

**THE AMERICAN BOARD
OF UROLOGY, INC.**



**2011
INFORMATION FOR APPLICANTS
AND CANDIDATES**

FIFTY-EIGHTH EDITION

Please discard all earlier booklets.

Stuart S. Howards, M.D.

Executive Secretary

2216 Ivy Road, Suite 210

Charlottesville, VA 22903

434/979-0059

www.abu.org



A Member Board of the
American Board of Medical Specialties (ABMS)

EXAMINATION DATES:

All examination dates are subject to change.

QUALIFYING (PART 1) EXAMINATION

July 28 or 29, 2011

July 26 or 27, 2012

CERTIFYING (PART 2) EXAMINATION

February 25-26, 2011

February 24-25, 2012

February 22-23, 2013

Application Filing Deadlines: See back cover

THIS HANDBOOK IS SUBJECT TO CHANGE

The Board reserves the right to change dates, procedures, policies, requirements, and fees without notice or issuance of a new handbook.

CHANGE OF ADDRESS:

It is the responsibility of the Diplomate to insure the Board office has current phone numbers, postal and email addresses.

ADDRESS ALL CORRESPONDENCE TO:

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Executive Secretary

American Board of Urology

2216 Ivy Road, Suite 210

Charlottesville, VA 22903

Phone: 434/979-0059

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MISSION STATEMENT

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

CHANGE OF ADDRESS:

**Notifying the Board office of a
change of address is
the responsibility of
the Diplomate.**

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- * Dr. William L. Valk, 1969-1978
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- * Dr. James F. Glenn, 1976-1982
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Dr. George W. Kaplan 1991-1997
Dr. Joseph N. Corriere, Jr., 1992-1998
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Dr. David M. Barrett 1994-2000
Dr. Richard D. Williams 1994-2000
* Dr. Andrew C. Novick 1995-2001
Dr. Thomas J. Rohner, Jr., 1995-2001
Dr. John M. Barry, 1996-2002
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Dr. Michael E. Mitchell, 1997-2003
* Dr. Martin I. Resnick, 1997-2003
Dr. Paul F. Schellhammer, 1998-2004
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Dr. Michael O. Koch 2004-2010
Dr. Paul H. Lange 2004-2010

**Deceased*

ORGANIZATION

The American Board of Urology was organized in Chicago on September 24, 1934. Members of the Board present from the American Association of Genito-Urinary Surgeons were Dr. William F. Braasch, Dr. Henry G. Bugbee, and Dr. Gilbert J. Thomas; those from the American Urological Association were Dr. Herman L. Kretschmer, Dr. Nathaniel P. Rathbun, and Dr. George Gilbert Smith; those from the Section of Urology of the American Medical Association were Dr. Clarence G. Bandler, Dr. A. I. Folsom, and Dr. T. Leon Howard.

The officers of the Board elected at this meeting were Dr. Herman L. Kretschmer, President; Dr. Clarence G. Bandler, Vice President; and Dr. Gilbert J. Thomas, Secretary-Treasurer.

The American Board of Urology is a nonprofit organization. It was incorporated May 6, 1935, and held its first legal meeting on May 10, 1935.

The Board of Trustees has twelve members (including officers). No salary is paid for service on the Board.

The nominating societies of this Board and sponsors of its activities are: the American Urological Association, the American Association of Genito-Urinary Surgeons, the American Association of Clinical Urologists, the Society of University Urologists, the American College of Surgeons, and the Section on Urology of the American Academy of Pediatrics.

The American Board of Urology and 23 other medical specialty boards are members of the American Board of Medical Specialties (ABMS), which includes as associate members the Association of American Medical Colleges, the American Hospital Association, the American Medical Association, the Federation of State Medical Boards of the U.S.A., the National Board of Medical Examiners, and the Council of Medical Specialty Societies.

The trademark and seal of the American Board of Urology are registered. Any unauthorized use of the trademark or seal is prohibited without express permission of the Board.

U.S. CORPORATION CO., DOVER, DELAWARE
(Local Representation at Dover, Delaware)

PURPOSE OF CERTIFICATION

The American Board of Urology, Inc., hereinafter sometimes referred to as “the Board,” is organized to encourage study, improve standards, and promote competency in the practice of urology. The objective of the Board is to identify for the public’s knowledge those physicians who have satisfied the Board’s criteria for certification, maintenance of certification, and recertification in the specialty of urology. Certification by the Board does not guarantee competence in practice, but does indicate that the physician has completed basic training requirements and has demonstrated at the time of examination a fund of knowledge and expertise in the care of those patients whose cases were reviewed by the Board, as described elsewhere in this handbook.

FUNCTIONS OF THE BOARD

The Board evaluates candidates who are duly licensed to practice medicine, and arranges and conducts examinations for the purpose of certification, subspecialty certification, recertification, and ongoing maintenance of certification. Certificates are conferred by the Board to candidates who successfully complete all requirements for a given certificate. All certificates are the property of the Board, and the Board holds the power to revoke such certificates.

The Board endeavors to serve the public, hospitals, medical schools, medical societies, and practitioners of medicine by preparing a list of urologists whom it has certified. Lists of Diplomates of this Board are published in *The Official ABMS Directory of Board Certified Medical Specialists* and in the *Directory of Physicians of the American Medical Association*.

The Board is not responsible for opinions expressed concerning an individual’s credentials for the examinations or status in the certification process unless they are expressed in writing and signed by the President or Executive Secretary of the Board.

Application for certification is strictly voluntary. The Board makes no attempt to control the practice of urology by license or legal regulation, and in no way interferes with or limits the professional activities of any duly licensed physician.

THE CERTIFICATION PROCESS

Applicants approved by the Board to enter the certification process must complete both a Qualifying (Part 1) Examination and, after passing this examination, a subsequent Certifying (Part 2) Examination to become certified. Assessment of clinical practice through review of practice logs and peer review will also be carried out prior to admission to the Certifying (Part 2) Examination. Certification must be achieved within five years of the successful completion of residency.

Applicants who have not successfully completed the certification process within five years of the completion of their urological residency will be required to pass a written Preliminary Examination before being permitted to re-enter the certification process. The Preliminary Examination is given each November in conjunction with the annual AUA In-Service Examination.

After passing the Preliminary Examination, the applicant must take the Qualifying (Part 1) Examination one of the next two times it is offered. Any such candidate who fails to do so must successfully retake the Preliminary Examination to proceed with certification. Contact the Board office prior to the August 16 deadline for more Preliminary Examination information.

EDUCATIONAL REQUIREMENTS

An applicant may initiate application for certification by the Board during the final year of his or her residency training or at some point thereafter. Every applicant must meet certain basic requirements as follows:

Education & residency: The applicant must be a graduate of a medical school approved by the Liaison Committee on Medical Education or a school of osteopathy approved by the Bureau of Professional Education of the American Osteopathic Association,

and have completed a urology residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada [RCPS(C)]. ACGME training programs in urology are described in the American Medical Association *Graduate Medical Education Directory*, Section II, “Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements.”

Postgraduate training requirements: The American Board of Urology mandates a minimum of 5 clinical years of postgraduate medical training. Training must include:

- ♦ 48 months in an ACGME-approved urology program
- ♦ 3 months of general surgery in an ACGME-approved surgical program
- ♦ 3 months of core surgical training (e.g. intensive care unit, trauma, vascular surgery, cardiac surgery, etc.) in an ACGME- approved surgical program
- ♦ 6 months of other rotations, not including dedicated research time, in an ACGME- or RCPS(C)- approved core surgery program

All rotations listed above that are not part of the core urology training must have been approved by the candidate’s program director. As part of the core urology training, the candidate must have completed at least 12 months as a chief resident in urology with the appropriate clinical responsibility and under supervision during the last two years of training in an ACGME-approved program.

To be admissible to the Certifying (Part 2) Examination, a Canadian trained candidate must be certified by the RCPS(C). Medical graduates from schools outside the United States or Canada who provide an equivalent medical background and who have completed an ACGME-approved urology residency in the United States may qualify for examination by the American Board of Urology. All such applicants must have a valid certificate from the Education Committee for Foreign Medical Graduates (ECFMG).

Changing programs: A resident may only transfer once during the urology portion of training and the last two years of residency training must be spent in the same institution. A resident who wishes to

transfer must notify the ABU in writing six months in advance of the transfer and copy the current Program Director and DIO. The Program Director from the recipient program must send a letter to the ABU verifying there is an appropriate residency slot in the program for the resident to fill.

Leaves of absence: Each program may provide sick leave and vacation leave for the resident in accordance with the institutional policy. However, a resident must work forty-six (46) weeks each year of residency; that is, one year of credit *must* include at least forty-six weeks of full-time urologic education. Vacation or leave time may not be accumulated to reduce the total training requirement.

If a circumstance occurs in which a resident does not work the required forty-six weeks, the Program Director must submit a plan to the ABU for approval on how the training will be made up, which may require an extension of the residency.

OTHER REQUIREMENTS

Credentials approval: Applicants for certification must be approved by the Credentials Committee of the Board. Additional information may be requested by the Executive Secretary. No duty or obligation to assist any applicant in completing the application process is implied. The applicant is responsible for ensuring that all supporting documents are received in the Board office by the indicated time.

Release of liability: As a condition of application to the certification process, applicants must sign a waiver releasing, discharging, and exonerating the Board, its trustees, officers, members, examiners, employees, and agents from any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorneys' fees) alleged to have arisen from, out of, or in connection with the certification process.

Release of results: As a condition of application to the certification or recertification process, the applicant must sign a waiver agreeing to allow the Board to release application information or examination results achieved in the Qualifying, Certification or Recertification Examinations to the residency program director, the

Residency Review Committee for Urology, and any third parties the Board deems necessary.

Disability accommodations policy: An applicant requesting accommodations during Board examinations due to a physical or mental disability that substantially limits a major life activity must indicate this request on the application provided by the Board. A recent evaluation and appropriate formal documentation by a qualified professional that substantiate the disability must accompany the application. The Board may then have any and all documentation and/or evaluations submitted by the candidate reviewed by an additional qualified professional. This can be done at the Board's discretion and the Board will bear the cost of any additional review or evaluation. The Credentials Committee of the Board will make the final decision regarding the accommodations that will be offered if the request under consideration is made by a candidate for certification.

Misrepresentation and nonresponse procedure: Applicants for certification who misrepresent or do not respond to questions on the application will be, at a minimum, deferred from the process for one year.

Requirements for applicants with a history of chemical dependency: Such applicants will not be admitted to the Qualifying (Part 1) or Certifying (Part 2) Examinations unless they present evidence to the Board that they have satisfactorily completed the program of treatment prescribed for their condition. In addition, any such applicants for the Certifying (Part 2) Examination may have a site visit of their practices by a representative of the Board.

THE QUALIFYING (PART 1) EXAMINATION

The Qualifying (Part 1) Examination is given annually in a computer-based format at over 200 Pearson VUE Testing Centers across the United States.

The examination is given during the month of July. The candidate may take the examination on either of the two days it is offered, dependent upon site availability. An appointment to sit for the

examination can be scheduled at the prescribed time, after the candidate has met all requirements, paid all fees, and been approved by the Board. A letter will be sent to the candidate notifying the candidate he or she is eligible to sit for their examination and when he or she may schedule an examination appointment.

The examination is made up of 300 multiple choice questions which will be presented in groups of 150 each over two three-hour sessions in one day, with a lunch break between sessions.

The examination is designed to assess knowledge of the entire field of urology and allied subjects. This includes, but may not be limited to: ethics, professionalism, epidemiology, andrology (including infertility), calculous disease (including endourology and shock-wave lithotripsy), congenital anomalies, pediatric urology, urologic disorders of females, infectious diseases, neurourology and urodynamics, obstructive diseases, renovascular hypertension and renal transplantation, sexuality and impotence, adrenal diseases and endocrinology, trauma, urologic pathology, urologic imaging and interventional radiology, urologic oncology, and geriatric oncology.

Application: An application provided by the Executive Secretary shall be completed by the applicant and returned to the Board office by courier for guaranteed receipt. Applications must be in the Board office by November 1 in order to permit the applicant to be admitted for the Qualifying (Part 1) Examination the following July. Applications and documentation not postmarked by November 1 will incur a late fee of \$750.

No applications will be accepted after December 1. No application will be considered by the Credentials Committee or the Board unless it is submitted by the deadline set forth and is complete and includes all required supporting documentation. The Executive Secretary will determine if an application is complete.

Documentation of education and training: The application must be accompanied by a notarized copy of a graduation certificate from a medical school approved by the Liaison Committee on Medical Education or from a school of osteopathy approved by the Bureau of

Professional Education of the American Osteopathic Association.

The candidate must provide specific verification of successful completion of the pre-urology postgraduate training requirement in a program approved by the ACGME (such as a notarized certificate or an original letter from the director of the program(s) where the applicant completed PGY 1 and 2). Pre-urology training must be documented separately from urology training.

Graduates of medical schools not approved by the Liaison Committee on Medical Education, the Bureau of Professional Education of the American Osteopathic Association, or the Accreditation Committee of the RCPS(C), must furnish a notarized copy of a valid ECFMG certificate.

The director of the program where the applicant is finishing residency training must provide a letter to the Board office by January 1 confirming that the applicant is expected to have successfully completed one year of training in the capacity of chief resident during the calendar year in which the Qualifying (Part 1) Examination is to be taken. The Program Director must also complete an evaluation form supplied by the Board. This evaluation must be received in the Board office by March 1 preceding the Qualifying (Part 1) Examination given in July.

Failure to pass the examination: An applicant failing the Qualifying (Part 1) Examination must repeat the exam the next year unless the absence is excused by the Board office. Failure to retake the examination at the first available opportunity will result in assessment of an unexcused absence fee on subsequent applications. The applicant must pass the Qualifying (Part 1) Examination process in sufficient time to allow for completion of the certification process within the allotted five years of completion of residency.

THE CERTIFYING (PART 2) EXAMINATION

Candidates for the Certifying (Part 2) Examination must have met all training requirements and have passed the Qualifying (Part 1) Examination. Candidates will be expected to demonstrate knowledge and surgical experience in the broad domains of urology such as:

infertility, impotence, calculous disease, endourology, extracorporeal shock wave lithotripsy, neurourology, urodynamics, urologic imaging, uropathology, female urology, pediatric urology, infectious disease, obstructive disease, psychological disorders, renovascular disease, transplantation, genitourinary sexuality, trauma, urologic oncology, and geriatric oncology.

The Certifying (Part 2) Examination includes assessment of clinical practice through review of practice logs, peer review, and oral examinations.

Period of admissibility: The candidate must successfully complete all components of the Certifying (Part 2) Examination within five years of the completion of residency, unless an extension has been granted. In the event a candidate does not successfully complete certification within this time-frame, it is necessary to pass a written Preliminary Examination to reenter the certification process at the Qualifying (Part 1) Examination level.

A yearly extension of the period of admissibility may be granted by the Board for approved fellowships relevant to urology of one year or longer. Credit is subject to Board approval; notarized documentation of fellowship training is required. A four-month credit toward the 16-month practice period requirement may be awarded to an individual for fellowship training approved by the Board, effective with documentation of the successful completion of the fellowship. The candidate must notify the Board in writing if he or she spends one or more years in post-residency fellowship training.

All extensions of the period to complete certification are granted by the Board because of extenuating circumstances (e.g., involvement in a fellowship of one or more years' duration subject to Board approval, and deferral for an inadequate practice log). The candidate should request such extensions in writing, and include the reason for the request.

Application: Application for admission to the Certifying (Part 2) Examination is made by completing the Supplemental Application form mailed from the Board office in May to all potential applicants. This application and fee should be returned by courier for guaranteed receipt, and must be received in the Board office by

July 1 prior to the Certifying (Part 2) Examination of the following year. Applicants will be assessed \$750 for applications received between July 1 and August 2. No applications will be accepted after August 2.

Licensure requirements: Applicants seeking certification by the American Board of Urology must have a valid medical license that is not subject to any restrictions, conditions, or limitations. Notarized documentation of licensure is required. The applicant must inform the Board of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the Board will determine whether the applicant satisfies the licensure requirement.

Practice requirements: Candidates for the Certifying (Part 2) Examination must be in the active practice of urology and must be licensed to practice medicine in the area of current practice activity. In addition, the candidate must have engaged in a minimum of 16 months of urological practice with primary patient responsibility in a single community, an academic institution, or in the Armed Forces.

Other documentation: The following completed documents must be submitted to the Board office on or before September 1 to avoid a late fee:

- 1) Completed Practice Breakdown form
- 2) Log Verification Statement with notarized signature
- 3) Complications narratives

Practice log: Candidates must submit logs of all office visits, hospital, ambulatory care, and office procedures for each facility where they practice, for the same consecutive six-month period within the seventeen month period between April 1, 2009 and August 31, 2010. Procedures performed as the primary surgeon, and procedures performed by auxiliary personnel and billed by the candidate should be included. Procedures done outside of the United States are acceptable. In the case of military or public health physicians subject to unexpected changes of assignment, the Board may accept cases from the previous assignment.

All logs must be provided in the format prescribed by the Board and must be received in the Board office by September 1 prior to the Certifying (Part 2) Examination. Logs must be verified by the candidate and notarized. Courier service for guaranteed receipt is recommended. Applicants will be assessed \$750 for logs received between September 2 and September 15. No practice logs will be accepted after September 15.

Candidates deferred on the basis of their practice log must submit a new log with their next application. The five-year period of admissibility for completing certification will be extended one time by one year for candidates whose certification is delayed because of an inadequate practice log.

Detailed instructions for completing the electronic log are included in the application packet mailing and are available on the Board's website: www.abu.org.

Practice log review is an important component of the certification process. The Board will review the practice logs of urologic subspecialists in the context of the expected subspecialty experience. While there is not currently a minimum number of cases established for an acceptable log, a practice experience well below the norm for the peer group may be cause for delaying the certification process until there is sufficient experience to adequately assess a candidate's practice pattern and management abilities.

On the basis of practice log review and other file information, the Board may, at its discretion, request copies of specific hospital and/or office records. The applicant shall be responsible for providing requested patient records, and is expected to furnish them within the time frame specified by the Board. The candidate shall ensure that the patient records so disclosed do not contain any patient-identifying information.

Peer review: To further ascertain and document the candidate's qualifications for certification, the Board will request completion of confidential peer review questionnaires from the Chief of Urology and/or Surgery, the Chief of Anesthesiology, and the Chief of Staff for each facility in which the applicant practices, documenting the

applicant's status in the medical community. The candidate must sign a waiver authorizing any and all third parties contacted by the Board to furnish to the Board such records and information, including confidential information related to the candidate's abilities and reputation as a urologist, as the Board (in its sole discretion) may deem necessary or advisable. Under no circumstances will the source of any peer review be revealed to any person other than Trustees and Staff of the Board.

Board review of credentials: Upon receipt of the practice logs and peer review information, the Credentials Committee of the Board will review the candidate's credentials. Evidence of ethical, moral, and professional behavior, and an appropriate pattern of urologic practice including experience with an adequate volume and variety of clinical material, will be sought. Areas of inadequacy may be cause for deferment or discontinuation of the certifying process until these areas are clarified or corrected. Actions of the Board to achieve clarification may include:

- a. Inquiry by the Credentials Committee of the Board into practice irregularities;
- b. Request for certified copies of candidate's health care facility and/or office records for review;
- c. Invitation to appear before the Board for a personal interview;
- d. A site visit to the candidate's community at the candidate's expense; and/or
- e. Other appropriate measures that may be deemed necessary to assess apparent deviations from standard urologic practice.

The candidate will not be permitted to continue the certification process until the Board has satisfied itself of the appropriateness of the candidate's practice pattern and professional behavior. The Board may elect to defer continuation of the certification process pending investigation and resolution of any inadequacies or deviations. It may deny certification when serious practice deviations or unethical conduct are detected. These include, but are not limited to, cheating on or improper or disruptive conduct during any examination conducted by the Board, the solicitation or distribution

of examination materials, and misrepresentation of an applicant's or candidate's status in the certification process.

Oral examination: The oral examinations are given annually in February in Dallas, Texas. The examination is an interactive process between examiner and candidate during which an assessment is made of the candidate's ability to diagnose and manage urologic problems. There are two one-hour examination encounters with different examiners, composed of three protocols each.

Since the candidate has passed the Qualifying (Part 1) Examination, the examiner presumes in the oral examination that the candidate has a satisfactory degree of cognitive knowledge or urology. Therefore, the oral examination will concentrate on the candidate's professional conduct, problem-solving ability, and response to changes in clinical situations.

Evaluation is made of the candidate's ability to collect pertinent information systematically, integrate it, assess the problem, and propose appropriate solutions. The candidate's ability to manage changing clinical conditions is evaluated through the flexible interaction between the examiner and the candidate. Changed clinical conditions may be posed by the examiner in order to assess the various responses by the candidate, or may be developed by the examiner from the outcome of management recommendations offered by the candidate during the interview.

The candidate's attitude, interaction with the examiner, and expression of management concerns contribute to the assessment of professional behavior.

FEES AND DEADLINES

[See summary chart on back cover]

The current examination fees may be changed without notice. Fees reimburse the Board for expenses incurred in preparing and processing the applications and examinations of the candidate.

Application fees: Payment of \$1,300 must accompany the initial application for the Qualifying (Part 1) Examination. Chief resi-

dents only may delay the fee payment for their Qualifying (Part 1) examination until January 5.

An additional fee of \$1,800 must accompany the application for the Certifying (Part 2) Examination. An applicant or candidate secures no vested right to certification as a result of paying an examination fee.

Late fees: A \$750 late fee will be assessed for any application and/or documentation and/or fees and/or log not received in the Board office by the prescribed deadlines. Courier service for guaranteed receipt is recommended.

Cancellation fees: Cancellation fees are as follows: \$700 for failure to appear; \$500 for an unexcused absence; \$250 for an excused absence (in cases of personal or family illness or death).

Excused absences: Only one excused absence is permitted, at the discretion of the Board, and this extends the period of admissibility for one year. The excused absence fee of \$250 will be assessed. Following one excused absence, any subsequent absences are classified as unexcused. There will be no further extensions of admissibility, and an unexcused absence fee and reinstatement fee, if any, will be assessed.

Inactive status: Applications will be considered inactive if two successive examination appointments are canceled by the applicant. A reinstatement fee is assessed after two consecutive absences. If the candidate has not already exceeded the five-year time limit, he or she may regain active status by paying the reinstatement fee of \$700 plus an additional fee for an unexcused absence or for a non-appearance.

Other fees: A \$100 fee will be assessed for all returned checks. The re-examination fees for the Qualifying (Part 1) Examination are \$750. The re-examination fee for the Certifying (Part 2) Examination is \$1,800. The fee for the Preliminary Examination is \$1,000. If a Preliminary Examination appointment is canceled, a \$500 cancellation fee will be assessed. The fee for a site visit by a Board representative is \$2,000 plus expenses.

Refunds: Fees are refundable, less an administrative fee, in most cases of cancelation or deferral. Fees shall be refunded to candidates deferred by the Board, less a \$100 administrative fee; or, if deferred for an inadequate practice log, a \$200 administrative fee.

Annual Certificate Fee: Beginning the year following satisfactory completion of the certification process, the diplomate will be invoiced a mandatory annual certificate fee. This fee will replace any fees for maintenance of certification. The amount is currently \$200 per year, but is subject to change.

MAINTENANCE OF CERTIFICATION

Beginning in 2007, those doctors who become certified, recertified, or subspecialty certified will enter a process of Maintenance of Certification (MOC). MOC is designed to evaluate the continued competence of a Diplomate. MOC was developed by the American Board of Medical Specialties (ABMS) and its 24 member boards and has been supported by the Accreditation Council for Graduate Medical Education (ACGME), the American Medical Association (AMA), the Federation of State Medical Boards (FSMB), and many other organizations.

Diplomates who were originally certified before 1985 and have time unlimited certificates will maintain those certificates as time unlimited. However, if the Diplomate also earns a subspecialty certificate, the Diplomate will enter the MOC process for the subspecialty certificate.

Diplomates who were originally certified in 1985 or later have time-limited certificates. If a Diplomate also earns a subspecialty certificate, the original urology certificate will be extended to have the same expiration date as the subspecialty certificate. The Diplomate will enter the MOC process as of completion of subspecialty certification, and will be required to complete all components on that timeline.

The recertification/MOC process will extend over a ten year period, with some requirements in the process to be completed every two years. A chart showing the requirements appears on the last page of this handbook. Maintenance of Certification will be integrated into the current recertification process.

Diplomates will be required to periodically complete self-assessment programs developed by the Board, and meet continuing medical education requirements as part of this process. Submission of an adequate practice log and successful completion of an examination will be required within the two-year period prior to the expiration of the Diplomate's certification.

The first level of MOC will include completion of an online application form, documentation of unrestricted medical licensure, and completion of a Practice Assessment Protocol (PAP) in an area of their practice. The PAPs are non-graded learning tools developed by the Board and based on current Clinical Guidelines. They involve a self-review of a small number of sequential cases in a specific area (e.g., evaluation of hematuria, treatment of superficial bladder cancer, etc.); a comparison of the candidate's evaluation and management of these cases to accepted practice guidelines; and the successful answering of a short series of questions regarding the clinical guidelines. The applicant will be linked on the internet to an AUA Guideline or similar document with the correct answers. The PAP will not be scored. After sixty days, the candidate will complete the same comparison with different cases. This process will be completed via the internet on the ABU website, and the Board office will be automatically notified when the PAP is completed.

The requirements for Levels 2, 3, and 4 are shown in the chart at the back of this handbook. They include documenting unrestricted medical licensure, completion of further PAPs; completion and documentation of CME credits, satisfactory peer review, adequate practice log submission, culminating with a computer-based examination at the end of Level 4.

A physician who fails to complete the MOC process by the required date is no longer considered a Diplomate of the Board, and the expired certificate must be returned to the Board. Additionally, the American Board of Medical Specialties and sponsoring organizations will be notified the certificate has expired.

More specific details will be available on the Board website, www.abu.org, in the annual *ABU Report* newsletter, and in various mailings, talks and articles by the Trustees as the implementation process progresses.

Diplomates are responsible for keeping the Board office informed of changes in their mailing and email addresses.

CODE OF ETHICS

Ethics are moral values. They are aspirational and inspirational, as well as model standards of exemplary professional conduct for all applicants for certification and all Diplomates certified by the American Board of Urology. The term “urologist” as used here shall include all such candidates and Diplomates.

The issue of ethics in urology is resolved by a determination that the best interests of the patient are served. It is the duty of a urologist to place the patient’s welfare and rights above all other considerations. Urological services must be provided with compassion, respect for human dignity, honesty, and integrity.

A urologist must maintain qualification by continued study, performing only those procedures in which he or she is qualified by virtue of specific training or experience, or with the assistance of one who is so qualified. This experience must be supplemented with the opinions and talents of other professionals and with consultations when indicated.

Open communication with the patient or, if the patient is unable to understand a communication, the patient’s relatives or other authorized representative is essential. Patient confidences must be safeguarded within the constraints of the law. The performance of medical or surgical procedures shall be preceded by the appropriate informed consent of the patient or the patient’s authorized representative. Timely communication of the patient’s condition to referring and consulting physicians should also be practiced.

Urologic surgery shall be recommended only after careful consideration of the patient’s physical, social, emotional, and occupational needs. The preoperative assessment must document indications for surgery. Performance of unnecessary surgery is an extremely serious ethical violation.

Fees for urologic services must not exploit patients or others who pay for those services. In addition, a urologist must not misrepresent

any service which has been performed or is to be performed or the charges which have been made or will be made for that service. Payment by or to a physician solely for the referral of a patient (fee splitting) is unethical.

Delegation of services is the use of auxiliary health care personnel to provide patient care for which the urologist is responsible. A urologist must not delegate to an auxiliary those aspects of patient care within the unique practice of the urologist (which do not include those permitted by law to be performed by auxiliaries). When other aspects of patient care for which the urologist is responsible are delegated to an auxiliary, the auxiliary must be qualified and adequately supervised. A urologist may make different arrangements for the delegation of patient care in special circumstances, such as emergencies, if the patient's welfare and rights are placed above all other considerations.

Providing a patient's postoperative medical or surgical care until that patient has recovered is integral to patient management. The operating urologist should provide those aspects of postoperative patient care within the unique experience of the urologist (which do not include those permitted by law to be performed by auxiliaries). Otherwise, the urologist must make arrangements before surgery for referral of the patient to another urologist, with the approval of the patient and the other urologist. The urologist may make different arrangements for provision of those aspects of postoperative patient care within the unique experience of the urologist in special circumstances, such as emergencies or when no other urologist is available, if the patient's welfare and rights are placed above all other considerations. Fees should reflect postoperative medical or surgical care arrangements with advance disclosure to the patients.

Scientific investigations and communications to the public must be accurate. They must not convey false, deceptive, or misleading information through statements, testimonials, photographs, graphs, or other means. They must not omit material information without which the communication would be deceptive.

Communications must not appeal to an individual's anxiety in an excessive or unfair way; they must not create unjustified expectations of results. If communications refer to benefits or other

attributes of urologic procedures which involve significant risks, a realistic assessment of safety and efficacy must also be included, as well as the availability of alternatives, with descriptions and/or assessments of the benefits and other attributes of those alternatives when necessary to avoid deception.

Communications must not misrepresent a urologist's credentials, training, experience, or ability, or contain material claims of superiority which cannot be substantiated. If a communication results from payment to a urologist, such must be disclosed, unless the nature, format or medium makes that apparent. Offering or accepting payment for referring patients to research studies for finder's fees is unethical.

Those urologists who are deficient in character or who engage in fraud, deception, or substance abuse should be identified to appropriate local, regional, state, and/or national authorities. A physically, mentally, or emotionally impaired urologist should withdraw from those aspects of practice affected by the impairment.

DEFINING ETHICS AND PROFESSIONALISM

The American Board of Urology is committed to the principle that patient welfare is preeminent. This principle assumes a responsibility to the patient that transcends personal gain and engenders both individual patient and public trust. It is the cornerstone of the ethical and moral framework by which the physician is bound.

The physician-patient relationship, however, is part of a more complex social network. It also includes relationships within the profession and society as a whole. A variety of societal forces conflict with physicians' responsibility to their patients and the public. Rapidly advancing technologies, relationships with commercial entities, increased demands for documentation, rising health care costs, declining reimbursement, and increasing patient autonomy contribute to potential compromise of patient welfare. Urologists, in particular, are faced with technological advances that require new training and opportunity for entrepreneurialism. From this perspective medicine is viewed as a specialized personal service that ignores public responsibility and belies the trust instilled in the physician.

As a consequence, there has been a call for a renewed commitment to professionalism. A number of organizations have attempted the development of a code of ethics and professionalism. They set forth principles and responsibilities the physician can review for guidance when confronting an ethical dilemma. In these documents, a number of qualities or virtues are repeatedly espoused. Among them are; justice, honesty, competence, impartiality, preservation of patient confidentiality, patient autonomy, and unbiased medical care. To address this need, representatives from the American Board of Internal Medicine Foundation, the European Federation of Internal Medicine and the American College of Physicians-American Society of Internal Medicine collaborated on the Medical Professionalism Project which was charged with developing a charter that provides a basic set of tenets for ethical and professional behavior.¹ The group intended to create a document applicable to medical and surgical specialties, healthcare systems, and cultures. They set forth three Fundamental Principles and a set of ten core commitments that serve to guide the professional and ethical conduct of physicians.

Although this Charter has met with widespread enthusiasm, it has not been uniformly endorsed by all physician groups; indeed it has been criticized for emphasizing a duty-based ethic (that is, duty to those around us), rather than a virtue-based ethic (which focuses on individual traits of human character).² Likewise, some have objected to the emphasis on achieving “competence” rather than encouraging excellence, and to the contractual tone of the document that implies an inherent basis of mistrust.³ While these criticisms may be valid, the document serves as a starting point for a conversation about professional responsibility and provides a framework for moral, ethical and professional conduct. The American Board of Urology endorses the Physician Charter and encourages and expects the urologic community will uphold the commitments which support the fundamental principles set forth by the document.

References:

1. Medical professionalism in the new millennium: A physician charter. *Ann Int Med*, 136: 243-246, 2002.
2. Doukas DJ: Where is the virtue in professionalism? *Cambridge Quarterly of Healthcare Ethics*, 12: 147-154, 2003.

3. Swick H, Bryan CS, Longo LD: Beyond the Physician Charter. Reflections on medical professionalism. Perspectives in Biology and Medicine, 49: 263-275, 2006.

POLICIES

DISCIPLINARY ACTION

The Board of Trustees of the American Board of Urology shall have the sole power to censure, suspend, or revoke the certificate of any Diplomate. Certificates issued by the Board are the property of the Board and are issued pursuant to the rules and regulations of the Board. Each certificate is issued to an individual physician who, by signature, agrees to censure or suspension or revocation of the certificate as described herein.

The Board of Trustees shall have the sole power, jurisdiction, and right to determine and decide whether the evidence and information before it is sufficient to constitute one of the disciplinary actions by the Board. The levels of disciplinary action and manner of notification, appeal, and reinstatement, shall be defined as follows:

Notification & Appeal

Notification: If the action of the Board is to censure, suspend, or revoke the certificate of a Diplomate, the Board shall send written notice thereof to the Diplomate. The notice shall state the reasons for the Board's decision.

Appeal: See Appeals Procedure in this handbook for details on the appeals process.

Censure & Suspension

A Diplomate may be censured or have his or her certificate suspended if he or she has been found by the Board to have engaged in professional misconduct or moral turpitude or for violations of the *Code of Ethics* of the American Board of Urology not warranting certificate revocation.

The Board of Trustees of the American Board of Urology shall have the sole power to determine the level of disciplinary action

and the designated level of suspension. Censure or suspension of a Diplomate may be listed in the annual *ABU Report*.

Censure: A censure shall be a written reprimand to the Diplomate. Such censure shall be made part of the file of the Diplomate.

Suspension: A suspension shall require the Diplomate to return his or her certificate to the Board for a designated time so determined by the Board. The Board shall have the sole power to determine the designated time of suspension. Prior to return of the certificate the Diplomate may be required to meet with the Board within sixty (60) days prior to the end of the designated time period. Recertification will be necessary if a time-limited certificate expires during the period of suspension.

Revocation of Certificate

Certificates issued by this Board are the property of the Board and are issued pursuant to the rules and regulations of the Board. Each certificate is issued to an individual physician who, by signature, agrees to revocation of the certificate in the event that:

- a. the issuance of the certificate or its receipt by the physician so certified shall have been contrary to, or in violation of any provision of the Certificate of Incorporation, Bylaws, or rules and regulations of the Board in force at the time of issuance; or
- b. the physician or party certified shall not have been eligible to receive such certificate, regardless of whether or not the facts constituting ineligibility were known to, or could have been ascertained by, the Trustees of the Board at the time of issuance of such certificate; or
- c. the physician or party so certified shall have made a material misstatement of fact in application for such certification or recertification or in any other statement or representation to the Board or its representatives; or
- d. the physician so certified shall at any time have neglected to maintain the degree of knowledge in the practice of the specialty of urology as set up by the Board, and shall refuse to submit to re-examination by the Board; or

- e. the physician so certified is convicted of a felony, scientific fraud, or a crime involving illicit drugs; or
- f. any license to practice medicine of the physician so certified is surrendered, suspended, revoked, withdrawn, or voluntarily returned in any state regardless of continuing licensure in any other state, or he or she is expelled from any of the nominating societies, a county medical society, or a state medical association for reasons other than non-payment of dues or lack of meeting attendance; or
- g. the physician so certified has been found guilty by the Board of serious professional misconduct or moral turpitude or for serious violation of the *Code of Ethics* of the American Board of Urology that adversely reflects on professional competence or integrity.

Revocation of a Diplomate's certificate may be mentioned in the annual *ABU Report* and on the Board's website.

Reinstatement of Certificate: Should the circumstances that justified revocation of the Diplomate's certificate be corrected, the Board may allow the candidate to reapply for certification. The Board of Trustees shall have the sole power to determine the time of initiation of the reinstatement process. The applicant whose certificate has been revoked may be required to complete the certification or recertification process at the discretion of the Board.

Prior to reinstatement of certification, the applicant may be required to meet with the Board. The Diplomate will be required to attest that he or she has read and understands the above provisions regarding disciplinary action and the procedures to be followed and agree to hold the Board, its officers, and agents harmless from any damage, claim, or complaint by reason of any action taken which is consistent with such procedures.

APPEALS PROCEDURE

Adverse Decision Inquiries: During the course of the certification, maintenance of certification, subspecialty certification, or recertification process, a candidate may receive an adverse decision regarding one or more elements of the process. Inquiries regarding an adverse decision must be made in writing to the Executive

Secretary within 30 days after written notification by the Board, and will be promptly answered.

The candidate will be guaranteed the following:

- a. hand scoring of the answer sheet for failure of the examination
- b. review by the Executive Secretary of the examiners' scoring sheets for the failure of the Certifying (Part 2) Oral Examination
- c. review of the record by the Chairman of the respective committee or for an adverse decision concerning peer review, practice logs, and/or malpractice and professional responsibility experience.

Adverse Decisions: If the final action of the Board is a decision to deny certification to an applicant, to deny MOC/recertification to a Diplomate with a time-limited certificate, or to revoke the certificate of a Diplomate, the Board shall send written notice thereof to the applicant or Diplomate. The notice shall state the reasons for the Board's decision. For those holding a time-limited certificate, their certificate shall stay in effect until the appeals process is completed.

Request for Hearing: An applicant or a Diplomate who receives such a notice may, within thirty (30) days after mailing by the Board, give written notice to the Board that he or she wishes to request a hearing to appeal the Board's decision. The written notice shall set forth the specific reasons given by the Board which are alleged to be erroneous and shall indicate whether the applicant or Diplomate wishes to attend the hearing. Such applicant or Diplomate is hereinafter referred to as the "appellant".

Notice of Hearing: If the Board receives the appellant's notice requesting a hearing in a timely manner, the Board shall set the date, time, and place of the hearing, and shall give the appellant at least thirty (30) days prior written notice thereof.

Hearing: The hearing shall be held before the Board of Trustees or before a hearing panel consisting of one or more persons appointed by the Board, as it may determine in its sole discretion.

The President of the Board, or, if a hearing panel is appointed, a person appointed by the Board of Trustees, shall preside at the hearing. At the hearing, the burden shall be on the appellant to prove by a preponderance of the evidence that the Board's decision was erroneous.

Failure to Appear: Failure to appear at the hearing may result in the forfeiture of the right to a hearing, as the Board of Trustees may determine in its sole discretion. Despite such failure to attend, the Board of Trustees (or the hearing panel) may nevertheless hold the hearing, consider the information submitted, and decide the appeal.

Hearing Procedure: The appellant may appear at the hearing to present his or her position in person, at the time and place specified, subject to any conditions established by the Board. A transcript of the proceedings shall be kept. The Board shall not be bound by technical rules of evidence employed in legal proceedings, but may consider any information it deems appropriate. The appeals process is a peer review process and neither party may be represented by, or bring along, legal counsel, except that the Board may have legal counsel present to advise the Board with respect to procedural issues.

Notice of Decision: Within a reasonable time after completion of the hearing, the Board shall furnish written notice to the appellant of the decision, including a statement of the basis therefore.

Finality: The decision of the Board shall be final and binding on the Board and on the appellant.

Notices: All notices or other correspondence pertaining to the appeal should be sent to the following address:

The American Board of Urology
2216 Ivy Road, Suite 210
Charlottesville, VA 22903
Attention: Executive Secretary

“BOARD ELIGIBLE” STATUS

The American Board of Urology does not recognize or use the term *Board Eligible* in reference to its applicants or candidates. A

candidate is not certified (i.e., does not become a Diplomate) until all components of the certification process have been successfully completed.

INQUIRY AS TO STATUS

The Board considers a candidate's record not to be in the public domain. When a written inquiry is received by the Board regarding a candidate's status, a general but factual statement is provided that indicates the person's status within the examination process. The Board provides this information only to individuals, organizations, and institutions supplying a signed release of information from the candidate, and a charge of \$35 per request will apply.

UNFORESEEABLE EVENTS

Certain unforeseeable events such as natural disasters, war, power outages, government regulations, strikes, civil disorders, curtailment of transportation, and the like may make it inadvisable, illegal, or impossible for the Board to administer an examination to a candidate at the scheduled date, time, and location. In any such circumstance, the Board is not responsible for any expense the candidate may have incurred to be present for the examination or may incur for any future or substitute examinations.

FINAL ACTION OF THE BOARD

Final action regarding each applicant is the sole prerogative of the Board and is based upon the applicant's training, professional record, performance in clinical practice, and the results of the examinations given by the Board.

Regardless of the sequence by which the various steps of certification may have been accomplished, the process itself is not considered complete until the Board's final action. At any point in the process, the Board may delay or even deny certification upon consideration of information that appears to the Board to justify such action.

The activities described in this handbook proceed from the Certificate of Incorporation and Bylaws, which state the nature of the business, objects, and purposes proposed to be transacted and carried out by this corporation.

CHANGE OF ADDRESS:

**Notifying the Board office of a
change of address is
the responsibility of
the Diplomat.**

NOTES

Requirements	Level 1 (year 2)	Level 2 (year 4)	Level 3 (year 6)	Level 4 (years 7-9)
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: Submit 6 month electronic practice log				yes
Candidate: Computer-based closed-book exam				yes

9/2008

SUMMARY OF FEES

Fee Schedule	U.S. Dollars
Qualifying (Part 1) Examination	
Residents.....	1,300
Practitioners & Fellows.....	1,300
Re-examination.....	750
Certifying (Part 2) Examination	1,800
Re-examination.....	1,800
Preliminary Examination	1,000
Cancellation Fees for All Examinations	
Excused absence	250
Unexcused absence	500
Failure to appear	700
Reinstatement after Two (2) Successive Absences (plus cancellation fees)	700
Deferral of Admissibility to Part 2 Examination for Inadequate Practice Log (balance of fee returned)	200
Charge for Typing of Practice Log	500
Late Fee (application, documentation, fees, log).....	750
“NSF” Fee	100
Site Visit (plus expenses).....	2,000
Administrative Fee	100
Official Verification of Status	35

Revised 4/10

Application Filing Deadlines & Fees for the Certification Process

Qualifying (Part 1) Examination	Certifying (Part 2) Examination			Preliminary Examination
<p>Application & notarized documents due Nov. 1</p> <p><i>Practitioner & Fellow</i> \$1,300 fee due Nov. 1</p> <p><i>Chief Resident</i> \$1,300 fee only due Jan. 5</p>	<p>Application & notarized documents + \$750 late fee due Dec. 1</p> <p><i>Practitioner & Fellow</i> \$1,300 fee + \$750 late fee due Dec. 1</p>	<p>Application + Notarized documents + \$1,800 fee + \$750 late fee</p> <p>Due July 1</p>	<p>Practice Logs</p> <p>Due Sept. 1</p>	<p>Practice Logs + \$750 late fee</p> <p>Due Sept. 15</p>
<p>Application & notarized documents + \$750 late fee due Dec. 1</p> <p><i>Practitioner & Fellow</i> \$1,300 fee + \$750 late fee due Dec. 1</p>	<p>Application + Notarized documents + \$1,800 fee + \$750 late fee</p> <p>Due August 2</p>	<p>Application + Notarized documents + \$1,800 fee + \$750 late fee</p> <p>Due August 2</p>	<p>Practice Logs</p> <p>Due Sept. 1</p>	<p>Letter of Intent + \$1,000 fee Due August 16</p> <hr style="border: 1px solid black;"/> <p>Letter of Intent + \$1,000 fee +\$750 late fee</p> <p>Due September 1</p>
<p>Application & documentation due November 1 (Late deadline with late fee December 1)</p>	<p>Application & documentation due July 1 (Late deadline with late fee August 2)</p>	<p>Application & documentation due September 1 (Late deadline with late fee September 15)</p>	<p>Practice Log due September 1 (Late deadline with late fee September 15)</p>	<p>Letter of Intent due August 16 (Late deadline with late fee September 1)</p>