Message from the President and Vice-President

For our message this year, we highlight the several programs offered by the American Board of Urology (ABU) which provide useful and important opportunities for urologists. Notably, while contemporary innovations have reduced burdens on Candidates and Diplomates, our core mission has not been degraded in the process. In fact, our ability to protect the public and help Candidates and Diplomates attain and maintain certification is stronger than ever. Some of the more impactful recent developments are described below:

Residency Training

- **Changes in the Family Leave Policy**: Greater flexibility now exists for time off without the need to request a variance. The 46 weeks of full-time clinical activity required by ABU in each of the five years of residency may now be averaged such that 138 weeks of clinical activity are required over the first 3 years and 92 weeks are required over the last 2 years.

Eligibility for Certification

- **Revised requirements for the Alternate Pathway** reduce the barrier for Candidate application while maintaining rigorous ABU standards. Full professorship title is no longer needed but the primary requirement continues to be at least seven years of experience (and current involvement) providing outstanding clinical and educational service in a full-time faculty position in a program with a residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPSC), along with meaningful scholarship productivity.
- **The re-entry pathway has been streamlined** by the creation of a defined process for Candidates who have failed initial certification or who have opted out of continuing certification but now request reinstatement. The first step entails professional competency and/or educational assessment through an ABU approved program which might lead to specific Continuing Medical Education activities or other evaluations. If re-entry criteria are met, the applicant is allowed to apply to re-take the needed exam.

Certifying (Part 2) Examination (CE)

- **Relocation of the testing site** to the Raleigh testing center of the American Board of Anesthesiology creates a standardized experience regardless of gender or first-time vs repeat testers including:
  - Modification of the examination schedule allowing Candidates complete testing in just a single half-day period.
  - Increase from one to two examiners per Candidate enhances reliability.
  - Supplementation of the four standard oral protocols with two Objective Structured Clinical Examinations (OSCEs) involving standardized patients broadens the assessment with application of knowledge in real-world scenarios.
  - Breast pump and prayer facilities to support Candidates.

Continuing Certification

- **Elimination of all high-stakes examinations in the continuing certification process**.
- **New Continuing Urologic Certification (CUC) process** which allows for testing at home with a very generous time limit and other improvements. See Dr. Joseph’s article in this Newsletter for a comprehensive overview.
Other

- **Retired Status** is offered to honor retiring urologists who wish to maintain a type of ABU certificate but not be subjected to continuing certification requirements. Requirements include possession of an active certificate at the time of retirement, unrestricted license in any jurisdiction at the time of retirement, and attestation of intention to completely disengage from patient care and any other function for which Active Board certification is required.

- **Improved ABU website and Diplomate portal**: A complete overhaul of the ABU website [https://www.abu.org/](https://www.abu.org/) and Diplomate portal [https://portal.abu.org/login](https://portal.abu.org/login) eases navigation and information location.

- **Town Hall meetings**: The ABU regularly holds Town Hall meetings, fireside chats, and other events to keep Diplomates and Candidates informed and provide open dialogue to address comments and concerns. These materials are available on the ABU YouTube channel [https://www.youtube.com/c/AmericanBoardofUrology](https://www.youtube.com/c/AmericanBoardofUrology).

- **Grants**: The ABU supports grants through the American Board of Medical Specialties (ABMS), including those through the ABMS Research and Education Foundation [https://www.abms.org/research-and-education-foundation/grants/](https://www.abms.org/research-and-education-foundation/grants/) and the ABMS Visiting Scholar Program [https://www.abms.org/early-career-research-grants/](https://www.abms.org/early-career-research-grants/).

It is bitter-sweet as we near the end of our tenure as Trustees. Our first recognitions go to the staff of the ABU. The ABU staff place great importance on personally and rapidly replying to all telephone calls, facsimiles, and emails to the ABU office in Charlottesville, VA. Their dedication to this forward-facing activity, with an eye to serving the Diplomates, is second to none. Just as important, however, is their behind-the-scenes work. Eager to tackle any task, be it assisting a Trustee, coordinating a surprise meeting, or ferreting out an IT problem, they are the most valuable assets of the ABU. To single out a few: Lindsay Franklin, our phenomenal Executive Director of Operations, steers us with grace and efficiency. Amy Woodson, the incredibly thorough Certification Coordinator, ensures that every process ran flawlessly. Charlie Hall is the Information Technology knight in shining armor who vanquishes every technological dragon. Finally, Wulan Surgener, the meetings maestro, orchestrates gatherings with the eye of an artist and the precision of a conductor.

Leading the tremendous staff is our visionary Executive Director, Dr. Brant Thrasher. He has guided us strategically and purposefully, with an amazing knowledge base of certification issues and a profound dedication to both patients and Diplomates. His unwavering leadership sets the course for the ABU's continuing success. Owing to the recognition that he can deftly handle any situation, Dr. Thrasher was recently appointed Chair-Elect of the Board of Directors of the American Board of Medical Specialties (ABMS), the umbrella organization that coordinates all 24 certifying boards in the United States. Dr. Thrasher is the first Urologist to hold this position, and in this role, he will undoubtedly enhance the missions of both the ABU and the ABMS.

Finally, to the other Trustees, we express our heartfelt gratitude. We recognize the large number of unpaid hours that you have spent on ABU activities. We are constantly inspired by your enthusiasm and expertise, working together to elevate the standards of urology. Your insights, knowledge, and guidance have been invaluable, but what we truly cherish are the lifelong friendships that have been built. Serving as Trustees on the American Board of Urology has been an honor beyond measure. Thank you.

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**INCOMING ABU PRESIDENT**

**James M. McKiernan, M.D.** of New York, New York, will assume the position of President of the American Board of Urology in March, following the Board’s 2024 Winter meeting. Dr. McKiernan succeeds Stuart J. Wolf, Jr., M.D.
CUC Update 2024

The Continuing Urologic Certification (CUC) Pilot was favorably received by almost 1,000 participating Diplomates. Consequently, it successfully passed a major hurdle for approval by the ABMS Committee on Continuing Certification. The ABU is now awaiting final approval by the BOD of the ABMS which is anticipated to occur in late February.

The ABU staff has worked tirelessly to develop a process that will allow all Diplomates to transition into and take advantage of CUC benefits once this final approval is attained.

**Why the change?**

Beginning in 1985, all newly certified ABU Diplomates hold a 10-year, time-limited certificate requiring recertification. During those 10 years, Diplomates need to complete multiple requirements; the final activity is a secure knowledge assessment exam in a formal testing center. Successful passage of the 10-year exam allows the Diplomate to enter the next 10-year cycle. Since 1985, this process has evolved from Recertification, to Maintenance of Certification, then Lifelong Learning (LLL), and now CUC. CUC is considered the next step, not the last, in maintaining certification. The ABU Trustees appreciate certification will continually evolve with advancements in patient care and as the needs of our Diplomates change.

Direct communication with our Diplomates has clearly shown that the LLL 10-year secure knowledge assessment exam is outdated, burdensome, and disruptive to their clinical practice and personal lifestyle. The exponential expansion of medical knowledge, particularly in urology, has diminished the effectiveness of an assessment every 10-years. That fact and other considerations provided by multiple stakeholders led the ABMS to establish new standards that better support public healthcare through continuous longitudinal assessment of a Diplomate's ability, making a summative decision on certification status at least every 5 years.

CUC was specifically developed to meet these new standards while maintaining the highest level of urologic patient care. It utilizes contemporary educational technology and opportunities yet simultaneously decreases Diplomate burden. Certified Urologists will no longer hold a certificate with an expiration date. Certification will be continuous provided the urologist maintains compliance with established requirements and activities. Moving forward, certificates with an expiration date will be replaced in the year of expiration with new certificates having no expiration. Diplomates who remain active in all aspects of CUC will be continuously certified.

**Elements of CUC**

The ABU is one of a small number of boards that previously moved away from a pass/fail 10-year exam to a formative program utilizing CME remediation of individualized knowledge gaps. CUC maintains the principle of formative education through an advanced contemporary learning environment.

CUC establishes a unique educational experience, eliminating the 10-year secure exam while maintaining the other activities currently required in LLL. Current activities are assigned to a specific year facilitating continuous participation of the Diplomate and reducing the burden of completing all activities at one time. (Table 1)

CUC capitalizes on three learning elements, Knowledge Exposure (KE), Knowledge Reinforcement (KR), and Knowledge Assessment (KA). These learning activities were developed to enhance everyday knowledge while preventing the fatigue of a repetitive process. CUC exposes the Diplomate to advancements in care and identifies individualized knowledge gaps that benefit from additional learning.

**Knowledge Exposure (KE)**

Exposing Diplomates to advancements in the management, care, and treatment of urologic disorders allows them to remain up to date. The ABU has partnered with the AUA to identify the most relevant advances highlighted in the Journal of Urology, Urology Practice and AUA Guidelines. KE occurs every other year, 8 articles or guidelines are required (4 related to core material, and 4 in any module). Each reading activity is associated with 5 questions; a correct response rate of ≥ 80% is required to claim CME credit and also to opt-out of the KA. (CME credit is optional and results in a nominal fee.)

**Knowledge Reinforcement (KR)**

KR serves as a memory challenge strengthening past knowledge in common urologic care. KR occurs every other year. Forty questions (20 core urology and 20 in a selected module) are accessed via the internet in a home or work environment. The Diplomate has 14 weeks to complete all questions and chooses how many questions are completed at one time. Maximal educational benefit is achieved with one question/day. All resources are available as used in daily practice except conferring with others. An average threshold on 2 successive KR cycles of approximately 65% correct allows the Diplomate the opportunity to opt-out of the KA exam given every 5 years. The threshold is based on the criterion standard set reflecting the minimal knowledge the ABU expects a urologist to maintain. The threshold varies year to year based on difficulty to assure all Diplomates are evaluated equally and is periodically reset.

**Knowledge Assessment (KA)**

KA identifies gaps in knowledge. A 90-question exam has the same structure as the current 10-year secure exam. The difference is that the KA is open to all resources, again with the exception of conferring with others, and is taken in the home or work environment. The exam is completed in one day with no time restriction per question. A threshold of minimal knowledge has been identified for each module. Diplomates will be assigned CME activities in their weak content areas and have 1 year to complete the required CME.
CUC Participation Feedback

Diplomates participating in the CUC pilot have indicated the KR was easy to access and complete. The questions are not intended to be hard, but rather to be thought provoking, encourage further review, and enhance knowledge. Seventy percent of the participants completed all questions within 2 weeks. While no module duplicates a Diplomate’s practice, 75% felt the questions they completed were relevant and enhanced learning. Ninety-five percent of Diplomates preferred the CUC pilot over the traditional secure 10-year exam.

Questions for the KE are written to confirm comprehension of the reading material. The 80% threshold was achieved by 95% of pilot participants. Ninety-seven percent agreed that KE met the learning objectives and 89% reported the overall quality of the material was very good or excellent.

Diplomate Responsibility

Diplomates should periodically visit their ABU portal. Important information and Board initiatives will be posted along with an individualized overview of current status and pending requirements. Diplomates will be placed into the corresponding year of CUC that minimizes duplication of any activity already completed in LLL.

CUC is a major step forward in continued certification and not expected to be the last. The ABU thanks all pilot Diplomates for contributing to the successful evolution of continuous certification and acknowledges the dedication and commitment of the AUA Office of Education with development of the KE.

ABU Annual Certificate Fee Policy Reminders

Address corrections and updates are the responsibility of the Diplomate; therefore, late fees will not be waived for incorrect or outdated mailing addresses. The ABU is unable to provide purchase orders or establish vendor accounts. NOTE: Requests for refund of duplicate fee payment should be emailed to: staff@abu.org. Unfortunately, our system doesn’t automatically detect duplicate payments, and due to accounting regulations, cannot carry overpayments forward to the next year. Therefore, unclaimed duplicate payments discovered at year end will now be considered voluntary dues. These contributions will be acknowledged in the Annual Newsletter and receipts for tax deduction will be available through the portal. If in doubt, please refer to Fee History on the portal before submitting payment.

ABU Change of Address Policy

Due to increased complexity of ABU Candidate/Diplomate processes, significant exchanges of information are required. For many reasons, standard mail, telephone calls and faxes have become inefficient and costly, posing the potential to influence ABU fees. Therefore, it is imperative that the ABU has current/accurate email and contact information for all Candidates and Diplomates. It is the obligation of the Candidate/Diplomate to maintain contact information with the ABU. Failure to do so compromises the Board’s ability to convey important information and jeopardizes currency in all processes. Candidates and Diplomates are required to verify their contact information annually and update data through the Diplomate/Candidate portal or by notifying the ABU of any changes. For Diplomates, a lapse in this information could ultimately result in certificate suspension.

Table 1

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<thead>
<tr>
<th>CUC PORTFOLIO 5 YEAR A/B CYCLES</th>
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<tr>
<td>CUC Learning Activity</td>
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<tr>
<td>Knowledge Exposure</td>
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<tr>
<td>8 Articles</td>
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<tr>
<td>5 Questions Each (Threshold 80%)</td>
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<td>Knowledge Reinforcement</td>
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<td>Longitudinal Learning</td>
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<td>40 Questions (Threshold &gt;65%)</td>
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<tr>
<td>Knowledge Assessment*</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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ABU Continuing Urologic Certification (CUC)
ABMS Standards for Continuing Certification
RE-ENTRY POLICY: If Candidates fail the Qualifying Exam for the third time the Board may consider individual requests 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 Candidates fail the Certifying Exam for the third time or fail to pass the exam within the required eligibility 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 required total of 138 weeks, and over the last 2 years, a required total of 92 weeks. 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.

CLINICALLY INACTIVE AND 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 continuing certification activities, the practice log requirement, or the burden of the knowledge assessment. Therefore, to encourage certificate retention, the ABU offers 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 individual 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 and complete the Diplomate Request for Retired Status into which you will upload a brief, signed attestation.
IMG ALTERNATIVE PATHWAY TO CERTIFICATION:

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 Physicians 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 Urogynecology and Reconstructive Pelvic Surgery (URPS) 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 involved 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/.

UROG yNECOLOGY AND RECONSTRUCTIVE SURGERY (URPS)
The ABOG and ABU announced a name change of the jointly sponsored subspecialty Female Pelvic Medicine and Reconstructive Surgery (FPMRS) to Urogynecology and Reconstructive Pelvic Surgery (URPS), effective January 1, 2024. URPS more accurately reflects the subspecialty and increases recognition among the general public, patients, and referring healthcare providers. Learn more here: https://abu.org/.../urps/URPS_Name_Change_Announcement.pdf

ABU DIGITAL CERTIFICATES
During the transition period between Lifelong Learning (LLL) and Continuing Urologic Certification (CUC), the Board will only issue new “digital” ten-year certificates to Diplomates who have completed either LLL 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. Once CUC is implemented, there will no longer be an expiration date on ABU certificates. Current certificates with an expiration date will be replaced in the year requiring recertification. Diplomates who remain active in all aspects of CUC will be continuously certified.

HEALTH CARE ADMINISTRATION, LEADERSHIP, AND MANAGEMENT SUBSPECIALTY (HALM)
The American Board of Medical Specialties (ABMS) officially approved Health Care Administration, Leadership, and Management (HALM) as a subspecialty at its February 2023 Board of Directors Meeting. The American Board of Emergency Medicine (ABEM) will serve as the administrative board with the American Boards of Family Medicine, Anesthesiology, and Preventative Medicine serving as co-sponsoring boards, allowing physicians certified by other ABMS Member Boards to apply for the new subspecialty certificate.

The HALM subspecialty encompasses and integrates experience from clinical medicine and health systems science, including quality improvement, patient safety, public health, communication, informatics, health care economics, and other disciplines into a singular subspecialty certificate. Diplomates will be required to complete HALM training in an Accreditation Council for Graduate Medical Education (ACGME) accredited fellowship program and successfully pass a certification examination. This is a unique opportunity for physicians with management expertise and experience to set standards in physician leadership. The first HALM exam is scheduled to be administered in 2024. Learn more about HALM on the ABEM website.

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 certificates to qualified physicians 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.

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.
The Board Welcomed...

Two New Trustees: Gregory A. Broderick, M.D. and Toby C. Chai, M.D.

Dr. Gregory A. Broderick is Professor of Urology, Mayo Clinic Alix School of Medicine and Program Director of the Urology Residency Mayo Clinic in Florida. Dr. Broderick earned his M.D. from the University of California, San Francisco School of Medicine, and afterwards completed an internship at Yale-New Haven Hospital in General Surgery. He then returned to the University of California, San Francisco School of Medicine to complete a residency in Urology. Post residency, Dr. Broderick completed a fellowship at the University of California Davis in Neuro-Urology and Impotence. As junior faculty at the University of Pennsylvania, he was a Fellow in the Robert Wood Johnson Minority Medical Faculty Development Program.

Dr. Broderick has been a member of the Mayo Clinic Florida staff since 1998 and has served on the committees of Continuous Professional Development, Graduate Medical Education, Personnel, and Academic Appointments and Promotions. He established the Urologic Residency in 2000 and has served as Vice-Chair to the Graduate Education Committee in Florida. In recognition of his dedication to graduate education, he was honored by Jacksonville Business Magazine as an Innovator in Education and by Mayo Clinic Florida as Distinguished Educator of the Year, in 2016. The Distinguished Educator Award is given to faculty demonstrating long-term excellence, leadership and an unusually high level of commitment to learners in educational activities. Since 2000, he has been listed in America’s Top Doctors, by Castle Connolly and has multiple recognitions as one of Jacksonville’s Best Doctors in the Jacksonville Magazine. His practice is focused on Men’s Health: Erectile Dysfunction, Peyronie’s disease, Urethral Stricture Disease, Male Stress Incontinence, and BPH. Dr. Broderick is an active member of the Florida Urologic Society, Southeastern Section AUA and the American Urological Association. He is a longstanding member, Fellow, and past president of the Sexual Medicine Society of North America. He is currently an Executive Committee member to SMSNA and the SMSNA Foundation. In 2011, he served as Co-Chair to the first Cancer Survivorship and Sexual Health Symposium hosted by the International Society of Sexual Medicine. He has served as a co-author of AUA Clinical Guidelines for Priapism, Premature Ejaculation, and Erectile Dysfunction. He has served on the Sexual Health Function Council to AUA Foundation, and as Section Editor for AUA Core Curriculum on Priapism. He is a member of the AUA Diversity and Inclusion Committee and the Survivorship Committee of the National Comprehensive Cancer Network (NCCN, 2018-2021).

Dr. Toby C. Chai is Chair of the Department of Urology at Boston University School of Medicine, Chief of Urology at Boston Medical Center, and President of Boston University Medical Center Urologists, Inc. Dr. Chai received his B.A. degree from Johns Hopkins University and M.D. degree from Indiana University School of Medicine. He completed a urology residency at University of Michigan Medical Center. Following residency, he did a post-doctoral research fellowship at University of Virginia Health Sciences Center.

Dr. Chai was on faculty at University of Maryland School of Medicine, rising to Professor with tenure and holder of the John D. Young endowed Professorship. He then moved to Yale University School of Medicine where he was Professor and Vice Chair of Research in the Department of Urology. In 2019, he assumed the position of Chair of Department of Urology at Boston University School of Medicine, Chief of Urology at Boston Medical Center, and President of Boston University Medical Center Urologists, Inc. Dr. Chai leads the urology service in an urban academic health center whose mission is to provide exceptional care without exception with a vision to make Boston the healthiest urban population in the world by 2030.

Dr. Chai has been actively involved in urologic research to seek improvements in urologic care. He received career development awards from the American Foundation for Urologic Diseases (AFUD) and a K08 grant from the National Institutes of Health (NIH) prior to receiving independently funded investigator-initiated research awards from the NIH as principal investigator including R01, U01, and P20 grant mechanisms. He has been recognized for his academic accomplishments including the Society of Basic Urologic Research (SBUR) Young Investigator Award; the Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU) Zimskind Award and Distinguished Service Award; the American Urological Association (AUA) Victor A. Politano Award for outstanding work in treatment of urinary incontinence and innovations in bladder research and Distinguished Service Award for work on urologic research advocacy. He is a recipient of the Continence Champion Award from the advocacy group, National Association of Continence.

Dr. Chai serves as an Associate Editor for Journal of Urology and on the Editorial Board for American Journal of Physiology – Renal Physiology. He has served as both a charter member and ad hoc member of numerous NIH grant review committees. He was a charter member for the US Food and Drug Administration (FDA) Bone, Reproductive and Urologic Drug Advisory Committee.
Dr. Gary Lemack served as a Trustee of the American Board of Urology from February 2017 until February 2023 and was its President 2022-2023. He also served as Chair of the Executive Committee, Secretary-Treasurer, Chair of the Oral Examination Committee, Chair of the FPMRS Committee, and as a member of the Nominating Committee and the Quality Measures Committee.

Of his term as a Trustee, Dr. Lemack stated: “What does the ABU do, exactly? This was a question frequently posed to me during my years as a Trustee. Not actually an unreasonable question, for any Diplomate to ask. Now, after more than half of my professional life dedicated to service to the Board, I believe I can confidently answer that question. I can’t recall a single Board event where we didn’t discuss our service and dedication to our Diplomates. That clearly took a variety of forms – but always focusing on protecting the sanctity of the profession and protecting the public. Often, we sought mechanisms to achieve our mission in ways that also improved the experience for Diplomates – whether it was streamlining alternate pathways to expedite certification for non-American trained clinicians who provide meaningful educational and clinical expertise, creating a more relevant and thoughtful recertification pathway, or improving the certifying examination experience in several significant, progressive, and trackable ways. I am indebted to the ABU team for making me a better listener, for forcing me to innovate, and for empowering me to make changes when appropriate.

Dr. Thrasher’s inciteful and forward-thinking comments have led, and will continue to lead, the ABU in the right direction. He is inspiring by his own work ethic and his devotion to the Board mission. Amy Woodson was my partner in crime in leading the Certifying Examination for 4 years, and I clearly would have been lost without her guidance (and response to 2 am emails). Lindsay Franklin has calmly but decisively led as the Director of Operations and leaves no stone unturned. Wulan Surgener is a gem and also leaves literally nothing to chance in her planning. And of course, we are all indebted to Donna Connelly and her commitment to excellence in “running” the Examination Committee and indoctrinating so many gifted urologists in service to the Board. The ABU is indeed lucky to have these wonderful employees and a truly dedicated staff.

I leave the ABU, finally, sad to be departing, but with the fondest memories of time so incredibly well spent. My hope is that Board Certified Urologists have an appreciation of the work and dedication of the Trustees and staff, who, with every decision, think of how they can better serve the Diplomates and public.”

Dr. Martha K. Terris served as a Trustee of the American Board of Urology from February 2017 until February 2023 and as Vice President 2022-2023. She served on the Executive Committee as Vice President and as Chair of the Nominating Committee, Chair of the Diplomate Relations and Communications Committee, Chair of the RRC Committee, and as a member of the Finance Committee, the Lifelong Learning Committee, and the Pediatric Subspecialty Committee.

Regarding her service to the ABU, Dr. Terris had this to say: “During my time as a Trustee of the American Board of Urology, I was repeatedly impressed with how the Trustees worked to minimize the impact of regulations on the Diplomates. Pressure to expand maintenance of certification was constant from other specialty boards and regulatory organizations. However, the Trustees minimized this impact as much as possible. Initiatives such as removing the high-stakes aspect of recertification by offering remediation with CME resulted in a tremendous reduction of the stress and negative impacts involved with this process. The Trustees are not paid for their time and neither they nor the ABU profit from the certification and recertification processes. Fees only cover staffing costs, testing, and the creation of a more user-friendly electronic interface for Diplomates. I often hear urologists complaining that the board certification process is a for-profit racket that is not worth the money. However, statistics confirm that board certification is associated with fewer malpractice cases and National Practitioner database reports.”

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.
2023 Qualifying (Part 1) Examination
373 Candidates sat for the 2023 Qualifying (Part 1) Examination. 366 (98%) passed while 7 (2%) failed. The 2024 Qualifying (Part 1) Examination is scheduled for July 11 and 18, 2024.

2023 Certifying (Part 2) Examination
335 Candidates sat for the 2023 Certifying (Part 2) Examination. 331 (99%) passed and were certified while 4 (1%) 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 2024 Certifying (Part 2) Examination will take place March 22-23, 2024.

2023 Female Pelvic Medicine and Reconstructive Surgery Examination
A total of 17 Candidates sat for the 2023 Female Pelvic Medicine and Reconstructive Surgery (FPMRS) Subspecialty Certification Examination on July 24 at Pearson VUE Testing Centers across the country. The pass rate on the examination was 82%. As was formerly with general urology certificates, all subspecialty certificates are ten-year time-limited and subject to the Lifelong Learning (LLL) Program. The subspecialty has been renamed Urogynecology and Reconstructive Surgery and the next URPS examination will be administered on July 22, 2024.

2023 Pediatric Subspecialty Certification Examination
28 Candidates sat for the 2023 Pediatric Subspecialty Certification Examination (PSCE) in October at Pearson VUE Testing Centers across the country. 26 (97%) Candidates passed the exam. As was formerly 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 4, 5, and 8, 2024.

2023 Lifelong Learning (LLL) Level 2 General, Pediatric Subspecialty and FPMRS Subspecialty
323 Lifelong Learning (LLL) Level 2 Diplomates (256 General Urology / 26 Pediatric/41 Female Pelvic Medicine & Reconstructive Surgery) completed the 2023 Lifelong Learning knowledge assessment at Pearson VUE Testing Centers nationwide on October 9 and 10, 2023. Of the 323 total Candidates, 179 Diplomates (55%) passed unconditionally, and 144 Diplomates (45%) earned conditional passes. The conditional pass breakdown of each sub-group is as follows: Level 2 General 135 (53%); Level 2 pediatric subspecialty 5 (19%); Level 2 FPMRS 4 (10%). Diplomates who earn conditional passes must complete up to three CME courses within one year as remediation for their weakest identified knowledge area(s).

2023 Continuing Urologic Certification (CUC)
447 Diplomates applied and initiated participation in Year 1 of the CUC Pilot in 2023. 374 Diplomates completed the Knowledge Reinforcement portion of CUC by answering 40 questions within a six-week window.

393 Diplomates participated in Year 2 of the CUC Pilot in 2023 of which 388 completed the Knowledge Exposure portion of CUC by reading and completing the post test of 8 Journal Articles within a 6-month timeframe.

360 Diplomates participated in Year 3 of the CUC Pilot in 2023, of which 337 completed the Knowledge Reinforcement portion of the CUC Pilot by answering 40 questions within a six-week window.
The Trustees sincerely appreciate the following Diplomates who made voluntary contributions in 2023:

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Rachel Sosland, MD
Richard D Sowery, MD
Kevin A Spear, MD
The American Board of Urology regretfully received notification in 2023 that the following Diplomates have passed away:

**In Memoriam**

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The American Board of Urology regretfully received notification in 2023 that the following Diplomates have passed away:

Vincent A. Andaloro, MD
Richard A. Blath, MD
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