda M. Shortliffe, MD (2006)

“The board has been clear to state that subspecialty certification does not mean that fully trained and certified urologists can be prevented, at any level, from evaluating or treating patients with urologic disorders related to a subspecialty. Indeed, the Board maintains that all certified urologists are qualified to evaluate and treat all patients with urologic disorders” Peter R. Carroll, MD (2007)

Revised mission statement – *“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.”* W. Bedford Waters, MD (2008)

“As we move forward we need to consider more creative and meaningful ways that we can improve the quality of care that we deliver.” Michael O. Koch, MD (2009)

“As individual physicians our primary accountability is to our patients. As a specialty what is our accountability to society?” William D. Steers, MD (2010)

In closing I want to pay tribute to Stuart S. Howards. Dr. Howards has served as the Executive Secretary of the ABU since April 1, 1997, the longest service in this capacity

Examination Security

by Gerald H. Jordan, M.D.

Incidents have occurred recently which have substantially compromised some Medical Boards' ability to administer and maintain secure examinations. Therefore, a number of issues pertinent to the maintenance of security surrounding examinations for certification, recertification, and maintenance of certification (MOC) have been raised. Additionally, the alignment of the American Board of Medical Specialties (ABMS) MOC programs with federal government programs has caused the government to develop concerns regarding the procedures utilized by ABMS member boards to secure examination development, maintenance, and administration.

There is no evidence that any of the American Board of Urology (ABU) examinations have been compromised;

since 1935 when the ABU was established. He will step down from these duties on February 2012. His tireless service and devotion to organized urology is without peer and we salute Stuart Howards for his commitment to the ABU. It has truly been an honor and privilege to work with him over the last 6 years. Dr. Gerald Jordan will succeed Dr. Howards as Executive Secretary of the ABU in 2012.

“The pathway to wisdom is a crooked one. Doctors have many opportunities to become wiser, and may do so in different ways to different degrees... Seeking wisdom should become embedded in the culture of medicine.”⁷ The practice of medicine is a work in progress where continuous learning, improvement and focusing on what is best for our patients benefits the profession. The ABU will continue to serve our diplomates and challenge our profession to embrace the rapid changes facing physicians and the public we serve. ■

References

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3. Holmboe ES, Lipner R, Greiner A. Assessing quality of care: knowledge matters. *JAMA* 299:338, 2008.
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however, the ABU has taken important steps regarding the development to secure exams. The ABU administers both written and oral examinations. Written examinations are developed by a committee in a secure setting and immediately loaded onto a secure and encrypted site. All editing of the examinations from that point on occurs on the secure site by individuals with a “need to know” status. The written examinations are downloaded to Pearson VUE for administration in their test centers worldwide. Pearson test centers utilize many procedures to guarantee the security of the testing environment. Strict entry requirements are demanded and the test environment is closely monitored. Virtually nothing occurs during the test that is not observed with records kept.

Certain behavior clearly indicates an intent to cheat. For example, taking information into the exam, such

as notes on paper or written on ones' hands, raises little question that the behavior is clear intent to cheat. Also, making an effort to see what those around you are doing during a securing examination, looking for help from their answer patterns, taking bathroom breaks and discussing the examination, are all obvious efforts to cheat. Likewise, during the oral examination process, discussing questions, which is strictly forbidden, is cheating. One might ask why we are worried since we are all professionals. The sad truth is that professionals seem to be most at risk for behaviors that are cheating. This has been validated in a number of venues by a number of studies. It is believed that the high stakes nature of the examination might pressure individuals into considering cheating. This raises the question, "why have examinations at all—do they make me a better doctor?" The answer is that examinations are a reality of board certification. They are a reproducible and verifiable entity, which can be reported to the public as an indicator of competence; therefore, they are part of the process and will remain part of the process. The physician, like many other professionals, is at risk.

What else has been done to keep the examination process secure? All examination materials are stored in secure sites, board offices are held to a designated level of security (alarm systems, locks, etc.) Board personnel are subject to background checks. Member of the Examination Committee and Trustees of the American Board of Urology are bound to confidentiality with regard to the examination process. Trustees of the ABU cannot participate in board review courses to avoid inadvertent disclosure of critical exam information. In short, the examination security process is under constant review and as areas for improvement are identified, they are addressed.

Much of the examination security process has to begin at the Diplomate level. Copyrighting of ABU examination questions has been put in place for one

American Board of Urology to Post Trustee COI Statements

Beginning in 2011, the American Board of Urology will post its Trustees' conflict of interest statements on the ABU website. The policy requiring Trustees to submit annual, updated COI statements was approved at the recent summer meeting of the Board. The ABU Executive Committee will oversee and manage potential conflicts of sitting Trustees. ■

reason; so that those that abuse the process can be prosecuted. Exam content is considered confidential and is not to be shared among Diplomates and candidates. Oral examination candidates are required to sign a confidentiality statement acknowledging that they have read and understand that the examination content is the property of the American Board of Urology and is secure and confidential. When a Diplomate applies for the process, there is a need to read and acknowledge understanding of the statement. When the individual presents for examination, the statement must again be read and understanding of the content acknowledged. What this means is that the American Board of Urology considers discussion of examination questions unacceptable. It is not okay, and if it is discovered, it is regarded as cheating and the offending Diplomate or candidate may have the entire examination invalidated. For some that may lead to failure to certify or the expiration of certification. In short, that is the least that might happen. As mentioned, a direct effort at copyright infringement is punishable by law.

The American Board of Urology and its Diplomates must function as a team with regards to exam security. Examination security is important to the Diplomate, as it allows many processes that are currently under development to make MOC much easier for the Diplomate. Additionally, it puts all Diplomates on an even playing field. If you have a question about whether a behavior might be considered cheating, it probably is. Remember, your answers have to be yours, the examination process has to be yours, the examination questions have to remain yours, and if all of that is adhered to, the results of the examination will be a representation of your competence and professionalism. ■

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.

Diplomate and Candidate Feedback

The American Board of Urology welcomes comments from Diplomates and Candidates on the issues raised in the *ABU Report* or any other issues affecting the practice of urology or certification processes. Please mail your comments to Dr. Stuart S. Howards, Executive Secretary, American Board of Urology, 600 Peter Jefferson Parkway, Suite 150, Charlottesville, VA 22911, or fax your comments to 434/979-0266.

The Board Welcomes...

New Trustees: Kevin R. Loughlin, MD, MBA; and J. Christian Winters, MD

Dr. Kevin R. Loughlin is a Professor of Surgery at Harvard Medical School, Senior Surgeon at Brigham and Women's Hospital, and Staff Urologist at Dana Farber Cancer Institute. Dr. Loughlin received his A.B. from Princeton University, his M.D. from New York Medical College, and an MBA from Boston University. He served as Secretary of the New England Section of the AUA from 2002-2007 and as the President of the New England Section of the AUA from 2008-2009. He is currently on the Board of Directors of the American Association of Clinical Urologists and the Massachusetts Association of Practicing Urologists. He will serve as an alternate and then member of the Board of Directors of the American Urological Association from 2011-2019, and is a Fellow of the American College of Surgeons. Dr. Loughlin has served on the editorial boards of the *Journal of Urology*, *Urology* and the *Canadian Journal of Urology*, and has authored over 200 original publications in the field of urology and has authored or edited ten books. He was nominated to be a Trustee of the ABU by the American Urological Association.

Dr. J. Christian Winters serves as Professor and Chairman of the LSU Department of Urology and as Residency Program Director. He completed his internship and surgery training at Ochsner and

his urology residency in the combined LSU/Ochsner program and a fellowship in female urology and voiding dysfunction at the Cleveland Clinic. Dr. Winters serves on the executive committees of the Society for Urodynamics and Female Urology and the Southeastern Section of the American Urologic Association. He is also a member of the American Urologic Association Stress Urinary Incontinence Guidelines Panel, serves on the Quality Improvement and Patient Safety as well as the Practice Management Committees of the AUA. He was the lead author of the AUA Core Curriculum in Urodynamics, and serves as a Core Curriculum Section Editor in the area of Female Urology and Voiding Dysfunction, and is a Fellow of the American College of Surgeons. Dr. Winters served as Associate Editor of *Neurology and Urodynamics* and is on the editorial board of the *Journal of the Louisiana State Medical Society*. Dr. Winters also serves as an editor of the UCUR, the Urodynamics Curriculum for Urodynamic Residents, which is a joint project of the SUCPD and SUFU. He reviews for most major journals in the subspecialty of voiding dysfunction and has published over 100 peer-reviewed manuscripts and text chapters. Dr. Winters has lectured extensively at the AUA, and has delivered state-of-the-art lectures at the Canadian Urologic Society, SUFU, SESAU, and the International Continence Society. Dr. Winters was nominated to be a Trustee of the American Board of Urology by the Society of University Urologists. ■

Trustees and Executive Staff of the American Board of Urology Winter Meeting 2011



Back row (from left): Ian M. Thompson, Jr. MD; Peter N. Schlegel MD; Michael L. Ritchey MD; Barry A. Kogan, MD; J. Brantley Thrasher, MD; Robert R. Bahnson, MD; Kevin R. Loughlin, MD, MBA; J. Christian Winters, MD

Front row (from left): John B. Forrest, MD; Timothy B. Boone, MD, PhD; Stuart S. Howards, MD; William D. Steers, MD; Ralph V. Clayman, MD; Gerald H. Jordan, MD; Margaret S. Pearle, MD, PhD

The Board Thanks . . .

William D. Steers, MD and Ralph V. Clayman, MD

During their tenure as Trustees of the ABU, Maintenance of Certification was enacted, the subspecialty certification in Pediatric Urology was approved and implemented, subspecialty certification in Female Pelvic Medicine and Reconstructive Surgery was brought to the ABMS, revision of the oral examination process transpired, a mission statement and code of professionalism were adopted, the Milestones Project with the ACGME initiated, and numerous substantive changes in policies were made including public disclosure of conflicts of interests by current Trustees and limiting legal testimony by active Trustees.

Dr. William Steers served as a Trustee of the American Board of Urology from 2005 to 2011 and as President from 2010-2011. He also served as Secretary-Treasurer, Chair of the Executive Committee, Recertification Committee and Chair of the Joint ABU-ABOG Female Pelvic Medicine and Reconstructive Surgery committee.

He considered serving on the ABU to be the pinnacle of his professional career along with working with fellow Trustees and an amazing staff. In particular he notes the reward of working with his mentor, the Executive Secretary, Stuart Howards, who displayed enormous skill, leadership, and unselfish dedication to the Board. American Urology and patients cannot fully grasp his influence over more than a decade as the moral compass for our specialty.

Dr. Steers is honored to have served to maintain the professionalism of American Urology and witnessed the evolution of the Board from merely setting rules and overseeing testing to grappling with issues on quality, education, professionalism and ethics in our specialty on behalf of patients.

Dr. Ralph Clayman served as a Trustee of the American Board of Urology from 2005 to 2011 and as Vice President from 2010-2011. He also served as Chair of the Policy Committee, and on the Credentials, Qualifying (Part 1) Exam, Publication and Research, and Quality Measures Committees of the Board.

Dr. Clayman stated, "Being a Trustee of the American Board of Urology was truly a highlight of my career in Urology. Having the opportunity to work with some of the brightest and most dedicated people in our field was a rare and valued privilege - and having the opportunity to torment Stuart Howards for six years was just icing on the cake! I believe that over the past six years, the American Board of Urology has served the public well. While there have been many positive actions, the two that stand out in my mind were the creation of a mission/vision statement for the Board and the progress made in allowing urologists from other countries, with high merit and significant contributions to American Urology, to sit for the board examinations. In addition, the ongoing progress made with regard to recertification has been most heartening. The commitment to insuring the highest level of urologic care for the American public remains unwavering among the members of the Board." ■

The Trustees and staff of the American Board of Urology thank Stuart S. Howards, MD for his unparalleled and dedicated service to the Board in his capacity as Executive Secretary since 1997.

Dr. Howards is the longest serving board executive in ABU history. He will retire from his ABU position in February 2012.

Gerald H. Jordan, MD will assume the position of Executive Secretary of the American Board of Urology at that time.

Subspecialty Certification in Pediatric Urology by the American Board of Urology

266 pediatric urologists have earned subspecialty certification in pediatric urology since the implementation of the subspecialty certification process in 2008. This represents 75% of the estimated 350 active pediatric urologists identified by the Society for Pediatric Urology. The period of time for application by grandfathered applicants, that is, those pediatric urologists who have not completed an ACGME approved, two-year fellowship, has expired. Approximately sixteen Fellows complete the requisite fellowship training annually; therefore, in order to have a cost effective and statistically valid examination, the Board will offer the Pediatric Subspecialty Certification Examination (PSCE) every other year, beginning in 2012. ■

Subspecialty Certification in Female Pelvic Medicine and Reconstructive Surgery: An Update

J. Christian Winters MD, ABU Trustee

Roger R. Dmochowski MD, ABU/ ABOG Oversight Board Member

The majority (18 of 24) of the member boards of the American Board of Medical Specialties (ABMS) provide subspecialty certification. The ABMS requirements for a subspecialty certification include a distinct area of knowledge (demonstrated by successful completion of a qualifying examination process) and completion of ACGME-approved accredited fellowships - or in the case of the American Board of Obstetrics and Gynecology (ABOG), an ABOG-accredited fellowship. Obviously there are arguments both for and against subspecialty certification. Opponents feel that this could be divisive for the field of urology, and there is a concern that subspecialty certification creates additional expense and effort for no real advantage. Proponents of subcertification note several incentives, including a desire for recognition of their extra training and a sense they would be in a better competitive position as compared with those in other specialties. For example, pediatric urologists would be better able to compete with pediatric surgeons who do have a subspecialty certificate from the American Board of Surgery. For the practicing urologist, this concern regarding competition was greatly magnified when ABOG announced they were proceeding to apply to the ABMS for subspecialty certification in Female Pelvic Medicine and Reconstructive Surgery. Additionally, there is a substantial overlap in the procedures performed by urologists and urogynecologists. The ABU studied this issue intensely, and concluded that a joint training structure was in the best interest of the practicing urologist and in women with pelvic floor disorders. Thus, the American Board of Obstetrics and Gynecology (ABOG) and the American Board of Urology (ABU) initiated discussions to create a joint subspecialty in Female Pelvic Medicine and Reconstructive Surgery (FPMRS). For many years this process has continued. This has led to accreditation of fellowships, and now a combined ABU-ABOG regulating board. This combined board has an equal complement of urologists and gynecologists (three each), and the chair of the board alternates between urology and gynecology.

A core curriculum in Female Pelvic Medicine and Reconstructive Surgery has been developed and refined by this group. This ABU/ABOG board also assumed the task of applying to the American Board of Medical Specialties for formal recognition of the subspecialty of Female Pelvic Medicine and Reconstructive Surgery. This proposal was accepted by the COCERT committee of the ABMS, which is charged with the responsibility for deciding whether or

not a subspecialty application is appropriate. COCERT did require modifications of the current accreditation process of fellowships, and these modifications are being implemented. As a result of this subspecialty recognition introducing changes in the accreditation of the specialty, the ABU thought an update on this process would be timely for all Diplomates.

First and foremost, all Diplomates should understand the position of the ABU regarding subspecialty certification. The board has been clear to state that subspecialty certification does not mean that fully trained and certified urologists can or should be prevented, at any level, from evaluating or treating patients with urologic disorders related to a subspecialty. Indeed, the Board maintains that all certified urologists are qualified to evaluate and treat all patients with urological disorders. The Board fully maintains this position as it pertains to FPMRS.

At present there are 8 accredited urology based programs in FPMRS, with several more programs in the application process. In contrast, there are approximately 40 GYB programs. The fellowships in FPMRS will be 3-year programs, which will be accredited by the ACGME. Urology residents will be given 1 year of credit upon successful completion of their urology residency. Thus, fellowships will be 2 years for urologists and 3 for gynecologists. The combined ABU/ABOG oversight board has developed the common program requirements, which will serve as the recommended framework for the fellowship programs. Urology based programs (those programs with a urologist as Program Director) will be reviewed by the Urology Residency Review Committee. The recommendations of the Urology RRC will be passed through the OB-GYN RRC to the ACGME for official accreditation of the fellowship programs. For urology residents graduating from residency after June 2010, completion of an accredited ABOG/ABU or ACGME fellowship program, followed by successful completion of a qualifying examination in FPMRS will be necessary in order to achieve subspecialty certification in FPMRS.

The ABU is currently overseeing the development of a written qualifying examination. The examination will consist of 200 items. 100 items will be urology centric questions that will only be taken by urology candidates, and 100 items will be common FPMRS questions taken by all candidates (urology + GYN). Question development has been an ongoing process, and it is expected that the first examination will be administered in 2013.

The ABU fully recognizes the accomplishments of

many practicing urologists in the area of female pelvic surgery. Thus, the ABU is being very deliberate in the creation of an inclusive “grandfathering” process that will allow urologists currently in practice to achieve subspecialty certification in FPMRS. Urologists will have to demonstrate a specialty focus of FPMRS in their practice. This will be accomplished by submitting CPT case log data demonstrating a significant percentage of their surgical volume in the area of FPMRS, urodynamics and voiding dysfunction. Case logs will be carefully reviewed by the ABU. The final case log requirements are currently under development, but a ratio of CPT case volumes demonstrating subspecialty focus and/or a minimum number of cases will be required. These requirements will be finalized and announced in the Spring of 2012. If case logs demonstrate a specialty focus in FPMRS, the urologist will be eligible to sit for the qualifying examination as described above. If the candidate passes the examination after case log approval, certification in FPMRS will be awarded through this “grandfathering” process. Urologists graduating urology residency prior to July 1, 2010 will be

eligible for this grandfathering process. It is expected that the grandfathering process will be open for a period of 3 years. When this period expires, only those candidates who complete an accredited fellowship program will be able to sit for the exam. Through this process of grandfathering, the ABU is hopeful that practicing urologists with specialty focus in FPMRS will achieve subspecialty certification. The ABMS recognition of FPMRS is a significant advance for women with pelvic floor disorders and the physicians treating them. The ABU will facilitate and encourage the entry of urologists into this process.

It is clear that the process of recognizing subspecialty training will evolve over time. All specialties are considering the entire postgraduate educational process carefully, including urology and governmental agencies. Current ABU trustees as well as those who follow are committed to ensuring that urological training meets the demands of our society, its technology and the patients it serves. We welcome the active participation of all urologists in meeting this objective. ■

In Memoriam

The office of the American Board of Urology regretfully reports receiving notification in 2010-2011 that the following Diplomates have passed away.

John D Anderson MD	Brant Edgar Mayher MD
Robert D Ayres MD	Melvyn H Novegrod MD
David W Bowyer MD	Dean W Packard MD
Charles K Cartwright MD	Victor A Politano MD
John H Crossfield MD	Eugene F Poutasse MD
Raul Diaz MD	Nuvvuru R Reddy MD
Louis J Dougherty MD	Jack S Rice MD
Robert J Duncan MD	Lloyd H Robertson MD
Stuart Hale Forster MD	Michael A Russo MD
Milton S Goldman MD	Bhupinder Singh MBBS
George M Haley MD	Olaf Erick Sohlberg MD
David F Harder MD	Edward L Stahl Jr MD
Jose M Hernandez-Graulau MD	James H Sullivan MD
Frank Hinman Jr MD	Leonard H Talarico MD
Nancy Michelle Itano MD	John F Wegryn MD
Salman O Kazmi MD	Michael O Welton MD
Chei-Tzer Lai MD	Winborn B Willingham Jr MD
Hal K Mardis MD	

2011 Qualifying (Part 1) Examination

301 candidates sat for the 2011 Qualifying (Part 1) at Pearson VUE Test Centers across the country. 271 (90%) passed and 30 (10%) failed. 228 US trained urology residents taking the examination for the first time passed.

2011 Certifying (Part 2) Examination

The 2011 Oral Examination was challenged by 258 candidates. In 2011, candidates were rated on each of the individual questions associated with each of the six protocols. All candidates challenged the same six protocols. The questions were then classified under the appropriate clinical skills within each protocol. The skills under which each question was classified were: 1) History/Examination; 2) Imaging/Laboratory; 3) Diagnosis/Differential; 4) Management; and 5) Complications/Followup. This allowed the examiner to assess candidates from five perspectives using questions associated with each of those clinical skills. 237 (92%) candidates passed the examination and 21 (8%) failed.

2010 Recertification Examination

505 candidates sat for the 2010 Recertification Examination at Pearson VUE Test Centers across the country in October 2010. 489 (97%) passed and 16 (3%) failed. ■

American Board of Urology Change of Address Policy

The processes of Certification, Recertification, and MOC 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 for influence on fees.

It is critical that the American Board of Urology has current, accurate mailing and electronic contact informa-

tion for all Diplomates, including those with time unlimited certificates, those in recertification, and those in MOC. It is the obligation of the Diplomate to maintain that information with the ABU. Failure to do so compromises the Board's ability to transfer important information to the Diplomate and currency in MOC, recertification, or certification could be impacted. 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 result in the revocation of your certificate. ■

American Board of Urology Annual Certificate Fee Policy

The American Board of Urology initiated a \$200 annual certificate fee in January 2009. The fee replaces all periodic Recertification Examination or Maintenance of Certification fees and is invoiced to all practicing Diplomates of the ABU regardless of the status of their certificate; that is, time limited or unlimited. Time unlimited diplomates are not required to pay the fee, but are encouraged to participate on a voluntary basis.

Diplomates should mark their calendars and inform their staffs that this fee is invoiced annually in January and payment is due by April 1 each year. It is the responsibility of the Diplomate to ensure that the Board office has an

accurate mailing address and email address, as there will be no waiver of late fees due to outdated information.

For diplomates with time limited certificates, non-payment of the fee by the April 1 deadline will result in a doubling of the fee to \$400. Non-payment of the fees by July 1 will result in a doubling of the fee to \$800. Non-payment of the total fees by November 1 will result in revocation of certification. Non-compliant Diplomates will be reminded by email after the first quarter of the year and by mail after the second quarter of the year. Final notice will be sent by certified mail giving the Diplomate the opportunity to pay all fees prior to revocation. ■

Not sure if the ABU office has your current address?

Complete and fax this form to 434/979-0266 or mail to:

American Board of Urology, 600 Peter Jefferson Parkway, Suite 150, Charlottesville, VA 22911.

ABU ID _____ Effective Date: _____

First Name Middle Name Last Name Suffix Title

Street Address or PO Box

City State Zip

Daytime Phone Email address

ABU Maintenance of Certification (MOC)

The entire class of 495 Diplomates completed all MOC Level 1 requirements in 2010. 541 Diplomates are currently working towards completing their MOC 2011 Level 1 requirements while 255 Diplomates are enrolled in MOC 2011 Level 2. As of this printing, over half of these Diplomates have completed their requirements. MOC Level 1 requires completion of an online application, submission of a copy of valid medical licensure, and completion of an online practice assessment protocol (PAP). MOC Level 2 requires completion of an online application, submission of a copy of valid medical licensure, completion of an online practice assessment protocol (PAP), satisfactory peer review, and documentation of 90 hours of urology focused continuing medical education (CME).

All ABU Diplomates required to enter the MOC process in 2012 will receive a letter in late December 2011 outlining their requirements. Members of the 2012 MOC class will receive a letter in April 2012 with a user name and password to log in to the ABU website and complete MOC requirements. The letter will again outline the MOC requirements for their appropriate MOC level. Current requirements for each level of MOC are represented in the adjoining chart. The MOC Entry Timeline reflects when Diplomates are expected to enter each level of MOC. Any questions regarding the MOC process may be emailed to MOCCoordinator@abu.org.

MOC Products/Tools Update

- Five new practice assessment protocols (PAPs) have been developed for use in 2012 which cover AUA Guideline topics: microhematuria, renal masses, BPH, UTI, and male infertility. The pediatric Reflux PAP has also been updated for 2012.
- Patient safety modules and ethics modules similar in design to the PAPs have been developed for use in MOC. ABU staff is working towards implementation in 2013.

Update on ABMS Reporting:

To fulfill the ABMS requirement mandating reporting the MOC status of all Diplomates, the American Board of Urology has adopted the following language: ***The Diplomate is in compliance with the requirements of his/her ABU certificate.*** ■

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 8-9)
2007	2017	2009	2011	2013	2015-2016
2008	2018	2010	2012	2014	2016-2017
2009	2019	2011	2013	2015	2017-2018
2010	2020	2012	2014	2016	2018-2019
2011	2021	2013	2015	2017	2019-2020
2012	2022	2014	2016	2018	2020-2021
2013	2023	2015	2017	2019	2021-2022
2014	2024	2016	2018	2020	2022-2023
2015	2025	2017	2019	2021	2023-2024
2016	2026	2018	2020	2022	2024-2025
2017	2027	2019	2021	2023	2025-2026

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 8-9)
2008	2007	2010	2012	2014	2016-2017
2009	2007-2008	2011	2013	2015	2017-2018
2010	2007-2009	2012	2014	2016	2018-2019
2011	2008-2010	2013	2015	2017	2019-2020
2012	2009-2011	2014	2016	2018	2020-2021
2013	2010-2012	2015	2017	2019	2021-2022
2014	2011-2013	2016	2018	2020	2022-2023
2015	2012-2014	2017	2019	2021	2023-2024
2016	2013-2015	2018	2020	2022	2024-2025
2017	2014-2016	2019	2021	2023	2025-2026
2018	2015-2017	2020	2022	2024	2026-2027
2019	2016-2018	2021	2023	2025	2027-2028

MOC Requirements

Requirements	Level 1 (year 2)	Level 2 (year 4)	Level 3 (year 6)	Level 4 (years 8-9)
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 (*proposed implementation in 2013)			yes	
* Candidate: Complete Ethics Module (*proposed implementation in 2013)			yes	
Candidate: Submit 6 month electronic practice log				yes
Candidate: Computer-based closed-book exam				yes

10/2011

The Trustees and staff of the American Board of Urology wish to thank Dr. W. Bedford Waters for his dedicated service as MOC Chair from February 2009 through February 2012. Dr. Waters, Trustee Emeritus of the American Board of Urology (2003-2009), worked tirelessly on developing the framework and components of the current ABU MOC process, including attending meetings, formulating policy, writing and editing protocols and advising staff on critical decisions. Dr. Waters will be replaced by Dr. Timothy B. Boone at the conclusion of his term in February 2012.

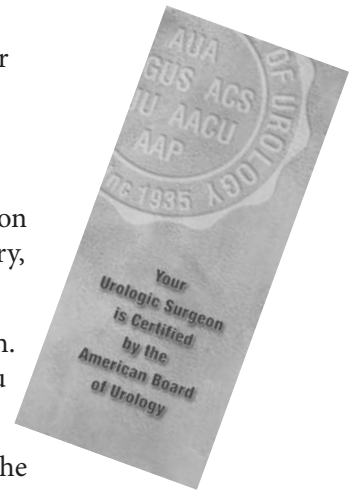
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Diplomates of the American Board of Urology who wish to make patients aware of their certification and the process for obtaining it may benefit from the brochure: *Your Urologic Surgeon is Certified by the American Board of Urology*.

This new brochure includes sections on The Importance of Board Certification, Maintenance of Certification, and Pediatric Subspecialty Certification and a detailed illustration of the urinary system. A sample will be mailed with the annual certificate fee invoice in January, or you may request a sample by contacting the Board office at 434/979-0059.

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If you wish to receive a printed copy next year rather than accessing it on the website, please complete the information below and fax it to the Board at 434-979-0266 or mail it to:

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