ABU Report

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Message from the President

Today's physicians are faced with increasing pressures resulting in burnout and job dissatisfaction. The Agency for Healthcare Research and Quality identified time pressure, EHR (electronic health records), chaotic environment, and low control of pace as causes of clinician burnout. A Medscape survey found that urology, otolaryngology, and oncology were among the specialties with the most severe burnout; and having too many *bureaucratic tasks* were identified as a leading cause.

One *task* that has engendered much debate among American physicians is the maintenance of certification (MOC) program of the American Board of Medical Specialties (ABMS). The American Board of Urology (ABU) is one of 24 member boards of the ABMS, an organization that improves the quality of health care through setting professional and educational standards in partnership with its member boards.

Few would argue that initial certification after residency training is of value to ensure public access to high quality urological care. The ABU initial certification process, involving a written (Part I) and oral (Part II) examination, is viewed by most as fair. However, subsequently, as physician practices evolve and "self" specialize, many Diplomates of various ABMS specialty boards find the maintenance of certification (MOC) program – mandated by ABMS - to be onerous, burdensome, and not relevant to their practice, at least, as defined by the overarching 2015 standards ABMS created. Consequently, there are numerous bills working their way through state legislative processes that propose to sever the link between MOC and hospital credentialing and insurance coverage. In effect, these bills would make a one-time certification process after residency a sufficient metric for maintenance of knowledge, judgement, and skills through a lifetime of practice. And, in response, many, if not all specialty boards are in the process of trying to remedy these MOC defects. Rather than discard MOC as irrelevant and of no value, we endeavor to transform MOC into a process that is relevant and of value to physicians.

The ABU MOC process began for all Diplomates with time-limited certificates (those certified after 1985) who certified or recertified after 2007. The major change with the introduction of MOC for Diplomates of the ABU was the requirement to complete a practice assessment protocol (PAP) 4 times over a decade (practice performance assessment), a professionalism module twice over a decade, and a single ethics and safety module once over a decade.

H. Ballentine Carter, M.D.
President

Nevertheless, the ABU has always encouraged Diplomate feedback as a method of improving the processes that encompass our self-regulation framework of insuring the public access to high quality urological care. Given the current anti-MOC environment, the ABU conducted a Town Hall forum at the 2017 AUA annual meeting in Boston. What we learned there from Diplomates: 1) the high stakes examination causes anxiety and, 2) practice logs are burdensome. As a result, the ABU Trustees, Executive Secretary, MOC Chair, and ABU staff went to work to dismantle the ABU MOC process and create a Life Long Learning (LLL) program. More detail on the history of MOC and the ABU evolution of an LLL program is available on the ABU website *(www.abu.org)*.

The ABU believes that urologists strive to keep abreast of our rapidly changing field after initial certification. The LLL program is designed to help Diplomates achieve that goal by assessing their performance as their practice changes over time. The ABU views the LLL program as a partnership with Diplomates to assist them in identifying potential areas of weakness and to then provide feedback to remediate those areas to achieve practice improvement.

Last year, we made the decision to revert to a modular examination, recognizing that many urologists "self" specialize as their practice evolves after training. The current examination consists of a universally required 40 question, core general urology module, plus, a single 35 question specific content module selected from the following four areas of practice: a) oncology, urinary diversion and adrenal, b) calculi, obstruction and laparoscopy, c) impotence, infertility and andrology, or d) neurogenic bladder, voiding dysfunction, female urology, BPH and urethral stricture. In development is a 5th module to address the needs of urologists who continue in a practice that involves a wide spectrum.

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Message from the President

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Overall, a large percentage of these exam questions come from the AUA self-assessment study program and are based on AUA guidelines that should be familiar to our Diplomates.

An additional change is in the method of scoring the knowledge assessment, which in the past could result in "failure." The ABU believes that an LLL program consists of many components and is more than a single examination. Thus, the October 2017 examination was used to assess knowledge and identify those Diplomates who have knowledge gaps. This approach allows feedback to direct a Diplomate towards focused CME in areas that need attention, as opposed to a pass/fail result. Diplomates that complete the CME requirement are allowed to proceed in LLL rather than repeat an examination. The ABU is able to make this change because of multiple sources of information provided by our Diplomates, including submission of practice logs.

Although practice logs are time consuming for all involved (Diplomate, ABU staff, and Trustees), they provide valuable insight into and assessment of a Diplomate's practice and practice standards. These logs are now also used to verify that our Diplomates are taking the modular exam that best fits their clinical practice, allowing an improved assessment of the particular knowledge base such a practice requires. In addition, the practice logs allow the Trustees to be certain that Diplomates have a sufficient case load to maintain their skills. Most importantly, we have the opportunity to provide feedback to the Diplomate. In the very near future, the ABU will launch a web portal individualized for the Diplomate, informing them of where they stand in the LLL cycle and easing the process of log submission.

Another major change incorporated in our LLL program will be the frequency of assessments during a 10-year cycle. Under MOC, we required completion of some element of the process every 2 years. With LLL, this has been reduced to only two assessments over a decade. These two assessments will occur at years 4 and 7-9, decreasing substantially the time required to maintain the certificate.

The ABU recognizes that the practice of medicine is changing rapidly. These changes require continuous learning on the part of those who practice, and continuous evolution of the process for assessing the knowledge, judgment, and skills of the practicing physician. My personal view is that with our profession having the privilege of being self-regulated, we have a responsibility to maintain knowledge, judgement, and skills throughout our practice lives. The ABU hopes the new Life Long Learning program will meet this challenge and become an approach considered valuable to urologists. As always, we will continue to welcome Diplomate feedback regarding this evolving program.

It has been a true privilege to serve on the American Board of Urology and to work with a staff in Charlottesville that places such high value on our Diplomates. After hurricanes Irma and Maria hit Florida and Puerto Rico, respectively, the ABU staff quickly went to work to proactively help Diplomates registered for the October MOC/recertification exam understand and exercise their options. Under pressing time constraints and evolving recovery scenarios, ABU staff responded to individual needs and preferences to tailor a working solution for each affected Diplomate, offering options of exam postponement to next year, test site rescheduling, and/or alternate exam date scheduling. This is but one example of a committed group of individuals who recognizes the important work that our Diplomates are doing to provide care for those with urologic disease. ■

CERTIFIED BY ABU LOGO

To increase awareness and value of Board Certification, the Trustees of the American Board of Urology commissioned the *Certified By ABU* logo. As a Diplomate of the American Board of Urology, you can now create a personalized logo by using this link: http://certified.abu.org. Simply enter your name as you would like for it to appear within the logo (ie: John T. Smith, M.D.) and click "Submit". Once generated, you will be able to save and use it as with any file. You may make and retain multiple versions. Personalized logos can be used online or in print to enhance email signatures, websites, stationary, etc.

INCOMING ABU PRESIDENT

Stephen Y. Nakada, M.D. of Madison, Wisconsin 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 2018. Dr. Nakada succeeds H. Ballentine Carter, 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.

The Board Welcomes…
New Trustees: Martha K. Terris, M.D. and Gary E. Lemack, M.D.

Dr. Martha K. Terris received her general surgery training at Duke University and urologic surgery training at Stanford University. Her urologic oncology fellowship training, also at Stanford, focused on prostate cancer diagnosis and staging. After completion of her training, she remained at Stanford as faculty member in the Department of Urology and Chief of Urology at the Palo Alto Veterans Affairs Medical Center, where she was successful in accrual funding, mentoring resident/student research, extensive publishing, participating in numerous clinical trials, and maintaining a busy clinical practice. Dr. Terris joined the faculty at Augusta University and the Augusta Veterans Affairs Medical Center in 2002. She was named 2003-2004 Georgia Cancer Coalition Distinguished Cancer Scholar. Dr. Terris assumed the position of Program Director for the Urology Residency Training Program in 2003, Chief of Urology and previously served as president of the Society of Urology Chairs and Program Directors and was a member of the Residency Review Committee for Urology. She has been repeatedly named to Top Doctors in America and America's Best Doctors.

Dr. Gary E. Lemack is Professor of Urology at The University of Texas Southwestern Medical Center, and Director of the Residency Program. He has a secondary appointment in the Department of Neurology. He is also the Program Direct7or for the Fellowship in Female Pelvic Medicine and Reconstructive Surgery at UT Southwestern. After graduating from Cornell University Medical College, he completed his urologic residency at The New York Hospital – Cornell Medical Center, and then a 2 year fellowship in Female Pelvic Medicine and Reconstructive Surgery at UT Southwestern, where he has been on the faculty since 1999. His clinical practice focuses on care for women with incontinence, pelvic organ prolapse and other refractory bladder disorders. His clinical research has focused on improving incontinence care for men and women with neurological conditions such as multiple sclerosis and spinal cord injury. Much of his work has involved collaborations with the NIH/NIDDK-sponsored Urinary Incontinence Treatment Network. To date, he has authored or co-authored over 120 peer-reviewed publications and over 20 book chapters.

Dr. Lemack serves on the editorial board for the Journal of Urology and is an expert reviewer for over 10 Urology journals. He is currently the President for the Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU), an Oral Examiner for the American Board of Urology, and a Board Member of the South Central Section of the American Urological Association. He is currently a member of the Incontinence Guideline Panel for the European Association of Urology, Vice Chair of the Stress Incontinence Guidelines Panel for the American Urological Association, and Trustee of the American Board of Urology.

American Board of Urology Trustees 2017-2018

Front Row (from left): Mark S. Austenfeld, M.D., Gerald H. Jordan, M.D., Kevin R. Loughlin, M.D., M.B.A., J. Christian Winters, M.D., H. Ballentine Carter, M.D., Fred E. Govier, M.D., Stephen Y. Nakada, M.D.

Back Row (from left): Roger R. Dmochowski, M.D., Gary E. Lemack, M.D., Douglas A. Husmann, M.D., Eila C. Skinner, M.D., David B. Joseph, M.D., Martha K. Terris, M.D., Michael L. Ritchey, M.D., Hunter B. Wessells, M.D., Joel B. Nelson, M.D, Ian M. Thompson, Jr., M.D.

The Board Thanks…
J. Christian Winters, M.D. and Kevin R. Loughlin, M.D., M.B.A.

Dr. J. Christian Winters served as a Trustee of the American Board of Urology from February 2011 until February 2017 and was its President 2016-2017. He also served as Chair of the Executive Committee, Secretary-Treasurer, Chair of the Female Pelvic Medicine and Reconstructive Surgery Subspecialty Committee, and member of the Nominating Committee, the Oral Examination Committee, the Credentials Committee, the Pediatric Subspecialty Committee, the Quality Measures Committee, and the Residency Review Committee.

Of his term as a Trustee, Dr. Winters stated, "I vividly remember the surprise when Ian Thompson called and informed me of the unexpected privilege to serve as a Trustee. I can now easily say my time spent on the ABU has been one of my most gratifying experiences. Many aspects of service on the board have influenced me greatly, changing my perspective of leadership and dedication to mission.

My most profound influence has been the entire Board's passionate focus on the mission to serve the public through the process of Board certification. It has been uniquely special to see the leaders in our profession come together and always hold the mission of the Board as the primary focus. We listened and learned much from our fellow Diplomates, and advancements in certification resulted. I was impressed how these advancements were implemented while maintaining the integrity of certification for the benefit of the public, true to the Board's mission.

Gay and I were extraordinarily lucky. Serving with Kevin and Chris Loughlin, while working with Gerry Jordan and the entire staff of the ABU, made it very "easy" for us. I've never been affiliated with such a professional and dedicated team, and that was truly one of the more special memories I'll have of the ABU. Gay and I grew very close to the ABU staff, and we will deeply miss them. I cannot say how much Gerry Jordan has done for me (and all of organized urology). I have witnessed steady, objective and unbiased leadership at the highest level. We are very indebted to him for his tremendous contributions to Urology. I wish all the best for Gerry as he transitions his role to Brant Thrasher, with whom I was fortunate to serve. It's reassuring that the Board will remain in excellent hands for years to come.

Lastly, what I value most from my time on the Board are all the friendships my family has made. With all of the Trustees and Staff we served, it was one big family. We shared many memories, watched children grow up, and have developed bonds that will last a lifetime. It's uplifting for me to realize as my Board tenure ends, the many cherished friendships my family and I have made will long endure.

Dr. Kevin R. Loughlin served as a Trustee of the American Board of Urology from February 2011 until February 2017 and as Vice President 2016-2017. He served on the Executive Committee and served as Chair of the Nominating Committee, the Finance Committee, the Policy Committee, and the Quality Measures Committee. He also served on the Female Pelvic Medicine and Reconstructive Surgery Subspecialty Committee, the Nominating Committee, and the Recertification Committee.

Regarding his service to the ABU, Dr. Loughlin had this to say, "I have been asked to say a few words about my time on the ABU. Let me answer by recalling a forgotten JFK press conference from over 50 years ago. President Kennedy was asked if he was happy in his job. He replied by stating the ancient Greek definition of happiness: "Using the full measure of your talents along lines of excellence." For me, that was what the ABU service was all about. It was the opportunity to do something important and to do it well. To serve under Dr. Gerry Jordan and Dr. Stu Howards was an honor. To have the opportunity to share the six year board experience with my friend and partner, Chris Winters, was a true pleasure. And to be surrounded by such a talented group of Trustees who served in parallel with me was a privilege. The ABU captures the spirit of the Asian proverb, "All of us are smarter than any one of us." The Trustees consistently demonstrated a group wisdom that was exhilarating. We accomplished important things and reached significant decisions, but it was the sense of team and collegiality that will always remain with me. As a board, we "used our collective talents along lines of excellence." Finally, I would be remiss if I did not acknowledge the bonus of interacting with Lindsay, Lori, Wulan, Amy, Charlie, Jim and the entire Charlottesville staff who worked tirelessly to make the tasks of the Trustees easier. The only thing I would change would be to find an excuse to visit Mr. Jefferson's beautiful Albemarle County more often.

In Memoriam

The office of the American Board of Urology regretfully reports having received notification in 2017 that the following Diplomates have passed away:

Samuel A. Brewton, M.D.
John R. Cole, M.D.
Lynn W. Conrad, M.D.
Jean L. Fourcroy, M.D.
Richard Welker Grady, M.D.
John A. Malley, M.D.
S. Grant Mulholland, M.D.
John M. Ocker, Jr., M.D.
Floyd R. Overby, M.D.
Manoj B. Patel, M.D.
Clifford A. Schmiesing, M.D.
Joseph I. Schultz, M.D.
Mohammad Azam Tabib, M.D.
Valentin T. Tandoc, Jr., M.D.
Alan R. Treiman, M.D.
Gilson M. Vieralves, M.D.
Henry Chiu Wong, M.D.

Message from the Vice President

"Change is Inevitable"

Fred E. Govier, M.D.
Vice President

During a 1867 speech in Edinburgh, Benjamin Disraeli first spoke the phrase, "Change is inevitable in a progressive country. Change is constant". As a urologist who became board certified in 1987, a large portion of what I now do and understand pertaining to urology, I learned after finishing my residency. I suspect that if you examine your own practices, your experience will be similar. Within this rapidly changing environment, it is incumbent upon us all to become lifelong learners, if we are to deliver the best possible care for our patients.

The American Board of Urology (ABU) was organized in Chicago in 1933. Its mission was to act for the benefit of the public to ensure high quality, safe, efficient and ethical practice of Urology by establishing and maintaining standards of certification. While the Board's mission remains unchanged, the practice of urology has changed dramatically since that first meeting. The ABU became a member board of the American Board of Medical Specialties (ABMS) in 1935 and now is one of 24 specialty boards, all of which are under its umbrella.). The ABU is composed of 12 members, each serving six year staggered terms and all are nominated by one of six groups, including the American Urologic Society, American Association of Clinical Urologists, American Association of Genitourinary Surgeons, Society of Academic Urologists, Societies for Pediatric Urology and the American College of Surgeons.

Prior to 1985, urology residents took their written examination near the end of their residency and, after 18 months in practice, they were eligible to take their "oral boards". Assuming they passed both examinations and their surgical logs were in order, they received what has been termed a "lifetime certification". With rapid changes occurring in virtually all fields of medicine, the majority of boards, including the ABU, felt that giving providers a lifetime certification was no longer sufficient to protect the public. The process was adjusted so that all urologists certified in 1985 and beyond, were required to renew their qualifications every ten years. The vast majority of fellow urologists, including myself, easily accepted the fact that the field was making rapid advances and, thus, the need for recertification made sense.

In 2000, the ABMS mandated that all boards institute maintenance of certification, (MOC). While the majority of boards agreed upon the need for the recertification examinations, the MOC requirements were much more controversial. Nonetheless, starting in 2007, all urologists who were certified or recertified were automatically enrolled into MOC. At a time when many providers were already feeling the added pressures and demands of a busy practice, this additional burden led to significant discontent among a number of stakeholders within the larger boards.

Alternate certification platforms were born, and legislation focusing on a variety of parameters around the recertification process and its ties to licensure is ongoing. This backlash has affected virtually all of the member boards, and even as I write this, the structure of the ABMS and its relationship to its member boards is being reexamined.

Given its smaller size, the ABU has worked very hard to listen to our Diplomates. Where possible, we have tried to improve the balance between protecting the public and being respectful to the burdens and time constraints of our own Diplomates. Moving forward, we have transitioned from MOC to a program for Life Long Learning (LLL), which will be much less onerous for our Diplomates. We have rebuilt the website to make navigating these processes easier and more efficient. In 2017, the recertification examination reverted to a modular format, to better reflect the wide variation in practices. Also, in 2017 and beyond, as long as Diplomates fulfill the LLL requirements and take the examination, they can no longer fail! If scores on one or more categories are below the threshold to pass, one will be required to complete CME related to those topics and then can progress forward in Life Long Learning.

Recently, I attended a leadership course structured around a philosophy lived by Urban Meyer, former coach of the Ohio Buckeyes. He opined that all ethical behavior related to the game was either above or below a distinct line, and that as a player or coach, everyone inherently understood where their actions placed them. Translating this to the business realm, the leader of this course advocated that there was a line that separated right from wrong that all leaders could identify. As a leader, you could choose to do what was right for your clients and employees and operate above the line, or you could choose to drop below it. As urologists, we understand what actions are aligned with our patients' best interests, and thus, whether we are performing above or below that line.

While I truly believe that 98% of urologists are doing everything in their power to provide care above the line, we live in a society where our performance will be judged by external entities-- in many cases, completely out of context. Just as the practice of urology is constantly changing, so must the tools to monitor our performance. Nothing in this world is perfect and none of these individual boards exist in a vacuum. With that said, who better to do this work and change these polices to fit our practices, than a group of our own peers working well above the line?

It has been an honor to serve on the board for the last six years. In my entire career, I have never worked with a higher functioning, more dedicated group of individuals than the Trustees and all of the staff that make up the ABU. There are too many individuals to thank, but I leave knowing that the certification process for our profession, remains in excellent hands. ■

ABU Examination Statistics

2017 Qualifying (Part 1) Examination

315 candidates sat for the 2017 Qualifying (Part 1) Examination on July 13 and 14 at Pearson VUE Test Centers across the country. 311 candidates (99%) passed and 4 candidates (1%) failed. The 2018 Qualifying (Part 1) Examination is scheduled for July 12 and 13.

2017 Certifying (Part 2) Examination

302 candidates challenged the February 2017 Certifying (Part 2) Examination in Dallas, TX. 277 (92%) passed and were certified while 25 (8%) failed. The Board uses the multi-faceted Rasch model and the Fair Average for scoring the standardized oral examination. This methodology adjusts for differences in the difficulty of various protocols and in examiner severity. The candidates were scored on four clinical skill categories: diagnosis, management, follow up, and overall ability. The Board believes this scoring methodology results in increased statistical reliability. The 2018 Certifying (Part 2) Examination is scheduled for February 23-24.

2017 Female Pelvic Medicine and Reconstructive Surgery Examination

A total of 67 candidates (urologists and gynecologists) sat for the 2017 Female Pelvic Medicine and Reconstructive Surgery (FPMRS) Subspecialty Certification Examination on June 23 at Pearson VUE Test Centers across the country. The pass rate on the examination was 96%. Like general urology certificates, all subspecialty certificates issued are ten-year time-limited certificates and subject to the Life Long Learning (LLL) Program. The next FPMRS examination will be administered on June 22, 2018.

2017 Pediatric Subspecialty Certification Examination

15 candidates sat for the 2017 Pediatric Subspecialty Certification Examination (PSCE) on October 17 and 23 at Pearson VUE Test Centers across the country. 15 (100%) candidates passed the exam. The pass rate was consistent with previous years. Like general urology certificates, all subspecialty certificates issued are ten-year time-limited certificates and subject to the Life Long Learning (LLL) Program. The next PSCE Examination will be administered on October 12 or 19, 2018.

2017 Recertification Knowledge Assessment

112 Diplomates took the 2017 Recert knowledge assessment on October 17th and 23rd, 2017. Ten Diplomates (9%) earned conditional passes. These Diplomates are required to complete one to three CME courses as remediation for the weakest area(s) identified on their knowledge assessment. The recertification process, as it currently exists, will be discontinued by 2019 when the last class of Diplomates who originally certified before 2007 recertifies and Life Long Learning is fully implemented. The next Recertification Examination will be administered on October 12 or 19, 2018.

2017 Life Long Learning (LLL) Knowledge Assessment

665 (604 General Urology, 61 Pediatric) Diplomates completed the Life Long Learning knowledge assessment in 2017 at Pearson VUE Test Centers, on October 17 or 23. 60 Diplomates (9%) earned conditional passes. 604 Diplomates sat the general urology knowledge assessment and 61 Diplomates sat the pediatric urology knowledge assessment. Of the 604 general, 58 (10%) received conditional passes. Of the 60 pediatric, 2 (3%) received conditional passes. The next LLL knowledge assessment will be administered on October 12 or 19, 2018.

The purpose of the American Board of Urology is:

1. To improve the quality of urologic care
2. To establish and maintain high standards of excellence in the specialty of Urology and its approved subspecialties
3. To encourage the study, and advance the cause of Urology.
4. To evaluate specialists in Urology who apply for initial and continuous certification and urologists in approved subspecialties who apply for subcertification.
5. To grant and issue to qualified physicians certificates of special knowledge and skills in Urology and approved subspecialties, and to suspend or revoke same
6. To serve the public, hospitals, medical schools, medical societies, and practitioners of medicine by furnishing lists of urologists whom it has certified to the American Board of Medical Specialties and the American Medical Association.

MOC/Life Long Learning Update

By Michael L. Ritchey, M.D., MOC Chairman, H. Ballentine Carter, M.D., President, Gerald H. Jordan, M.D., Executive Secretary

Recertification was required for all Diplomates whose certificates were issued after January 1985 and before 2007. This process mandated a review of the Diplomates practice every ten years. Maintenance of certification (MOC) is required for all Diplomates with certificates issued after January 1, 2007. 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 that are examined: Professionalism and Professional Standing (Licensure and Peer Review), Life Long Learning and Self-assessment (CME), Assessment of Knowledge, Judgement and Skills (Examinations) and Improvement in Medical Practice (Outcomes and Quality Improvement). The MOC process has been an evolving one and will continue to do so. The ABMS continuously re-evaluates these programs through the Committee for Continuous Certification (C3). ABMS standards for MOC allow medical boards some flexibility in development of the programs. The C3 committee reviews all member boards annually. Each year they undertake a review of one of the four parts of the MOC process.

In recent years, many member ABMS boards have been making changes to the MOC process. The ABU has done the same. Prime in this process has been the evolution in mindset concerning just exactly what MOC was designed to accomplish. In that evolution was the development of a concept that certification was not a singular process, but rather a process that needed to be "maintained continuously" throughout the physician's practicing lifetime. However, after significant discussion with our Diplomates we realize that certification is a singular process followed by a process where the ABU (via a number of mechanisms) assesses a physician's performance in practice throughout that practicing lifetime, but from the standpoint of identification of potential areas of weakness. We then work with the physician to remediate those areas. Thus, we are not using the term Maintenance of Certification any longer, as it implies a process contrary to our current process and, in its place, will use Life Long Learning (LLL) program.

Last year, we made the decision to revert to a modular examination. This was due to the recognition that many urologists specialize in very narrow areas and the previous exam tested the entire spectrum of adult urology. We have also made a decision to include a large percentage of questions that have been used on the AUA SASP exam. Moreover, we are making an effort to have more questions on the exam that are related to AUA guidelines. The purpose of the exam is to assess our Diplomates to ensure that they are maintaining a good knowledge base. In the past, a poor exam score could result in "failure" but the rate has been generally quite low. We have noted in recent years that the "failure" is higher for our older Diplomates in their 3rd recertification/MOC cycle. As already mentioned, we have listened to our Diplomates concerns about the MOC process, particularly the exam.

Our Trustees have attended AUA section meetings to discuss the MOC program and, this year, we conducted a town hall at the AUA to listen to your concerns. The board recognized that the MOC examination caused great anxiety. As a result, the ABU Trustees no longer support a "high stakes" exam. We feel that our Diplomates are better served through Life Long Learning. We do expect that our Diplomates maintain criteria standards for safe and effective urologic care.

The ABU is now taking the approach that we will be assessing all the components of LLL to determine if our Diplomates can continue forward in the process. The examination is just one of these components. It is the entire process that will be used to make a summative decision. One advantage our Board has is the submission of billing logs. Although this is time consuming for all involved (Diplomate, ABU staff and Trustees), it provides great insight into the actual practice of the Diplomate and assessment of their practice standards. We will use the billing logs to verify that our Diplomates are taking the modular exam that best fits their clinical practice. This allows a much better assessment of their knowledge base required for their individual practice. In addition, the practice logs allow the Trustees to be certain that the Diplomate has a sufficient case load to maintain their skills. Most importantly, we have the opportunity to provide feedback to the Diplomate.

In lieu of formal scoring, we will use the results of the modular exam to provide our Diplomates with metrics on their performance. We will be able to identify those individuals who demonstrate some knowledge gaps and then assign individually directed CME requirements. Diplomates will be required to complete CME related to content areas where they performed poorly. They will have to document completion of the assigned CME before proceeding in LLL. This lifelong learning is an essential component of all "MOC" programs. If one does not complete the required CME or does not elect to just retake the exam, you will not be allowed to continue in the LLL process. In addition, if one does not take the LLL exam assessment, you will not be allowed to continue in the LLL process.

Another major change to our prior MOC process is the frequency of LLL cycles. In the past, we have required completion of some element of the process every two years. These components included: verification of licensure, completion of Practice Assessment Protocols (PAPs), submission of CME, peer review, professionalism/ethics modules, patient safety modules, peer review and billing logs and the exam. We have changed from four cycles to only two cycles. This will, hopefully, decrease the time required to participate in LLL throughout the 10-year window.

Lastly, other recent changes to the "MOC" program are the ability to use registry participation to obtain credit for LLL. We currently allow participants in the MUSIC registry in Michigan, and the AUA AQUA registry to receive credit for this quality improvement work. Another avenue to receive credit is participation in the ABMS Multi-specialty Portfolio program. This is more likely to be used by Diplomates who are part of a large health system, e.g. Kaiser, or those in academic practices. However, the number of opportunities to receive credit will grow over time. The ABU only recently joined the Portfolio program.

We will continue to annually reassess our Life Long Learning program. We do have to ensure that our program is compliant with the overarching standards developed by ABMS, of which we are a part. Just as medicine in general requires continuous learning, the ABU and ABMS also have to continue to learn. We will always welcome your feedback regarding the program.

Voluntary Contributors

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:

J. Richard Auman, MD
Somangsu Bhattacharya, MD
Robert L. Brent, MD
Stephen L. Brewer, MD
Anton Joslyn Bueschen, MD
James F. Burpee, MD
Michael deWit Clayton, MBBCh
Carlos Publio De Juana, MD
Harry Jeoffrey Deeths, MD
George W. Drach, MD
Leon F. Espiritu, MD
Lewis B. Fram, MD
Frederick M. Fry, MD
Cheng Hsien Hsu, MD
Earl H. Johnson, MD
Krishnaswamy Krishnamurthi, MD
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William E. Nuesse, MD
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Thomas Arthur Rivers, MD
Ghassan K. Roumani, MD
Paul F. Schellhammer, MD
Anup K. Singh, MBBS
Brian James Stogdill, MD
John C. Wade, MD
Lawrence Winton, MD
Gilbert J. Wise, MD

The Trustees want to thank the following retired Diplomates for their monetary support of the Board in 2017:

Pyara Singh Chauhan, MD
John S. Evans, MD
Lewis B. Fram, MD *in memory of Cecil Crigler, MD*
George James Jones, MD
Jack Edward Keiser, Jr, MD
Alfred A. Kopecky, MD
Aziz O. Mahoubi, MD
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