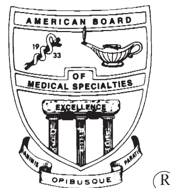
THE AMERICAN BOARD OF UROLOGY, INC.

2012 INFORMATION FOR APPLICANTS FOR PEDIATRIC SUBSPECIALTY CERTIFICATION

FOURTH EDITION

Stuart S. Howards, M.D.
Executive Secretary
600 Peter Jefferson Parkway, Suite 150
Charlottesville, VA 22911
434/979-0059



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

EXAMINATION DATES*:
June 1 or June 7, 2012
June 2014
*These dates are subject to change.

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 for recertification without notice or issuance of a new handbook. ***Please consult the office of the Executive Secretary whenever necessary.***

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

ADDRESS ALL CORRESPONDENCE TO:

Stuart S. Howards, M.D.
Executive Secretary
American Board of Urology
600 Peter Jefferson Parkway, Suite 150
Charlottesville, VA 22911

Phone: 434/979-0059
Fax: 434/979-0266
www.abu.org

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.

<u>CHANGE OF ADDRESS</u>

Notifying the Board office of a change in address is the responsibility of the candidate.

Table of Contents

Officers and Trustees..3

Emeritus Trustees...4

Organization...8

Purpose of Certification 9

Functions of the Board...10

Subspecialty Certification...10

Educational Requirements.....................................11

Other Requirements...12

Pediatric Subspecialty Examination.......................12

Fees and Deadlines 19

Maintenance of Certification.......................................20

Code of Ethics...22

Defining Ethics and Professionalism...........................25

Policies...28

Disciplinary Action...28

Appeals Procedure..31

"Board Eligible" Status.....................................33

Inquiry as to Status...34

Unforeseeable Events.......................................34

Final Action of the Board..................................34

Maintenance of Certification chart..............................36

American Board of Urology
BOARD OF TRUSTEES 2011-2012

President: **Timothy B. Boone, M.D., Ph.D.**
The Methodist Hospital
6560 Fannin, Suite 2100
Houston, TX 77030

Vice President: **Gerald H. Jordan, M.D**
Urology of Virginia
6333 Center Drive, Bldg. 16
Norfolk, VA 23502

President-Elect: **John B. Forrest, M.D.**
Urologic Specialists of Oklahoma
10901 East 48th St South
Tulsa, OK 74146

Secretary-Treasurer: **Margaret S. Pearle, M.D., Ph.D.**
UT Southwestern
5323 Harry Hines Blvd.
Suite I8.106
Dallas, TX 75390

Robert R. Bahnson, M.D., Columbus, OH
Barry A. Kogan, M.D., Albany, NY
Kevin R. Loughlin, M.D., M.B.A., Boston, MA
Michael R. Ritchey, M.D., Phoenix, AZ
Peter N. Schlegel, M.D., New York, NY
Ian M. Thompson, Jr., M.D., San Antonio, TX
J. Brantley Thrasher, M.D., Kansas City, KS
J. Christian Winters, M.D., New Orleans, LA

EMERITUS TRUSTEES

* Dr. William F. Braasch, 1935-1940
* Dr. Henry Bugbee, 1935-1945
* Dr. Gilbert J. Thomas, 1935-1953
* Dr. Herman L.Kretschmer, 1935-1943
* Dr. Nathaniel P. Rathbun, 1935-1946
* Dr. George Gilbert Smith, 1935-1950
* Dr. Clarence G. Bandler, 1935-1949
* Dr. A. I. Folsom, 1935-1946
* Dr. T. Leon Howard, 1935-1946
* Dr. Harry Culver, 1943-1956
* Dr. George F. Cahill, 1944-1954
* Dr. E. Granville Crabtree, 1946-1948
* Dr. A. I. Dodson, 1946-1955
* Dr. Charles C. Higgins, 1946-1952
* Dr. Grayson Carroll, 1947-1961
* Dr. Edgar Burns, 1948-1959
* Dr. Thomas D. Moore, 1949-1958
* Dr. Roger C. Graves, 1950-1951
* Dr. Rubin H. Flocks, 1952-1975
* Dr. William Niles Wishard, Jr., 1953-1969
* Dr. Donald A. Charnock, 1954-1962
* Dr. William P. Herbst, Jr., 1955-1963
* Dr. Frank C. Hamm, 1956-1964
* Dr. Wyland F. Leadbetter, 1957-1965
* Dr. Robert Lich, Jr., 1958-1976
* Dr. Hugh J. Jewett, 1960-1966
* Dr. W. E. Kittredge, 1962-1970
* Dr. Thomas E. Gibson, 1963-1971
* Dr. James H. McDonald, 1963-1981
* Dr. Victor F. Marshall, 1964-1973
* Dr. J. Hartwell Harrison, 1965-1974
* Dr. W. Dabney Jarman, 1966-1975
* Dr. William L. Valk, 1969-1978
* Dr. Clarence V. Hodges, 1971-1980
* Dr. Russell Scott, Jr., 1971-1979
* Dr. Ormond S. Culp, 1972-1977

EMERITUS TRUSTEES, *continued*

* Dr. Ralph A. Straffon, 1974-1980
* Dr. J. Tate Mason, 1974-1980
* Dr. Lowell R. King, 1974-1980
* Dr. Willard E. Goodwin, 1975-1981
* Dr. William J. Staubitz, 1975-1981
Dr. C. E. Carlton, Jr., 1975-1982
* Dr. James F. Glenn, 1976-1982
Dr. David C. Utz, 1977-1983
Dr. John T. Grayhack, 1978-1984
* Dr. Alan D. Perlmutter, 1979-1985
Dr. Frank J. Hinman, Jr., 1979-1985
Dr. William H. Boyce, 1980-1986
* Dr. Joseph B. Dowd, 1980-1986
* Dr. Paul C. Peters, 1980-1986
* Dr. Bruce H. Stewart, 1981-1983
* Dr. John D. Young, 1981-1987
Dr. Abraham T.K. Cockett, 1981-1987
Dr. Jay Y. Gillenwater, 1982-1988
* Dr. Joseph J. Kaufman, 1982-1988
* Dr. Russell Lavengood, 1983-1988
* Dr. Winston K. Mebust, 1983-1989
* Dr. John P. Donohue, 1984-1990
Dr. E. Darracott Vaughan, Jr., 1984-1990
Dr. George W. Drach, 1985-1991
* Dr. John W. Duckett, Jr. 1985-1991
Dr. Terry E. Allen, 1986-1992
Dr. Robert P. Gibbons 1986-1992
Dr. Stuart S. Howards 1987-1993
Dr. Patrick C. Walsh 1987-1993
Dr. Jean B. deKernion 1988-1994
Dr. Carl A. Olsson 1988-1994
Dr. David L. McCullough 1989-1995
Dr. Drogo K. Montague 1989-1995
Dr. W. Scott McDougal 1990-1996
Dr. Alan J. Wein 1990-1996
Dr. Jack W. McAninch 1991-1997
Dr. George W. Kaplan 1991-1997

EMERITUS TRUSTEES, *continued*

Dr. Joseph N. Corriere, Jr., 1992-1998
Dr. Jerome P. Richie 1992-1998
Dr. H. Logan Holtgrewe 1993-1999
Dr. Kenneth A. Kropp 1993-1999
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
Dr. Fray F. Marshall, 1996-2002
Dr. Michael E. Mitchell, 1997-2003
* Dr. Martin I. Resnick, 1997-2003
Dr. Paul F. Schellhammer, 1998-2004
Dr. Robert M. Weiss, 1998-2004
Dr. Michael J. Droller, 1999-2005
Dr. Joseph A Smith. Jr., 1999-2005
Dr. Robert C. Flanigan, 2000-2006
Dr. Mani Menon, 2000-2006
Dr. Peter C. Albertsen, 2001-2007
Dr. Linda M. Shortliffe, 2001-2007
Dr. Peter R. Carroll, 2002-2008
Dr. Howard M. Snyder, 2002-2008
Dr. W. Bedford Waters, 2003-2009
Dr. David A. Bloom, 2003-2009
Dr. Michael O. Koch, 2004-2010
Dr. Paul H. Lange, 2004-2010
Dr. William D. Steers, 2005-2011
Dr. Ralph V. Clayman, 2005-1011

**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 Genitourinary 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 written 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" or the "ABU" 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 and recertification in the specialty of urology, as well as the subspecialty of pediatric 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. Application for certification is completely voluntary.

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 annually 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.

SUBSPECIALTY CERTIFICATION

Applicants approved by the Board to enter the process of subspecialty certification in pediatric urology must be engaged in the active practice of urology, must hold a current unrestricted general certificate in urology issued by the American Board of Urology, and must meet the requirements for pediactric urology subspecialty certification outlined below.

Domains of pediatric urology education include the following areas with relation to diagnosis, management, treatment and prevention of pediatric urologic disorders and promotion of health:

- Ethics and professionalism
- Genetics

- Endocrinology
- Renal disease
- Urinary infection and management
- Fetal, perinatal, congenital, child and adolescent genitourinary abnormalities and diseases
- Congenital and acquired neurologic diseases affecting the urinary tract and urodynamics
- Imaging: diagnostic, interventional and therapeutic
- Pathology
- Pain management
- Developmental anatomy, physiology
- Trauma
- Calculus disease
- Operative techniques: Open surgery, endoscopy, laparoscopy, robotic

All subspecialty certificates will be time limited and subject to MOC. When a Diplomate becomes certified in a subspecialty, the expiration date of the Diplomate's general urology certificate will be extended to coincide with the expiration date of the subspecialty certificate. The Diplomate will enter the MOC process upon completing subspecialty certification.

The Pediatric Urology Subspecialty Certification examination will be offered every two years; i.e., 2010, 2012, 2014, etc.

EDUCATIONAL REQUIREMENTS

An applicant may initiate application for subspecialty certification in pediatric urology by the American Board of Urology during the application period after completing at least 24 months in a pediatric urology training program consisting of:

1. an ACGME approved pediatric urology residency program (minimum of 12 months) that

includes training in the domains of pediatric urology; and

2. at least 12 additional months of training or scholarly work applicable to pediatric urology that may include the study of epidemiology, clinical trials, biostatistics, clinical outcomes, health services, an/or other forms of basic and clinical research in pediatric urology. This additional year of training may be devoted to research, clinical work, or any combination of the two.

Documentation of education and training: The application must be accompanied by a notarized copy of documentation demonstrating successful completion of a pediatric urology program that conforms to the Board's requirements stated above.

The director of the program where the applicant completed the pediatric urology residency fellowship must provide an evaluation stating that the applicant is an acceptable candidate for pediatric urology subspecialty certification. The Board will supply this evaluation form. It must be received by the Board office directly from the Residency Director by November 1.

OTHER REQUIREMENTS

Application: A completed standard application form for the current examination cycle must be submitted by the applicant. Applications and the $2500 application fee must be received in the Board office by September 15, 2011. Applications will be accepted until October 1 with a $750 late fee. No applications will be accepted after October 1, 2011.

All questions on the application must be completed and

appropriate documentation attached regarding any adverse actions in licensure, past and pending malpractice and professional responsibility suits and their outcome, appearance before hospital disciplinary boards or adverse actions regarding hospital privileges, and any substance abuse or chemical dependency problems.

Any applicant for subspecialty certification who does not respond to all questions on the application or who misrepresents the information requested will, at a minimum, be deferred from the process for two years, and may also be subject to disciplinary action as explained in the sections on the Code of Ethics and Disciplinary Action presented later in this handbook.

Licensure requirements: Applicants seeking subspecialty certification by the American Board of Urology must submit a copy of their current valid medical license that is not subject to restrictions, conditions or limitations. The applicant must inform the Board of any conditions or restrictions on any active medical license he or she holds. If there is a restriction or condition in force on any of the applicant's medical licenses, the Board will determine whether the applicant satisfies the licensure requirement.

Practice log: Candidates for subspecialty certification must be in the active practice of pediatric urology. Applicants will be required to provide the Board with an electronic log of 12 months in length to include all office visits, as well as all hospital, ambulatory care, and office procedures for each facility where they practice, for the same consecutive twelve-month period within the two-year period between September 1, 2009 and September 1, 2011. The log must demonstrate that a minimum of 75% of the candidate's practice is dedicated to pediatric urology, and/or the candidate has an adequate

number of major pediatric urologic surgery cases as determined by the Board.

All logs must be received in the Board office by October 1. Applicants will be assessed a $750 late fee for logs received between October 1 and October 15. No practice logs will be accepted after October 15.

Candidates deferred on the basis of their practice log must submit a new log with their next application. Logs must be prepared in accordance with the format provided by the Board.

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*. A downloadable template is also available on the Board's website.

All logs must include the following information:

1) Name of location and type of facility where patient encounter occurred
2) Medical record number or other unique identifier
3) Age of patient in years
4) Gender of patient
5) Date of service
6) Diagnosis code(s)
7) Procedure or office visit code(s)

These completed documents must also be submitted to the Board office on or before October 1:

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

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.

Continuing Medical Education (CME) requirements: Applicants for pediatric subspecialty certification must document a minimum of 30 pediatric-urology-focused Category 1 CME credits within the two years immediately preceding the CME deadline. All CME documentation is due in the Board office by December 1.

Peer review: To further ascertain and document the candidate's qualifications for certification, the Board will solicit information and comments from appropriate individuals. The Board will request information from the Federation of State Medical Boards databank regarding adverse actions taken against the applicant relative to licensure. The Board will request completion of confidential peer review questionnaires from the Chief of Urology and/or Surgery, the Chief of Anesthesiology, the Chief of Pediatrics, 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.

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 subspecialty certification process.

Release of results: As a condition of application to the subspecialty certification process, the applicant must sign a waiver agreeing to allow the Board to release application information or examination results achieved in the Pediatric Subspecialty Certification Examination 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 Pediatric Subspecialty Certification 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 pediatric subspecialty certification.

Requirements for applicants with a history of chemical dependency: Such applicants will not be admitted to the subspecialty certification process 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 Pediatric Subspecialty Certification Examination may have a site visit of their practices by a representative of the Board.

Board review of credentials: Upon receipt of the practice logs and peer review information, the Pediatric Subspecialty Certification 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. Additional information may be requested by the Executive Secretary.

Areas of inadequacy may be cause for deferral or discontinuation of the subspecialty certifying process until these areas are clarified or corrected. Actions of the Board to achieve clarification may include:

a. inquiry by the Pediatric Subspecialty Certification 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 subspecialty 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 subspecialty certification process pending investigation and resolution of any inadequacies or deviations. It may deny subspecialty 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 status in the subspecialty certification process.

THE PEDIATRIC SUBSPECIALTY CERTIFICATION EXAMINATION

The examination is the final component of subspecialty certification. It is taken after satisfactory completion of the other elements of the process. The Pediatric Subspecialty Certification Examination (PSCE) will be given on two separate days in a computer-based format at Pearson VUE Testing Centers across the United States. The candidate may take the examination on either day, dependent upon site availability.

After the candidate has met all requirements, paid all fees, and been approved by the Board to sit for the examination, a letter will be sent to the candidate notifying the candidate he or she is eligible to sit for the examination. An appointment to sit for the examination can be scheduled with Pearson VUE during the registration time stated in the letter.

The four-hour examination will consist of 110 multiple choice questions and will be designed to assess knowledge of the field of pediatric urology. The exam will include all aspects of pediatric urology, including but not limited to: congenital abnormalities, childhood acquired urologic problems such as tumors and trauma, and overlapping problems of adolescence.

Failure to pass the examination: An applicant failing the Pediatric Subspecialty Certification Examination may repeat the exam during the next cycle. The repeat component fee is $350. Applicants have 3 opportunities to sit and pass the PSCE.

FEES AND DEADLINES

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 $2,500 in US dollars must accompany the initial application for Pediatric Urology Subspecialty Certification. An applicant or candidate secures no vested right to subspecialty 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 not received in the Board office by the prescribed deadlines. Courier service for guaranteed receipt is recommended.

Cancelation fees: Cancelation 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 to the next examination. 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.

Other fees: A $100 fee will be assessed for all returned checks.

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.

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.

All subspecialty certificates issued by the American Board of Urology are time limited and subject to Maintenance of Certification (MOC). They are valid for 10 years only and will expire on the anniversary of the date of issue.

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, meet continuing medical education requirements, and submit practice logs as part of this process. Successful completion of an examination will be required within the three year period prior to expiration of the Diplomate's certification.

The first level of MOC will include submission of an application form, documentation of an unrestricted medical license, 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 will involve a self-review of a small number of sequential cases in a specific area; a comparison of the Diplomate'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 via the internet to an AUA Guideline or similar document with the appropriate answers and will correct any errors until he or she has answered the questions correctly. The PAP will not be scored. This process will be completed via the internet and the Board office will be automatically notified when the PAP is completed.

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 reviews, and an adequate practice log submission, culminating with a computer-based examination at the end of Level 4.

The office of the American Board of Urology will notify Diplomates holding a time-limited certificate when each phase of MOC is required. At that time a handbook detailing the MOC/recertification process will be provided. This handbook will also be available at the Board's web site, *www.abu.org,* and on request from the Board office.

A physician who fails to complete the MOC process by the certificate expiration 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 the patient's relatives or other authorized representative if the patient is unable to understand this communication, 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 (excluding 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 (excluding 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 special-

ties, 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. If it is determined by the Board that any certificate issued to a Diplomate is to be suspended or revoked, this decision shall apply to all certificates issued to that Diplomate.

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 must 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, and will be subject to MOC.

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 eli-

gible 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 nonpayment 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 reported in the annual *ABU Report.*

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 must 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 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 Qualifying (Part 1) Examination;
b. review by the Executive Secretary of the examiners' scoring sheets for the failure of the Certifying (Part 2) Oral Examination; and
c. review of the record by the Chairman of the Credentials Committee, Recertification Committee, or Pediatric Subspecialty Certification Committee for an adverse decision concerning peer review, practice logs, and/or malpractice and professional responsibility experience.

Adverse Decision Notification: If the final action of the Board is a decision to deny certification or subspecialty

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.

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
600 Peter Jefferson Parkway, Suite 150
Charlottesville, VA 22911
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 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 $50 per request will apply.

UNFORESEEABLE EVENTS

Certain unforeseeable events such as severe weather, 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 mailing address or email address is the responsibility of the Diplomate.

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: Submit 6 month electronic practice log				yes
Candidate: Computer-based closed-book exam				yes

8/2010

SUMMARY OF FEES

Fee Schedule	U.S. Dollars
Pediatric Subspecialty Certification	
Initial application fee	$2,500
Repeat component fee	350
Late fee	750
Log late fee	750
No log submitted deferral fee	100
Log data entry fee	750
Cancelation Fees	
Excused absence	250
Unexcused absence	500
Failure to appear	750
Reinstatement after Two (2) Successive Absences	
(plus cancelation fees)	700
Late Fees (application, documentation, logs, fees)	750
"NSF" Fee	100
Site Visit (plus expenses)	2,000
Administrative Fee	100
Official Verification of Status	50

Annual Certificate Fee payments must be current.

Make checks payable to the American Board of Urology.
All checks must be in U.S. Dollars.

Revised 6/11

Deadlines for the Pediatric Subspecialty Certification Process

▸ Application ▸ Notarized documents ▸ $ 2,500 fee	▸ Application ▸ Notarized documents ▸ $3,250 fee, includes $750 late fee	▸ Log Verification documentation (notarized) ▸ Practice Break-down form ▸ Complications narratives	▸ Electronic practice log	▸ Electronic practice log with $750 late fee
September 15	**October 1**	**October 1**	**October 1**	**October 15**
No applications accepted after October 1			No practice logs accepted after October 15	