



ABU Report

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

October 2012

MESSAGE FROM THE PRESIDENT

Components of Maintenance of Certification: Focus on Professionalism

Maintenance of Certification (MOC) is a function of the American Board of Urology (ABU) instituted by the American Board of Medical Specialties (ABMS) to insure to the public that its member board's diplomates are certified to practice their specialties at a competent and ethical level. This every-two-year assessment covers many areas known as core competencies. Those competencies are professionalism, patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, and, finally, system-based practice. At the end of a 10-year MOC cycle, recertification occurs via a comprehensive multi-question examination. In this article, we will concentrate on the domain of professionalism. We will review definitions, measures of professionalism, and ABU responses to potential professionalism issues involving our diplomates.

Multiple definitions of medical professionalism exist with many modifiers, adjuncts, and subscripts. These definitions occur in a constantly shifting landscape of medical practice. While the economical and societal pressures on medical practice increase, there are common and concrete principles of medical professionalism.

The ABMS definition of medical professionalism is: "Demonstration of a commitment to carry out professional responsibilities, adherence to ethical principles, and sensitivities to diverse patient populations".¹

These domains may be expanded further by reviewing the American Board of Internal Medicine Foundation's definition of professionalism which expands the definition to include the primacy of patient welfare, patient autonomy, and social justice.²

Primacy of patient welfare is based upon a dedication to serving the interest of the patient. Altruism contributes

to the trust that is central to the physician-patient relationship. Market forces, societal pressures, and administrative burdens must not compromise these principles.

Physicians must have respect for patient autonomy by being honest with patients and empowering them to make informed decisions about their treatments. Patient decisions about their treatments must be respected as long as these decisions are in keeping with ethical practice and do not lead to demands for inappropriate care.

Social justice is the promotion of fairness in the healthcare system which includes the fair and equitable distribution of healthcare resources. Physicians should work actively to eliminate discrimination in healthcare, whether based upon race, gender, socioeconomic status, ethnicity, religion, or any other social category.

The Belmont Report, which was written in response to abuses of clinical human research, expands on the above principles. One concept is autonomy, which is to give weight to a person's considered opinion and choices while refraining from obstructing his or her actions.³ Diminished autonomy may occur in advancing age, cognitive impairment, illness, or secondary to previous or ongoing treatments.

The concept of beneficence expands upon autonomy by stating that persons are treated in an ethical manner, not only by respecting their decisions and protecting them from



Dr. John B. Forrest
President

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harm, but also making efforts to secure their well being.

In practical terms, how does the ABU measure professionalism? As you know, professionalism issues usually occur and are, at least initially, dealt with at a local level by clinics, managed care organizations, hospitals, and county and state medical associations. These issues may also rise to the attention of professional organizations such as the AUA and state medical licensure boards.

At the every-two-year MOC cycle, the ABU verifies that the diplomate has an unrestricted state medical license. Anonymous peer review is requested from area peer urologists, institutional chiefs of staff, along with chiefs of surgery and anesthesia. Negative reviews will be investigated to determine if more in-depth investigation is required.

What is the scope of behaviors that may be reported? These behaviors include disruptive behaviors of shouting, lewd or abusive language, alternating medical records, pushing, shoving, throwing objects, physical intimidation, sexual harassment, assault, felony convictions, theft, violation of governing law or regulations, or physical behavior considered inappropriate by common standard.

How does the ABU respond to these issues when they come to our attention? The Executive Secretary and appropriate staff collect as much background information as is possible. Direct interviews may occur with the peer reviewers or organizations in which the candidate practices. A group consisting of the Executive Secretary and Trustees may perform a site visit in the diplomate's office or place of practice. In some circumstances, the diplomate will be called before the ABU Board of Trustees for an interview. Actions of the Board of Trustees range from no action, recommendations for practice improvement with reporting back to the Board to demonstrate positive change, or revocation of ABU certification.

This article has reviewed many aspects of medical professionalism. Are these principles lofty? Yes, they are lofty and not always attainable 100% of the time. The

Mission Statement

The mission of the American Board of Urology is to act for the benefit of the public to insure high quality, safe, efficient, and ethical practice of Urology by establishing and maintaining standards of certification for urologists.

American Board of Urology does not exist in a vacuum or a bubble. The Trustees are all practicing physicians subject to the same societal, economic, litigation threatening, on-call demands, and family demands inherent to our professions. However, by striving to obtain the goals of medical professionalism, we serve, in the final analysis, our patients. ■

References

- 1 "ABMS Maintenance of Certification: Six Core Competencies for Quality Patient Care", 21 September 2012 <http://www.abms.org/maintenance_of_certification/ABMS_MOC.aspx>
- 2 ABIM Foundation, ACP-ASIM Foundation, European Federation of Internal Medicine. *Medical Professionalism in the New Millennium: A Physician Charter*. Ann Intern Med. 2002;136(3):243.
- 3 United States Department of Health and Human Services. *Ethical Principles and Guidelines for the Protection of Human Subjects of Research*. April 18, 1979. Print.

A Tribute to Dr. John Thomas Grayhack

By Dr. Robert R. Bahnson

John Thomas Grayhack was born in Kankakee, Illinois and died this year in Chicago. He received his undergraduate and medical degrees from the University of Chicago. He trained in surgery and urology at Johns Hopkins and served as professor and chairman of urology at Northwestern University for nearly his entire career. He was the recipient of many awards for personal achievement and served faithfully as a Trustee of the American Board of Urology from 1978 until 1984 and as its president.

Jack would best be remembered for the inspiration he provided to all who had the good fortune to share his company. His professional life was a constant, exemplary performance of the character that best defines a physician. Long before the Accreditation Council on Graduate Medical Education convened stakeholders to codify the core competencies of a medical practitioner, Dr. Grayhack personified them. His commitment to teach was unswerving. He challenged residents who were complacent, encouraged extra effort from those who were daunted, and comforted them if they appeared drained or discouraged. He was honest and direct but respectful of his peers. He neither exercised power to create fear nor feared the power of those who perceived themselves above his station.

Jack loved and respected his wife and was a devoted father. He enjoyed the fraternity of the urologic community and the lasting friendships that developed from it. John Thomas Grayhack now rests in the pantheon of American surgeons. His life was a celebration of outstanding achievement and service by a good man. ■

ABU Policy Updates

- **“Board Eligible Status”** The American Board of urology recognizes the term, board eligible, in reference to its applicants and candidates. A candidate is not board certified until all components of the certification process have been successfully completed. However, in the case of initial general specialty certification, the period from July 1 or the date of completion of residency training for five years or until the successful completion of the certification process, whichever comes first, is considered the “board eligible” timeframe. If certification is not completed in that timeframe or if the board eligible timeframe ends, the candidate will cease to use the designation further.
- **Incomplete Examination** If a candidate is unable to complete the examination process for any reason, that candidate will be graded on the portions that were completed. For written examinations, if the candidate has been delivered any questions, then that would be considered a case of exam non-completion. For the oral examination, should the candidate have been presented a protocol, then that would be considered a case of exam incompleteness. All such cases will be reviewed on an individual basis by the ABU Credentials Committee.
- **Subspecialty Certification Timing** Candidates seeking subspecialty certification have three (3) opportunities

In Memoriam

The office of the American Board of Urology regretfully reports receiving notification in 2011-2012 that the following Diplomates have passed away.

David L. Autin MD	Ralph H. Monger Jr MD
Gerald M. Bertoni MD	Richard D. Pennington MD
John M. Campaiola MD	Douglas K. Potts MD
Pablo Curbelo Jr MD	Raymond Rosenblum MD
Alpheus M. Deason Jr MD	Clifford T. Sarnacki MD
Richard L. DeCato MD	Ben Schnitzer MD
Harry L. Denison MD	Robert A. Schroeder MD
Kaushik R. Desai MD	Tara C. Sharma MD
Paul T. Donohue MD	Barry S. Shultz MD
Louis E. Fitzsimons Jr MD	C. Edwards Simons MD
Robert A. Flinn MD	John H. Smith MD
Atmaram S. Gawande MD	Olof E. Sohlberg MD
John T. Grayhack MD	Stephen M. Spires MD
Richard L. Hall MD	David C. Utz MD,
Harold Jaffe MD	<i>ABU Trustee Emeritus and</i>
William F. Karow MD	<i>Executive Secretary</i>
Fray F. Marshall MD, <i>ABU Trustee Emeritus</i>	Stephen G. Weiss MD
Robert H. Millwee III MD	Horst Zincke MD

to pass the examination and must do so within five (5) years of completing the fellowship process. All cases will be reviewed on an individual basis by the appropriate ABU subspecialty certification committee. In order to re-enter the process, candidates who have “timed out” or failed 3 attempts at certification, will require an additional fellowship year in an ACGME accredited fellowship.

2012 Qualifying (Part 1) Examination

303 candidates sat for the 2012 Qualifying (Part 1) at Pearson VUE Test Centers across the country. 282 (93%) passed and 21 (7%) failed. 249 US trained urology residents taking the examination for the first time passed.

2012 Certifying (Part 2) Examination

The 2012 Oral Examination was challenged by 268 candidates. In 2012, candidates were rated on each of the individual questions associated with each of the six protocols. All candidates challenged the same six protocols. The questions were then classified under the appropriate clinical skills within each protocol. The skills under which each question was classified were: 1) History/Examination; 2) Imaging/Laboratory; 3) Diagnosis/Differential; 4) Management; and 5) Complications/Followup. This allowed the examiner to assess candidates from five perspectives using questions associated with each of those clinical skills. 239 (89%) candidates passed the examination and 29 (11%) failed.

2012 Pediatric Subspecialty Certification Examination

The 2012 Pediatric Subspecialty Certification Examination was administered to 24 Diplomates at Pearson VUE Test Centers across the country. All 24 Diplomates passed and received subspecialty certification in pediatric urology. Like general urology certificates, all subspecialty certificates issued are ten-year time limited certificates and subject to MOC.

2011 Recertification Examination

465 candidates sat for the 2011 Recertification Examination at Pearson VUE Test Centers across the country in October 2011. 457 (98%) passed and 8 (2%) failed. The pass rate was consistent with previous years. 571 Diplomates are currently registered for the 2012 Recertification Examination to be administered October 9, 10, 12, or 13, 2012. ■

The Board Welcomes...

New Trustees: H. Ballentine Carter, M.D. and Fred E. Govier, M.D.

Dr. H. Ballentine Carter is Professor of Urology and Oncology and Director of Adult Urology at the James Buchanan Brady Urological Institute at the Johns Hopkins School of Medicine. His six-year term began February 28, 2012. Dr. Carter was nominated to the ABU by the American Association of Genitourinary Surgeons. Dr. Carter specializes in the management of prostate disease with a focus on prostate cancer. In 1995, he established an Active Surveillance Program for prostate cancer at Johns Hopkins that has become one of the largest and longest running longitudinal studies of its kind. Dr. Carter completed his medical degree at the Medical University of South Carolina and his urology residency training at the New York Hospital-Cornell Medical Center. He subsequently completed an American Urological Association scholarship in oncology at Johns Hopkins before joining their urology faculty. Dr. Carter is a Diplomate of the American Board of Urology and a member of the American Urological Association, the Society of Urologic Oncology, the American Society of Clinical Oncologists, and the American Association of Genitourinary Surgeons.

Dr. Fred Everett Govier is Chief of Surgery at Virginia Mason Medical Center and Clinical Professor

of Urology at the University of Washington. His six-year term began February 28, 2012. Dr. Govier was nominated to the ABU by the American College of Surgeons. Dr. Govier's special interests include female urology, pelvic reconstruction, and erectile dysfunction. He has published more than seventy abstracts, review articles, and chapters related to these topics. Dr. Govier is an expert reviewer for multiple journals and served four years on the editorial board of the Journal of Sexual Medicine. Prior to his current position at Virginia Mason, Dr. Govier served as Chief of Staff and was the Section Head of Urology and Renal Transplantation at Virginia Mason from 1995-2007. Dr. Govier completed his medical degree at the University of Nebraska and his urology residency training at Duke University Medical Center. Dr. Govier is a Diplomate of the American Board of Urology, a Fellow of the American College of Surgeons, and a member of the American Urological Association (AUA), serving as the President, Secretary, and chairman of the program committee of the Western Section of the AUA. Dr. Govier has also served as President and Secretary/Treasurer of the Northwest Urologic Society as well as the President of the Washington State Urology Society. He is a member of the Western Urologic Forum and has been selected as one of the top urologic surgeons in the Seattle metropolitan area in 2000, 2003, 2005, 2009 and 2011. ■

American Board of Urology Trustees 2012-2013



Back row (from left): Ian M. Thompson, Jr. MD, H. Ballentine Carter, MD, Fred E. Govier, MD, J. Brantley Thrasher, MD, J. Christian Winters, MD, Peter N. Schlegel MD, Kevin R. Loughlin, MD, MBA

Front row (from left): Michael L. Ritchey MD, Margaret S. Pearle, MD, PhD, Gerald H. Jordan, MD, Timothy B. Boone, MD, PhD, John B. Forrest, MD, Barry A. Kogan, MD, Robert R. Bahnson, MD

The Board Thanks . . .

Timothy B. Boone, MD, PhD and Gerald H. Jordan, MD, FACS, FAAP (hon), FRCS (hon)

During their tenure as Trustees of the ABU, Maintenance of Certification (MOC) was enacted, the subspecialty certification in Pediatric Urology was approved and implemented, subspecialty certification in Female Pelvic Medicine and Reconstructive Surgery was brought to the ABMS and approved, significant revision of the oral examination process transpired, a mission statement and code of professionalism were adopted, the Milestones Project with the ACGME initiated, and numerous substantive changes in policy were made, including public disclosure of conflicts of interests by current Trustees and limiting legal testimony by active Trustees.

Dr. Timothy Boone served as a Trustee of the American Board of Urology from 2006 to 2012 and as President from 2011-2012. He also served as Secretary-Treasurer, Chair of the Executive Committee, Chair of the Oral Examination committee, and member of the Joint ABU- ABOG Female Pelvic Medicine and Reconstructive Surgery committee. Dr. Boone was asked by the Trustees to serve as Chair of MOC for the three year period following his tenure on the Board and will serve in that capacity through 2015.

Dr. Boone stated, "I considered my term as President to be the highlight of my career in urology and was honored to serve with a group of distinguished trustees. I was most proud of bringing the second subspecialty in urology, female pelvic medicine and reconstructive surgery, to fruition after many years following the hard work that Bill Steers did to get the ball rolling with ABOG. Internally we restructured our oral examination process to convert from paper to

an electronic platform, went to a more practical case management driven format for oral examination and I watched over the transition in executive secretarial duties from Stuart Howards to Gerry Jordan. After six years I can assure our diplomates that the trustees and the wonderful ABU staff undertake their duties with a degree of professionalism I have never witnessed in organized medicine. The American public is in good hands where urology is concerned."

Dr. Gerald Jordan served as a Trustee of the American Board of Urology from 2006 to 2012 and as Vice President from 2011-2012. He also served as Chair of the Recertification Committee, member of the Bylaws Committee responsible for rewriting the ABU Bylaws in 2007, member of the MOC Committee, representative to the ABMS and member of the ABMS Board of Directors. Dr. Jordan was selected from a distinguished pool of candidates to serve as Executive Secretary of the ABU beginning February 2012.

Regarding his service on the Board, Dr. Jordan had this to say, "Being selected as a Trustee of the American Board of Urology is certainly one of the greatest honors that I have ever had bestowed on me. The work of the Board, in many ways, is interpreted as simple; however, during my tenure as a Trustee, many of the problems and issues addressed were unpredictable, unanticipated, and in all instances, extremely important. Being part of a forum where twelve individuals can express varying opinions and yet come to a common solution is extremely gratifying. Being selected to remain as the Executive Secretary is a job to which I am totally committed. Believing that I can fill the shoes of our prior Executive Secretary, Dr. Stuart Howards, is probably naive, but nonetheless, I seek to do that and am committed to advancing the Board with regard to the many challenges we face." ■

The Board of Regents of the American College of Surgeons Presents Award to Dr. Jack McAninch

At the 98th annual Clinical Congress of the American College of Surgeons in Chicago, Illinois this October, Jack W. McAninch, M.D., FACS, received the distinguished service award. Dr. McAninch, Professor and Vice-Chairman of the Department of Urology at the University of California San Francisco has a distinguished career as an academic surgeon, educator, and scholar. Dr. McAninch was the president of both the American Urological Association and the American Board of Urology. He has given over 20 years of exceptional service to the American College of Surgeons. He has been a member of the Board of Governors, the Advisory Council for Urology, the Program Committee, the Committee on Trauma and the Board of Regents. In addition, he had a leadership role as First Vice-President. It is his long and dedicated service to the College that led the Honors Committee to choose him as this year's recipient of its highest award. This is the first time in its history the American College of Surgeons has given its Distinguished Service Award to a urologist. The American Board of Urology extends its congratulation to Dr. Jack W. McAninch for this signal honor.

What You Should Know About Your Board Certification When Planning Retirement

By Gerald H. Jordan, MD and Lori R. Davis

A weakened economy and significant work force issues facing urology nationwide have caused some urologists who had retired or significantly curtailed their practices to reconsider their decision. Returning to practice raises questions surrounding the status of a Diplomate's certificate with respect to recertification and/or Maintenance of Certification (MOC). The answers depend on the nature of the original certificate and/or the steps a Diplomate has taken to maintain his or her medical licensure. The following is a summary of the processes required to retain or regain board certification.

The certification of Diplomates who hold lifetime, non-expiring certificates will be unaffected by a previous decision to retire or drastically reduce their practice unless they have not maintained their state medical licensure. In these cases, limitations to reentering practice will come from their state licensure board. If they notified the American Board of Urology of their retirement, the current policy of the ABU is to designate Diplomates that it knows to be retired as retired rather than Clinically Inactive. In order to obtain Clinically Inactive status, the Diplomate must notify the ABU and certify that he or she is not practicing clinical urology and submit acceptable justification and documentation for such status. The designation of Clinically Inactive status can be granted for a period of up to ten years and this status is subject to MOC. However, the requirements of MOC are adjusted to reflect the Diplomate's status; therefore, log submission and peer review are not required and Patient Assessment Protocols (PAP) are modified to omit the requirement of using active patient charts to complete the protocol. When the Clinically Inactive Diplomate wishes to resume the practice of clinical urology, the Diplomate must notify the Board in writing and submit a six month log of recent clinical practice within eighteen months of returning to clinical practice. The elements of recertification in this category include all of those necessary for an active certificate category except surgical log submission. Again, on resuming their active practice of Urology, the Diplomate must inform the ABU in writing of their practice change. The designation of Clinically Inactive, itself, poses no limitation to them resuming practice; however, it would not, going forward, represent an accurate description of their practice. Because Clinically Inactive status is subject to the requirements of MOC, he or she would have had to maintain CME to remain in that status.

All state licensure boards have CME requirements in order to renew or maintain licensure. Therefore, the greatest limitation to the Diplomate, who has retired and not had to maintain the requirements of MOC, resuming a more active practice would be dictated by what they have done to either keep their license active, or what would be required

to reinstate their license. State licensure requirements are dictated by individual state medical boards and questions surrounding those requirements will be answered by the Diplomate's respective state medical board or boards. If a Diplomate with an unlimited certificate retires but wishes to remain listed by the ABMS, he or she must pay the mandatory fee and document valid, active state medical licensure.

Individuals, with time limited certificates, who have retired and have allowed their certification to expire and wish to return to practice, would be required to recertify and then enter the MOC process. In order for an individual to recertify, he or she would be required to complete the entire recertification process, including the submission of an application, required CME hours, peer review, and a six month practice log. If an individual had significantly curtailed his or her practice, then as they reenter the recertification process, they may have to recertify as Clinically Inactive. Again, going forward, a change from Clinically Inactive to Clinically Active can be accomplished in straightforward fashion. If an individual allowed their certificate to lapse, their certificate would be listed as expired for failure to maintain their recertification status.

Diplomates who let their certificate lapse (due to not taking the recertification examination) and individuals who have had their certificate revoked who are within 5 years of active practice are allowed two attempts to pass the recertification examination during a consecutive two year period. They must also verify that they hold an active unrestricted medical license, complete satisfactory peer review, pay appropriate reinstatement and recertification fees, submit a six month practice log, and have a total of 150 Urology focused category 1 CME credits since the time of lapse or revocation. At least 90 of the Urology focused category 1 CME credits must have been obtained in the year prior to taking the recertification examination. If the applicant has not been in practice for over 5 years, then the applicant is no longer eligible to take the recertification examination and must repeat the entire certification process in order to obtain a certificate.

It is apparent from the list of requirements above, that the major hurdle one might encounter would be the status of their state medical license. If a Diplomate is looking for advice, and believes that they might curtail their practice and then desire to reestablish an active practice, it is wise to keep their state licensure active and unrestricted. As maintenance of certification and maintenance of licensure become increasingly entwined, one might be wise to maintain board certification as opposed to trying to separately maintain their licensure, which would be a process that is not specialty (i.e. Urology) specific.

Diplomates who are active in MOC at the time they decide to curtail their practice and later wish to reestablish active practice face unique challenges.

The MOC process commenced in 2007. If a Diplomate was certified or recertified in 2007 or after, they are subject to MOC. Certificates issued in 2007 and beyond read that it is a 10 year certificate, provided that the named Diplomate complies with all MOC requirements.

MOC requirements occur every two years. Over the course of 10 years, a Diplomate will complete an online application, be required to demonstrate unrestricted medical licensure and complete multiple Practice Assessment Protocols (PAPs). During the 8th-9th year window, a Diplomate must complete all the other requirements, which include verification of privileges, submission of urology focused CME credits, submission of a 6 month log and satisfactory peer review. The MOC exam is computer based and may be taken in year 8 or 9. Surgical log review is required only once during a ten year MOC cycle. For those individuals who are subspecialty certified, 30% of their examination in MOC will be general urology questions and 70% will be subspecialty questions. They will be considered to have maintained both their primary specialty certificate as well as their subspecialty certificate. Patient safety and ethics modules will be required at level 2 and level 4 of the MOC cycle. If a time-unlimited Diplomate voluntarily recertifies, he or she automatically enters MOC. The Diplomate who has been approved for clinically inactive status would, as mentioned above, have their MOC requirements adjusted to

reflect the realities of their inactive status.

If a Diplomate fails to successfully complete the MOC requirements at the 2 and 4 year mark, for any reason, including a decision to retire or significantly curtail their practice, those Diplomates would be required to complete the 8-9 year requirements at year 5. If the Diplomate does not successfully complete that process, then the Diplomate is no longer eligible to take the MOC examination and will need to repeat the entire certification process in order to obtain a certificate.

All Diplomates must complete all MOC in the calendar year they are required to unless a variance has been granted. The Diplomate who anticipates decreasing his or her practice or retiring and is enrolled in MOC should not just “fall out of the system” by becoming non-compliant. When the Diplomate does not meet the requirements of MOC, he or she is given notification, and after a reasonable but short time period, if the requirements are not brought to currency, the Diplomate will have his or her certificate revoked. Reinstatement of certification in these circumstances becomes quite complex and onerous. Therefore, the ABU advises Diplomates to keep the board informed concerning his or her practice patterns and goals, so that the board can apprise them as to how to keep all options open.

As MOC and MOL become increasingly entwined and the policy is integrated into more state medical boards, the reentry from retirement back to active clinical practice becomes more and more challenging. ■

Subspecialty Certification in Female Pelvic Medicine and Reconstructive Surgery: An Update

J. Christian Winters, ABU Trustee

Eighteen of the 24 member boards of the American Board of Medical Specialties (ABMS) provide subspecialty certification in addition to certification in their primary specialty. The ABMS requirements for subspecialty certification include the necessity for a distinct area of knowledge (demonstrated by successful completion of training and a qualifying examination process). In most cases, completion of an ACGME accredited fellowship fulfills the training requirement.

The American Board of Obstetrics and Gynecology (ABOG) and the American Board of Urology (ABU) initiated discussions to create a joint subspecialty in Female Pelvic Medicine and Reconstructive Surgery (FPMRS). This subspecialty will clearly improve the care of women with pelvic floor disorders. This process has continued, and has led to accreditation of fellowships, and the formation of a joint ABU-ABOG oversight committee, which in addition to accrediting fellowships has developed the components of the certification process. That committee is composed of 3 urologists and 3

gynecologists and is chaired alternately by one of the members, Urology or Gynecology.

A core curriculum in Female Pelvic Medicine and Reconstructive Surgery was developed and refined by this group. The American Board of Gynecology and the American Board of Urology jointly applied to the American Board of Medical Specialties requesting formal recognition of the subspecialty of Female Pelvic Medicine and Reconstructive Surgery. This proposal was accepted by the Committee on Certification (COCERT) of the ABMS, which is charged with the responsibility for deciding whether or not a subspecialty application is appropriate. COCERT did require modifications to the current fellowship accreditation process, and granted formal approval of the subspecialty of Female Pelvic Medicine and Reconstructive Surgery. However, they mandated that FPMRS fellowships be accredited by the ACGME (Accreditation Council for Graduate Medical Education) as opposed to ABOG, which accredits all of the other subspecialties in Gynecology, and who in the beginning of this process accredited the fellowships in FPMRS, both Gynecology and Urology.

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Subspecialty Certification...

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First and foremost, all Diplomates should understand that the ABU and ABOG have been clear to state that subspecialty certification does not mean that fully trained and certified urologists and/or gynecologists can be prevented, at any level, from evaluating or treating patients with disorders related to the subspecialty. Indeed, the Boards maintain that all certified surgeons in these primary specialties are qualified to evaluate and treat all patients with urological or gynecologic disorders respectively. The Boards thus fully maintain this position as it pertains to FPMRS.

To become subspecialty certified in FPMRS, urologists will have to complete an accredited program in FPMRS, and successfully pass the written certifying examination following fellowship training. The fellowships in FPMRS will be 3-year programs, which are accredited by the ACGME. Urology residents will be given 1 year of credit upon successful completion of their urology residency. Thus, **training will be 2 years for urologists** and 3 for gynecologists. As part of the ACGME accreditation process, urology based programs (those programs with a urologist as Program Director) will be reviewed by the Urology Residency Review Committee. The recommendations of the Urology RRC will be passed through the OB-Gyn RRC to the ACGME for official accreditation of the fellowship programs. Currently, there are approximately 10 urology-based fellowships accredited, with more expected to gain accreditation under the new ACGME process. **For urology residents graduating from residency after June 2010, completion of an accredited fellowship program, followed by successful completion of a qualifying examination in FPMRS will be the only way to achieve subspecialty certification in FPMRS. For some of those residents, their fellowships may have been originally accredited by the ABOG process referred to above – thus they may be eligible.**

The ABU and ABOG fully recognize the accomplishments of many practicing urologists and gynecologists in the area of female pelvic surgery. **Thus, the ABU and ABOG have been very deliberate in the creation of an inclusive Senior Certification Process in FPMRS. Otherwise known as “grandfathering or grandmothering”, this senior certification process will allow surgeons currently in practice to**

achieve subspecialty certification in FPMRS.

Urologists will have to demonstrate a specialty focus of FPMRS in their practice. This will be accomplished by submitting practice log data demonstrating a significant percentage of their surgical volume in the area of FPMRS, urodynamics, and voiding dysfunction. In order to demonstrate a “focus” in FPMRS, practitioners must have 50 urodynamic procedures in women, 30 anti-incontinence procedures, and 25 prolapse or reconstructive cases in a 12 month period. Six month logs are required, which must consist of a consecutive 6-month period within the last 2 years, and those logs are annualized for the purpose of the index case minimums as stated. A 12 month case log may be submitted should the candidate prefer. *Details of the electronic formatting of case logs and a list of the applicable CPT codes in each surgical category may be found on the ABU website, www.abu.org. The handbook of subspecialty certification may be downloaded as a pdf file for further review.* Once the case log requirement is met, and proof of adequate peer review and focused CME has been submitted and approved, the urologist will be eligible to sit for the certifying written examination, to be first administered on June 21, 2013 and then annually thereafter. The ABU-ABOG combined committee is currently overseeing the development of this examination, which will consist of approximately 175 items. Urologists and Gynecologists will take the same examination, and the scoring will include all candidates taking the examination. The examination will be given yearly, and Diplomates will be able to apply for the initial 3 year period for the senior variance for certification, which thus ends in 2015. If the candidate passes the examination in association with the other criteria already enumerated, subspecialty certification in FPMRS will be awarded through this “Senior Certification” process.

Urologists graduating urology residency prior to July 1, 2010 will be eligible for this senior process. When the period for senior status expires, only those candidates who complete or have completed an accredited fellowship program will be able to sit for the exam. Through this senior variance process, the ABU is hopeful that practicing urologists with specialty focus in FPMRS will achieve subspecialty certification. It is the view of the ABU and ABOG that ABMS recognition of FPMRS is a significant advance for women’s health and the physicians treating them. ■

Request for Printed Copy of 2013 Newsletter

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

The American Board of Urology
600 Peter Jefferson Parkway, Suite 150
Charlottesville, VA 22911

Diplomate Number (from mailing label): _____

Name: _____

Street 1: _____

Street 2: _____

City: _____

State: _____ Zip: _____

American Board of Urology Annual Certificate Fee Policy

Diplomates should mark their calendars and inform their staffs that the annual certificate fee is invoiced annually in January and payment is due by April 1 each year. It is the responsibility of the Diplomate to ensure that the Board office has an accurate mailing address and email address, as there will be no waiver of late fees due to outdated information.

payment of the fee by the April 1 deadline will result in a doubling of the fee to \$400. Non-payment of the fees by July 1 will result in a doubling of the fee to \$800. Non-payment of the total fees by November 1 will result in revocation of certification. Non-compliant Diplomates will be reminded by email after the first quarter of the year and by mail after the second quarter of the year. Final notice will be sent by certified mail giving the Diplomate the opportunity to pay all fees prior to revocation. ■

For diplomates with time limited certificates, non-

Not sure if the ABU office has your current address?

Complete and fax this form to 434/979-0266 or mail to:

American Board of Urology, 600 Peter Jefferson Parkway, Suite 150, Charlottesville, VA 22911.

ABU ID _____ Effective Date: _____

First Name _____ Middle Name _____ Last Name _____ Suffix _____ Title _____

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Brochure Order Form

Please type or print clearly

Brochures are available only to American Board of Urology certified Diplomates.

Diplomate # (if available): _____ Quantity: 100 200 500

_____ English _____ Spanish

Name: _____

Address: _____

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Mail order form and check to:

The American Board of Urology, 600 Peter Jefferson Parkway, Suite 150, Charlottesville, VA 22911

Order Instructions:

1. Complete the form
2. Circle number requested
3. Check English or Spanish
4. Enclose check or money order payable to ABU for:
 - 100 - \$50.00
 - 200 - \$75.00
 - 500 - \$150.00
 - VA residents add 5% sales tax

ABU Maintenance of Certification (MOC)

796 Diplomates were required to complete MOC Level 1 or Level 2 requirements in 2011. The majority of Diplomates successfully completed all requirements; those who did not complete the requirements in the 2011 calendar year were given an additional ninety days to comply to avoid revocation of certification. 1259 Diplomates are currently working towards completing their MOC 2012 Level 1 or Level 2 requirements. As of this printing, the majority of these Diplomates have completed their requirements. MOC Level 1 requires completion of an online application, submission of a copy of valid medical licensure, and completion of an online practice assessment protocol (PAP). MOC Level 2 requires completion of an online application, submission of a copy of valid medical licensure, completion of an online practice assessment protocol (PAP), satisfactory peer review, and documentation of 90 hours of urology focused continuing medical education (CME).

Practice Assessment Protocols

In response to inquiries regarding the Practice Assessment Protocols (PAPs), the ABU offers the following information: The PAP is a web-based, self-evaluation process designed to assist the Diplomate in keeping abreast of current treatment guidelines. The PAP is a two-part activity. The PAP will not be scored. Part A of the PAP involves self-review of a small number of sequential cases in a specific area (e.g., evaluation of hematuria, treatment of superficial bladder cancer, etc.); a comparison of the Diplomate's evaluation and management of these cases to accepted practice guidelines; and the successful answering of a short series of questions regarding the clinical guidelines.

The Diplomate will log on to the secure ABU website and select one of the available PAPs from those listed. He/she will select five of his/her own patient charts with the same recent clinical condition as the PAP. Using these

patient charts, the Diplomate will answer questions about which of the various treatment options were used with each patient. The Diplomate will be linked via the internet to an AUA Guideline or appropriate source for the most recent treatment guidelines. After reading this material, the Diplomate will review his/her responses to evaluate his/her performance with those patients.

The Diplomate will be asked to complete a series of

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 8-9)
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
2019	2016-2018	2021	2023	2025	2027-2028

relevant multiple choice questions. If the Diplomate answers a question incorrectly, he/she will be given the opportunity to respond again. After all questions have been answered in accordance with guideline recommendations, the Diplomate will electronically sign a verification statement that he/she has completed Part A of the PAP. Upon pressing the “Submit” button, the ABU will be notified that the Diplomate has completed Part A of the PAP requirement. Sixty days after notification that Part A was completed, the Diplomate will receive an email reminder to complete the second part. Part B is evaluation of five **different** recent patient charts with the same clinical condition. The Diplomate will answer the same questions pertaining to treatment options for these patients. By comparing his/her responses with the responses on Part A, the Diplomate will determine if his/her treatment of patients with that clinical condition has changed during the time since completion of Part A. Again, the Diplomate will electronically verify that he/she has completed Part B of the PAP and the ABU will receive notification. Again, the PAP is designed as a self-help tool for our Diplomates to assist you in monitoring how you are following prescribed urologic guidelines. ABU does not retain or report PAP scores.

All ABU Diplomates required to enter the MOC process in 2013 will receive a letter in late December 2012 outlining their requirements. Members of the 2013 MOC class will receive a letter in April 2013 with a user name and password to log in to the ABU website and complete MOC requirements. The letter will again outline the MOC requirements for their appropriate MOC level. Current requirements for each level of MOC are represented in the adjoining chart. The MOC Entry Timeline reflects when Diplomates are expected to enter each level of MOC. Any questions regarding the MOC process may be emailed to MOCCoordinator@abu.org.

More Doctors to Publicly Report MOC

ABU has joined 10 other member boards in providing ABMS with Diplomate status regarding certification and MOC for its Diplomates who are required to participate in MOC (those certified or recertified since 2007). Patients and institutions visiting the ABMS site (www.CertificationMatters.org) can see if their urologist in MOC is meeting requirements that show lifelong commitment to learning and ongoing self-evaluation. Researching an MOC doctor’s status will show the doctor’s name, the name of the ABMS Member Board and a “Yes”, “No,” or “Not Required” response. Eventually, Diplomates with time unlimited board certification will be designated with a “Not Required”

MOC Requirements

Requirements	Level 1 (year 2)	Level 2 (year 4)	Level 3 (year 6)	Level 4 (years 8-9)
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: Complete Patient Safety Module (*proposed implementation in 2013)			yes	
* Candidate: Complete Ethics Module (*proposed implementation in 2013)			yes	
Candidate: Submit 6 month electronic practice log				yes
Candidate: Computer-based closed-book exam				yes

option. If that Diplomate is voluntarily meeting the MOC requirements of ABU, his or her profile will show a “Yes”. The urologist’s profile will demonstrate subspecialty certification as well.

MOC Products/Tools Update

- All PAPs have been revised and will represent current AUA Guidelines or other appropriate urologic reference material in 2013.
- A Male Infertility PAP has been written and will be implemented in 2013.
- Patient safety modules and ethics modules similar in design to the PAPs have been developed for use in MOC. ABU staff continues work towards implementation in 2013.
- Patient surveys have been mandated by ABMS and will be implemented in the near future. ■

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The Trustees of the American Board of Urology wish to express special thanks for the following retired Diplomates who were gracious enough to pay the \$200 annual certificate fee:

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The Trustees want to thank the following retired Diplomates for their monetary support of the board in 2012:

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The Trustees would like to express their sincere appreciation to the following Diplomates with time-limited certificates who made voluntary contributions in excess of the annual certificate fee:

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