In a year when things tried to get back to normal but perhaps did not quite get there, the American Board of Urology continued to push forward with new ideas, a strong dedication to serving our Diplomates, and a pledge to continually re-evaluate our processes and ensure Urology certification standards remain second to none. Speaking for all the ABU Trustees, our efforts remain focused on our mission which combines service to our Diplomates and a commitment to safety of the public.

Certification by the American Board of Urology is not easy. Nor should it be. Being Board certified needs to mean something—in our patients, to our hospitals, to our referring health care providers. The required process of completing an extensive and intense residency training, passing a difficult qualifying examination, undergoing a meticulous log review of procedures and patient visits, and finishing a comprehensive oral examination should be celebrated. Further, ensuring our Diplomates maintain their certification standards, which may seem cumbersome and onerous (rest assured, I have had that precise feeling) is a responsibility the Board takes seriously.

Urology, like all of medicine, shifts quickly, and so too must the Board in responding to these transformations. Our Certifying Examination (oral) has undergone many changes these past few years. While we pivoted (rather seamlessly due to the tireless efforts of the ABU staff) to a virtual examination out of necessity in 2021, the Trustees universally believed the virtual process was inferior to an in-person examination. So, to improve the experience for our Candidates, we shifted to 2 examiners per examinee, shortened the overall time examinees spent away from their homes and practices, switched from a hotel location to a true examination center in Raleigh, and condensed the protocols, all in a 3-year period. This year, for the first time, we are introducing Objective Structured Clinical Examinations (OSCE’s) to the examination in an effort to better capture aspects of a clinician’s practice that have traditionally been difficult to truly evaluate but critical to urology practice: professionalism and real-world interpretation of diagnostic studies.

These initial steps into less conventional testing methods open the door to additional strategies to better assess knowledge and even the technical aspects of our profession in the coming years. Ensuring that the standards of certification are maintained by Diplomates remains a critical aspect of our mission.

David Joseph, Chair of Lifelong Learning (LLL), and Michael Ritchey, the prior Chair, have made tremendously critical improvements in the recertification process over the last few years, to insure we fairly deliver a relevant and meaningful process. Gone are the days of a pass/fail examination. Directed CME in areas identified for improvement on the examination has replaced any suggestion of a punitive exam outcome. In this newsletter, Dr Joseph will offer an update of the Continued Urological Certification (CUC) pilot, which aims to replace the 10-year recertification process with annual educational assignments alternating between reading Journal of Urology articles and answering open resource questions, with the possibility of avoiding a knowledge assessment examination. For each of the last two years nearly 400 urologists have participated in the pilot. If approved by the American Board of Medical Specialties, the CUC will replace LLL and the 10-year recertification examination in the near future.

Many Diplomates may not be aware of the time and effort put into creating the Qualifying Examination by the Examination Committee (EC). Led by the Chair, Dr. Sam Chang, the 16 EC members appointed by the ABU along with several editors (prior committee members) continually write, analyze, and critique questions throughout the year. It is an amazingly laborious process to write fair, relevant, and yet challenging questions (some estimate spending at least 2 hours per question).
Message from the President

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Our EC members (each serving with a 4-year term) should be commended for their expertise and dedication. Finally, on behalf of all of us who have served on the EC, we recognize that we would have been lost without the watchful eye of Donna Connelly who, as ABU QE Coordinator, has somehow corralled hundreds of academic urologists on the EC for well over 2 decades.

Several initiatives from the ABU have highlighted our ongoing commitment to enhancing diversity at the Board. Dr. Cheryl Lee, Chair of the Diversity, Equity, and Inclusion standing Committee and her committee members have carefully scrutinized the makeup of our Board and various examination committees, and provided educational activities directed at overcoming unconscious bias for the Trustees, Qualifying Examination Committee members and oral board examiners. Beginning a few years ago, we started to collect demographic information from the examinees. This data will allow us to assess for any potential biases in our examinations in future years and act on those findings.

The strength of any organization is the people behind the scenes. We at the American Board of Urology are extremely fortunate to have a staff second to none. In my years of administrative experience in organized urology, I have not come across a more dedicated group of people, each eager at every instance to help a Diplomate with a question, assist a Trustee with an assignment, coordinate an ad hoc Zoom meeting, or solve an IT problem. While there are clearly just too many to name (I am grateful to you all), I would be remiss for not calling out Lindsay Franklin, our amazing Executive Director of Operations, Amy Woodson (Certification Coordinator), Charlie Hall (IT Coordinator), and Wulan Surgener (Meetings Coordinator and my wife’s new best friend) for their unparalleled contributions. Dr. Brant Thrasher, our Executive Director, is truly a visionary for our organization. His principled direction continues to guide the ABU forward strategically and purposefully. No doubt the ABU is in outstanding hands for years to come.

Lastly, I would like to recognize the contributions of ABU Vice President, Dr. Martha Terris, and all Trustees for their continuous efforts on behalf of the Board. Dr. Terris has championed significant improvements in our overall social media presence and has offered critical insight into recognizing and promoting gender equity in the Board, its various subcommittees and across the field. The hundreds of hours of unpaid work spent annually by all Trustees on Board assignments and activities takes time away from families and their own practices. I am thankful for the insight, knowledge, and guidance I have received during my 6 years on the Board from the other Trustees, but perhaps most appreciative of the lifelong friendships that have emerged from this journey. I am incredibly grateful to have served as a Trustee on the American Board of Urology and as President this past year. It has been the opportunity of a lifetime. The path forward is an exciting one for the ABU and the many initiatives currently in place will undoubtedly benefit both our Diplomates and the public we serve.

INCOMING ABU PRESIDENT

J. Stuart Wolf, Jr., M.D. of Austin, Texas will assume the position of President of the American Board of Urology in February, following the Board’s 2023 Winter meeting. Dr. Wolf succeeds Gary E. Lemack, M.D.

Purpose of the ABU

The purpose of the American Board of Urology is:

1. To improve the quality of urologic care
2. To establish and maintain high standards of excellence in the specialty of Urology and its approved subspecialties
3. To encourage the study, and advance the cause of Urology
4. To evaluate specialists in Urology who apply for initial and continuous certification and urologists in approved subspecialties who apply for subcertification
5. To grant and issue to qualified physicians certificates of special knowledge and skills in Urology and approved subspecialties, and to suspend or revoke same.
6. To serve the public, hospitals, medical schools, medical societies, and practitioners of medicine by furnishing lists of urologists whom it has certified to the American Board of Medical Specialties and the American Medical Association.
Continuing Urologic Certification

The ABU is moving into the 3rd year of the Continuing Urologic Certification (CUC) pilot. Participating Diplomates have been exposed to two of the three educational components: Knowledge Reinforcement and Knowledge Exposure. The overwhelming majority of Diplomates remain enthusiastic about the new approach to continuing certification. It is important to understand how and why the ABU is piloting a change in Lifelong Learning (LLL) especially for new Diplomates and those in Level 1 of LLL who may have not been following the changes. The ABU has a need and responsibility to transition from the current LLL program. The need comes from the requirement to remain compliant with the New Standards established by the ABMS to develop a longitudinal formative certification process that continuously assesses the knowledge, judgement and skill of Diplomates. These standards were developed by the ABMS after listening to and re-evaluating the needs of the public and multiple stakeholders in continuing medical certification -- recognizing a 10-year certificate was not in anyone’s best interest. The responsibility of the ABU is to all Diplomates to move away from the traditional secure environment, 10-year point-in-time exam, replacing it with learning activities that improve knowledge, judgment and skill and allowing Diplomates to undertake these activities using available contemporary educational tools in an environment that is least disruptive to their professional and personal responsibilities.

As ABU Diplomates confer with colleagues in other specialties an appreciation will be gained how differently each discipline is approaching continuous certification. While every Medical Board is guided by the new standards, variations in Board size, structure and public interaction allow for flexibility to adhere to the standards.

The ABU has developed the CUC with the goal to best enhance the learning of the practicing urologist. The CUC learning program is summarized below:

- **Year 1. Knowledge Reinforcement** (a memory challenge of basic urologic knowledge): 40 questions, self-paced over 6 weeks in Diplomate’s own environment using open resources. Knowledge goal > 60% correct.
- **Year 2. Knowledge Exposure** (new concepts and guideline updates): 8 articles/guidelines completed over 8 months. This is a cooperative effort established by the American Urological Association in support of Diplomate education. Optional fee-based CME credit is available through the AUA. Knowledge goal > 80% correct.
- **Year 3. Knowledge Reinforcement** (repeat of year 1)
- **Year 4. Knowledge Exposure** (repeat of year 2)
- **Year 5. Knowledge Assessment:** 90 questions completed in one day in Diplomate’s own environment using open resources. This is NOT pass-fail. It is a formative educational process to identified gaps in knowledge. Diplomates will be assigned 1-3 CME activities based on performance as is now done with the 10-year LLL exam. Diplomates who maintain an average score above the knowledge goal of > 60% for the Knowledge Reinforcement and > 80% for the Knowledge Exposure will have the option to opt-out of the Knowledge Assessment, year 5.
- **REPEAT**

The ABU has not added any new responsibility to the portfolio of activities within LLL. Activities have been assigned to specific years in order to make completion less burdensome for a Diplomate. Again, these activities are currently required of each Diplomate. The schedule of activities is shown below:

### CUC Pilot 5 Year Cycles (A B)

<table>
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<tr>
<th>CUC Learning Activity</th>
<th>YEAR</th>
<th>A</th>
<th>A</th>
<th>B</th>
<th>B</th>
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<tr>
<td>Knowledge Reinforcement</td>
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<td>Peer Review</td>
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<td>Longitudinal Learning 40 Questions &gt;60%</td>
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<td>Practice Assessment Protocol (PAP)</td>
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<tr>
<td>Articles 40 Questions &gt;80%</td>
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<td>CME (90/30 Category 1)</td>
<td>8</td>
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<tr>
<td>Longitudinal Learning 40 Questions &gt;60%</td>
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<td>Patient Safety Videos (PSM)</td>
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<td>QI Attestation</td>
<td>9</td>
<td>Complication/Mortality Narratives 6m</td>
<td>10yr Practice Log</td>
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<td>Articles 40 Questions &gt;80%</td>
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<tr>
<td>Knowledge Assessment*</td>
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<td>Bye or KA</td>
<td>5</td>
<td>Bye or KA</td>
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<tr>
<td>90 Questions</td>
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<td>*Waived if knowledge thresholds noted above are achieved</td>
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<td>6m</td>
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<td>Year 2 SEM KT CME [1-3 Activities]</td>
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<td>Practice Log</td>
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*David B. Joseph, M.D.  
Lifelong Learning Chair*
Continuing Urologic Certification
continued from page 3

Preliminary results for the first two years of the CUC have been encouraging. Performance on the Knowledge Reinforcement after one year, finds 27% of Diplomates are below the knowledge goal of 60%. This group will be required to take the Knowledge Assessment if their performance doesn’t average >60% following the second Knowledge Reinforcement taken year 3. This compares to 32 % of Diplomates taking the secure 10-year LLL exam in 2020 and 2021 who were assigned CME activity. One year of Knowledge Exposure finds 57% have claimed CME credit and 98% are above the knowledge goal of 80%.

Diplomate survey results from the Knowledge Reinforcement finds:

- > 30% chose to complete the entire 40 questions in 1 day while 3% utilized all 6 weeks (approximately 1/day).
- > 30% answered each question in < 5 minutes, 30% took 5-10 minutes, and 30% spent 10-30 minutes.
- > 85% agree the questions were relevant to their practice and enhanced learning.
- > 80% agree it was not disruptive of professional nor personal responsibilities.
- > 95% preferred the activity over the secure 10-year exam.

The constructive feedback that the ABU has received from participating Diplomates has been valuable and is greatly appreciated. The ABU administration and office staff are now comfortable opening the 2023 CUC cycle with no restriction to all Diplomates in years 7 and 8 of LLL level 2. With continued success, the ABU will request a change from the ABMS in our current LLL program, redirecting all Diplomates into Continuing Urologic Certification. Moving forward, certificates would be distributed without an expiration date.

Diplomates participating in the CUC pilot are exempt from their upcoming 10-year point-in-time exam, waived from Parts A and B of the Practice Assessment Protocol, and credited with 20 Category 1 CME credits.

In-depth information regarding the ABU CUC can be found at Continuing Urologic Certification (CUC) (abu.org).

ABU Change of Address Policy

The processes of Certification, Recertification, Subspecialty Certification, and Lifelong Learning (LLL) have become increasingly complex, requiring significant exchanges of information between the American Board of Urology and its Diplomates. For many reasons, standard mail, telephone calls, and faxes have become inefficient and costly, having the potential to influence ABU fees.

Therefore, it is imperative that the American Board of Urology has current, accurate mailing and electronic contact information for all Diplomates, including those with time-unlimited certificates, those in recertification, those in subspecialty certification, and those in LLL. **It is the obligation of the Diplomate to maintain contact information with the ABU.** Failure to do so compromises the Board’s ability to convey important information to the Diplomate and jeopardizes currency in LLL, recertification, or certification. Diplomates are required to verify their contact information annually and if one’s information changes, the ABU must be notified. A lapse in this information could ultimately result in certificate suspension.

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**CERTIFIED BY ABU LOGO**

To increase awareness and value of Board Certification, the Trustees of the American Board of Urology commissioned the Certified By ABU logo. As a Diplomate of the American Board of Urology, via the Diplomate portal (www.abu.org), you can now create a personalized logo. Using the Get "Certified by ABU" badge link on your homepage, simply enter your name as you would like for it to appear within the logo (ie: John T. Smith, M.D.) and click “Submit”. Once generated, you will be able to save and use it as with any file. You may make and retain multiple versions. Personalized logos can be used online or in print to enhance email signatures, websites, stationary, etc.


**Noteworthy News**

**RE-ENTRY POLICY:** If a candidate fails the Qualifying Exam for the third time the Board may consider individual request to re-enter the process. These requests will be assessed on a case-by-case basis. The applicant will be required to undergo a professional competency and/or educational assessment in a program approved by the ABU. Specific CME activity or other evaluation may also be assigned. These evaluations will be performed at the expense of the candidate. If re-entry criteria are met the applicant will be allowed to apply to re-take the exam.

If a candidate fails the Certifying Exam for the third time or fails to pass the exam within the required window of 6 years from residency (with any approved variances), the Board may consider individual requests to re-enter the process. The applicant will be required to undergo a professional competency and/or educational assessment in a program approved by the ABU. Specific CME activity or other evaluation may also be assigned. These evaluations will be performed at the expense of the candidate. If re-entry criteria are met the applicant will be allowed to apply to re-take the Qualifying Exam.

Approved re-entry applicants for either exam will generally be expected to take the exam at the next available time it is administered. Failure to do so requires an excused absence from the ABU, and only one such excused absence will be allowed. The candidate will be expected to successfully complete the entire process (QE and CE) within four years from re-entry with no more than three attempts at either examination. For the unsuccessful candidate, a review will take place by the Board of Trustees.

**FAMILY LEAVE POLICY:**
Leaves of absence and vacation may be granted to residents at the discretion of the Program Director consistent with local institutional policy and applicable laws. Each program may provide vacation leave and family leave (any leave required to care for a family member) for the resident in accordance with institutional policy. The ABU requires 46 weeks of full-time clinical activity in each of the five years of residency. However, the 46 weeks may be averaged over the first 3 years of residency, for a total of 138 weeks required in the first 3 years, and over the last 2 years, a total of 92 weeks is required. Vacation or various other leave may not be accumulated to reduce the total training requirement. Should circumstances occur which keep a resident from working the required 138 weeks the first 3 years and 92 weeks the last 2 years, the Program Director must submit a request to the ABU for a variance of the current policy or a plan outlining how the training deficit will be rectified. In certain cases, an extension of the residency training may be required. This policy is not retroactive and does not apply to leave taken prior to the 2021-2022 academic year. Ninety-two (92) weeks of training is required for two-year fellowships, without the need to request a variance or submit a plan for making up a training deficit. Leave for educational/scientific conferences are at the discretion of the Program Director.

**RETIRED CERTIFICATE STATUS:**
The American Board of Urology (ABU) notes that many senior Diplomates, being 30 years post training and nearing retirement, are choosing certificate forfeiture, in lieu of undertaking the Lifelong Learning Level 1 requirements or the practice log requirement and the burden of the knowledge assessment which pertain to Lifelong Learning Level 2. Therefore, to encourage certificate retention, the ABU is offering to those who qualify a Clinically Inactive status or the American Board of Medical Specialties (ABMS) newly instituted Retired Status to support currency in urology among senior Diplomates and affirm their continued value to the ABU and the public. Those interested in Clinically Inactive status must call the Board office for guidance.

Eligibility requirements for the Retired certificate designation include:
1. Possession of an active certificate at the time of retirement.
2. Unrestricted license in any jurisdiction at the time of retirement.
3. Attestation to complete disengagement in patient care with no future plans to return to practice.
4. Non-performance of any function for which Board certification is required.

Individuals who expired or forfeited their certificates since January 2015 and who met and continued to meet the above requirements, may also apply for the Retired status designation.

Those Diplomates of the American Board of Urology who also possess Subspecialty Certification are eligible to apply for the new certificate status, providing they retire in both the subspecialty and the general specialty.

There is no application or maintenance fee to achieve and retain Retired status.

A Diplomate with the Retired status will be listed publicly as Retired with the ABU and on the ABMS Certification Matters™ website.

If you are a retired urologist who would like to take advantage of this new status, our online process makes it simple. Please visit [https://www.abu.org/learning/retired-status](https://www.abu.org/learning/retired-status) and complete the Diplomate Request for Retired Status into which you will upload a brief, signed attestation.

**ABU DIGITAL CERTIFICATES:**
The American Board of Urology began a new pilot process for certification in 2021 called Continuing Urologic Certification (CUC) and it is anticipated that CUC will be approved by the ABMS in the next couple of years. While in the transition period between Lifelong Learning and CUC, the Board will only issue new “digital” ten-year certificates to Diplomates who have completed either Lifelong Learning Level 2 or CUC Year 1. These certificates will be uploaded to the Diplomate portal in the Featured Document section from which downloading and printing is possible.
Entrance into the certification process differs for individuals who completed a urology residency program not approved by the Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPSC). For these International Medical Graduates (IMG), an alternate pathway into the certification process is available. Internationally trained urologists in very specific educational roles and with exceptional clinical skills may apply to the American Board of Urology for a variance to enter the certification and subspecialty certification processes. The ABU views such situations to be extraordinary and will approve or disallow the variance for certification and subspecialty certification on a case by case basis. The requirements for application and entrance into the certification process are listed below.

**ELIGIBILITY REQUIREMENTS**

1. Currently employed in the US at an academic center on the core teaching faculty of a residency program approved by the ACGME.
2. At least 7 years of full-time faculty position experience within a residency program accredited by the ACGME or the Royal College of Physician and Surgeons of Canada (RCPS-C) providing outstanding clinical and educational service in such a program, along with meaningful scholarship productivity. This service could have been accumulated at more than one such program, including those in Canada.
3. Subspecialty Application: An applicant who has achieved ABU certification through the Alternate Pathway, who continues to meet the criteria above and who has at least 75% subspecialty immersion in either pediatric urology or female pelvic medicine and reconstructive surgery may apply for subspecialty certification in the appropriate subspecialty.

**APPLICATION COMPONENTS**

- Completed application form.
- Cover letter from the applicant detailing his/her contributions to urology in the areas of clinical practice, scholarship, and resident education.
- Updated CV
- Six letters of recommendation from academic urologists in active practice attesting to the applicant’s contributions in the areas of residency/fellow education, scholarship, and patient care. These letters must include those from the following individuals: Department Chair or Division Chief; Residency Program Director at institution where employed; Chair or senior faculty member at the international academic institution worked at least one year before relocating to the U.S.; and two ABU certified senior faculty members at institutions other than where employed. These letters should be sent directly to the ABU from the letter writer. No additionally submitted letters will be included with the final application.
- Note: Other materials submitted such as patient testimonials, media reports or similar documents are not requested and will not be included in the application.
- Fee of $500 must accompany the application.

**APPROVAL PROCESS**

- Application, letters of recommendation, and the application fee must all be received by June 1 for consideration at the meeting of the Trustees in August. Applicants will then be notified of the results of the approval process by September 15th, and, if approved, will be eligible to apply for the Qualifying Examination offered the following Summer.
- To document the applicant’s status in the medical community, the Board will request completion of confidential peer review questionnaires from the Chiefs of Staff, Urology and/or Surgery, and Anesthesiology, and, where applicable, the Chief of Pediatrics or Obstetrics/Gynecology for each facility in which the applicant performs at least 50 cases annually. Greater than 50% response rate is acceptable for the applicant to proceed with the process.
- The applicant 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 applicant’s abilities and reputation as a urologist, as the Board (in its sole discretion) may deem necessary or advisable. Under no circumstances will these reviews and documents be revealed to any person other than Trustees and Staff of the Board.
- The Board of Trustees will consider each individual application in its entirety and reach a final decision at its discretion.

**ABMS VISITING SCHOLARS PROGRAM**

- The ABU is partnering with the American Board of Medical Specialties (ABMS) to assist candidates and early career Diplomates with their research efforts and leadership development through the Visiting Scholars program. The ABMS Visiting Scholars program provides an opportunity for ABMS Member Boards to engage in innovative research projects addressing challenging and pressing healthcare issues and research priorities. The ABU became involved in Visiting Scholars in 2022, choosing University of Rochester physician Dr. Ahmed Ghazi, as the first recipient. Dr. Ghazi’s research focus involves the "Safe Introduction of New Procedures and Emerging Technologies in Urology." The ABU’s goal is to fund one Visiting Scholars project each year.

- For more information, please visit the ABMS’ website: [https://www.abms.org/early-career-research-grants/](https://www.abms.org/early-career-research-grants/).
Dr. Kathleen C. Kobashi is Chief of the Department of Urology at Houston Methodist Hospital in Texas. Prior to this, she served as Section Head of Urology and Renal Transplantation at Virginia Mason (VM) Medical Center for 14 years and Director of VM’s Pelvic Floor Center. She received her B.A. at Wellesley College and her M.D. at Hahnemann University in Philadelphia and completed her urologic residency at the University of California, Irvine followed by a Female Pelvic Medicine and Reconstructive Surgery (FPMRS) fellowship at Cedars-Sinai in Los Angeles before joining Virginia Mason in 1999. She is currently pursuing her Executive MBA at the University of Michigan.

In addition to her passion around clinical medicine, Dr. Kobashi is dedicated to research and education of patients and future urologists. She is a mentor for the AUA Leadership program, and she founded the VM FPMRS fellowship in 2003 and a new Urology residency in 2014, for which she served as the Program Director. Dr. Kobashi has authored more than 100 peer-reviewed articles and book chapters on topics related to urinary incontinence and pelvic prolapse and has been invited faculty on the subject around the globe. She is the Immediate Past President of SUFU (Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction), the Immediate Past President (first female) of the Western Section AUA and began her term as a Trustee of the American Board of Urology in 2022. She is the Associate Editor of Urology Practice, and the Societe Internationale d’Urologie Journal. She received the 2006 Continence Care Champion award from the National Association for Continence, the prestigious Paul Zimskind Award from SUFU in 2010, and a Presidential Citation from the American Urological Association in 2013.

Christopher M. Gonzalez MD, MBA, FACS is a native of Toledo, Ohio. He graduated from Denison University in Granville, Ohio with a BS degree in 1989. Afterwards he obtained his MD degree from the University of Iowa College of Medicine in Iowa City, Iowa. Dr. Gonzalez then completed both his general surgical and urologic residency training at the McGaw Medical Center, Northwestern University in Chicago, Illinois. Dr. Gonzalez served in the US Army National Guard from January 1991 – January 2001. He joined the Northwestern University Department of Urology in 2000 following residency and was appointed Professor of Urology in 2011. He served as Chief of Urology for the VA Lakeside from 2003 – 2006 and completed his MBA degree from the Northwestern Kellogg School of Management in 2006. He was the Director of Surgery for the Northwestern Medicine Surgical Services Department from 2014 - 2015. Dr. Gonzalez was the Lester Persky Professor and Chair of the Urology Institute at University Hospitals Cleveland Medical Center, Case Western Reserve University, Cleveland, Ohio from 2015 to 2018. He is currently the Albert J. Jr. and Claire Speh Professor and Chair of Urology for the Loyola University Medical Center and Stritch School of Medicine in August 2018. Dr. Gonzalez was named the Chief of Surgery for the Loyola University Medical Center in September 2021.

He is the Associate Editor for the Genitourinary Reconstruction Section of Urology, section editor for the “Hands On” section of Urology Times, and Section Editor for the Urology Practice journal. He has served on the Board of Directors for the Genitourinary Reconstructive Surgery Society, and he was a member of the first International Consultation on Urologic Stricture Disease, and the first Urethral Stricture guidelines panel for the American Urological Association (AUA). Dr. Gonzalez served as the Chair for the AUA Public Policy and Practice Management from 2016-2020. Previous to this position he served as Vice Chairman of the AUA Quality Improvement and patient Safety Committee and Public Policy and Practice Management. He is a former AUA Gallagher Health Care Policy Scholar and was a member of the second AUA Leadership program class. Dr. Gonzalez has served on the AUA BPH Guidelines Committee, AUA expert panel to the AMA RUC, and he is now a senior editor on the ABU Examination Committee. He was the President of the Chicago Urological Society in 2014. Dr. Gonzalez is a member of the American Association of Genitourinary Surgeons. Dr. Gonzalez has published over 150 peer reviewed manuscripts, review articles, invited editorials, and book chapters. He has had funded research in the past with a NIH pilot project in the area of prostate cancer screening in underserved populations, and an ambulatory care process improvement award from the Grant Healthcare Foundation. His recent focus has been on patient reported outcome measures in the area of genitourinary reconstruction, practice patterns in reconstructive urologic surgery, practice integration of advanced practice providers, and the urology workforce shortage in the United States. His areas of clinical specialty include urethral stricture disease, salvage of failed hypospadias surgery, genitourinary fistula disease, erectile dysfunction, penile prosthetic placement, Peyronie’s disease, and penile curvature correction.
**The Board Thanks...**

**Eila C. Skinner, M.D. and Joel B. Nelson, M.D.**

**Dr. Eila C. Skinner** served as a Trustee of the American Board of Urology from February 2016 until April 2022 and was its President 2021-2022. She also served as Chair of the Executive Committee, Chair of the Credentials Committee, Secretary-Treasurer, and member of the Oral Exam Committee, Recertification/Lifelong Learning Committee, FPMRS Committee, and the Nominating Committee.

Of her term as a Trustee, Dr. Skinner stated: “Serving as a Trustee of the American Board of Urology for the past 6 years has been an incredible honor and privilege. The Board fulfills a critical role in our profession, helping to ensure that we serve our patients at the highest possible level, and as a Board to serve our Diplomates to do whatever we can together to further that goal. These past few years have seen significant changes both nationally and within our own Board activities.

Dr. Thrasher (and Dr. Jordan before him) along with a number of the Trustees have been very influential at the national level to be sure Urology is well represented as the ABMS set its course for the next decade. The American Board of Urology has reimagined both the initial certification process and the lifelong learning assessment, making significant improvements in both for the benefit of our Diplomates. I have thoroughly enjoyed working with the Board and am sad to come to the end of this service!”

**Dr. Joel B. Nelson** served as a Trustee of the American Board of Urology from February 2016 until April 2022 and as Vice President 2021-2022. He served on the Executive Committee as Vice President and as Chair of the Nominating Committee, Chair of the Finance Committee, and a member of the Policy Committee, Recertification/Lifelong Learning Committee, and the Quality Measures Committee.

Regarding his service to the ABU, Dr. Nelson had this to say: “Through the process of Board Certification, Urologists make a formal commitment to their patients, to the public and to their colleagues. They are accountable. In the same way, Trustees on the American Board of Urology make a commitment to Candidates and to Diplomates to help maintain the standards of excellence to assure that accountability. The steps in the process may be considered arcane and burdensome, and the ABU regularly reviews and revises the path of certification to improve transparency and maximize effectiveness.

Board Certified Urologists are also members of a Team. Their performances in their practices are measured in every patient encounter, every interaction with their peers as they represent all of us. The Trustees serving the ABU are a distillation of the larger Team: they are selected to reflect the diversity of specialty areas, geographies, and demographics that make up our field. The former and current Trustees understand the responsibility bestowed on them by their peers for roles as servant-leaders. It has been the honor of my lifetime to have been selected to represent our Team and to serve as a Trustee on the American Board of Urology.

**MISSION STATEMENT**

*The mission of the American Board of Urology is to act for the benefit of the public by establishing and maintaining standards of certification for urologists, working with certified urologists to achieve lifelong learning to insure the delivery of high quality, safe and ethical urologic care.*
2022 Qualifying (Part 1) Examination

352 candidates sat for the 2022 Qualifying (Part 1) Examination. 349 (99%) passed while 3 (1%) failed. The 2023 Qualifying (Part 1) Examination is scheduled for July 13 or 14, 2023.

2022 Certifying (Part 2) Examination

337 candidates sat for the 2022 Certifying (Part 2) Examination. 326 (97%) passed and were certified while 11 (3%) failed. The Board uses the multi-faceted Rasch model and the Fair Average for scoring the standardized oral examination. This methodology adjusts for differences in the difficulty of various protocols and in examiner severity. The candidates were scored on four clinical skill categories: diagnosis, management, follow up, and overall ability. The Board believes this scoring methodology results in increased statistical reliability. The 2023 Certifying (Part 2) Examination will take place February 24-25, 2023.

2022 Female Pelvic Medicine and Reconstructive Surgery Examination

A total of 12 candidates sat for the 2022 Female Pelvic Medicine and Reconstructive Surgery (FPMRS) Subspecialty Certification Examination on July 25 at Pearson VUE Testing Centers across the country. The pass rate on the examination was 67%. As with general urology certificates, all subspecialty certificates are ten-year time-limited and subject to the Lifelong Learning (LLL) Program. The next FPMRS examination will be administered on July 24, 2023.

2022 Pediatric Subspecialty Certification Examination

15 candidates sat for the 2022 Pediatric Subspecialty Certification Examination (PSCE) in October at Pearson VUE Testing Centers across the country. 15 (100%) candidates passed the exam. As with general urology certificates, all subspecialty certificates are ten-year time-limited and subject to the Lifelong Learning (LLL) Program. The next PSCE Examination will be administered on October 9 or 10, 2023.

2022 Lifelong Learning (LLL) Level 2 General, Pediatric Subspecialty and FPMRS Subspecialty

335 Lifelong Learning (LLL) Level 2 Diplomates (237 General Urology / 17 Pediatric/81 Female Pelvic Medicine & Reconstructive Surgery) completed the 2022 Lifelong Learning knowledge assessment at Pearson VUE Testing Centers nationwide on October 21 and 22, 2022. Of the 335 total candidates, 239 Diplomates (71%) passed unconditionally, and 96 Diplomates (29%) earned conditional passes. The conditional pass breakdown of each sub-group is as follows: Level 2 General 85 (36%); Level 2 pediatric subspecialty 0 (0%); Level 2 FPMRS 11 (14%). Diplomates who earn conditional passes must complete up to three CME courses within one year as remediation for their weakest identified knowledge area(s). The next LLL knowledge assessment will be administered on October 9 or 10, 2023.

2022 Continuing Urologic Certification (CUC)

396 Diplomates participated in Year 1 of the CUC Pilot in 2022. 371 Year Diplomates completed the Knowledge Reinforcement portion of CUC by answering 40 questions within a 6-week window. These Diplomates will proceed to CUC Year 2 (Knowledge Exposure) in February 2023.

371 Diplomates participated in Year 2 of the CUC Pilot in 2022 of which 369 completed the Knowledge Exposure portion of CUC by reading and completing the post test of 8 Journal Articles within an 8-month timeframe.
The Trustees sincerely appreciate the following Diplomates who made voluntary contributions in 2022:

Jose de J. Contreras, MD in honor of Carl A. Olsson
William A. Cook, MD
Rhonda Cornum, MD
Ralph Lee Cox, MD
Martin Richard Curlik, MD
Joseph Eric Dall’Era, MD
Firoz Daneshgari, MD
Douglas Joseph Darlin, MD
Carlos Publio De Juana, MD
Euclid R.J. De Souza, MD
Daniel Lawrence DeGroot, MD
Anthony C. Del Gaizo, MD
Ricardo G. Del Villar, MD
Fredy E. Delacruz, MD
Pareskhumar G. Desai, MD
Robert F. D’Esposito, MD
in memory of Drs. Martin Spatz & Sheldon Rudansky
Robert Douglas DeVore, MD
Hugh Charles Dick, MD
Randall Elijah Dooley, MD
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Richard N. Farah, MD
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Gary S. Fialk, MD
Teodoro Ernesto Figueroa, MD
Irving J. Fishman, MD
James Richard Fishman, MD
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W. Patrick Flanagan Jr, MD
Felipe N. Flores-Sandoval, MD
R. Steve Foster, MD
Brendan M. Fox, MD in memory of Dr. Leonard Zinman
Jack David Francis, MD
William E. Friedel, MD
Martin D. Fritzhand, MD in honor of Dr. Arthur Evans
Steven M. Frost, MD
Frederick M. Fry, MD
John J. Funkhouser, MD in honor of Dr. Bernard Kosto
Earl P. Galleher Jr, MD
Peter J. Garbeff, MD
Bruce Bart Garber, MD
Irvings G. Garlovsky, MD
Wallace Scott Gibbons, MD
George M. Glantz, MD
Charles N. Glassman, MD
Robert E. Glesne, MD in honor of Kristofer L. Glesne
Howard Craig Goldberg, MD
Lawrence N. Gorab, MD
Elizabeth Ann Gormley, MD
Joseph M. Greco, MD
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William P. Griggs, MD
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Ronald G. Henry, MD
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David Jacobs, MD
Paul William Johenning, MD
Richard Alan Johnson, MD in honor of Eugene St. Martin
Robert David Johnson, MD
George James Jones, MD
Gerald Henry Jordan, MD
Saad Juma, MD
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Ashish Madhav Kamat, MBBS
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Vijayasimha Kotha, MD
Alan Scott Kowitz, MD
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Samuel Scott Krengel, MD
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W. Scott McDougal, MD
Thomas B. McGinnis, MD in honor of Dr. John Redman
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Marc Alan Melser, MD in memory of Joseph Cerny, MD
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John J. Mulcahy, MD
Gurumurthai Nagabhushana, MD
C. R. Natarajan, MD in honor of his wife, Narayankutty
Michael E. Newsell, MD
In Memoriam

The American Board of Urology regrettfully received notification in 2022 that the following Diplomates have passed away:

Albert Victor Assali, MD
Demetrius H. Bagley, MD
Douglas Arthur Canning, MD
Eric Raymond Freedman, MD
Paul P. Guttmann, MD
Leroy H. Hall, MD
Robert I. Schnall, MD
Robert Clifton Schoenvogel, MD
Ira Schwartz, MD
Michael B. I. Scott, MD
Ladd J. Scriber, MD
Michael Cooney Seelen, MD
Parvez I. Shah, MD
Salem S. Shahin, MD
Ned T. Shanmugham, MD
William C. Shelor Jr, MD in honor of Dr. Roy Witherington
Seema Sheth, MD
Robert A. Shpall, MD
Paul F. Siami, MD
Tim A. Sidor, MD
Judy Fried Siegel, MD in honor of ABU Staff
Steven William Siegel, MD
Michael Grayson Simmons, MD
Andrew L. Simon, MD
Leonard B. Skaist, MD
Arnold B. Skor, MD
Stanley J. Smith, MD
Frank F. Splann Jr, MD
Obie L. Stalcup, MD
Max M. Stearn, MD
Steven Steinberg, MD
Mitchell S. Steiner, MD
Jeffrey Allen Stock, MD in honor of Dr. Carl Olsson
Mark W. Story, MD in memory of John Kiker, MD
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Stephen R. Walker, MD
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Mary Melanie Waller, MD in memory of John P. Sands Jr
Kathleen Elizabeth Walsh, MD in honor of Raju Thomas, MD
Christel Orphée Wambi, MD
Galena R. Warren, MD
Stephen H. Weinstein, MD
Robert M. Weiss, MD
Thomas E. Weldon, MD
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Kristene Elizabeth Whitmore, MD
John R. Whittaker, MD
Patience Wildenfels, MD
James M. Wilson, MD
John McFarland Wilson, MD
Gilbert J. Wise, MD
Roy Witherington, MD
Steven J. Workman, MD in honor of Barry A. Kogan, MD
Ralph R. Young Jr, MD
Donald A. Young III, MD
Simon Philip Zadina, MD
James Douglas Zinman, MD

Voluntary Contributors continued

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Omar Ortiz-Alvarado, MD
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Adam Craig Thomas, MD
Charles S. Tomaszewski, MD
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ABU Website and Portal

The ABU website and Portal provide candidates and Diplomates a means of accessing personalized, current information about the specific processes of certification or Lifelong Learning in which they are involved. Features include web-based interfaces to handle new candidate certification, peer review, log submissions, subspecialty certification, and more. In addition to offering applicants status updates in a given process, the portal provides document storage, secure credit card payment capabilities, and fee history.

https://portal.abu.org

You are currently in the process: Life Long Learning Level 2

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CME Credits

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