



ABU Report

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Issue No. 16

A Newsletter for Diplomates and Candidates from the American Board of Urology

October 2008

Message from the President

The mission of the American Board of Urology (ABU) is to certify to the public that its Diplomates have met specific criteria for training, have passed rigorous examinations, and undergone practice scrutiny. As Maintenance of Certification (MOC) is implemented by the ABU office over the next few years, increased costs will be incurred that are not covered by the periodic fees charged for the Qualifying and Certifying Examinations. These increased expenses are primarily related to clerical help and to new information technology. In addition, the role of the Executive Secretary continues to expand, necessitating greater time devoted to the ABU. The new Executive Secretary's job requirement, who replaces Dr. Howards, will increase from ¼ FTE to ½ FTE. The ABU, along with the other 23 member boards of the American Board of Medical Specialists (ABMS), are being assessed additional fees by the ABMS. The Trustees of the ABU spend an average of three weeks a year for six years working for the ABU with no compensation, which is time away from their practices affecting patient care and income. The ABU had an operating budget deficit of \$119,000.00 in 2005, \$107,000.00 in 2006, and \$49,979.00 in 2007. During the previous 8 years, the operating budget was close to breaking even. Without your Voluntary Dues there would have been a deficit almost every year. The ABU, like any other individual or organization (except the United States Government), cannot permanently have an operating deficit. The endowment of the ABU is used for expensive law suits, unexpected expenses, and to cover the operating deficit for the past three years. A range of options have been explored to cover all of these incremental costs. After examining a variety of solutions and discussing methods utilized by other specialty boards, the Trustees have decided that an annual certificate fee paid by all Diplomates to the ABU represents the best option to cover yearly fees assessed by the American Board of Medical Specialties (ABMS) plus new internal costs, rather than large periodic recertification and MOC fees.

A relatively nominal, recurring, predictable, and tax deductible fee to our Diplomates was calculated based on projections of future expenses. Thus, an annual fee of \$200 will be charged to all Diplomates whether they hold a time-unlimited or time-limited certificate. Invoices for the payment will be sent to all Diplomates in January 2009. The initial fee will be due on March 1, 2009. Diplomates will be given three months after March 1 before incurring a late fee, making the late deadline for payment June 1, 2009. This fee will be in lieu of any periodic Recertification Examination or MOC fees. This fee will permit Diplomates with unlimited certificates who wish to enter into MOC to do so without any fees. In addition, those with unlimited certificates who do not wish to enter MOC may take advantage of the web-based Practice Assessment Protocols (PAPs) and self-assessments at no additional charge.



W. Bedford Waters, MD
President

There is no question as to whether we chose to initiate MOC or when: it is a present reality and expectation of all ABMS member boards, as well as state, federal, and third party agencies. Being current in MOC will, in many venues, suffice for Maintenance of Licensure (MOL), which has been approved by the Federation of State Medical Boards and also for credentialing at hospitals. Additionally, a number of insurance companies discount medical liability premiums for Diplomates currently in MOC. We will be implementing MOC and financing the Board operation with this yearly certificate fee and discarding the larger recertification fee. None of us likes to see rising costs with our decreasing reimbursement and increasing overhead. The Board pledges to you, the Diplomates, to use our financial

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Message from the President

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resources in the most cost effective manner in meeting our mission: to certify to the public that its Diplomates have met specific criteria for training, have passed rigorous examinations, and undergone practice scrutiny.

The office of the Executive Secretary is preparing for a smooth and orderly transition for the replacement of Dr. Stuart S. Howards in 2011. Dr. Howards officially assumed the position of Executive Secretary on April 1, 1997 and is the longest serving Executive Secretary in the history of the ABU. The ABU office was transformed from exclusively paper files to a computerized system while maintaining a small, responsive office staff. Dr. Howards has overseen the implementation of electronic logs, computerized examinations, development of an interactive website, approval of the pediatric subspecialty certification, and the implementation of maintenance of certification and all its challenges. He represents the ABU and its Diplomates' and candidates' interests at ABMS meetings, AUA annual meeting, urologic society meetings, ACGME meetings, ABU/ABOG Joint Fellowship in FPMRS meetings with ABOG, and the ABU/AUA Joint Examination Committee meetings, all while maintaining a full-time academic

practice and faculty duties at the University of Virginia in addition to duties at the NIH and other urological and infertility societies. His corporate memory of the ABU is phenomenal. It has been an honor and pleasure to work with Dr. Howards these past six years. His incredible service to the ABU will never be forgotten. The Trustees have completed the process of choosing his successor according to the by-laws and criteria that were developed by the ABU. I am happy to announce that Dr. Gerald Jordan, a current Trustee, will succeed Dr. Howards as Executive Secretary of the American Board of Urology.

Every organization should have a current, up to date mission statement. To that end, the Trustees of the American Board of Urology drafted the following mission statement at the recent summer meeting, which we feel reflects the board's responsibility in directing the multitude of contemporary issues facing urology:

To act for the benefit of the public to insure high quality, safe, efficient and ethical practice of Urology by establishing and maintaining standards of certification for urologists. ■

The Core Curriculum Project

by Michael O. Koch, MD

In 2007, the AUA initiated a core curriculum project for urology. This project was initiated at the urging of the Board of Urology amongst others. Many may wonder what the core curriculum project is and why this project deserves the resources of the AUA.

For years, the ABU has tested urologists in both written form and in oral form on their knowledge base in the field of urology. Many urologists complain that the questions are esoteric or lack relevance to their individual practices. The board of urology however, certifies urologists to practice all aspects of urology including some of the more "esoteric" areas such as renal transplantation, pediatric urology, etc. While these may not be areas that most urologists practice in on a day to day basis, they are areas that the board has determined are important for urologists to have a certain level of expertise in to practice competently.

In fairness to urologists the actual content that they are expected to know has never been defined. The core curriculum project was initiated to fill that need and to define what specific information a urologist should know in order to practice competent urology. The core curriculum

defines a specific body of knowledge that a urologist must know in order to pass examinations and successfully achieve and maintain board certification. The core curriculum project is set at the level of finishing urology residents and sets out the specific information that they should have mastered before finishing residency. The core curriculum was developed by over 50 experts in all aspects of urology who were asked to decide what urologists must know to practice high quality urology. Each area consists of a listing of specific content within a disease area that a urologist should master. The core content lists both the areas and contains references that the experts consider the best sources for each information area. The core curriculum is designed as an internet based tool with hyperlinks to the best sources for data and in this way is designed so that it will be constantly updated and always current. The AUA and the ABU both believe that defining this knowledge base will allow residents in training and urologists in practice to have a single source and current source of information to practice the highest quality urology that they are capable of.

Furthermore, defining what the content of urology is will be invaluable to our specialty as we deal with issues such as conflicts with other specialties over disease we both treat and our own subspecialization areas. ■

The Board Welcomes...

New Trustees: Robert R. Bahnson, MD, and Margaret S. Pearle, MD

Dr. Bahnson graduated from Tufts University School of Medicine. He completed his residency at Northwestern University and has held faculty positions at Washington University, The University of Pittsburgh, and Ohio State, where he currently serves as the Chairman of the Department of Urology. Dr. Bahnson has received an American Cancer Society Clinical Oncology Career Development Award, an AFUD Research Scholarship, and a Clinical Investigator Award from NIH/NCI to support his research. He is active in the AUA, AAGUS, and the SUU, and has served on the ACGME Residency Review Committee for Urology. He currently chairs the Urology Advisory Council for the American College of Surgeons.

Dr. Pearle received her B.A. in Biology and M.S. in Biochemistry from the University of Chicago and medical school at the University of Chicago in the Medical Scientist Training Program, receiving her M.D. and Ph.D. She completed her Urology residency at Northwestern University and fellowship training in Endourology and Minimally Invasive Surgery at Washington University, St. Louis. Dr. Pearle is currently Professor of Urology with joint appointments in the Departments of Urology and Mineral Metabolism at the University of Texas Southwestern Medical Center. She received the Gold Cystoscope award from the AUA, and is an active member of the AAGUS and served on the AUA/ABU Joint Examination Committee. In addition, she serves on the Editorial Boards of several peer-reviewed journals. ■

The Board Thanks ...

Peter R. Carroll, MD, and Howard M. Snyder III, MD

Dr. Peter R. Carroll served as a Trustee of the Board from 2002-2008, as President from 2007-2008. He also served as Secretary-Treasurer, Chair of the Executive Committee, Finance Committee, Credentials Committee and Publication and Research Committee. During his tenure on the Board several initiatives were undertaken including subspecialty certification, electronic case logs submission, maintenance of certification and use of case logs to better inform the field of practice patterns. He is grateful for the opportunity to serve on the board and thanks his fellow trustees for their dedication, insight and commitment. He would especially like to thank Dr. Stuart Howards, Executive Secretary, for his tireless efforts on behalf of the specialty.

Dr. Howard Snyder served as a Trustee of the Board from 2002-2008 and as the Vice President in 2007-2008. His responsibilities for the Board included serving on the Credentials, Oral Exam, Recertification, and Finance Committees and as ABU representative to the ABMS. Dr. Snyder was impressed with the commitment and hard work of his fellow Trustees in serving Urology. It was particularly rewarding to serve on the Board at the time of recognition of Pediatric Urology as a subspecialty, Dr. Snyder's chosen field. The staff of the American Board of Urology provided exemplary support and helped to ensure the effective efforts of the Board. Dr. Stuart Howards should be singled out especially for the patient and fine leadership that he has exhibited as our Executive Secretary for so many years. Service on the American Board of Urology was Dr. Snyder's highest achievement in his urologic career and he was honored to be given this opportunity. ■

Request for Printed Copy of 2009 Newsletter

With improved internet capabilities and access, and as part of the Board's ongoing commitment to controlling costs, the next *ABU Report* will be published on the Board website, www.abu.org. We will make printed copies available to those Diplomates who prefer a printed one.

If you wish to receive a printed copy next year rather than accessing it on the website, please complete the information below and fax it to the Board at 434-979-0266 or mail it to:

The American Board of Urology
2216 Ivy Road Suite 210, Charlottesville, VA 22903.

Diplomate Number (from mailing label): _____

Name: _____

Street 1: _____

Street 2: _____

City: _____

State: _____ Zip: _____

ABU Position on Professionalism and Ethics

The Trustees of the American Board of Urology continue to be concerned with the practice of board certified urologists receiving remuneration, especially when excessive, for identifying/accompanying patients for unapproved FDA treatment outside of the United States. This is inconsistent with an ethical practice. We believe it is important for Diplomates of the American Board of Urology to realize that the Board strongly disapproves of this activity. Although we understand that patients have the right to seek alternative treatments, the practice of professionals profiting by this activity runs counter to the public trust mission of the American Board of Urology. We find participation of urologists in this practice problematic. We are obligated to inform our Diplomates of our concerns by our communications and actions. ■

Trustees and Executive Staff of the American Board of Urology Winter Meeting 2008



Back row (from left): Gerald H. Jordan, MD; Timothy B. Boone, MD; Ralph V. Clayman, MD; William D. Steers, MD; Barry A. Kogan, MD; Margaret S. Pearle, MD; Paul H. Lange, MD; Michael O. Koch, MD

Front row (from left): Robert R. Bahnson, MD; David A. Bloom, MD; W. Bedford Waters, MD; Peter R. Carroll, MD; Howard M. Snyder III, MD; Stuart S. Howards, MD; John B. Forrest, MD

Dr. Andrew Novick In Memoriam

Dr. Andrew Novick served with great distinction as a Trustee of the American Board of Urology from 1995–2001. He was the president of the Board from February 2000 to February 2001. His outstanding intellect, analytical powers and administrative skills allowed him to make exceptional contributions to the board throughout his tenure. One memorable report among his many excellent efforts came during the period when pediatric subspecialty certification was under intense discussion. He used his talent to gather and

organize data on the attitudes of the urologic community, third party payers, and other boards on this topic. The document he produced was encyclopedic and extremely accurate. While president, he adroitly led the Board through many difficult discussions, always guiding the Trustees to make appropriate decisions. All of those who served on the American Board of Urology from 1995–2001, the staff of the Board, and the current Trustees are deeply saddened by his tragic and premature death. ■

The Importance of MOC

by John B. Forrest, MD

MOC, MOL, ABU, AUA, ABMS, HHS and CMS, these are all acronyms which practicing urologists deal with on a daily basis. MOC, or maintenance of certification, is probably the most recently added term to our professional lives. Their recurring requirement to time-limited, certificate-holding, American Board of Urology Diplomates is a function mandated to all boards of the American Board of Medical Specialties (ABMS). MOC is a current expectation of many state, federal, and third party entities and at some point in the near future will be a mandated professional requirement. It will also likely serve as the nationally accepted template for maintenance of licensure (MOL) with this concept already being accepted by the Federation of State Medical Boards. Additionally, it is highly likely that hospitals and institutions will also require MOL associated with MOC.

Why is all of this extra work important? The American Board of Urology (ABU), or any other ABMS participant board, is by charter responsible for insuring to the public that their certificate holders meet the requirements of their board to be competent, by multiple criteria, to practice medicine in their specialty. In the past, the reality of board certification was taking one test to reflect the level of knowledge base and technical policing in their field. It has been apparent, however, that with the

passage of time, knowledge changes, science progresses, and societal responsibilities grow. Because of these reasons and more, recertification every 10 years with incremental maintenance of certification every two years is now in place.

However, these requirements for recertification and maintenance of certification do not apply to time unlimited Diplomates receiving their certification prior to 1985. The Trustees of the American Board of Urology strongly encourage the time unlimited Diplomates to participate in the MOC process. This voluntary effort, which is now covered by the ABU yearly dues, certifies that these urologists are fully participating in all of the activities which insure the most robust level of competency review. This also initiates the process before it is mandated and potentially taken over by other oversight agencies. As an MOC participant the Diplomate can demonstrate to his/her patients, payors and regulatory agencies the highest level of voluntary and proactive continuing competency certification.

As I mentioned in the first paragraph, we are all besieged by an increasingly regulatory environment. However, there is no greater responsibility as a physician than providing the highest competency in patient care. Maintenance of certification is one of the keystones in that foundation. ■

In Memoriam

The office of the American Board of Urology regrettably reports receiving word in 2007 – 2008 that the following Diplomates have passed away.

Edwin L Adair MD	Nevzat A Duruman MD	Paul K Maloney Jr MD	Sidney I Siegel MD
Jules H Bogaev MD	David A Eberle MD	Leonardo SJ Martin MD	Harold A Smith MD
John M Bobbitt MD	James G Edwards MD	William McCullough MD	Thomas H Stanisic MD
Henry Brasel Brandon MD	William H Gehron MD	John H McGovern MD	John Peter Stein MD
Freddy A Camuzzi MD	Frederick T Givens MD	William F McKeon MD	Andrew R Thomas MD
Jong Myun Choe MD	John H Grimes MD	Charles E Morrison MD	Thomas J Tencer MD
Morris Claman MD	C Steven Hatch MD	Earl F Nation MD	Bienvenido V Ticsay MD
William A Collins Jr MD	Harvey G Herberman MD	Mark A Neyman MD	Zachary Lewis Voeltz MD
James W Cowan MD	Jack S Hirsh MD	Alexander Nincic MD	Kenneth Wadsworth MD
Francisco L Crespo MD	George E Homsy MD	Robert Puntteney MD	David R Williams MD
William D Cutshall MD	John H Jurige MD	Richard E Reinhard MD	Roger M Wolfert MD
Raymond O Davies MD	Raymond Y Kim MD	Bruce C Robinson MD	De-Graft H Yankah MD
Ramon G De Paredes MD	Robert S Kish MD	Nathan Rosenbloom MD	Alan V Yoho MD
Robert M Dobbs Jr MD	Otto Michael Lilien MD	Seymour Rosenwasser MD	August Zabbo MD
John P Donohue MD	Robert J Macaulay Jr MD	Howard J Sandler MD	
Richard T Duback MD	Robert G MacDonald MD	Kuldeep Sehgal MD	

Maintenance of Certification Update

The American Board of Urology has joined with the 23 other member boards of the American Board of Medical Specialties (ABMS) in implementing Maintenance of Certification (MOC). The mission of the ABU MOC program is to advance the clinical practice of urology by promoting the highest evidence-based guidelines and standards to ensure excellence in all areas of care and practice improvement. This change has taken place in an effort to assure the public that board-certified urologists have remained current with evolving knowledge, that their practices meet acceptable standards, and that they are recognized and respected by their peers and patients.

MOC also provides an avenue for compliance with future state and hospital requirements, which are expected to include participation in an MOC process or a Maintenance of Licensure (MOL) process which could involve periodic re-examination by the state's medical board. In addition, MOC provides assurance to patients and their families, payers and funding agencies, and the general public that ABU Diplomates maintain and continually improve their knowledge and practice of urology. Participation in the ABU MOC program demonstrates the Diplomate's commitment to lifelong learning and continual professional development.

Since 1985, all certificates issued by the American Board of Urology have been valid for ten years, at which point Diplomates are required to recertify. The current recertification process requires that Diplomates complete certain components near the end of the ten year certification period. Beginning with those Diplomates who certified or recertified in 2007, the recertification process has evolved into Maintenance of Certification (MOC). The recertification/ MOC process will extend over the ten year period, with some requirement in the process to be completed every two years.

All Diplomates with time-limited certificates, those issued since 1985, will now enter the MOC process upon successful completion of certification, recertification, or subspecialty certification; and must successfully complete each level of the MOC process within the specified time in order to avoid a lapse in certification by the Board.

Certificates issued prior to January 1, 1985 are not time-limited and will not expire regardless of participation in the MOC program. However, individuals in this group are strongly encouraged to participate. They may voluntarily enter the process at Level 1 during any annual cycle by contacting the ABU office. Once enrolled, Diplomates who elect to participate in MOC will be

expected to complete the same requirements as participants with time-limited certificates to remain in the program.

The ABU MOC program permits Diplomates to meet the requirements as they continuously keep current with changes in the specialty of urology. The Trustees have made every effort to keep the requirements as similar to the recertification process as possible to make the transition to MOC relatively painless yet still be approved. Emphasis is placed on the core of knowledge and practice common to all urologists. Nonetheless, realizing that individual urologists may concentrate their practices in various areas, the ABU Trustees have designed the process to permit Diplomates to include areas of their individual expertise when devoting time to CME and self-assessment activities and selecting modules for the cognitive examination.

MOC COMPONENTS

The MOC program is based on the six general competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) as the foundation for a physician's training and practice. They are:

- 1) Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;
- 2) Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care;
- 3) Practice Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care;
- 4) Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals;
- 5) Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;
- 6) Systems-based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

MOC consists of four components designed to measure these six competencies on a continual basis:

- 1) Evidence of professional standing through maintenance of an unrestricted medical license, hospital privileges and satisfactory references;
- 2) Evidence of commitment to lifelong learning through continuing education and periodic self-assessment;
- 3) Evidence of cognitive expertise based on performance through a secure examination;
- 4) Evidence of evaluation of performance in practice, using tools such as practice log evaluation, and the evaluation of behaviors such as communication and professionalism through peer review.

MOC REQUIREMENTS OVERVIEW

MOC is a developing process and details may change as the implementation progresses. All updates will be available on the ABU website, www.abu.org, and in various mailings, presentations, and articles by the Trustees. Please refer to those for the most current information. A chart showing the current requirements appears below.

Level 1 (second year after entering the process): The first level of MOC will include submission of an application form, documentation of unrestricted medical licensure, and completion of a Practice Assessment Protocol (PAP) in an area of urologic practice.

The PAPs are non-graded learning tools developed by the Board based on the current AUA Clinical Guidelines. This component of the MOC program requires Diplomates to participate in authorized self-assessment performance measures, identify perceived weaknesses in their knowledge, and pursue learning activities tailored to areas that need to be strengthened. The goal is for Diplomates to

reflect on their personal knowledge and performance, and commit to a process of improvement and reevaluation over a specified time frame that will ultimately lead to improved care for their patients.

Level 2 (fourth year after entering process): The second level of MOC will include submission of a supplemental application; documentation of unrestricted medical licensure; verification of hospital privileges; satisfactory peer review; completion and documentation of 90 urology-focused CME credits, 30 hours of which must be Category 1 as defined by the AUA, in the three years prior to the deadline; and completion of a PAP. The requirement for submission of a 6-month practice log at this Level has been dropped.

Level 3 (sixth year after entering process): The requirements for the third level of MOC include submission of a supplemental application, verification of unrestricted medical licensure, and completion of a PAP.

Level 4 (year eight or nine after entering the MOC process): The requirements for Level 4 include documenting unrestricted medical licensure; verification of hospital privileges; completion of a PAP; completion and documentation of 90 urology-focused CME credits, 30 hours of which must be Category 1 as defined by the AUA, in the three years prior to the deadline; satisfactory peer review; and submission of an adequate 6-month practice log; culminating with a computer-based examination at the end of Level 4. The Diplomate will have two annual opportunities to successfully complete Level 4.

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

the implementation process progresses.

MOC STATUS

In January 2009, those Diplomates who completed initial certification in 2007 will be mailed applications for Level 1 of MOC. They will comprise the first group to participate in Level 1. The application and a copy of the Diplomate's medical license(s) will be due in the Board office by March 15, 2009. The only other requirement for Level 1 will be completion of one Practice Assessment Protocol

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Requirements	Level 1 (year 2)	Level 2 (year 4)	Level 3 (year 6)	Level 4 (years 7-9)
Complete application online	yes	supplemental application	supplemental application	supplemental application
ABU office verify licensure	yes	yes	yes	yes
ABU office complete peer review		yes		yes
Candidate: Complete online Practice Assessment Protocol	yes	yes	yes	yes
Candidate: Submit documentation of 90 hours of CME		yes		yes
Candidate: Submit 6 month electronic practice log				yes
Candidate: Computer-based closed-book exam				yes

MOC Update

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via the ABU website, which must be initiated by June 15, 2009.

In January 2010, those Diplomates who completed initial certification or recertification in 2008 will be mailed application information for Level 1 of MOC. A chart showing implementation dates for other certification and recertification years appears below.

The American Board of Urology staff will assist Diplomates in every way possible to meet the deadlines and requirements of MOC using application mailings and an MOC calendar, email reminders, and an up to date website. Non-compliance with deadlines may result in late fees, suspension of certification, or revocation of certification; therefore, current contact information provided by Diplomates is essential in order for the Board staff to communicate critical information and deadlines. If you are uncertain about the status of your mailing address and email address information in the ABU database, please contact the Board office to verify. ■

<i>Non-Compliance</i>	<i>Sanction</i>
No application or license verification by April 15	\$200 late fee
No PAP initiated by July 15	\$200 late fee
Requirements not completed by August 1	Possible suspension of certificate
Requirements not completed by December 1	Possible revocation of certificate

MOC ENTRY TIMELINE

CERTIFICATION PROCESS					
Certification Exam Year	Certificate Expires	Year for Level 1 (year 2)	Year for Level 2 (year 4)	Year for Level 3 (year 6)	Year for Level 4 (years 8-9)
2007	2017	2009	2011	2013	2015-2016
2008	2018	2010	2012	2014	2016-2017
2009	2019	2011	2013	2015	2017-2018
2010	2020	2012	2014	2016	2018-2019
2011	2021	2013	2015	2017	2019-2020
2012	2022	2014	2016	2018	2020-2021
2013	2023	2015	2017	2019	2021-2022
2014	2024	2016	2018	2020	2022-2023
2015	2025	2017	2019	2021	2023-2024
2016	2026	2018	2020	2022	2024-2025
2017	2027	2019	2021	2023	2025-2026
RECERTIFICATION PROCESS					
Current Certificate Expires	Recertification Exam Years	Year for Level 1 (year 2)	Year for Level 2 (year 4)	Year for Level 3 (year 6)	Year for Level 4 (years 7-9)
2008	2007	2010	2012	2014	2016-2017
2009	2007-2008	2011	2013	2015	2017-2018
2010	2007-2009	2012	2014	2016	2018-2019
2011	2008-2010	2013	2015	2017	2019-2020
2012	2009-2011	2014	2016	2018	2020-2021
2013	2010-2012	2015	2017	2019	2021-2022
2014	2011-2013	2016	2018	2020	2022-2023
2015	2012-2014	2017	2019	2021	2023-2024
2016	2013-2015	2018	2020	2022	2024-2025
2017	2014-2016	2019	2021	2023	2025-2026
2018	2015-2017	2020	2022	2024	2026-2027

Diplomate and Candidate Feedback

The American Board of Urology welcomes comments from Diplomates and Candidates on the issues raised in the *ABU Report* or any other issues affecting the practice of urology or certification processes. Please mail your comments to Dr. Stuart S. Howards, Executive Secretary, American Board of Urology, 2216 Ivy Road, Suite 210, Charlottesville, VA 22903, or fax your comments to 434/979-0266.

ABMS Enhanced Public Trust Initiative

The American Board of Medical Specialties (ABMS) under the guidance of its new CEO, Dr. Kevin Weiss, has created a public trust initiative. The ABMS 2008-2011 Enhanced Public Trust Initiative involves a new role for the ABMS. Dr. Weiss has proposed the following ten initiatives* for the program:

1. Ethics and Professionalism Task Force and Program
2. External Relationships Workgroup
3. Health and Public Policy Committee and Public Policy and Governmental Affairs Program
4. Learning Collaborative on the topic of MOC
5. MOC Committee (Standing) with two standing subcommittees: COMMOC and Design/Implementation
6. Shared Products and Services: Physician CAHPS
7. Shared Products and Services: MOL
8. Shared Products and Services: Physician Profile
9. Expanded Research Activities/Performance evaluation research
10. International Development Program

*Any Diplomate of the American Board of Urology who would like more information on any of these initiatives may contact the Board office and we will provide a more complete description.

The ABMS leadership has proposed that the initiatives be prioritized by a committee consisting of the Executive Secretaries of eight of the twenty-four member boards. In order to carry out these initiatives, the ABMS has

initiated a very substantial increase in the dues that each board will be required to pay to the ABMS central office. The member boards recently voted on this proposal, each board having an assigned number of votes correlating to its number of active Diplomates. Urology has a relatively small number of votes, whereas boards such as internal medicine, family practice, pediatrics, and emergency medicine have very large numbers of votes. Eight of the twenty-four boards used at least some of their assigned votes to vote against the proposal. This included the American Board of Urology and many of the surgical boards, some of which had split votes. The ABU vote was unanimously against the increased fee proposal; nevertheless, the proposal passed by the required two-thirds majority. Therefore, this is now the policy of the ABMS.

The American Board of Urology feels very strongly that the Public Trust Initiative is not the appropriate role for the ABMS and is opposed to the increased fees, which will subsequently have to be passed on to certified practitioners. Accordingly, at their recent meeting the Trustees of the American Board of Urology voted not to pay the increased fees and notified the ABMS of this fact. At this point, we do not know what action the ABMS will take in response to this decision by the ABU. We are aware of one other board that has made a similar decision, but has not yet publicized their decision. This information is provided because the Trustees of The American Board of Urology want to be sure Diplomates are well informed of important issues affecting the board and its financial situation. ■

Important Dates and Deadlines

December 2008	2009 Recertification Examination applications mailed
January 2009	2009 Annual Certificate Fee invoices mailed
January 10, 2009	2009 MOC Application packets mailed
February 1, 2009	Deadline for Recertification application
February 15, 2009	Late deadline for Recertification application (\$400 late fee)
February 20-21, 2009	2009 Certifying (Part 2) Examination in Dallas, TX
March 15, 2009	Deadline for completing online MOC application and medical license documentation
March 15, 2009	Recertification Practice Log deadline
April 1, 2009	Late deadline for Recertification Practice Logs (\$400 late fee)
April 1, 2009	Late deadline for completing online MOC application and medical license documentation (\$200 late fee)
May 10, 2009	Certifying (Part 2) Examination applications mailed
June 5 or 11, 2009	Pediatric Subspecialty Certification Examination at Pearson Professional Centers
June 15, 2009	Deadline for completing step 1 online Practice Assessment Protocol (PAP) for MOC
July 1, 2009	Deadline for Certifying (Part 2) Examination application
July 28 or 29, 2009	Qualifying (Part 1) Examination at Pearson Professional Centers
August 1, 2009	Late deadline for Certifying (Part 2) Examination application (\$400 late fee)
August 1, 2009	Deadline for CME documentation for Recertification Examination
September 10, 2009	2010 Qualifying (Part 1) Examination applications mailed
September 15, 2009	Deadline for completing step 2 online Practice Assessment Protocol (PAP) for MOC
October 8 or 9, 2009	Recertification Examination at Pearson Professional Centers
November 1, 2009	Deadline for Qualifying (Part 1) Examination application (Dec 1 w/\$400 late fee)



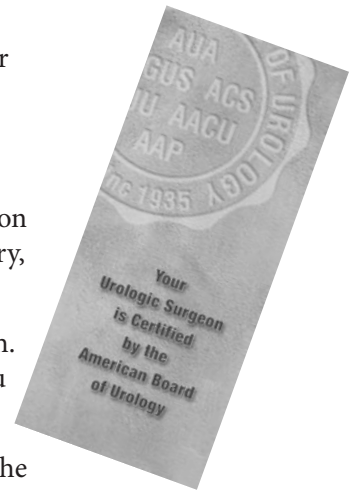
Brochure Describes Certification

Diplomates of the American Board of Urology who wish to make patients aware of their certification and the process for obtaining it may benefit from the brochure: *Your Urologic Surgeon is Certified by the American Board of Urology*.

This new brochure includes sections on The Importance of Board Certification, Maintenance of Certification, and Pediatric Subspecialty Certification and a detailed illustration of the urinary system. A sample will be mailed with the annual certificate fee invoice in January, or you may request a sample by contacting the Board office at 434/979-0059.

There are limited quantities of the previous brochure available in English and in Spanish. (The new brochure is currently only available in English.) Please note on the order form if you are ordering the previous brochure.

Brochures may be ordered from the Board office in quantities of 100, 200 or 500 using the order form below. We regret that telephone orders and credit cards cannot be accepted.



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Website Changes

An exciting change is underway at ABU that will significantly impact the means available for the communication and distribution of information. The ABU website, www.abu.org, has been completely redeveloped to provide all the Board's constituents a more informative, easier to use, convenient channel for access to the information most critical to their individual needs.

The most immediate change you will notice is the overall look and design of the site with its updated, more professional feel. Navigation has been simplified in that you can choose the topic you are seeking from the buttons on the left of the screen and navigate to answers to any questions you may have within one or two mouse clicks. The site will be updated frequently to ensure that the information is current and relevant.

Development is ongoing for the private section of the website where Diplomates will be able to update their demographic information and apply for various certification or recertification processes. A letter will be mailed to each Diplomate and Candidate with their initial password and login information when this section of the website is completed.

The next phase of the private section of the website to be developed will be online applications, beginning with Maintenance of Certification (MOC) in January 2009. The Practice Assessment Protocol (PAP) component of MOC will be available at that time. A letter will be sent to those Diplomates who are scheduled to apply for Level 1 of MOC in 2009 with instructions as to how to proceed with the application process. ■

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The Trustees wish to thank the following Diplomates for their support of the Board's activities with their voluntary contributions from September 2007 through August 2008.

We would especially like to gratefully acknowledge the extremely generous contributions of Dr. Kent K. Kleinkauf, Dr. Donald Albert Culley, and Dr. Robert M. Cope.

This list may also be found on the Board's Web site, www.abu.org.

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Examination Results

278 candidates sat for the computerized Qualifying (Part 1) Examination in August 2008. Of these, 88 percent, or 246 passed.

271 candidates sat for their oral Certifying (Part 2) Examination in February 2008. Of these, 92%, or 249 passed.

447 candidates sat for the computer-based Recertification Examination, and 427, or 95% passed.

176 candidates sat for the first Pediatric Subspecialty Certification Examination, and 174, or 98% passed.

Disciplinary Actions by the Board

The following doctors had their certification revoked during 2008:

Stephen L. Edge, MD
Ronald Sagalowsky, MD
Mani Shahidi, MD
Saied Shamsian, MD
Milan Smolko, MD
McClellan Walther, MD

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Carol J. Monroe, *Manager of Information Systems*

Sonya L. Prather, *Staff Associate*

James R. Surgener, *Recertification Coordinator*

Amy H. Woodson, *Maintenance of Certification
Coordinator*

Website Update

In January 2009, applications and Practice Assessment Protocols for MOC will be available online at the Board's website www.abu.org. Online application for other processes will be implemented through the coming year.

The ABU website has been redesigned to provide easily accessible, comprehensive, up-to-date information for our Candidates, Diplomates, medical organizations and the public. We encourage you to visit often.

We are continuously looking for ways to improve the website, and welcome your comments or suggestions.



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