



# ABU Report

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

November 2015

## Message from the President

### Why is there a Board of Urology?

All of us who are Diplomates of the American Board of Urology have had a relationship with the Board since the inception of our residency training. While we might think that the relationship begins when we take the 'Written Exam' (we call it the *Qualifying (Part 1) Examination*), the oversight of the Board begins during our training when expectations of the Board are implemented by our Program Directors and the faculty of the residency training programs. Historically, the next step in the process is when we take our 'Oral Exam' (technically, the *Certifying (Part 2) Examination*) and, for those of us who completed our residencies after 1985, then a recertification examination every 10 years. More recently, since 2007, that process has begun to incorporate a real-time certification process known as Maintenance of Certification or MOC.

I, our Board Trustees, and all Diplomates often see these processes and work associated with maintaining our status as Board Certified Urologists as quite a bit of work. Between cases recently in the OR lounge, I overheard a conversation between two surgeons complaining about the burden of the recertification and, now, maintenance of certification process. A component of the conversation could be paraphrased as "I've been certified and practicing for xx years; why do I need to continue to do this?"

### So, why is board certification important? Why all of this work?

The fundamental answer to this can be found in the Mission statement of the ABU: *...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.* Several elements of this mission statement are important. First, the Board constituency, the group to whom we report, is the public. The twelve trustees, who serve 6-year staggered terms, giving 4-6 weeks of time during their year on an uncompensated basis, are responsible

for ensuring that when a patient sees a board certified urologist, the patient can be assured that the care they receive is of the highest quality, the kind of care that we would want for a member of our own family.

Historically, certification was accomplished after completion of residency and then held for the lifetime of the urologist.

Recognizing that medicine changes rapidly and requires a lifetime of continued learning, in 1985, the Board, along with the other member boards of the American Board of Medical Specialties, the organization that works in collaboration with 24 specialty Member Boards to maintain the standards for physician certification, implemented a process of periodic recertification – on an every-10-year basis. More recently, with the abundant evidence that an evaluation every decade was not sufficiently frequent to ensure the quality of care provided, maintenance of certification was implemented – a process by which, on a relatively frequent basis, an assessment of diplomate knowledge and performance was performed.

The essence of this process, while often seeming to be burdensome to the candidate, is that it is beneficial not only to the public (ensuring that high-quality care is provided) but also to the urologist who has the privilege of stating "I am a board-certified urologist": that urologist can then relate to his/her colleagues and to patients that he/she has met the requirements to provide this quality care.

The Board has taken a very serious and studious approach to these changes. As the Trustees are all practicing urologists who participate in the recertification and MOC process (I personally recertified for the third time this past year), submitting all of the paperwork that is required for the process, we are all conscious of the administrative and time burden of the process; we too want to make it meaningful



Ian M. Thompson, Jr., M.D.  
President

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## Message from the President

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and informative. If you look at the ABU web site ([abu.org](http://abu.org)), the MOC process is explained at <http://abu.org/downloads/moc/MOCREQUIREMENTS.pdf>. A few comments on components of MOC are important.

**Verification of licensure:** State licensure provides baseline assurance of acceptable medical practice.

**Peer review:** For the vast majority of Diplomates, peer review reports exceptionally-good practice. For the physician with potential problems, occasionally this feedback can identify problems to the Board.

**Practice Assessment Protocols:** These protocols that evaluate the management of 10 patients with a diagnosis are generally based on national practice guidelines. The diplomate may select the PAP that best applies to his/her practice and the components of the PAP allow the diplomate to assess how his/her practice aligns with components of the guideline. These PAP's are continually re-evaluated and updated to align with updates in the guidelines.

**CME documentation:** CME is an important component in the continued learning process of urologists.

**Patient Safety and Ethics Modules:** Over the past several years, the importance of patient safety and professional ethics has become a major concern of the public, payers, and various levels of government. To provide the Diplomates with the knowledge and tools to provide the safest quality care and, as well, to identify ethical dilemmas or challenges that occur during the practice of urology, the Board has included these modules in MOC.

**Practice log:** The Board of Urology is the only member of the ABMS that currently requires a practice log to be submitted. The other member boards of the ABMS have very high

regard for the ABU for this component and for the impact of these log reviews. While the majority of reviews reflect the extraordinarily high standards of practice that we expect of our colleagues, we occasionally identify patterns that call into question decision-making, medical knowledge, or even systematic errors that Diplomates may not be aware of. These logs are, effectively, 'biopsies' of the diplomate's practice.

**Computer-based closed-book exam:** This component of the MOC process is probably the most anxiety-provoking of the entire process. The process at the Pearson examination centers is not what most of us have experienced before. (I found myself, this past year, taking my examination next to a person taking an examination for their real estate license.) While the Trustees are exploring ways to modify this examination process, evidence continues to grow that such periodic high-stakes examinations are the best way to ensure a quality learning environment.

### Oversight of the MOC process

The Trustees of the Board of Urology recognized, since the inception of MOC, that this process was exceptionally important and brought with it an enormous amount of additional work for the Board and the Board office. To provide guidance and continuity of this process, the position of Chair of MOC was established. The first MOC Chair was Dr. Bedford Waters, followed by Dr. Timothy Boone. This year, Dr. Michael Ritchey, Past-President of the Board, was elected as the new MOC Chair. Dr. Ritchey has been a proponent of *meaningful* and *careful* development of the MOC components. We are truly grateful that such a thoughtful and dedicated individual as Dr. Ritchey has taken the helm of this process for the next three years. We often forget that individuals like Dr. Ritchey serve without compensation, with time away from their practice; his, and others', willingness to

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## INCOMING ABU PRESIDENT

Jack Christian Winters, M.D. of New Orleans, Louisiana will assume the position of President of the American Board of Urology following the conclusion of the Board's winter meeting in Dallas in February 2016. Dr. Winters succeeds Ian M. Thompson, Jr., M.D.

## 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.*

## 2015 Qualifying (Part 1) Examination

308 candidates sat for the 2015 Qualifying (Part 1) Examination on July 16 and 17 at Pearson VUE Test Centers across the country. 289 candidates passed (94%) and 19 candidates failed (6%). The 2016 Qualifying (Part 1) Examination is scheduled for July 14 and 15.

## 2015 Certifying (Part 2) Examination

280 candidates challenged the February 2015 Certifying (Part 2) Examination in Dallas, TX. 241 (86%) passed and were certified while 39 (14%) 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 including diagnosis, management, follow up, and overall ability. The Board believes this scoring methodology results in increased statistical reliability. The 2016 Certifying (Part 2) Examination is scheduled for February 19-20.

## 2015 Female Pelvic Medicine and Reconstructive Surgery Examination

A total of 322 candidates (urologists and gynecologists) sat for the 2015 Female Pelvic Medicine and Reconstructive Surgery (FPMRS) Subspecialty Certification Examination on June 26 at Pearson VUE Test Centers across the country. The pass rate on the examination was 71%. Like general urology certificates, all subspecialty certificates issued are ten-year time limited certificates and subject to MOC. The next FPMRS examination will be administered on June 24, 2016.

## 2014 Pediatric Subspecialty Certification Examination

33 candidates sat for the 2014 Pediatric Subspecialty Certification Examination (PSCE) on June 5 and 12 at Pearson VUE Test Centers across the country. All 33 candidates passed (100%). Like general urology certificates, all subspecialty certificates issued are ten-year time limited certificates and subject to MOC. The 2015 PSCE was administered to 27 Diplomates seeking initial subspecialty certification in Pediatric Urology and 68 Diplomates seeking to maintain their pediatric subspecialty certification on October 14 and 23. Results of that examination were not available at the time of this publication.

## 2014 Recertification Examination

512 Diplomates sat for the Recertification Examination at Pearson VUE Test Centers in October 2014. 483 Diplomates (94%) passed and were recertified and 29 Diplomates (6%) failed. The pass rate was consistent with previous years. 430 Diplomates were registered for the 2015 Recertification Examination administered on October 14 and 23. Results of that examination were not available at the time of this publication. The recertification process, as it currently exists, will be discontinued by 2019 when Maintenance of Certification is fully implemented.

## 2014 Maintenance of Certification (MOC) Examination

56 Diplomates completed the first Level 4 MOC requirements in 2014, including the MOC examination at Pearson VUE Test Centers, on October 24 or 29 of last year. 55 Diplomates (98%) passed and maintained their ABU certification and 1 Diplomate (2%) failed. Diplomates have three opportunities to pass the examination if they enter MOC at their first opportunity. 211 Diplomates were registered for the 2015 MOC Examination administered on October 14 and 23. Results of that examination were not available at the time of this publication. ■

## In Memoriam

The office of the American Board of Urology regretfully reports receiving notification in 2014-2015 that the following Diplomates have passed away:

John Edward Aldridge Jr., M.D.  
Donald G. Blain, M.D.  
Zaher N. Boctor, M.D.  
Javier Castillo, M.D.  
Robert H. Hackler, III, M.D.  
Steven J. Hulecki, M.D.  
Dalton Howard Lowe, M.D.  
Gordon A. McLorie, M.D.  
Richard E. Nallinger, M.D.  
Pramod R. Rege, M.D.  
Madhukar A. Shanbhag, M.D.  
Conrad Daniel Huerta Sheff, M.D.  
William D. Steers, M.D.  
Robert W. Taylor, M.D.  
John N. Wettlaufer, M.D.

## The Board Welcomes...

**New Trustees: Roger R. Dmochowski, M.D. and Douglas A. Husmann, M.D.**

**Dr. Roger Dmochowski** is Professor of Urology and Vice Chair of the Department of Surgical Sciences at Vanderbilt University in Nashville. His six-year term as an ABU Trustee began on February 28, 2015. Dr. Dmochowski was nominated to the ABU by the American College of Surgeons. Dr. Dmochowski specializes in female pelvic medicine and reconstructive surgery, particularly in the treatment of incontinence. Dr. Dmochowski received his medical degree from the University of Texas Medical Branch at Galveston. He completed an internship and residency in surgery and urology at the University of Texas Medical School at Houston and at M.D. Anderson. Additionally, Dr. Dmochowski completed a Fellowship in Female Urology, Neurology, Urodynamics, and Reconstructive Urology at Kaiser Hospital in Los Angeles. He earned a Master's degree in Management of Health Care at Owen Graduate Business School at Vanderbilt University in 2013. Dr. Dmochowski is also Clinical Assistant Professor in Surgery at the Uniformed Services of the Health Sciences in Bethesda, Maryland and is director of the pelvic reconstructive fellowship at Vanderbilt. In addition, he serves as Executive Medical Director of Quality and Safety for Vanderbilt University Health System, Associate Chief of Staff at Vanderbilt University Hospital, and Medical Director of Risk Management at Vanderbilt University Medical Center. His current research interest is outcomes of incontinence therapies with a particular emphasis on quality of life issues. Dr. Dmochowski is a Fellow of the American College of Surgeons, a member of the American Urological Association, and a member of the International Continence Society. He is a Diplomate

of the American Board of Urology, and subspecialty certified in Female Pelvic Medicine and Reconstructive Surgery.

**Dr. Douglas Husmann** is the Anson L. Clark Professor of Urology and former Chair of Urology at the Mayo Clinic in Rochester, MN. His six-year term as an ABU Trustee began February 28, 2015. Dr. Husmann was nominated to the ABU by the Section on Urology of the American Academy of Pediatrics. Dr. Husmann specializes in reconstructive surgery and the transitional care of the pediatric urology patient into adulthood. Dr. Husmann earned his medical degree with honors from the University of Nebraska. Following graduation, he entered the Public Health service as a general surgery intern and resident at the United States Public Health Service Hospital, San Francisco, California and subsequently served in the Indian Health Service in Claremore, Oklahoma. Dr. Husmann trained in urology at University of Texas Southwestern in Dallas, Texas, in Pediatric Urology and Renal Transplantation at the Hospital for Sick Children in Toronto, Ontario and completed an American Urologic Association (AUA) Scholarship in Endocrinology at University of Texas Southwestern in Dallas, Texas. Dr. Husmann has served on the editorial committees of the Journal of Urology and the Journal of Pediatric Urology, as the Chair of the Pediatric Section of the AUA Core Curriculum Committee, as the secretary and president of the Society for Pediatric Urology. He has been on the Written Examination Committee for the ABU/AUA both as a member, senior consultant for pediatric urology, head of the Examination Committee for the Sub-specialty of Pediatric Urology, and as the Chair for the Examination Committee for the ABU/AUA. Dr. Husmann is a Diplomate of the American Board of Urology, and subspecialty certified in Pediatric Urology. ■

## American Board of Urology Trustees 2015-2016



Front Row (from left): Kevin R. Loughlin, MD, MBA, Gerald H. Jordan, MD, Peter N. Schlegel, MD, Michael L. Ritchey, MD, Ian M. Thompson, Jr, MD, J. Brantley Thrasher, MD, J. Christian Winters, MD

Back Row (from left): Hunter B. Wessells, MD, David B. Joseph, MD, Stephen Y. Nakada, MD, Fred E. Govier, MD, Margaret S. Pearle, MD, Mark S. Austenfeld, MD, H. Ballentine Carter, MD, Roger R. Dmochowski, MD, Douglas A. Husmann, MD

## The Board Thanks ...

**Michael L. Ritchey, M.D. and Peter N. Schlegel, M.D.**

**Dr. Michael L. Ritchey** served as a Trustee of the American Board of Urology from February 2009 until February 2015 and was its President from 2014-2015. He also served as Chair of the Executive Committee, Secretary-Treasurer, and served as the Qualifying (Part 1) Examination Liaison, Chair of the Policy Committee, member of the Recertification Committee, the Pediatric Subspecialty Certification Committee, the Nominating Committee, and the Milestones Project Working Group. Additionally, Dr. Ritchey was elected by the ABU Trustees to the position of Maintenance of Certification Committee (MOC) Chair following the conclusion of his tenure as a Trustee.

Of his term as a Trustee of the ABU, Dr. Ritchey stated, "All of my fellow trustees have had the opportunity to serve on boards and executive committees of many organizations. My time on the ABU has been one of the most rewarding endeavors of my professional career. It has been a privilege to work with so many dedicated and talented individuals who give their time selflessly to serve on the ABU. All of the trustees and staff of the ABU are committed to the mission of the board to ensure high quality

and safe urologic care. It has been a great pleasure to work with two outstanding executive secretaries, Stuart Howards and Gerry Jordan, who are so knowledgeable about board activities and provide wise counsel to the trustees. I am honored to continue to work with the board as Chair of MOC for the next three years."

**Dr. Peter N. Schlegel** served as a Trustee of the American Board of Urology from February 2009 until February 2015 and as Vice President from 2014-2015. He served on the Executive Committee and served as Chair of the Nominating Committee, the Oral Examination Committee, and the Credentials Committee. He also served on the Quality Measures Committee.

Regarding his service on the ABU, Dr. Schlegel had this to say, "During my tenure as an ABU Trustee, I was most impressed by the efforts made by every Trustee and staff member to enhance urologic care in the United States. Although a focus of the Board is to work with ABU diplomates, the end-goal is to help the public have the best urologic evaluation and treatment possible. Intensive energy is invested in working to improve maintenance of certification practices so that they are relevant for the many subspecialty and general urologic practitioners, not to create busy-work for the vast majority of board-certified urologists, who already provide outstanding care." ■

## Thanks to Timothy B. Boone, M.D., PhD

The Trustees and staff of the American Board of Urology wish to thank Dr. Timothy B. Boone for his dedicated service as MOC Chair from February 2012 through February 2015. Dr. Boone, Trustee Emeritus of the American Board of Urology (2006-2012), devoted immeasurable time and effort to the ABU MOC program; revising and upgrading the framework

and components of the current ABU MOC process, attending meetings, formulating policy, writing and editing practice assessment protocols, and advising ABU staff on critical policy decisions. Dr. Boone was replaced by Dr. Michael Ritchey at the conclusion of his term in February 2015. ■

## New ABU Website and Portal Coming in 2016

The American Board of Urology has contracted with Virginia-based Immerge Technologies, a web design and software development agency, to develop a new ABU website with a diplomate portal. This work will not only enhance the public image of ABU but will also provide much needed technology tools for diplomates and for partner organizations. The new system will provide candidates and diplomates a means of accessing personalized, "real time" information about the specific certification processes 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 allowing applicants to know their status in a given process, the portal will provide electronic document storage and secure payment capabilities by credit card.

The nearly two-year project is scheduled to launch in the first quarter of 2016 and represents hundreds of hours of work by both ABU staff and the development team at Immerge. The end product will be a tool that will present to diplomates personalized information, streamlining application and renewal processes for the 21st century. ■

# The American Board of Urology Update on Maintenance of Certification

By Michael L. Ritchey, M.D., MOC Chairman

Maintenance of certification is required for all Diplomates with certificates issued after January 1, 2007 either for the specialty of Urology or for the subspecialties of Pediatric Urology or Female Pelvic Medicine and Reconstructive Surgery (FPMRS). MOC is a mandate of the American Board of Medical Specialties (ABMS). This program requires completion of different levels every 2 years. There are several components to MOC. The ABMS sets standards for all member boards. Those overarching standards determine the processes that the ABU must follow to develop their MOC program. The different parts of MOC are Professional Standing (Licensure and Peer Review), Lifelong Learning and Self-assessment (CME), Cognitive Expertise (Examinations) and Practice Performance (Outcomes and Quality Improvement). The MOC process is an evolving one and the ABMS issued the new overarching standards for MOC in 2015 allowing some flexibility in development of the programs. The ABU reviewed the MOC program at their 2015 summer meeting and will implement the following changes to the ABU program over the next 18 months.

The ABU recognized that the examination required for MOC causes great anxiety and concern. This exam is constructed from questions based on clinical scenarios and avoids any basic science. One concern often cited regarding the exam is that many urologists over time voluntarily specialize in very narrow areas whereas the exam tests the entire spectrum of adult urology. The ABU previously had a modular exam and the process allowed one to choose the modules they wanted to complete. The modules were eliminated due to concerns about statistical validity inherent to the small number of questions in each module. Someone who exclusively practices endourology likely does not need to know a great deal about managing infertility or erectile dysfunction. That said, many subspecialists practice in large group practices or academic programs and do have to provide call coverage or coverage of standardly encountered office scenarios or problems encountered in the emergency room. Thus, some knowledge of the entire scope of urologic practice may be required on occasion. The ABU will reinstitute a modular MOC exam starting in 2017. There will be five modules, each with 50 questions. Four modules will have specific content: Oncology (includes urinary diversion), Andrology/Infertility/Erectile dysfunction, Female Urology/Incontinence/Voiding dysfunction, and Calculi/Obstruction/Endourology. All Diplomates will be required to take a specific content module and the core

module on general urology. This module will incorporate questions based on the AUA guidelines.

Diplomates with subspecialty certification in pediatric urology will take a pediatric MOC exam. These Diplomates will take the same exam as the candidates for initial certification in pediatric urology. Diplomates practicing a significant amount of pediatric urology who do not have a subspecialty certificate will be offered the opportunity to take the pediatric MOC exam rather than the modular exam. Their practice logs will need to confirm that their practice of pediatric urology is at least 70% of their urology practice. Diplomates in the FPMRS subspecialty will take a separate MOC exam. Both the pediatric and FPMRS exams will have 30% of the items pertaining to general core urology, e.g. calculi, infection, obstruction, urinary diversion. Thus, these exams allow for maintenance of both the primary certificate and the subspecialty certification with one exam process.

We will continue to identify those Diplomates who fail the MOC exam. However, due to the smaller number of exam items on the modular exam, we will identify a second group of Diplomates one Standard Error of Measurement (SEM) above the “pass point” for the exam. These will be designated as a “conditional pass” group. The latter group would be required to complete additional CME in the areas where they were demonstrated to have low scores. After successful completion of the designated CME activity, they would continue in MOC. The “failed” Diplomate that scores below the “pass point” will also need to participate in CME activities in their areas of deficiency. The “failed” Diplomate will then retake the MOC exam within the next 2 years. They must retake the same modules as taken in their initial exam. Those Diplomates who fail the exam on the second attempt will be offered an oral examination in Dallas the following year. This oral examination will be structured toward the urologist in practice and not like the Certifying (Part 2) Examination with which all are familiar. It will be necessary for all Diplomates to take the MOC exam in year 7 of the MOC cycle. This allows all to have 3 “exam” attempts before expiration of their certificate. Variances could be requested by individuals with credible reasons for delaying the exam.

Practice performance assessment is a key element of Part IV MOC. Diplomates do complete Practice Assessment Protocols (PAPs) at each level of MOC. The ABU develops PAPs based on AUA practice guidelines and best practice statements. We are currently developing nine new PAPs. The ABU also requires submission of a practice log at the end of the MOC cycle as the primary means to complete

this requirement. This will continue to be an integral part of our MOC process. However, ABU will be allowing other Part IV activities or practice improvement projects to be used for MOC credit. The ABU joined the ABMS Portfolio program in 2015. This program has many institutions that are sponsors for the Portfolio program. These sponsors include many medical schools, large health care systems and even state medical societies. ABU Diplomates can participate in approved projects and their sponsors submit these to the ABMS Portfolio program. ABMS Portfolio program will notify the ABU when our Diplomates complete the practice improvement projects.

The American Board of Urology is very interested in feedback from our Diplomates with regards to the MOC program. We are, in fact, charged by the ABMS to solicit that feedback. Most of the changes that have been reviewed in this article have resulted from constructive commentary offered by our Diplomates. Additionally, before change is made further discussion is accomplished with the Diplomates in order to hopefully avoid unintended consequences. The ABU seeks to establish an MOC program which certified urologists regard as helpful in allowing them to retain their high level of competency by allowing education, but also the ability to reflect on their practice patterns. ■

## In Memory of William D. Steers, M.D.

By **Stuart S. Howards, M.D.**

Bill Steers served with great distinction and dedication as a Trustee of the American Board of Urology from 2005-2011. He was President of the Board in 2010. Bill was born in Toledo Ohio on August 19, 1955 and tragically passed away, far too young, on April 10, 2015.

Bill graduated from Cornell University with a degree in chemical engineering in 1977 and from the Medical College of Ohio with an M.D. in 1980. His surgical training was at the University of Texas in Houston from 1980-86. Bill then received an AUA scholarship and was a post-doctoral fellow of at University of Pittsburgh Center for Neuroscience and was mentored by Dr. William de Groat from 1986-1988. He studied bladder and penile neuropharmacology. Dr. de Groat trained many of the leaders in the field and considered Bill to be one of, if not his most illustrious trainee.

Dr. Steers came to the University of Virginia School of Medicine as an assistant professor of urology in 1988. He was rapidly promoted and became Full Professor of Urology in 1994 and assumed the Chair of Urology in 1995. Bill was an exceptional clinician-scientist who received many NIH grants. He was the first to describe the role of nerve growth factor (NGF) in modulating lower urinary tract dysfunction secondary to bladder outlet obstruction. He was also the author of the seminal NEJM on treatment of erectile dysfunction with sildenafil. He was the author of 110 significant peer reviewed manuscripts, each of which reflected his exceptional intelligence, integrity, and critical thinking.

Dr. Steers' national reputation and service were marked by election to the American Association of Genitourinary Surgeons, The Clinical Society of Genitourinary Surgeons and membership in many other medical and scientific organizations too numerous to mention. He served on the NIH, NIDDK Council, was an advisor to the FDA, and

was the Editor of The Journal of Urology. In all of these endeavors, Bill gave his time selflessly and was always honest and outspoken in the pursuit of excellence regardless of the political ramifications.

In recognition of his contributions, Bill was awarded the American Urological Association's (AUA) Hugh Hampton Young Award, the AUA Gold Cystoscope Award, AUA Dornier's Innovation prize, the Gineste Award for research in erectile dysfunction, and the Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction's (SUFU) Zimskind Award.

Bill was always eager to go out of his way to support his faculty, residents, and fellows not only while they were at the University of Virginia, but throughout their careers. He relentlessly encouraged those around him to excel and this pursuit of excellence was sometimes misunderstood. His goal was to help everyone and the University of Virginia Department of Urology to be outstanding. These were his number one professional goals and he was always willing to sacrifice personal income and/or power to achieve them.

This outstanding drive and ability is well known to the urologic community. But those who knew Bill well recognized and will remember that above all, he was devoted to the love of his life, Amy, who he married on June 14, 1980, and to his family. Unequivocally, his number one priority was his family. He was truly a Renaissance man who read voraciously and was what the editor of The Economist recently described as a person with global curiosity. He loved wine and good food. Indeed, he and Amy were gourmet cooks and generously hosted frequent dinners for friends, staff, and visitors. The Steers had a vineyard that produced very good wines. Amy did most of the work but Bill was supportive and willing to share the credit.

He will be missed but not forgotten by all of us who knew and admired him. ■

## Message from the President

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do so demonstrates their commitment to the importance of the impact of their service.

### The Future of MOC and Board Certification

Finishing my residency in 1985 and taking my Certifying Exam in 1987, I have personally witnessed many changes in the certification process. When I became board certified, most Urologists had time-unlimited certificates. For the past 30 years, I've 'lived' the every-10-year recertification process. Now, I, like almost all Diplomates of the Board, are in MOC. Will the MOC process of today remain unchanged for the next 30 years? I doubt it. I am confident that our specialty will be represented by Trustees who will be guided by the fundamentals of our Mission Statement as well as the changes in the science of how to assess quality of urologic care. At the present time, we are probably in the infancy of this assessment process. At our summer meeting of the Board, for example, we watched a presentation by Dr. Thomas

Lendvay of Seattle Children's Hospital. In his presentation, he showed how video clips of surgical procedures could be reliably graded by expert surgeons. Amazingly, he found that 'crowdsourcing' of these videos could rapidly provide similar evaluations in a very cost-effective manner. (ref: White LW, et al. Crowd-sourced assessment of technical skills (C-SATS): A valid method for discriminating basic robotic surgery skills. J Endourology 2015.) As the practice of urology changes including new surgical procedures, treatments, and potentially, expansion into other disease processes, and as the science of assessment of skills change, I am confident that our Board will incorporate this into the evaluative systems. Concurrent with these changes, I fully expect that the Trustees will think carefully about the balance of the benefit to the public of the assessments and the burden of compliance by our Diplomates. We are fortunate to have a very special group of members of our specialty who have the wisdom to implement these changes.

## Continued Immersion in the Subspecialty Required for MOC Diplomates

Diplomates who intend to maintain subspecialty certification following their successful completion of the subspecialty certification process must continue their immersion in the subspecialty during MOC. Diplomates who have earned and who choose to maintain certification in the subspecialty

of Pediatric Urology or Female Pelvic Medicine and Reconstructive Surgery (FPMRS), will be held to the same standard and rigor required for initial certification. This standard will apply to both the practice log submission and to the examination. ■

### Urgent Information for Diplomates Interested in Subspecialty Certification in FPMRS

It has come to our attention that Diplomates of the American Board of Urology (ABU) who completed one of the 48 Ob-Gyn sponsored joint fellowship programs in Female Pelvic Medicine and Reconstructive Surgery (FPMRS) may not have received application information for subspecialty certification in FPMRS by the ABU. The application process for the 2016 FPMRS subspecialty certification examination is underway with

an application deadline of September 30 and a final log deadline of October 15. However, if you are an ABU Diplomate who is a graduate of an Ob-Gyn sponsored accredited FPMRS fellowship and have not received application information from the ABU, you may apply and submit your log until December 1. Please contact the Board office immediately to request application information. ■



# Alternate Pathway for Certification by the American Board of Urology Codified

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. However, The American Board of Urology (ABU) considers this situation to be extraordinary, and approves or disallows entrance into this alternate pathway on a case-by-case basis. The requirements for application and entrance into the certification process are listed below.

## REQUIREMENTS FOR APPLICATION

- 1 - Provided extraordinary clinical and educational full-time service for at least 7 years in an RRC approved participating institution within an ACGME-approved urology residency program. The 7 years of service may be at different institutions and must be completed prior to application.
- 2 - Achieved the rank of full professor within that urology department/division through a credible university promotion process.
- 3 - Received the written approval of the urology chair and the program director.

## REQUIREMENTS FOR ENTRANCE INTO CERTIFICATION PROCESS

- 1 - Letters of recommendation from urologists in active practice at the applicants current practice site (3 letters), and outside the U.S. (3 letters), highlighting the very exceptional accomplishments of the applicant within the U.S. that bring extraordinary clinical skills and teaching talents to a residency training program thereby advancing urologic education.
- 2 - Documentation of extraordinary scholarship and evidence for continued contributions, as well as national recognition, in one or more of the following areas: Research, Education, Clinical Care, Program Development, Service. An application form can be downloaded from the ABU website.
  - a. Evidence of scholarship in the above areas are: original research publication record, grant funding, organization and/or participation in national and/or international meetings, invitations to serve as

visiting professor or give lectureships, professional society awards, appointments to national and/or international committees for policy or guideline development, editorial positions, educational leadership positions, curriculum development and/or design and implementation of educational programs, mentoring of residents and fellows, leadership and/or participation in clinical trials, etc.

- 3 - Copy of current CV in a specified format, a template for which can be downloaded from the ABU website.

## New Pediatric Subspecialty Window

The Trustees of the American Board of Urology have reviewed the certification process for Pediatric Subspecialty Certification. They have determined that some candidates erroneously assumed that their period of eligibility for application to the certification process extended to the expiration date of their primary urology certificate. The ABU is opening a window for graduates of ACGME accredited pediatric urology training programs from 2005-2013 to apply for the subspecialty certification process in pediatric urology. Individuals who believe that this situation applies to them should apply for entry into the Pediatric Subspecialty Certification process by March 15, 2016. The candidates will have three (3) opportunities to pass the Pediatric Subspecialty Certification exam, 2016 through 2018. All applications will be reviewed individually to ensure that all criteria for eligibility are met. Diplomates will be notified of the determination by the board regarding their pediatric subspecialty application status. ■

# PAP...More Practical Than Imagined

By Cindy Hamady, Staff Associate

Practice Assessment Protocols (PAP), a four-time requirement of the decade long MOC cycle, have been garnering newfound respect, according to positive feedback received of Diplomates. The non-graded learning tools were developed by the ABU in 2007 to encourage self-review, an evaluative comparison of case management with current Clinical Guidelines, and the opportunity to reflect on management deviations to determine justifiability. Diplomates select a specific diagnosis, and using a small number of sequential cases, answer a short series of questions pertaining to treatment of these patients. A score is given based on compliance with guideline recommendations to which the Diplomate is then linked. Having read the relevant AUA guideline or similar document, the Diplomate is then briefly quizzed on the subject matter and required to make corrections as necessary. This process, estimated to take about 30 minutes, is repeated in 60 days using a set of different cases. Comparing the pair of scores enables the Diplomate to gauge improvements to guideline adherence subsequent to the first PAP. While the Board office is automatically notified of PAP completion, scoring is entirely for the Diplomate's edification. The Board retains no records of scores.

Dr. Apurba Pathak, a Diplomate who just completed Level 3 MOC requirements, reported "My initial impression of the PAP as an onerous obligation has changed in the past two years. I have found the educational material linked to

each PAP topic to be informative and refreshing. I have used the material for didactics in the setting of resident and staff education. On a basic level, having unified guidelines in the therapy of routine urologic entities improves the quality of care. The PAP represents the platform for this to be achieved." Pursuant to Dr. Pathak's feedback and request to download the literature linked to PAP, the ABU Trustees voted at their recent meeting to allow Diplomates access to the didactic portion of the PAPs, irrespective of their MOC level. These changes will take effect by March 2016, when the new ABU website is launched. At that time, candidates, as well as Diplomates, will have the ability to access and perform PAPs. This facilitation and expansion of access will better serve Diplomates like Dr. Deogracia Quinones of Womack Army Medical Center who also "wasn't too enthusiastic in the beginning about having to do this", but since has "incorporated PAPs, as part of our continued education process, into our monthly Journal Club, because we have two urologists in our practice who are going to take their boards. Beneficially, this allows us to have a discussion on all these urologic conditions and the current guidelines." Dr. Quinones, who realizes the importance of staying current with AUA Guidelines and appreciates the challenge, reported surpassing his MOC requirement by completing additional PAPs. The Board is grateful for the positive feedback and welcomes all comments, questions and constructive suggestions which may also contribute to the evolution of MOC requirements. ■

## International Medical School Graduates Trained in Canadian Residencies Policy Update

The American Board of Urology recently changed its policy concerning criteria that would allow Canadian urology residency graduates with international medical school diplomas to apply for US certification. That policy has been changed to read:

*Applications from medical graduates from schools outside the United States or Canada who provide an equivalent medical background and a) who have completed an ACGME-approved urology residency and the prerequisite ACGME-approved pre-urology training in the United States may qualify for examination or b) who have completed a RCPS(C)-approved urology residency*

*in Canada, will be reviewed on a case by case basis. All such applicants must have a valid certificate from the Education Committee for Foreign Medical Graduates (ECFMG).*

Certification by the Royal College of Physicians and Surgeons of Canada is not required for the Qualifying (Part 1) Examination; however, it is required to be admissible to the Certifying (Part 2) Examination.

If you know of an international medical school graduate who completed his/her urology residency training in a RCPS(C) approved urology program who would like to apply for board certification, please encourage them to contact the ABU. ■

## A Farewell

Our beloved Administrator, Lori Davis has announced her retirement effective 31 December 2015. Lori's leaving marks the end of an era for the American Board of Urology. She was among the small group of original staff who opened the Board office in Charlottesville, Virginia in 1997, following its move from Michigan. Lori served first as a Staff Associate, then as the Certification Coordinator, and finally became the ABU Administrator in 2007 and, in this position, has played a significant role in the evolution of the ABU, ensuring our success into the future. Her commitment and dedication have been invaluable and her compassion and kindness will leave an everlasting impression on all who have served in the Board office. She has been the "face" of the Board on many occasions, often fielding calls from Diplomates who, finding themselves in

unusual circumstances, encountered a kind, compassionate voice on the phone, helping them to continue to serve the public in Urology. In addition to Lori's incredible aptitude, devotion, leadership, and benevolence, she has been a friend to us all and her presence will be greatly missed. We are indebted to her vision and diligence in propelling us to our current position, and wish her all the best in her future endeavors. Lori will be retiring to spend more time with her family and especially her grandchildren and her mother. It is with heavy heart that we make this announcement, but we are also happy that Lori will move from a treasured and loved member of our ABU family back to the family she has at home. We will miss her but know that we will forever seek to continue her tradition of excellence and personal service at the ABU. ■

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Diplomates may purchase the brochure as a printable file on a reusable 1G flash drive bearing the ABU logo. ■

## ABU Brochure on USB Flash Drive Order Form

*Please type or print clearly*

Complete the form and return to the ABU office with a check or money order in the amount of \$150.00 payable to the American Board of Urology. Virginia residents must add 5% sales tax (\$157.50).

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**Mail order form and check to:**

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

## ABU Change of Address Policy

The processes of Certification, Recertification, Subspecialty Certification, and Maintenance of Certification (MOC) 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 costs involved are 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 withtime unlimited certificates, those in recertification, those in subspecialty certification, and those in MOC. It is the obligation of the Diplomate to maintain that information with the ABU. Failure to do so compromises the Board's ability to transfer important information to the Diplomate and currency in MOC, recertification, or certification could be impacted. Diplomates should verify their contact information periodically and if one's information changes, the ABU must be notified. A lapse in this information could result in the revocation of certification. ■

### *Not sure if the ABU office has your current address?*

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