ABU Town Hall
Sunday, January 24, 2021
https://www.youtube.com/watch?v=of2YfDlivzM

ABU Panel:
Roger R. Dmochowski, M.D. (President)
Douglas A. Husmann, M.D. (Vice-President)
Gary E. Lemack, M.D. (Secretary-Treasurer/Oral Exam Chair)
David B. Joseph, M.D. (Past President/LLL and CUC Chair)
Cheryl T. Lee, M.D. (Trustee)
Martha K. Terris, M.D. (Trustee)
J. Brantley Thrasher, M.D. (Executive Director)

Summary

I. **Welcome/Introduction – Roger Dmochowski, M.D.**

Recent ABU Town Halls have been planned in response to the pandemic. Over 900 people viewed the last virtual Town Hall and it is perceived that the series is helpful and offers news of ongoing issues and late breaking events. The ABU has been very active in terms of responding to pandemic related issues and good news will be presented regarding adaptability of the ABU in meeting those challenges. There will also be updates regarding several other initiatives. David Joseph will begin with the Continuing Urologic Certification pilot. Gary Lemack will follow to talk about changes to the Certifying Exam this year. Then, Doug Husmann will address ABU efforts related to diversity with Martha Terris and Cheryl Lee adding their comments to this topic as well. Finally, there will be an open forum for questions submitted in advance or live. Efforts will be made to address all questions within the allowed time with a commitment to directly respond later to any unaddressed. The time and interest of Diplomates viewing is very appreciated.

II. **Continuing Certification and Lifelong Learning (LLL) – David B. Joseph, M.D.**

The exciting progression from vision to roll out in a short period of time has been impressive and largely owing to the great effort of Lindsay and the ABU staff who know there is much work ahead. Thanks are also due to the Trustees who've participated in this pilot project. The leadership of Drs. Dmochowski and Thrasher has been particularly critical. Equally important are the contributions of Diplomates who have participated in previous Town Halls and AUA sectional meetings -- their comments and feedback have been foundational for this presentation.

First is the rationale for making this change to Continuing Certification. The need will never go away, however, the process will continue to evolve over time as new goals and educational opportunities present. The ABU needs to align better with standards set forth by ABMS regarding creation of a continuous formative learning opportunity. A change also needs to be made to reduce the time of summative decisions about determining who is qualified to practice urology. Everyone realizes how much urology changes over time and waiting for a ten-year cycle is impractical. Most importantly, a product

better fitting the practice of ABU Diplomates and relieving some burden is in order. Taking feedback about such burdens under consideration, the ABU has created a program that can be performed using a home computer with unlimited time and open resources which poses no disruption to a Diplomate's practice or lifestyle.

Before presenting the new program, it is worthy to state that while most agree that initial certification is important, many question the necessity and benefits of continuing certification. There is strong evidence to show a difference between those physicians who continue with certification and those who are not certified, particularly when assessing knowledge, judgement, and skills. Those three attributes decline with age and, lacking objectivity, one cannot-self assess competence (Dunning-Kruger Effect). Therefore, its important to continue an educational process. Because the field of urology has advanced exponentially the past several years, without keeping abreast, knowledge is soon lost. Moreover, a broadly researched 2018 study by the University of Chicago surveyed patient understanding of board certification. The results were that 95% selected physicians who were board certified and 98% of this group believed certification demonstrated a physician's currency with needed medical knowledge, underscoring how key certification is to securing and increasing public trust.

There is also evidence to show that continuous exposure to a testing process enhances learning. And, the testing process is best if it is low stakes and involves a memory challenge, like a brain exercise. This better embeds knowledge than does the non-durable binge and purge learning associated with the ABU's current 10-year point-in-time exam. Although everyone who's taken that exam studies aggressively for 6 to 8 weeks in advance, as soon as the exam is over, their knowledge begins to decay. However, it is really important to maintain that knowledge and be exposed to new concepts as strong evidence exists that performance in doing so predicts clinical ability, improves patient outcomes and reduces exposure to disciplinary actions.

The ABU is part of the ABMS and the ABMS aligns all 24 member boards with common standards for continuing certification to which ABU must adhere. Because all 24 boards differ, there is some flexibility, however, about how the ABU meets criteria.

Below is the Portfolio of Required Activities which currently applies to every ABU Diplomate to continue certification:

Portfolio of Required Activities Current Practice

COMPONENT	YEAR 1-5	Year 6-10
Complete on-line application	X	X
Verify unrestricted license	X	X
Practice Assessment Protocol	X	X
Peer Review	X	X
CME	X	X
Patient Safety Videos	X	
Patient Safety Module		X
Professionalism/Ethics Module	X	
Complication/Mortality Narrative		X
6-month practice log		X
KA 10-year exam (CME)		X

The ABU is not changing any of the listed components, with the exception of the last item, the Knowledge Assessment/10 year exam, which is being replaced by the Continuing Urologic Certification (CUC) pilot. Highlighted in red are the four components which the ABU uses to make a summative decision about continuance of certification (Knowledge Assessment, 6 month practice log, complication/mortality narratives and peer review). Using four components sets the ABU apart from other ABMS boards who solely rely on exam performance.

The proposed ABU CUC pilot is a five-year cycle which entails three formative components: Knowledge Reinforcement, Knowledge Exposure, and Knowledge Assessment. The Knowledge Reinforcement is a memory challenge of 40 questions undertaken in years 1 and 3. The Knowledge Exposure are new concepts presented through 8 journal articles read in years 2 and 4. The Knowledge Assessment occurs in year 5 and is 90 questions intended to identify and remediate (through CME activity) any knowledge gaps. It is not a pass/fail exam. Those Diplomates who underperform maintain certification while knowledge gaps are supported through relevant CME activities. The five year cycle then repeats.

Below is a table of the CUC Portfolio showing the two 5-year cycles and incorporating the current list of continuing certification requirements:

CUC Portfolio
5 Year Cycles A B

YEAR	CUC Activity	A	B
1	Knowledge Reinforcement longitudinal learning 40 questions > 60%	Peer Review	Peer Review
2	Knowledge Exposure 8 articles 40 questions ≥ 80%	Practice Assessment Protocol Professionalism and Ethics Module	Practice Assessment Protocol Pt Safety Module
3	Knowledge Reinforcement longitudinal learning 40 questions > 60%	CME (90/30) Pt Safety Video	CME (90/30)
4	Knowledge Exposure 8 articles 40 questions ≥ 80%	QI Attestation	Complication/Mortality Narratives 6m/10yr Practice Log 6m
5	Knowledge Assessment* 90 questions * waived if knowledge thresholds noted above are above the completion goal	Bye or KA CME (1-3 activities) ≤ 2 SEM KT Peer review Complication/Mortality Narratives Practice Log	Bye or KA CME (1-3 activities) ≤ 2 SEM KT Peer review (Complication/Mortality Narratives) (Practice Log)

The left column represents the new CUC activities, year by year, which replace the current 10-year point-in-time exam. The ABU has established yearly goals for knowledge thresholds. Please note that the Knowledge Assessment in years 5 and 10 will be waived if the stated knowledge thresholds are exceeded. As time goes on, thresholds will be modified based on data of collective performance history. For those

Diplomates taking the Knowledge Assessment, the 90-question exam will mirror the current exam but be taken from home with no time limits and open resources. Another change to note: given that most Diplomates did all requirements at once, having waited to the end of their Lifelong Learning level cycle, this program more evenly distributes requirements across the five-year cycle to reduce stress and support knowledge retention.

The modular concept with which Diplomates are familiar is maintained with the CUC pilot. Diplomates will continue to select a module which best supports their type of practice. The former Neurourology/Female Pelvic Medicine module has transitioned, however, to a general office based urology module. While no module selection provides a perfect match, this approach has been found to generally support Diplomates.

Detailing the three formative components

Years 1 and 3 -- Knowledge Reinforcement will be comprised of 40 questions answered on home computer. There will be 20 core urology questions and 20 from a selected module. From a four-month window (April 1 to July 31), six weeks will be allowed to complete the questions once the Diplomate commences. It is self-paced, with the option to do as little as a question per day or as many as all 40 questions at once. To optimize education, spacing out the questions to some degree is recommended. The questions are of a clinical judgement/problem solving nature with no time limit to answer. As used normally in clinical practice, open resources are allowed: textbooks, journals, internet, etc. The only resource exclusion is discussion with others. While time is unrestricted per question, each question must be answered before advancing to the next question. Also, once a question has been answered, it is not possible to return to it. The program will grade each question immediately upon answer submission. Incorrect answers will offer a paragraph of supplemental reading to reinforce learning and offer resources for further study. There is a completion goal of 60 percent accuracy.

Years 2 and 4 – Knowledge Exposure is based on new concepts and produced in conjunction with the AUA. Delivered through AUA University, a type of library will be established there with sections corresponding to core urology, Guidelines in urology, and the four specific content modules. Diplomates will be required to read a total of eight articles: four from the Core/Guidelines and four articles from any of the modules. Module articles may be selected from any specific content deemed beneficial, regardless if it is the one predetermined by the Diplomate to best align with practice type. The articles will remain current and be rotated based on the work of the AUA. Diplomates will answer 5 questions following each article. The goal for this section is 80% accuracy and Diplomates will earn CME credit upon completion.

Year 5 – Knowledge Assessment is the test performance which is similar to the current 10-year point-in-time exam. It is comprised of 90 questions: 45 core and 45 from the selected specific content module. Diplomates will have a full day to complete the exam, though it is well known that most Diplomates do so within 2.5 hours. Again, it is taken from home computer and open resource, excluding discussion with others. For Diplomates whose scoring approaches knowledge threshold, CME will be assigned to support knowledge gaps. Important to note: this activity will be waived if the knowledge thresholds of previous years have been met.

In order to remain certified, Diplomates will also be required to meet the other portfolio requirements (practice log, complication/mortality narratives, peer review).

The incentive for pilot participation allows excusal from upcoming 10 year point-in-time exam in a secure testing center, a one-time CME requirement reduction from 90 down to 70 urology focused hours, plus CME credit earned through AUA University.

The CUC pilot announcement and invitation was made to all good standing Diplomates who are in years 6, 7 and 8 of their ten-year certification. Participation is completely voluntary and for those who desire, the 10 year exam will continue to be offered. Participation in the pilot is limited to 500 Diplomates per year. As a pilot, it is recognized that several aspects will need to be modified over time based on feedback from Diplomate volunteers who are beta testers.

The Trustees realized right out of the box that enthusiasm for the pilot had been critically underestimated and an error had been made in initially including year 6 Diplomates in the pilot invitation. Within the first day of announcement, over 700 Diplomates responded and it became clear that in fairness to those who are nearing the end of their cycle and may not have another chance to participate, it was important to limit the pilot to Diplomates in years 7 and 8 and this change was communicated via email to all who had responded. However, there is no ill effect for Diplomates in year 6 who were turned away, as they simply will have a year off and priority enrollment will be given to them for participation in 2022.

For those interested in further details on the CUC pilot, please visit the ABU website.

III. **2021 Oral Exam Changes – Gary E. Lemack, M.D.**

As many may be aware, the Oral Exam Committee made some changes in format this year. Providing a safe, reliable, secure examination is the number one goal. In consideration of how this exam is normally administered in Dallas – face to face with a large number of people gathering, it became increasingly clear that business as usual would not work in the current pandemic environment. Not everyone would be immunized, therefore, for the safety of examiners, candidates and staff, a decision was ultimately made to transition to a virtual exam this year. Luckily, for many months, the Oral Exam Committee had already been doing research about online examinations and, also, had the benefit of learning about such virtual exams from the experiences of several other ABMS member boards. While this method is not fool proof, the Trustees are confident that a virtual examination can be delivered reliably and fairly to all candidates who wish to test in 2021. It should be noted that the format of the exam will not change, so preparation for the protocols will remain consistent as with years past. The Board will be in touch with all Candidates well in advance to individually ensure access to sufficient connectivity and bandwidth and to provide detailed instructions about how to make the exam successful. The best testing environment and connectivity for many may be at home, but for others, an office or hospital setting may better suit. Another change for this year is that each examinee will have a one-day exam, with morning and afternoon sessions divided by a lunch break. The Board will communicate the date and time of exam far in advance. Time zones will be taken into consideration. Lastly, the days of the exam have been moved away from Mothers' Day weekend to May 21 and 22.

IV. **Diversity and Inclusion – Douglas Husmann, M.D.**

The Board of Urology desires to clarify that diversity and inclusion has been a cornerstone of its values for years. The ABU does, however, recognize that despite progress toward some long-term goals, much more work remains to be done. The ABU stands by the following ABMS statement on Diversity:

"As a health care community, we must stand against all forms of discrimination and intolerance. We are committed to working together to bring about fair and equal access to health care resources and to establish a system that supports our communities regardless of their race, religion or sexual orientation."

Most ABU Diplomates are unaware how appointments are made to the committees of the written and oral exams and to the Board of Trustees…Prior to any appointment, nominees undergo a competency review which addresses the following criteria: board certification, documented expertise in field, leadership experience, record of timely completion of projects, personality traits conducive to effectiveness and time to commit. Available time to serve is key as the average ABU appointee spends 100 to 140 unremunerated hours per year.

Before a nominee is selected, the Board does a Gap Analysis of the committees to determine needs. Geographic representation in the form of AUA Section membership should be balanced. Attaining a good cross section of subspecialty expertise is also important. Having committee membership reflect a healthy variety of associated institutions is another goal as current location, residency training and fellowship is considered. Variance in race and gender of the committees is desired.

An effort is made to match the ABU committee with the current AUA census results. For formation of the 2020 committees, AUA gender, geography and race data from 2019 was analyzed. The resulting ABU committee composition is within 3-4 percentage points of alignment with this census data. For instance, gender breakdown of committees is 86% Male, 14% Female vs 90% Male/10% Female in the AUA census. Likewise, regarding geography, committee membership closely compares with census figures from membership in the 8 AUA regional sections. As far as racial representation, the ABU is slightly more diverse in committee composition than found in AUA census data.

The long-term objective of the ABU is that certification and supervision of our membership is equitably applied regardless of geography, gender, sexual orientation, ethnicity or religious beliefs. The strong belief of the Board is that all individuals are to be on equal footing, embraced and respected as peers. The ABU must focus efforts on educating its membership regarding the benefits of diversity. Moreover, it is necessary to understand the concept of unconscious bias. Implicit bias training has already been initiated for the Trustees. In the near future, similar training will be put into place for all ABU committees.

The ABU is attempting to voluntarily capture race and ethnicity data on all applicants for certification. The Board has been asked to determine if there is any bias in the qualifying or certifying examination items. The ABU is unable to perform that analysis without first having race and ethnicity data of applicants available.

The ABU is also working to establish a family leave policy. Through consultation with the ABMS, SAU, ACGME and SWIU, a formalized family leave policy is being planned and expected to be finalized by the summer of 2021.

In conclusion, it should be noted that achieving equity and inclusion within any governing board is a perpetual task. It is not a "one and done" occurrence. This effort must be continually evaluated and

altered to reflect the current demographics, values and mores of the public we serve and the individuals we govern. The Board of Trustees welcomes and encourages open and frank discussions in the strive to achieve goals of equity and inclusion within the committees of the ABU.

Comments by Martha K. Terris, M.D.

To emphasize, the implicit bias training for Trustees was a very positive and encouraging experience. In fact, the program was taken home for use with faculty and residents at Augusta University before the start of the match season. All Trustees are very aware of the direction necessary to follow in regards to diversity and inclusion.

Comments by Cheryl T. Lee, M.D.

Historically, there was no capture by the ABU of race and ethnicity data on applicants for certification in order to remove any potential biases. By now implementing this capture, ABU is aligning itself with other member boards and the ABMS. Also, it will be able to meet the requests of academic institutions who wish to do sound research examining the experiences that candidates across racial, ethnic, and gender groups have had throughout the certification process. The ABU is fully committed to an equitable experience for all candidates for certification and agrees now that collection of this data is in the best interest of everyone. Appreciating, however, that some candidates may feel uncomfortable in providing this information, the ABU has made the provision of any data on race, gender, and ethnicity to be purely voluntary.

V. **Q & A Responses – J. Brantley Thrasher, M.D.**

Two pages of advance questions were received, and the ABU appreciates this engagement. In order to address all submitted questions and others which may come through via the chat line, the questions have been grouped.

How does the ABU take care of older Diplomates whose practices are slowing down?

The ABU does have a Clinically Inactive status. For more information about that opportunity and how it may apply, please call the Board office.

How do we entice seasoned Diplomates to stay in?

Interestingly, ABU is the second oldest specialty, after Cardio/Thoracic Surgery. Half of ABU Diplomates are over the age of 56 and one third are over 70 and still practicing. So, urology itself has remained attractive to older physicians. The point is well taken, however, that there are not enough urologists to meet demand. The ABU believes the Clinically Inactive status will meet the needs of many older physicians and encourages those interested to have a conversation with Board staff.

Questions regarding data on benefits of Continuing Certification

Beyond the data just presented by Dr. Joseph, there are over 100 articles on the subject and ABU will post a number of them on the website.

Can you explain the value of maintaining ABU certification and entering into this pilot program?

In recent years, the ABU has listened intently to Diplomate feedback and has responded accordingly. For example, the ten-year exam is no longer high stakes (pass/fail) and transitioning the administration from a secure testing center to one which can be taken from home is in the works. The extensive Vision Commission report published by the ABMS has addressed many of these issues and is available for reading online. This report provides a new road map for all boards concerning what is valuable and what should be discarded about certification. The bottom line, however, is that for many reasons certification remains a valuable asset.

Questions *regarding COVID related changes to maintaining certification*

There have been some misconceptions regarding how the pandemic may have impacted Lifelong Learning requirements. Regarding remedial CME assignment following the Knowledge Assessment, those Diplomates affected are still afforded one year to complete this CME. Because multiple online options were presented to satisfy these CME requirements, there is no need to extend deadlines due to COVID and/or cancellation of in person educational meetings. Also, the usual requirements surrounding Lifelong Learning Level 1 and Level 2 recertification still apply, despite COVID. On a case-by-case basis, however, the ABU has considered extending deadlines only for those Diplomates in year 9 who were negatively impacted by COVID. Diplomates in years 7 and 8 have time to reapply, if necessary, without penalty or the need for deadline extension.

Questions have been asked about Retired certificate

Retired certificate is only offered to those with an active medical license who are in good board standing and are no longer seeing patients, at all, nor practicing any type of medicine. Those who qualify must make a written request of the Board which states the effective date of retirement.

Diplomates granted a Retired certificate who later decide to return to active certification will require an individualized re-entry pathway. On a case-by-case basis, such process will be determined by length of time out of practice and activities engaged during that time.

When will 2020 recertification exam results be available?

Due to the pandemic, Pearson VUE capacity was reduced to accommodate social distancing requirements. Consequently, to accommodate all who needed a seat, test dates were necessarily extended into mid-December and this delayed analysis of results. At this point, all exams have been scored and results will be going out by the end of January.

Questions regarding modular CUC and how it relates to the subspecialties

The CUC deals only with the general urology certificate. There are a lot of nuances involved with subspecialty certification and the ABU must crawl before walking. Given that the CUC program is only in the pilot stage, it must be thoroughly tested and honed before being applied to the Pediatric and FPMRS subspecialty certification. So, for the near future, subspecialty Diplomates will continue to pursue the traditional Lifelong Learning Level 2 course to recertify.

Question regarding notification of CUC pilot application acceptance

There are going to be 500 Diplomates accepted into the pilot and the threshold of applicants has been reached. Within a week, applicants will be notified by email whether they have been accepted. As previously mentioned, due to an overabundance of applications, it was decided to eliminate year 6

applicants from the pool. Next year, however, those who were turned away for being in year 6 will have the first right of refusal to enter the pilot.

Question whether certification exam will continue to be virtual post pandemic

Barring large scale unforeseen circumstances, the ABU considers the upcoming virtual certification exam to be a one-time occurrence. For many reasons, the Board believes that face to face examination is more conducive to decision making and judgement and will definitely return next year to the in-person exam.

- **Conclusion – Roger R. Dmochowski, M.D.**

The Trustees hope this Town Hall has been helpful to all Diplomates. Thanks to Dr. David Joseph for the tremendous amount of time and effort in developing the CUC pilot. The ABU staff and Trustees are always interested in assisting Diplomates and Candidates and welcome feedback.

Thanks to all who attended and best wishes for good luck and health.