

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



**2010
INFORMATION FOR APPLICANTS
FOR RECERTIFICATION**

NINETEENTH EDITION

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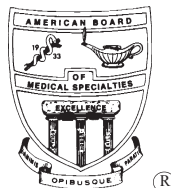
Stuart S. Howards, M.D.

Executive Secretary

2216 Ivy Road, Suite 210

Charlottesville, VA 22903

434/979-0059



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

EXAMINATION DATES*:

October 6, 7 OR 8, 2010

October 4 OR 5, 2011

October 2012

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, and postal and email addresses.

ADDRESS ALL CORRESPONDENCE TO:

Stuart S. Howards, M.D.

Executive Secretary

American Board of Urology

2216 Ivy Road, Suite 210

Charlottesville, VA 22903

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www.abu.org

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- * Dr. Thomas E. Gibson, 1963-1971
- * Dr. James H. McDonald, 1963-1981
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- * Dr. J. Hartwell Harrison, 1965-1974
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- 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
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- Dr. Joseph A. Smith, Jr., 1999-2005
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- Dr. Mani Menon, 2000-2006
- Dr. Peter C. Albertsen, 2001-2007
- Dr. Linda D. 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

* *Deceased*

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.

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 RECERTIFICATION

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 and recertification in the specialty of urology. Certification or recertification 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 arranges and conducts examinations testing the qualifications of voluntary candidates and grants and issues certificates to accepted candidates duly licensed to practice medicine. The certificate is the property of the Board, and the Board holds the power to revoke such certificate. The Board also evaluates and examines Diplomates for purposes of recertification. 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 entirely 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.

RECERTIFICATION

Certificates issued by the American Board of Urology on or after January 1, 1985 and before 2007 expire on the anniversary of the date of issue and are valid for 10 years only. The Diplomate must successfully complete the recertification process prior to that time in order to maintain his or her certification by the Board. Certificates issued from 2007 forward will be valid for 10 years, subject to Maintenance of Certification (MOC).

Certificates issued prior to January 1, 1985 are time unlimited. A Diplomate with an unlimited certificate may voluntarily enter the recertification process at any time.

TIME-LIMITED CERTIFICATES

The Diplomate with a time-limited certificate may enter the recertification process any of the three years prior to the expiration of his/her time-limited certificate. At that time, the office of the American Board of Urology will notify the Diplomate of the steps involved in the recertification process. The Diplomate has three annual opportunities to complete the recertification process. One year prior to the expiration of his/her certificate, the Diplomate will be notified by certified letter, sent to the address on file with the Board, that there is one year remaining to complete the recertification process.

Upon successful completion of the recertification process, the Diplomate will be awarded a new certificate that will be valid for 10 years from the expiration date of the current certificate, subject to Maintenance of Certification (MOC). For Diplomates whose original certificate was expired, the new certificate will be valid for 10 years from the date of recertification, subject to MOC.

A physician who fails to be recertified by the expiration date is no longer a Diplomate of the Board, and his/her name will be deleted from *The Official ABMS Directory of Board Certified Medical Specialists*.

In the event of failure of the recertification process, the Diplomate may re-enter the examination process the following year or any other year prior to the expiration date of his/her current certificate. The Diplomate may be required to repeat one or more of the elements the following year or any year prior to the expiration of the current certificate. If a practice log was approved in the previous cycle, the Diplomate will not have to submit a new log. Additionally, any applicant who fails to complete the recertification process and who wishes to enter or re-enter it will be required to document 30 additional hours annually of urology-focused CME credits, at least 10 hours of which must be Category 1, as defined by the American Urological Association, until he or she is recertified. This CME requirement is in addition to that described in *Continuing Medical Education* further in this handbook.

Any applicant whose certification has expired and is decertified due to failure to complete recertification and who wishes to enter the recertification process must comply with all elements of the process described in the section *The Recertification Process* in this handbook. The candidate must also document an additional 30 hours of urology-focused CME annually, at least 10 hours of which must be Category 1, for each year of decertification. Upon completion of the CME requirements, and following approval of documentation by the Board, the applicant may re-enter the recertification process.

The applicant must then repeat the entire recertification process, including examination, practice log, and peer review.

UNLIMITED CERTIFICATES

The Diplomate with an unlimited certificate may voluntarily enter the recertification process at the initiation of any class of applicants. The Diplomate will follow the recertification process as outlined in *The Recertification Process*. The applicant will have three opportunities to satisfactorily complete the recertification process.

Upon successful completion of the recertification process, the Diplomate will be awarded a Certificate of Recertification, valid for 10 years from the date of recertification, subject to MOC. In the event of failure to achieve recertification during the applicable time period, the Diplomate does not relinquish his/her original certificate, which is not time-limited.

The Diplomate with an unlimited certificate who has failed the recertification process and who still wishes to be recertified may do so by documenting 30 additional hours annually of urology-focused CME credits, at least 10 hours of which must be Category 1, until he or she is recertified. This CME requirement is in addition to that described below in *Continuing Medical Education*. Upon completion of the CME requirement, and following approval of documentation by the Board, the applicant may re-enter the recertification process. The applicant must then repeat the entire recertification process, including examination, practice log, and peer review.

CLINICALLY-INACTIVE STATUS

Diplomates who are not in the active practice of clinical urology may apply for recertification, clinically-inactive status. Clinically-inactive status is time-limited and subject to MOC. In order to obtain this status, the individual must certify that he or she is not practicing clinical urology, and must submit acceptable justification and documentation for such status.

Recertification for the clinically-inactive Diplomate requires

all of the elements of the Recertification process except the practice log. Fees and time lines remain the same as for the clinically-active Diplomate. The recertified clinically-inactive Diplomate who wishes to apply for active status should contact the Board in writing. A practice log must be submitted in order to return to active status.

THE RECERTIFICATION PROCESS

The various elements of the recertification process are viewed collectively and not as separate elements. However, the pass/fail outcome of the recertification process is not determined until all elements of the process have been completed. **Regardless of the sequence by which the various steps of recertification may have been completed, the process itself is not considered complete until the Board's final action.**

The elements of the recertification process include:

1. Information provided by the applicant

- a. A completed standard application form for the current examination cycle. **Applications are due in the Board office by February 1.** Applications not received in the Board office by February 1 will incur a late fee of \$750. **No applications will be accepted after February 15.**
- b. A copy of the applicant's valid medical license that is not subject to any restrictions, conditions, or limitations. The applicant must inform the Board of any conditions or restrictions in force on any active medical license he/she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Recertification Committee will determine whether the applicant satisfies the licensure requirement of the Board.
- c. A statement by the applicant regarding any:
 - 1) adverse actions in licensure;
 - 2) past and pending malpractice or professional responsibility suits and their outcomes;

- 3) appearance before a hospital disciplinary board or adverse actions regarding hospital privileges; and
- 4) substance abuse/history of chemical dependency.

Any applicant for recertification who does not respond to all questions on the application or who misrepresents the information requested will be subject to disciplinary action as explained in the sections on the *Code of Ethics* and *Disciplinary Action* presented later in this handbook.

2. Practice Log

Candidates must submit an electronic log of **all patient visits and procedures** in each hospital, ambulatory care center, and office where the physician has privileges. The log must include all cases performed by the candidate and by physician health care extenders including nurse practitioners, physician assistants, or other auxiliary health care professionals that are billed under the candidate's name. Surgical cases performed outside of the U.S. are acceptable. Note: If you do not practice in the United States, contact the Board office for instructions.

Each worksheet included in the log submission must reflect the same six consecutive months from the eighteen months between September 1, 2008, and March 1, 2010.

Practice logs are due in the Board office by March 15. Logs received between March 16 and March 31 will be assessed a \$750 late fee. **No practice logs will be accepted after March 31.** It is recommended that you retain a copy of your practice log in the event formatting changes are needed or the Board has specific questions.

The practice log must be submitted in electronic format as an Excel workbook, text file, or .csv file. It may be submitted via email to recertlogs@abu.org or on a floppy disk or CD-ROM. Courier service is recommended for guaranteed receipt of

applications, documentation, and practice logs.

Please do not submit duplicates of your log in a different format, and DO NOT SEND A PRINTED COPY.

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

All logs must include the following information:

- 1) Medical record number or other unique identifier
- 2) Age of patient in years
- 3) Gender of patient
- 4) Date of procedure
- 5) Diagnosis code(s)
- 6) Procedure or office visit code(s)
- 7) Name of location for patient encounter
- 8) Type of facility where visit occurred or procedure was performed
- 9) Completed Practice Breakdown form*
- 10) Log Verification Statement with notarized signature*
- 11) Complications narratives

(* Available in application mailing or on website, *www.abu.org*)

3. Continuing Medical Education

The Board endorses the concept of lifelong learning in urology for its Diplomates. Candidates for recertification must demonstrate their involvement in continuing urologic education by documenting 90 urology-focused credits, 30 hours of which must be Category 1, as defined by the American Urological Association, within a three-year period between August 1, 2007 and July 31, 2010. Continuing Medical Education docu-

mentation must be received by August 2, 2010 or a \$200 late fee will be assessed. Detailed instructions are included in the application mailing and on the website, www.abu.org.

4. Direct Queries from the Board

- a. The Board will request information from the Federation of State Medical Boards databank regarding adverse actions taken against the applicant relative to licensure. **Note: the applicant must also notify the Board in writing of any action taken by any state medical board against a medical license, even if the action does not result in revocation.**
- b. The Board will request completion of confidential peer review questionnaires from the Chief of Urology 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 applicant must provide complete names and addresses on the back page of the application and on the Avery 5162 labels enclosed in the application packet.
- c. 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. Such records must be identified by patient record number only, for purposes of patient confidentiality: names or Social Security numbers are not acceptable. It is the Diplomate's responsibility to remove all personal information from the submitted information. The applicant shall be responsible for providing requested patient records, and is expected to furnish them within the time frame specified by the Board.

5. Examination

The examination is the final component of recertification. It is taken after satisfactory completion of the other elements

of the process. The examination is a four-hour, proctored, computerized examination, administered annually at over 200 Pearson VUE testing centers located throughout the United States, Canada and Puerto Rico in October each year.

The exam consists of five modules of 30 questions each that cover different domains of urology. **The applicant must choose only three (3) of the modules to be scored at the end of the examination period** (for a total of 90 items).

The subjects of the modules are:

- a. Pediatric urology
- b. Oncology and urinary diversion
- c. Obstruction, calculous disease and trauma
- d. Impotence, infertility and infection
- e. Incontinence and voiding dysfunction

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 Recertification 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 recertification.

Unforeseeable events: Certain unforeseeable events such as a natural disaster, 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 examination.

6. Other Concerns

In the event of concerns raised by any of the above elements in the recertification process, the Diplomate may be:

- a. required to repeat one or more elements;
- b. invited to appear before the Board for a personal interview and/or oral examination to clarify concerns uncovered;
- c. required to complete and document a designated number of additional Category 1 CME credit hours in specified areas of urology in order to complete the recertification process; and/or
- d. asked to receive an on-site visit to his/her practice setting by a representative of the Board. Site visits deemed necessary by the Board will be conducted at the applicant's expense. The Board has the option of reviewing office medical records at the time of an interview or site visit.

At any point in the process, the Board may delay or even deny recertification upon consideration of information which appears to the Board to justify such action. The Diplomate is subject to disciplinary actions as explained in the sections on *Code of Ethics* and *Disciplinary Action* that appear later in this handbook.

Any applicant for recertification who does not respond to all questions on the application or who misrepresents the information requested shall be deferred from the process for one year.

The Board may elect to defer continuation of the recertification process pending investigation and resolution of any

inadequacies or deviations. It may deny recertification 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 recertification process.

Appeal of any adverse decision by the Board may be made by complying with the appeals procedure described below in the section *Appeals Procedure*.

FEES FOR RECERTIFICATION

(See summary chart on back cover)

Beginning in 2009, there is no separate application fee for recertification. However, the candidate must be current with payment of the \$200 annual certificate fee to participate in recertification. Other fees may apply in certain circumstances. These fees help to cover the cost to the Board for expenses incurred due to the additional processing required. They may change at any time without notice.

Any candidate entering the recertification process who is a diplomate with a time-unlimited certificate or who is not currently certified will be required to pay a \$600 reinstatement fee, and must be current with the \$200 annual certificate 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:

\$500 for failure to appear;

\$300 for an unexcused absence;

\$200 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 \$200 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 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 does not already exceed the ten-year time limit, he or she may regain active status by paying the reinstatement fee of \$600 plus an additional fee for an unexcused absence or non-appearance, and successfully completing all components of the recertification process.

Other fees: A \$100 fee will be assessed for all returned checks. The fee for a site visit by a Board representative is \$2,000 plus expenses.

MAINTENANCE OF CERTIFICATION

Beginning in 2007, the Board joined the 23 other member boards of the American Board of Medical Specialties in implementing Maintenance of Certification (MOC). The change from the process of recertification to MOC will involve more frequent interaction between the Diplomate and the Board. The recertification/ MOC process will extend over a ten year period, with some requirement in the process to be completed every two years. A chart showing the requirements appears on the last page of this handbook.

Effective in 2007, all diplomates with time-limited certificates will enter into the MOC process in the year when they are recertified. Those Diplomates whose original certification or recertification expires in 2010 will need to complete Level 1 of

MOC in 2012. Those Diplomates whose original certification or recertification expires in 2011 will need to complete Level 1 of MOC in 2013. Those Diplomates whose original certification or recertification expires in 2012 will need to complete Level 1 of MOC in 2014. Applications for each phase of MOC will be mailed to the Diplomate in a timely manner.

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.

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

POLICIES

PROFESSIONALISM AND ETHICS

The American Board of Urology is committed to the principle that patient welfare is preeminent. This principle presupposes a responsibility to the patient that transcends personal gain and thereby 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 that also includes relationships within the profession and society as a whole. A variety of societal forces increasingly conflict with the responsibility of physicians 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 place conflicting demands on the physician and potentially lead to compromise of patient welfare.

Urologists, in particular, are faced with technological advances that demand increased training but also offer increased opportunity for entrepreneurialism. From this perspective medicine is viewed as a specialized personal service at variance with public responsibility and one that 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 that sets forth principles and responsibilities the physician can consult for guidance when confronting an ethical dilemma. In these documents, a number of qualities or virtues are repeatedly espoused, including 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. The group intended to create a document that is applicable across medical and surgical specialties, healthcare systems, and cultures. To that end, 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 Physician 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). 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. 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.

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 (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 (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.

Diplomates of the Board must accurately state their certification status at all times. This includes descriptions in curriculum vitae, advertisements, publications, directories, and letterheads. Diplomates with expired time-limited certificates may not claim board certification and must revise all descriptions of their qualifications accordingly. When a physician misrepresents certification status, the Board may notify local credentialing bodies, licensing bodies, law enforcement agencies and others.

Diplomates of the Board must notify the American Board of Urology in writing of any action taken by any state medical board against a medical license, even if the action does not result in revocation.

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, 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

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.

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 American Board of Urology shall have the sole power to determine the level of disciplinary action and the designated level of suspension.

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.

Suspension may occur if a Diplomate, after repeated notification, has not paid the required \$200 annual fee by August 1 each year. Non-compliant Diplomates will be informed of their suspension and given an opportunity to pay the applicable fee plus late fees.

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.
- h. Revocation may occur if a Diplomate, after repeated notification, has been suspended for failure to pay the required \$200 annual fee and applicable late fees and does not comply by December 1 in a given year.

Reinstatement of Certificate

Should the circumstances that justified revocation of the Diplomate's certificate be corrected, the Board may reinstate the certificate after appropriate review of the individual's qualifications and performance. 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.

An applicant whose certificate has been revoked and who is permitted to enter the recertification process will be required to complete 100 hours of CME credit in urology within two years prior to his or her application for reinstatement. These 100 hours must include a minimum of 75 hours of Category 1 credit (as defined by the AUA) and the remainder may include either Category 1 or Category 2 credit. Upon completion and documentation, the applicant may apply for re-entry into the

recertification process, and will become subject to MOC. The applicant must then repeat the entire recertification process, including practice log, peer review, and examination.

Failure of any portion of the recertification process on the initial or subsequent attempts will require the applicant to obtain an additional 100 hours of CME credit in urology as specified above, within two years, in order to re-apply for re-entry into the recertification process. The applicant will have up to three opportunities to complete the recertification process.

Prior to reinstatement of recertification, 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 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 by the candidate in writing to the Executive Secretary within 30 days after written notification by the Board. Inquiries will be promptly answered. The candidate will be guaranteed the following:

- a. individual review by the Board of the answers given on the examination that resulted in failure of the Recertification Examination;
- b. review of the results by the Executive Secretary of the Board;
- c. review of the results by the Board, Chairman of the Recertification Committee, or the full Recertification Committee 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 recertification to a Diplomate 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 notification 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 be accompanied by 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
ATTN: Executive Secretary

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 recertification 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 recertification 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.

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.

CHANGE OF ADDRESS:

It is the responsibility of the Diplomate to notify the Board office of a change of mailing address, telephone numbers or email address.

MOC REQUIREMENTS

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 9/2008				yes

SUMMARY OF FEES

Fee Schedule	U.S. Dollars
Recertification	
Repeat component fee.....	350
Late fee.....	750
Log late fee	750
No log submitted deferral fee.....	100
Log data entry.....	500
Cancelation Fees	
Excused absence.....	200
Unexcused absence.....	300
Failure to appear.....	500
Reinstatement Fee	600
Late Fees (application, documentation, logs, fees).....	750
Late Fees (CME).....	200
“NSF” Fee	100
Site Visit (plus expenses).....	2,000
Administrative Fee	100
Official Verification of Status	35

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

The Board reserves the right to change dates, procedures, fees, policies, and requirements without notice.

Application Filing Deadlines for the Recertification Examination

<ul style="list-style-type: none"> ▶ Application ▶ Retake only the exam: \$350 <p style="text-align: center;">February 1</p>	<ul style="list-style-type: none"> ▶ Application ▶ \$750 late fee ▶ Retake only the exam: \$750 <p style="text-align: center;">February 15</p>	<ul style="list-style-type: none"> ▶ Practice log ▶ Log documents <p style="text-align: center;">March 15</p>	<ul style="list-style-type: none"> ▶ Practice log ▶ \$750 late fee <p style="text-align: center;">March 31</p>	<ul style="list-style-type: none"> ▶ CME documentation ▶ (\$200 late fee after August 2) <p style="text-align: center;">August 2</p>
<p>No applications accepted after Feb. 15</p>		<p>No practice logs accepted after March 31</p>		