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ABU Statement Against Legislation that Restricts Either the use of Certification or MOC in Various Aspects

Board certification has been shown to be a measure of competence that is valued by the general public. While its precise structure and meaning may not be well understood by all, what is assumed is that the board-certified physician is one who has proven his or her abilities in a given specialty, and who maintains those abilities in that specialty by continuous study and learning concerning the latest practice methods. Thus, the American Board of Urology (ABU) serves the public by providing board certification to urologists that are current in the specialty of urology, as well as the subspecialties that we also certify.

The ABU certifies individuals in the specialty of urology, via a process that consists of a written exam and a certifying oral exam. Both of those exam processes are proven to be psychometrically valid. Both exams are reviewed and updated to remain current with the changes in our specialty and that allow for regional differences in the specialty. Additionally, we certify two subspecialties, pediatric urology, and female pelvic medicine and reconstructive surgery. The certification process for both of those subspecialties consists of a psychometrically valid written examination, which is reviewed and updated to remain current.

Once certified, all Diplomates of the ABU are expected to keep their certifications by way of our program of Life Long Learning. Life Long Learning is the ABU's continuing certification process that is required of all American Board of Medical Specialties (ABMS) member boards. The Life Long Learning process is a multifaceted process that ensures that our Diplomates are committed to quality of care, patient safety, and practice improvement throughout his or her professional career; and that they have maintained the knowledge, skills, and judgement to provide high quality urological care. The Life Long Learning process documents that commitment to patients, hospitals and health systems, insurers, and their colleagues in Urology.

One of the components is a knowledge assessment which is used to expose areas in the specialty of urology of "knowledge gaps." Those gaps are then addressed by assigning pertinent remediation, which in many cases, consists of CME for the respective Diplomat. The American Urologic Association (AUA) has worked carefully with us to develop many of those remediation opportunities. We are fortunate to have excellent collaboration from the AUA Office of Education to provide CME materials that match our knowledge assessment blueprint.

Our Life Long Learning program is very comprehensive and seeks to gain knowledge about our Diplomates with regard to their professional and ethical activities, their abilities to function in a systems structure, and their abilities in communication and interaction, both with patients as well as colleagues. Patient care and procedural skills are monitored by review of complications narratives and professional responsibility actions. Peer review from leadership in the various institutions where our Diplomates practice adds further

to our evaluation. The ABU requires continuing medical education, and that medical education must be urology specific. The amount is in concert with the demands of most states, licensing regulations.

Physician concerns about MOC center on the program's relevance to practice and burden that is required in addition to busy practice obligations. Those concerns have been heard by the ABU and we are continually working with physicians in our specialty to identify and implement enhancements to our LLL program that will address these concerns. To date, the ABU has been diligently working toward our goal of weaving relevant, efficient, and effective educational activities into our evolving continuing education program. We continue to incorporate many changes to make this process more pertinent to the individual in practice while still maintaining our certification standards.

The American Board of Urology strongly opposes legislation that seeks to minimize the use of certification, or continuing certification (our Life Long Learning program). The patient and public member input that we get tells us that the public not only demands that these programs exist but assumes that they are all being used. Additionally, anti-MOC and anti-certification legislation says that urologic colleagues cannot pick their new colleagues based on certain criteria that are banned by those types of legislation. That contradicts almost all structures where colleagues are hired because of their skills and fit into those structures.

Urology is a specialty that is technologically very dependent and as such, advances and changes at an amazingly rapid pace. Our programs are designed to assist our Diplomates with their desire to keep current with that pace of change in urology. Patients tell us that they expect that of our Diplomates, and clearly, we expect that of our Diplomates. The vast majority of our Diplomates expect it of their urologic colleagues.

Physicians committed to lifelong learning and practice improvement invest significant time and money into maintaining their board certification. The ABU is committed to ensuring that participating physicians find the program relevant and meaningful. At the same time, we remain committed to our mission of assuring the public that Board certified physicians are, in fact, maintaining the knowledge and skills necessary to provide expert specialty care. Additionally, maintaining certification not only protects the public but also protects the certificate holder. The diplomates have worked hard to achieve the goal of ABU/ABMS certification. It is a mistake to eliminate MOC or allow secondary processes of certification to erode the distinction of the ABU and LLL certified.

Thus, the American Board of Urology feels that restricting continuous certification programs deprives our physicians and patients of one of the few mechanisms available to ensure that physicians are maintaining their competency in the specialty. CME alone has been proven to be insufficient for physicians to keep up to date in the specialty. Our Life Long Learning program is under constant review, that review coming both internally to the Board of Urology and from our Diplomate stakeholders. The Life Long Learning program is thus, based on that review, constantly evolving in order to facilitate our Diplomates needs in maintaining relevance and currency. The American Board of Urology regards efforts to restrict the use and quality of certification and maintenance of certification programs as a step backward for both diplomates and the public.