Message from the President

“Valedictory”

The past 12 months have been a time of challenge and significant change. The pandemic has certainly impacted every aspect of our professional and personal lives. The advent of efficacious vaccination and the impact of various social hygiene measures appear to be now resulting in the aspirational decrease in virus spread that hopefully will be a harbinger of eventual pandemic resolution. The American Board of Urology (ABU) has been proactive in its approach to the ramifications of the virus and the associated societal impact. The ABU has made substantive changes to long established practices in order to protect and facilitate the Diplomates, examinees, Trustees and ABU staff. The importance of appropriate social distancing and other aspects of well-conceived infection prevention measures have resulted in many changes in procedural approaches to examination planning and completion.

First and foremost, we on the board of trust have attempted to do all in our power to optimize the safety of our Diplomates while still accomplishing the written and oral exam processes. These changes have been manifested in schedule delays for both the written and oral exams. The Qualifying (written) Exam was delayed until January of 2021 and is now complete. This change required substantive interaction with testing centers across the nation to assure candidate safety. Similarly, those who have taken the Lifelong Learning (LLL) exam to recertify have also experienced an expanded examination schedule which stretched through mid December. The Certifying (oral) Examination has also been delayed until May of 2021 and will now be done virtually, employing videoconferencing and dual examiners to optimize candidate experience and assessment. Kudos must be given to Dr. Gary Lemack for his efforts in the planning and execution of this virtual examination which is a first for the Board and representative of the willingness of the Trustees of the ABU to enact changes to optimize fairness and safety of the exam.

The process of recertification has been undergoing reassessment by the ABU for several years. After consultations with the ABMS, the ABU has received approval to proceed with a pilot program which places importance on education and repetition as a component to knowledge retention and offers the opportunity to avoid the 10-year exam cycle. This new process is known as Continued Urologic Certification (CUC) and may eventually replace the current Lifelong Learning program (LLL). Currently the process does remain in pilot mode and the initial 500 Diplomates, who are in the seventh or eighth year of their recertification cycle, have entered into this program for the purposes of assessing the programmatic value and operational quality of this pilot program.

Special thanks to Dr. David Joseph for his tremendous efforts in the creation and operationalization of this pilot program.

Nationally, our society is reevaluating our approach to diversity and equality. The ABU has been explicit in its statements supportive of diversity and the absolute importance of equality. The ABU is also making strategic plans to continuously reevaluate the constituency of the Board and exam committee to enhance internal diversity and will initiate a standing committee on diversity and equality to further underscore ABU commitment to these values.

In an effort to enhance and improve communication with Diplomates, a series of quarterly Town Hall virtual meetings have been performed this year. The purpose of these meetings was to increase engagement and candidate contact with the Trustees. Another goal of the Town Halls has been the transmission of late breaking news related to pandemic necessitated changes in ABU activities and to answer questions related to changes that have occurred in examination of timing, examination protocol, and to Continued Urologic Certification. The interactions incorporated pre-submitted and real time question/answer sessions and have been appreciated by Diplomates who have attended. These sessions represent a step forward in demystifying and increasing transparency around the initial and ongoing certification process. Other areas of topic focus have involved the development of the Clinically Inactive status and the retired certification and criteria related to both.
This year the Trustees committed to a fundamental change in the ongoing oral exam process. A new contract has been signed with the American Board of Anesthesia, whereby oral exam testing, beginning in 2022, will occur in Raleigh Durham in an educational/testing environment away from the previous hotel setting. This environment will allow recorded testing sessions with dual examiners to increase consistency of the exam process. In the future, other aspects of urologic and surgical training may be assessed in this locale inclusive of objective structured clinical evaluations (OSCE) and technical assessments of surgical skills. We view the potential offered by this change as providing unique opportunities to further enhance and improve the value of the examination process for all involved.

During this past year we have emphasized Diplomate input, provided rapid response to questions, and have continued the tradition of personalized interactions at the level of the ABU office. Recognition must be given to the ABU office team led by Lindsay Franklin, who go above and beyond in their attempts to facilitate remediation of process related issues and to provide first class customer service. As in all aspects of human interaction: timely, consistent, and coherent communication is critical to optimizing process and the Board continues to emphasize the importance of interaction.

As I look back on this very unique year which circumstantially overlapped with my role as president of the Board, I am again reminded of the absolute value of team effort and cohesion. Most of the Trustees remember time spent on the ABU as being one of the sentinel experiences of their urologic careers and for me this also has very much been true. In the course of one’s life, it is rare to have the interactive opportunity to collegially manage complex and far-ranging decisions with consequences of substantial individual and group impact such as those which the ABU experience provides. I am humbled and grateful for this past six years and the friendships made in addition to the lessons learned. I want to specially recognize Doug Husmann and all the work he has done on exam process and content. His leadership of the written examination committee has been without equal and truly a labor of love. I also want to recognize Brantley Thrasher for his unflagging efforts as Board Executive Director. Brant has helped to lead further evolution (begun by Gerry Jordan) in the relationship of the ABU with the ABMS. This relationship continues to evolve for the better and open more doors of communication with other Boards so that best practices and learnings related to examination process, Board activities, and adult education can be shared. In a year of dramatic events, the ABU has responded rapidly and in a proactive and humanistic manner.

INCOMING ABU PRESIDENT

Eila C. Skinner, M.D. of Stanford, California will assume the position of President of the American Board of Urology in February, following the Board’s 2021 winter meeting. Dr. Skinner succeeds Roger R. Dmochowski, 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.
Message from the Vice President

Douglas A. Husmann, MD
ABU Vice President

It has been a privilege to have served the American Board of Urology over the past twenty years. During this period, I had the opportunity and the honor to serve on the Written and Oral Examination Committees and eventually as a Trustee of the Board. I have been humbled to work with numerous individuals who have willingly donated their time and expertise to protect and maintain our field's integrity. Through every effort, every meeting that occurred with a clear mission in mind, we were there “to act for the benefit of the public by establishing and maintaining standards of certification for urology, by working with certified urologists.” The ABU's goal can only be ascertained by a team effort, a triumvirate; that includes the ABU, the American Urologic Association, and our Diplomates. There is no doubt that urologists are altruistic in nature, individuals who desire to serve the public safely and compassionately. The ABU’s goal is discerning how we best serve the public and urologists' interests without causing an undue burden on the physician. Over the past six years, we have learned to listen and to work with all three parties for the common good. We have established regular town hall meetings that have allowed the Diplomates to express concerns and, based on their input, have altered our strategies to reach the ABU objectives. We are implementing a continuing urology curriculum that will provide CME credit and allow continued certification. We are implementing low risk, at home examinations. The examinations will help identify a physician’s weak areas in knowledge. If any deficiency is identified, we are working with and placing great trust in our colleagues at the AUA to help us remediate the physician. All done in a readily accessible at home environment that would not unduly burden the Diplomate.

As I leave the Board, I am incredibly pleased with the progress we have made but realize there is still more to be accomplished. I want to thank the ABU executive directors with whom I have had the privilege to serve, Drs Gerry Jordan and Brant Thrasher and acknowledge the extensive and tireless work of Drs Mike Ritchey and David Joseph as directors of the Lifelong Learning Committee. I want to thank the ABU staff, Lindsay Franklin, Amy Woodson, Jim Surgener, Charlie Hall, Wulan Surgener, Melissa Hall, and Fran Hogan. I appreciate everything you did during my tenure.

I would be extremely remiss not to mention Donna Connelly and Matthew Baden, who have been my right and left hand during my tenure with the exam committee, thank you for your friendship, constant help, and advice; you will be missed.

Finally, to my teammate and president, Dr. Roger Dmochowski, it has been an honor to know you and Suzanne and serve with you during this endeavor. Thank you so much for your friendship and your service.

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. The cost involved is significant for the Board, having the potential to influence 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 revocation.

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.
The American Board of Urology is piloting a transition of its Lifelong Learning (LLL) program to a continuous, formative process called Continuing Urologic Certification (CUC). The ABU has developed this CUC pilot program to fulfill ABMS requirements for more consistent assessment of skills needed to deliver proper urologic care. The CUC pilot also responds to Diplomate feedback regarding practice disruption, expense, and scheduling difficulty caused by the current 10-year Knowledge Assessment exam at a secure testing center. Participating Diplomates would remain certified while participating in CUC.

Participation in the first year of the CUC pilot was offered to Diplomates in year 7 and 8 of their certification or recertification (LLL Level 2). This is an elective opportunity and not required. Participation will result in a waiver from the required 10-year Knowledge Assessment Exam that is currently administered in a secure testing center and a one-time, 20-hour reduction in CME requirements. Those participating in the CUC pilot are required to complete all other portfolio activities currently required in Level 2 of Lifelong Learning (practice log and complication/mortality narratives, peer review and modules).

The longitudinal learning activity of the CUC pilot is based on three components that are completed over 5 years: Knowledge Reinforcement, Knowledge Exposure, and Knowledge Assessment. Knowledge Reinforcement is focused on basic information that the Urologist should know.

Knowledge Exposure pertains to new information important for the practice of Urology gained from contemporary journal articles and AUA Guidelines. The final component, Knowledge Assessment, identifies relevant gaps in knowledge. **NOTE:** Diplomates achieving a score of > 60% correct during the Knowledge Reinforcement (years 1 and 3), and ≥ 80% correct during the Knowledge Exposure (years 2 and 4) are not required to take the year 5 Knowledge Assessment but may participate if desired. If the Knowledge Assessment is not taken, learning in year 5 would be self-directed.

The CUC program is based on a longitudinal learning cycle that repeats every 5 years. In addition to the 3 components (Knowledge Reinforcement, Knowledge Exposure and Knowledge Assessment), all other activities currently undertaken in Lifelong Learning have been included in the CUC program. The specific year assignments of activities are intended to provide guidance to the Diplomate and decrease burdens. The 5-year cycles (A and B), while similar, do not duplicate all activities. For example, the need to complete complication/mortality narratives and a practice log are only required every 10 years by all Diplomates (B). However, Diplomates who are found to have several knowledge gaps based on performance on the Knowledge Assessment may be required to provide complication/mortality narratives, a practice log, and enhanced peer review (A). The cycles (A and B) with required activity make up the CUC Portfolio.

### CUC Portfolio Proposed 5 Year Cycles

<table>
<thead>
<tr>
<th>LLL Activity</th>
<th>Year</th>
<th>A Year</th>
<th>B Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge Reinforcement Longitudinal Learning 40 Questions (Threshold &gt;60%)</td>
<td>1</td>
<td>Peer Review</td>
<td>6 Peer Review</td>
</tr>
<tr>
<td>Knowledge Exposure 8 Articles 40 Questions (Threshold &gt;80%)</td>
<td>2</td>
<td>Practice Assessment Protocol (PAP)</td>
<td>7 Practice Assessment Protocol (PAP)</td>
</tr>
<tr>
<td>Knowledge Reinforcement Longitudinal Learning 40 Questions (Threshold &gt;60%)</td>
<td>3</td>
<td>CME (90 Total of which 30 must be Cat 1)</td>
<td>8 CME (90 Total of which 30 must be Cat 1)</td>
</tr>
<tr>
<td>Knowledge Exposure 8 Articles 40 Questions (Threshold &gt;80%)</td>
<td>4</td>
<td>QI Attestation</td>
<td>9 Practice Log (6 mo)</td>
</tr>
<tr>
<td>Knowledge Assessment* 90 Questions</td>
<td>5</td>
<td>Bye or Knowledge Assessment</td>
<td>10 Bye or Knowledge Assessment</td>
</tr>
<tr>
<td>*Waived if knowledge thresholds noted above are achieved</td>
<td></td>
<td>≤ 2 SEM on Knowledge Assessment</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>◦ CME (1-3 Activities)</td>
<td>◦ CME (1-3 Activities)</td>
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<td>◦ Peer Review</td>
<td>◦ Peer Review</td>
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<td>◦ Complication/Mortality Narratives</td>
<td>◦ Complication/Mortality Narratives</td>
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<td>◦ Practice Log</td>
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Year 1 -- Knowledge Reinforcement: Using own computer and self-paced, Diplomates will have 6 weeks to answer 40 online questions. The 6-week period commences when the Diplomate elects to undertake the first question from a 4-month window beginning April 1, with all questions completed by July 31, 2021. The format is “open resource” and not time limited. The questions will consist of 20 core urology and 20 from a specific content module self-selected to best align with practice. Diplomates may not discuss any question or obtain assistance from others. Responses to each question will be recorded and Diplomates will be directed to the correct answer, a brief learning review, and reference option(s) to further reinforce knowledge. (threshold goal > 60% correct)

Year 2 -- Knowledge Exposure: Diplomates will review 8 contemporary journal articles housed in an activity within the AUAUniversity over 10 months. The articles within this activity will be grouped into sections: Core Urology, Guidelines, and 4 sections corresponding to the specific content modules. Four articles must be selected from the core/guideline sections, and 4 articles from any of the other sections. Articles relative to the chosen practice module may be selected or any article deemed beneficial. Each article will be linked to 5 questions. CME credit will be awarded by the AUA and incur a fee. (threshold goal ≥ 80% correct)

Year 3 -- Knowledge Reinforcement: 40 questions as in year 1. (threshold goal > 60% correct)

Year 4 -- Knowledge Exposure: 8 journal articles as in year 2. (threshold goal ≥ 80% correct)

Year 5 -- Knowledge Assessment: Using own computer, untimed, Diplomates will answer 90 online questions (45 core knowledge and 45 related to chosen module), within a 24-hour period. The format is “open resource”. Diplomates may not discuss any question or obtain assistance from others. The Knowledge Assessment is not pass/fail. Diplomates identified to have knowledge gaps will be directed to individualized CME activities based on deficiency content areas.

There is no charge to participate in the CUC pilot and no planned increase in the ABU annual certification fee if the CUC is approved. There will be a fee established by the AUA for receipt of associated CME credit. In appreciation to those Diplomates who participate in the CUC pilot, there will be excusal from the 10-year Knowledge Assessment exam undertaken at a high secure testing center. The ABU will also extend a onetime 20 hour reduction of Category 1 CME requirements to 70 hours of urology-focused CME, of which only 10 must be Category 1.

The CUC pilot will continue for 2-3 years. The formal CUC program is based on a 5-year cycle. If the pilot is performed well, and found beneficial by Diplomates, the ABU will submit the CUC program to the ABMS for formal approval. If approved, Diplomates participating in the pilot will continue on course with the 5-year cycle. If the pilot is discontinued, Diplomates will return to the current program.

For further information go to WWW.ABU.ORG. Select the Lifelong Learning tab and explore Continuing Urologic Certification and CUC FAQs.

Pilot Incentive

- 10 Year Knowledge Assessment waiver
- CME Credit for completing Knowledge Exposure Articles
- One-time 20 hour reduction in CME requirements from 90 to 70 urology focused credits

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, you can now create a personalized logo by using this link: http://certified.abu.org. 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.
RE-ENTRY POLICY: If a candidate fails the Qualifying Exam for the third time the Board may individually consider a 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. These evaluations will be performed at the expense of the candidate. Specific CME activity or other evaluation may also be assigned. 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. These evaluations will be performed at the expense of the candidate. 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 a written 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.

If a Diplomate’s certificate expired, lapsed, or has been converted to retired and regaining certification is desired, the Board may consider individual requests to re-enter the process.

FAMILY LEAVE POLICY: The ACGME and the ABMS have been working to develop a policy to increase flexibility for trainees requiring family leave. The new ABMS policy under review includes: 6 weeks for family leave at least once during training (without exhausting vacation/sick leave or extending training). Member Boards must allow all new parents, including birthing and non-birthing parents, adoptive/foster parents, and surrogates to take parental leave. Currently the ACGME (Residency Review Committee for Urology) requires 46 weeks of clinical training per year with no option for banking time. The ABU is working with the ABMS, the SAU (Chairs and PD’s) and the RRC for Urology to develop the best strategy for the field of urology. The ABU is working to meet ABMS requirements, maintain sufficient training standards particularly in the final year(s) of training when surgical skills are honed, and to provide flexibility for residents and fellows.

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 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 that 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 this situation 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.

REQUIREMENTS FOR APPLICATION

1. Currently employed in the US at an academic center on the core teaching faculty of a residency program approved by the ACGME.
2. Hold the rank of full professor.
3. At least 7 years of experience in a full-time faculty position in a program with 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 in Canada.
4. 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 PROCESS

- The application must include a completed application form.
- A cover letter must be included from the applicant detailing his/her contributions to urology in the areas of clinical practice, scholarship and resident education.
- An 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 must include a letter from individuals in the positions listed below. These letters should be sent directly to the ABU from the letter writer. No additional letters that are submitted will be included with the final application. (your department chair (or Division Chief), residency program director at your institution, two letters from ABU certified senior faculty members at other academic institutions attesting to the applicant’s contributions in the areas of residency/fellow education, scholarship and patient care, letter from the Chair or a senior faculty member at the international academic institution in which the applicant worked for at least 1 year prior to coming to the US.)
- Other materials submitted such as patient testimonials, media reports or similar documents are not requested and will not be included in the application.

APPROVAL PROCESS

- Applications and letters of recommendation and the application fee must be received by June 1 in order for the application to be considered at the meeting of the Trustees in August. Applicants will be notified of the results of the approval process by September 15th of the same year, and if approved will be eligible to apply to take the qualifying examination the following year.
- A fee of $500 must accompany the completed application.
- The Board will request completion of confidential peer review questionnaires from the Chief of Urology and/or Surgery, the Chief of Anesthesiology, and the Chief of Staff (or Chief of Pediatrics/Obstetrics & Gynecology where applicable) for each facility in which the applicant performs at least 50 cases annually, documenting the applicant’s status in the medical community. Greater than 50% response rate is acceptable for the candidate to proceed with the process.
- The candidate must sign a waiver authorizing any and all third parties contacted by the Board to furnish to the Board such records and information, including confidential information related to the candidate’s abilities and reputation as a urologist, as the Board (in its sole discretion) may deem necessary or advisable. Under no circumstances will the source of any peer review be revealed to any person other than Trustees and Staff of the Board.
- The Board of Trustees will consider each individual application including the entirety of the application. Final decision is up to the discretion of the Board.
Dr. Cheryl T. Lee is Professor and Chair of the Department of Urology at The Ohio State University Wexner Medical Center where she holds the Dorothy M. Davis Endowed Chair in Cancer Research. She is also the Vice President of the OSU Physicians and Faculty Group Practice.

She obtained her undergraduate degree from Rensselaer Polytechnic Institute and her medical training at the Albany Medical College. She completed her Urology residency at the University of Michigan and her fellowship in Urologic Oncology at the Memorial Sloan Kettering Cancer Center. She was a member of the faculty at the University of Michigan for 16 years, during which time she served as Fellowship Director in Urologic Oncology, was the Director of the Office of Continuous Professional Development within the College of Medicine, and was the inaugural holder of the Dr. Robert H. and Eva M. Moyad Research Professorship. She moved to OSU in 2016.

Her medical professional focus is dedicated to improving the care of bladder cancer patients through advocacy, education and research. She has served the Bladder Cancer Advocacy Network as the President of the Scientific Advisory Board and a current member of its Board of Directors. She is a past-member of the SUO Board of Directors and currently serves as its liaison to the AJCC. She also previously served on the Board of Directors of the American Cancer Society, Lakeshore Division, and the National Medical Association. Throughout her career, she has worked to improve the surgical outcomes for bladder cancer patients through interdisciplinary research, clinical trials, and outcome studies.

Dr. Lee is active in the education of students, residents, and practicing urologists. She has supported educational initiatives through her roles on the AUA Education Council, AUA Science and Quality Council, and the AUA Update Editorial Board. She has played a key role in the Board certification of urologists in America through her service on the ABU/AUA Examination Committee, the ABU Oral Board Examination Committee, and the Oncology Knowledge Assessment Test Committee of the SUO.

Dr. Lee is originally from New York, though has lived in the Midwest for most of her adult life. She is married to William (Bill) Amato, and has two children, Jackson and Ashton.

Dr. Christopher J. Kane, Dean of Clinical Affairs; Chief Executive Officer of UC San Diego Health Physician Group; Professor, Department of Urology, UC San Diego Health. Dr. Kane leads the clinical environment at UC San Diego Health including the sixty-five ambulatory clinics and the professional practices of the UC San Diego Faculty and providers. He serves on the Executive Governing Board of UC San Diego Health Sciences and the Executive Committee of UCSD’s Clinical Integration Network.

Dr. Kane is an internationally recognized expert in prostate cancer and kidney cancer epidemiology, risk stratification and outcomes after treatment. He completed his urology residency at Oakland Naval Hospital and UC San Francisco. He earned his medical degree at Uniformed Services University and his BS degree in mechanical engineering at UC Davis. Kane served as the Urology residency director at the Naval Medical Center in San Diego from 1995-2001. He was also the Surgeon General’s Advisor for Urology from 1998-2001. Dr. Kane then joined the faculty at UCSF, where he was Division Chief at the VAMC from 2001-2007. He joined UCSD as Division Chief and Urology Program Director in 2007. Urology became a clinical department in 2013 and became a new academic department at UCSD in 2017 with Kane as the Founding Chair. He also served as Interim Chair of the Department of Surgery from 2013-2015 and Senior Associate Director of Cancer Surgery from 2016-2018.

He was Co-Chair of the Renal Cell Carcinoma Advisory Task Force, National Cancer Institute from 2009-2016. He is on the NCCN treatment guidelines in prostate cancer committee. He was elected to the American Association of GU Surgeons in 2014 and to the Clinical Society of GU Surgeons in 2017. He was selected as a “Top Doctor” in San Diego in 2008-2019 and was selected as one of two Physician Healthcare Champions for 2010 in San Diego by the San Diego Business Journal. He was awarded the Distinguished Engineering Alumni Medal by UC Davis in 2011. He is a retired Navy Captain and a decorated veteran of Desert Storm. Dr. Kane has authored more than 360 publications and book chapters, primarily on prostate cancer risk factors and outcomes, prostate cancer surgery, and minimally invasive surgery for prostate and kidney cancer.
Every Trustee is a practicing urologist and every action that is taken impacts all of us. That responsibility has not been taken lightly by past or present Trustees. It is not mandated by the ABU that all urologists are certified or need to continue with certification. That decision is individual. The ABU has created a credible mechanism for certification and continued certification for those urologists that choose it; and there is evidence supporting the success of those programs improves patient care and decreases adverse physician liability.

During my tenure with Board activities, I have learned much and benefited from outstanding executive leadership of Drs Howards, Jordan and Thrasher. I admire their unique personalities and skill they have brought to their position and am grateful for having had the opportunity to work with each. The dedication of the office staff under the direction of Lindsay Franklin is nothing short of incredible and continually moves the ABU in a forward direction. Thanking them for the work they do on a daily basis seems to fall short. The friendship I’ve developed with all of the Trustees, especially my Board partner, Hunter Wessells, will be enduring and always greatly respected. You are a remarkable group of dedicated individuals. I truly value the opportunity I have had to serve on the Board and have enjoyed every minute. This has been an incredible journey of a lifetime.

Dr. Hunter B. Wessells served as a Trustee of the American Board of Urology from February 2014 until February 2020 and as Vice President 2019-2020. He served on the Executive Committee and served as Chair of the Nominating Committee, Chair of the Policy Committee, Chair of the Recertification Committee and member of the Diplomate Relations and Communications Committee, the Oral Examination Committee, the Lifelong Learning and Log Committee, and the MOC Committee.

Regarding his service to the ABU, Dr. Wessells had this to say: “The opportunity to serve as a Trustee of the American Board of Urology will remain a signal achievement in my career. It’s clear mission for the public good resonated with me, as did the chance to serve my fellow urologists. I learned an incredible amount from a series of urologists who over the course of more than a decade have enhanced the quality and reproducibility of the oral examination, reconfigured lifelong learning, and redefined and improved the Board’s relationship with its Diplomates. I also came to appreciate the outstanding staff who work for the Board in Charlottesville and have demonstrated over and over again their dedication to serving the diplomates and trying to make a difficult process less stressful and more streamlined. This was never more apparent than during the current COVID-19 pandemic.

Over the past 10 years, the question of MOC has been taken up by state legislators, the American Board of Medical Specialties, and each of its Member Boards. Having participated in several iterations of MOC, I always felt that the Board correctly emphasized the importance of lifelong learning in ensuring that patients are protected. For the vast majority of urologists, this consists of routinely completing continuing medical education, renewing licensure, and demonstrating a commitment to qualify, safety, and improvement. It was reassuring that over the course of my tenure with the Board we listened to our Diplomates and adapted the “recertification” process to create a “low-stakes” exam in which there was no “failure,” only the opportunity to find areas of weakness and receive more education. This is not to say that urologic surgery is low stakes; it is a high-stakes activity, and the appropriate means to identify underperforming Diplomates is through other information including the practice logs, peer review, and reporting of licensure violations and personal liability suits. In the very rare circumstance in which a Diplomate requires further evaluation or intervention, the process is taken extremely seriously by the Board.

The practice logs submitted for certification and every 10 years thereafter provide a in important lens into the practice of each urologist. However, many Diplomates raise questions about the purposes to which their practice logs were used and whether they could see the data themselves. In a pilot project, we gave log information back to 100 Diplomates. For some, the information was valuable data they had never seen before about their practice in comparison to practicing urologists as a whole. For others, it did not appear to be as helpful. The chance to speak with the Diplomates themselves and hear their concerns, appreciation, and frustrations was invaluable. The information was generally positively received and I hope the initiative will be expanded in the future to include all Diplomates and inform other Lifelong Learning activities.

Continued on next page
The last thing I learned is that the ABU listens to its Diplomates and views them as essential stakeholders in upholding the value of Board Certification. The listening was always in evidence in the work of the ABU’s tireless Executive Directors, Gerald Jordan and subsequently Brantley Thrasher, who have demonstrated a truly selfless willingness to listen to Diplomates and help them solve problems. This commitment was never more evident during COVID 19, when virtually all of the Board’s activities had to be modified, from the schedule of qualifying examinations to the decision to hold a virtual certifying examination this coming May.

I am grateful that the Trustees of the ABU bring unique skills to the work, collaborate, and always achieve consensus in guiding the Board to meet the important challenges of our times.”

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**ABU Examination Statistics**

**2020 Qualifying (Part 1) Examination**

333 candidates sat for the 2020 Qualifying (Part 1) Examination. The 2020 exam was necessarily extended to January and February of 2021 and the final analysis is pending. The 2021 Qualifying (Part 1) Examination is scheduled for July 8 or 9, 2021.

**2020 Certifying (Part 2) Examination**

336 candidates challenged the February 2020 Certifying (Part 2) Examination in Dallas, TX. 314 (94%) passed and were certified while 22 (6%) 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 2021 Certifying (Part 2) Examination is scheduled for May 21-22.

**2020 Female Pelvic Medicine and Reconstructive Surgery Examination**

A total of 17 candidates sat for the 2020 Female Pelvic Medicine and Reconstructive Surgery (FPMRS) Subspecialty Certification Examination on June 21 at Pearson VUE Test Centers across the country. The pass rate on the examination was 82%. Like general urology certificates, all subspecialty certificates are ten-year time-limited certificates and subject to the Lifelong Learning (LLL) Program. The next FPMRS examination will be administered on June 25, 2021.

**2020 Pediatric Subspecialty Certification Examination**

34 candidates sat for the 2020 Pediatric Subspecialty Certification Examination (PSCE) between October 16 and December 15 at Pearson VUE Test Centers across the country. 34 (100%) candidates passed the exam. Like general urology certificates, all subspecialty certificates are ten-year time-limited certificates and subject to the Lifelong Learning (LLL) Program. The next PSCE Examination will be administered on October 14 or 18, 2021.

**2020 Lifelong Learning (LLL) Level 2 General, Pediatric Subspecialty and FPMRS Subspecialty**

701 Lifelong Learning (LLL) Level 2 Diplomates (623 General Urology / 10 Pediatric/ 68 Female Pelvic Medicine & Reconstructive Surgery) completed the 2020 Lifelong Learning knowledge assessment at Pearson VUE Test Centers October 16 - December 15, 2020. Of the 701 total candidates, 526 Diplomates (75%) passed unconditionally, and 175 Diplomates (25%) earned conditional passes. The conditional pass breakdown by sub-group is as follows: General Urology 170 (27%); and FPMRS 5 (7%). Diplomates who earn conditional passes must complete up to three targeted CME courses within one year as remediation for the weakest identified knowledge assessment area(s). The next LLL knowledge assessment will be administered on October 14 or 18, 2021.
Voluntary Contributors

The Trustees would like to express sincere appreciation to the following Diplomates who made voluntary contributions in 2020:

Scott Paul Aarons, M.D.
Chiledum A. Ahaghotu, M.D.
in memory of Dr. Aaron G. Jackson
Alan M. Alabaster, M.D.
Micaela Aleman, M.D.
Robert M. Alexander, M.D.
Ronald C. Allison, M.D.
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Matthew Michael Banti, M.D.
Dennis S. Cesar, M.D.

Rajendra Singh Chouhan, M.D.
Ralph V. Clayman, M.D.
in memory of Carter Howards
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Elliott L. Cohen, M.D.
Marc Singman Cohen, M.D.
Janet Laura Colli, M.D.
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Rowena A. DeSouza, M.D.
George W. Drach, M.D.
Stephen R. Dunn, M.D.
in memory of Dr. Richard D. Williams
Richard T. Eliason, M.D.
in memory of Niela Eliason
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Eric I. Engelmyer, M.D.
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Robert M. Feit, M.D.
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George A. Fiedler Jr., M.D.
in memory of George A. Fiedler, Sr.
M.D.

C. Peter Fischer, M.D.
Dirk Thomas Fisher, M.D.
Irving J. Fishman, M.D.
Jeff E. Flickinger, M.D.
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Paul B. Klatte, M.D.
Adam Philip Klausner, M.D.
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in honor of Dr. Roy Withington
John Paul Koonce, M.D.
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Vijayasimha Kotha, M.D.
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in honor of Dr. Paul Lange
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Krishnaswamy Krishnamurthi, M.D.
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Mark Warren McClure, M.D.
W. Scott McDougal, M.D.
Thomas B. McGinnis, M.D.
in honor of John Redman
Francis James McGovern, M.D.
Thomas P. McGovern, M.D.
Benjamin K. McInnes, III, M.D.
Jonathan Jay Melquist, M.D.
The office of the American Board of Urology regretfully received notification in 2020 that the following Diplomates have passed away:

**In Memoriam**

C .R. Natarajan, M.D.
Gurumurthai Nagabhushana, M.D.
Adel W. Mohamed, M.D.
Bert M. Morrow, III, M.D.
Billy R. Mosley, M.D.
Judd W. Moul, M.D.
Frederico A. Padin, M.D.
Pernankel D. L. Nayak, M.D.
Richard J. Mynatt, M.D.
Keith Y. Miyamoto, M.D.
Natarajan
in memory of Dr. Martin Resnick
Ramon Perez-Marrero, M.D.
Daniel H. Neustein, M.D.
Neal Neuman, M.D.
Noel R. Peterson, M.D.
Neal Neuman, M.D.
David F. Paulson, M.D.
Kevin Pranikoff, M.D.
Susan Ellen Pursell, M.D.
Renee Bailey Quillin, M.D.
Ronald P. Rabim M.D.
in memory of Dr. Martin Resnick

**In Memoriam continued**

Restituto H. Alonzo, MD
Emile J. Berlet, MD
Iam Peter Bhisitkul, MD
Thomas McKinney Board, Jr, MD
Glenn Jackson Bridges, Jr, MD
David Robert Brunetti, MD
Kirby K. Bryant, Jr, MD
Joseph E. Davis, MD
Mitchell Edson, MD
John P. Elliott, Jr, MD
Fred M. Gold, MD
Robert L. Helmling, MD
Sidney R. Katz, MD
Nagib Maurice Khalifa, MD
Harm Kraai, MD
Patrick W. Kronmiller, MD
Kenneth W. Lennox, MD
Alexander A. McBurney, MD
Andrew J. McGowan, Jr, MD
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Robert H. Moyad, M.D.
James Ronald Smith, M.D.
Solomon K. Sogbein, M.D.
Nancy Trauba Starr, M.D.
Martha Cecile Storrie, M.D.
Juan B. Suarez, M.D.
in honor of Dr. Robert Hochkiss
Bonadelvert Cortez Suarez, M.D.
Gerald Sufrin, M.D.
Roy Isao Sugawara, M.D.
R. Brickley Sweet, M.D.
Philip Michael Sweetser, M.D.
in honor of Theodore H. Sweetser, Sr. & Jr.
Bechara G. Tabet, M.D.
Xishi James Tan, M.D.
Stephen P. Taylor, M.D.
William Brian Telle, M.D.
Rupert Anthony Thompson, M.D.
Edward B. Tieng, Jr., M.D.
Albert J. Tully, Jr., M.D.
Thurlow R. Underhill, M.D.
Donald Avera Urban, M.D.
James K. Varney, M.D.
Linga Vijaya, M.D.
Jack H. Vitenson, M.D.
Roger J. Vitko, M.D.
Wesley C. Walker, M.D.
Christel Orphée Wambi, M.D.
in memory of Dr. John Grayhack
Galen R. Warren, M.D.
Alan J. Wein, M.D.
Robert M. Weiss, M.D.
Thomas E. Weldon, M.D.
Michael Joseph Whalen, M.D.
Kristene Elizabeth Whitmore, M.D.
John R. Whittaker, M.D.
Roger A. Wicklund, M.D.
Gilbert J. Wise, M.D.
in memory of Dr. Andrew McGowan, Jr.
Roy Witherington, M.D.
Steven J. Workman, M.D.
in honor of Dr. Barry Kogan
James Steven Wysock, M.D.
Donald A. Young, Ill, M.D.

**In Memoriam**
The office of the American Board of Urology regretfully received notification in 2020 that the following Diplomates have passed away:
New ABU Website and Portal

The ABU website has been updated as well as the candidate and Diplomate portal. The improved system provides 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

Your Certification Timeline

https://portal.abu.org

Application Progress

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Uploaded additional documents

CME Credits

Please allow several weeks for ABU to verify credits from uploaded CME documentation. Once CME credits are verified, they will be displayed on the table below.

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