



ABU Town Hall

Sunday, October 4, 2020

<https://youtu.be/two3Y9YaMoU>.

ABU Panel:

Roger R. Dmochowski, M.D. (President)

Eila C. Skinner, M.D. (President Elect)

Gary E. Lemack, M.D. (Secretary-Treasurer)

David B. Joseph, M.D. (Past President/LLL 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.

ABU Town Halls are timed in cadence with significant events and/or to address questions or concerns. The series is proving successful as the last virtual Town Hall received over 900 views. Trustee panelists for this Town Hall were introduced along with a mention of their practice affiliated institutions: Eila C. Skinner, M.D. (Stanford), Gary E. Lemack, M.D. (University of Texas - Southwestern), David B. Joseph, M.D. (University of Alabama – Birmingham), Martha K. Terris, M.D. (Medical College of Georgia), Cheryl T. Lee, M.D. (Ohio State) and ABU Executive Director J. Brantley Thrasher, M.D. Questions, welcomed in advance of Town Hall or live, are to be addressed by panelists following the two presentations to the extent time allows. Dr. David Joseph will present on Lifelong Learning and proposed dramatic changes to the program which will be piloted in 2021. Dr. Brant Thrasher will present on current activities of the ABU, especially in regards to the ABMS, its oversighting board.

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

Goals of Continuing Certification include, first and foremost, to assure the public receives the highest urologic care, of which encouraging Diplomate participation in LLL has been key. This is accomplished through promotion of Diplomate competency, support of continuous learning and improvement in standards of care through practice and quality improvement activities. While benefiting the public, the ABU works with urologists to collectively meet and maintain present goals. Note: The Board of the ABU is comprised of practicing urologists, all of whom must also be accountable to the requirements it adopts.

All Diplomates are encouraged to become familiar with and frequent their Diplomate Portal on the ABU website to get a snapshot of current certificate standing. Features of the portal include a customized ten-year certificate timeline showing current standing vis-à-vis the two levels of LLL. When a Diplomate is within the timeframe of Level 1 or 2, an Application Progress chart appears in which to note necessary steps, the deadlines of each, and whether submission of the requirement has been received of the Board.

Primary and secondary Diplomate contact information are also presented for review and editing. In addition, there exists a feature to check history of fee payment.

Lifelong Learning has a portfolio of activities, some components of which are common to both Level 1 (year 2-5) and Level 2 (Year 7-9). Common components include online application, unrestricted license verification, Practice Assessment Protocol (PAP), peer review and CME. Required only in Level 1 are the Patient Safety Videos and Professionalism/Ethics Module. The entirety of Level 1 requirements can usually be met in three hours time. Level 2 precedes recertification and uniquely requires a six-month practice log, complication/mortality narratives, patient safety module and the Knowledge Assessment.

The LLL Level 2 Knowledge Assessment is low stakes -- NOT a pass/fail exam. By requiring this test, the intention is to identify and support gaps in knowledge. When/if a Diplomate falls below a knowledge threshold in a certain content area, 1 – 3 CME activities will be assigned to support those deficits. Affected Diplomates are offered multiple recommended activities from which to select or are invited to petition the Board to undertake a suitable alternative. Because many Diplomates have used downtime experienced due to the pandemic to study and prepare, the Board has received lots of requests not to postpone the exam. Unlike years past, to accommodate Level 2 Diplomates it was necessary to greatly expand the number of dates possible to sit the 2020 exam, given the decreased capacity operation of testing sites complying with COVID social distancing guidelines. Therefore, the Knowledge Assessment is being offered October 16/22, November 1-30 and December 1-15. For those Diplomates with a health-related reason against taking the exam at a testing center, a one-year deferment without penalty is available upon request. Being in the last year before certificate expiration does not impact exercising this option.

The Knowledge Assessment is comprised of 90 multiple choice questions, equally split between core urology and the selected specific content. Generously, four hours are allotted to complete the exam which is conducted at Pearson VUE testing centers nationwide. The specific content modules options include: 1) Oncology and Diversion; 2) Stones, Laparoscopy/Robotics; 3) Andrology, Infertility, Impotence, Infection; and based on Diplomate feedback, Female Pelvic Medicine/Neurourology has newly transitioned to 4) Office Based Practice.

To meet the stated goals, the Board realizes that this process is in need of change. Bolus learning every ten years is burdensome and does not optimally facilitate continuous learning. This year, especially, it is also evident that a high security location such as Pearson VUE is not the best exam environment and technology now exists to move away from any need to travel. Moreover, with so many ten-year requirements consolidated within a short period, the Board understands that the current LLL format is prone to disrupt clinical practice and induce stress to personal life.

Therefore, ABU's way forward is to adopt new learning goals for continuing urologic certification. For better retention, the cycle will be more continuous and formative. There will be less disruption to clinical practice because within a defined window, Diplomates will be able to better plan according to personal schedule. For convenience, the whole process will be more integrative into personal lifestyle, with the online test being taken in the comfortable environment of one's own home or office. The test will remain low stakes, meaning when knowledge deficits are determined, they will be supplemented with CME activities.

The ABU has proposed to ABMS a 5-year cycle program for continuous learning to be piloted in 2021. Though at this stage it is just a proposal, the vision is as follows:

Years 1/3: Self-paced learning through questions. Similar to self-assessment study programs, these are in an electronic format taken on one's own computer or mobile device, still featuring a selected modular design. Immediately following response, correct answer and justification will appear with specific links provided for further learning resources. This system is known to better support current knowledge and aid memory.

Years 2/4: Reading from a journal/Guidelines library the ABU is establishing with the AUA. Eight articles per year will be required, 4 pertaining to core urology and 4 selected from any module to include current topics/changes in urology which best fit the Diplomate's practice.

Year 5: Knowledge-based 90 question exam, similar to the one administered now in year 7-9, with CME support required in areas of knowledge gap(s). The major difference of this exam will be the home or office testing environment -- no more usage of Pearson VUE testing centers. The ABU is proposing that Diplomates who maintain/surpass the knowledge threshold in years 1-4 be exempt from taking this exam.

Again, the aforementioned outline represents proposals which have been submitted, but not yet approved by ABMS. In November, there will be a formal presentation to ABMS, followed by a rapid ruling as to whether ABU may proceed with a pilot of the proposed program. If approved, the pilot will rollout in the first quarter of 2021. Diplomate participation in the pilot will be completely voluntary and offered to those who are in years 6, 7 or 8 of LLL cycle (with certificates expiring in 2023-2025). If accepted, a Diplomate will have the LLL Level 2 exam waived. Unfortunately, due to limited resources, the pilot must be capped at 500 Diplomates. An invitation to eligible Diplomates will be emailed and the first 500 to respond will be accepted into the pilot.

III. **ABU Activity Updates and ABMS Roadmap – J. Brantley Thrasher, M.D.**

The intention of this presentation is to share news of a few changes and offer an idea of the new ABU roadmap as received from ABMS which constitutes changes ABU was already considering. Now, more direction about how to pivot is available to ABU in which to make continuing certification a less burdensome task for Diplomates.

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With this class, the ABU has striven to form a Board of Trustees which represents a geographic and specialty diversity. All Trustees are volunteers with active urologic practices. Dr. David Bock is a community representative from a group practice in Kansas City.

To become a Trustee, the path is through the Nominating Organizations as follows:

AUA	4 members
AAGUS	3 members
ACS	2 members
AACU	1 member
SPU	1 member
SAU	1 member

For clarification, here is a comparison between the ABU and the AUA:

ABU	AUA
Target Public and Diplomates	Target Urologists/Healthcare Providers
Goal Safe, high quality, efficient ethical care	Goal Promote highest standards of care
Instrument Establishing and maintaining standards of certification	Instrument Education, Research, Health Policy

The ABU is a certification body and the AUA is a membership society. The two organizations have different goals but work collaboratively, like hand in glove, on behalf of Diplomates. The AUA helps the ABU to identify educational offerings to meet our certification standards.

Regarding testing and the pandemic, the ABU has made several changes since March. The ABU staff has been working remotely since March 16. In April, the date of the Part 1 Qualifying Exam was delayed from July 2020 to January 2021. To date, all Candidates are in good standing, have secured seats through Pearson VUE and are ready to take the exam. The LLL Level 2 exam dates have been greatly expanded this year as necessitated by decreased capacity operation of testing sites complying with social distancing safety measures. To date, approximately 95% of Diplomates needing to recertify have registered to sit the exam. Recently, in an abundance of caution, the ABU decided to postpone the February 2021 Part 2 Certifying Exam to early May. For months, the Board has been working closely with the DFW Hyatt to plan multiple testing environment adjustments to ensure a safe and equitable oral exam. Note: Any Part 1, Part 2 or LLL Level 2 exam registrant who chooses to delay by a year the exam due to health concerns may do so without penalty. Such requests can be made by contacting the Board staff.

The ABU has instituted a new Retired Status Certificate. Without cost, this certificate can be granted by making a written request to the Board which includes the last date of practice and an attestation not to practice medicine again. Eligible Diplomates must possess an unrestricted medical license and be in good standing with the ABU at the time of the request. As this is an honorary certificate, once granted, the retired Diplomate will have no further requirements nor need to pay fees. The new certificate status will be recognized and posted on the ABU and ABMS websites.

ABMS Vision Initiative regarding Continuing Certification: To review current practices and make recommendations for change to the ABMS Board of Directors, in early 2018, a Vision Initiative planning committee comprised of 27 individuals representing a variety of stakeholders was formed. Members of this committee included practicing MDs from a variety of specialties, health care leaders and advocates, medical academicians, and executives from state/national medical associations, specialty societies and the ABMS Board. The process of this initiative was exhaustive and involved 21 hours of public testimony in open sessions and interviews with over 100 Diplomates from a variety of specialties. The Committee received feedback on continuing certification (MOC): innovations, future directions, and current challenges. Additionally, insights into the operations, finances, and consistent messages of transparency about process and fund use from select boards were gathered. The Committee desired to know what the Diplomates actually wanted in order to arrive at a consensus of support for a system that expects them to stay current in their specialty field.

The Committee ascertained that 100% of Diplomates really wanted a program that helps them stay current, but within the scope of their own practice. They are interested in identifying potential gaps in relevant knowledge and skills in order to improve, however, they preferred not to take a point-in-time or high stakes examination in the process. Diplomates valued learning that was more formative, focused and enabled them to fill in knowledge gaps without too much burden. Additionally, they were found to appreciate article-based and longitudinal assessment in a digital format accessible from their own computer or mobile device.

Commission Recommendations for remediation and re-entry pathways: While the ABU has been doing well regarding remediation for current Diplomates, there did not exist a tenable re-entry pathway to ABU certification for those who had lost it. Formerly, the ABU required a repeat of residency. The ABMS mandated that specialty Boards must have clearly defined remediation pathways to enable Diplomates to not only meet continuing certification standards in advance of certification loss, but also following any such loss to regain certification.

The need for remediation is based upon performance on a criterion-referenced exam in which a pass point is set by content experts who determine what the average practicing urologist should know. If a Diplomate passes the exam marginally (one standard error of measurement above the passing point), one CME activity will be assigned. For those who score one standard error of measurement below the passing point, two CME activities will be assigned. And, those scoring two standard errors of measurement below will receive an assignment of three CME activities. These CMEs will not be randomly assigned. Dr. Thrasher will review individual test results and make recommendations of multiple CME options from which the Diplomate may choose. Offerings will be readily accessible and come from webinars, AUA Updates, etc. and not require the Diplomate to attend the annual AUA meeting to meet the CME requirement. It is important that CME should have a post-test to demonstrate closure of the knowledge gap. If the Diplomate undergoes LLL Level 2 in year 7 or 8 (as recommended), those with such conditional passes will have a full year to complete remedial CME requirements. Those testing in year 9 who pass conditionally will have an abbreviated period to complete CME before the February 28 certificate expiration in year 10. Note: Due to the pandemic, the ABU will extend certification for those 2021 expiring Diplomates who sat the 2020 Knowledge Assessment and require remediation.

As far as re-entry criteria, when a Diplomate or Candidate fails out, times out, has an expired certificate or requests a conversion back to active status from retired, the ABU now has a process in place to offer a pathway to certification. A professional competency evaluation will first be obtained from one of three companies with whom the ABU is working. This step is critical as each case will be quite different. The re-entry pathway will be individualized based on this evaluation and may simply involve CME activities. Once re-entry criteria are met, the Candidate may begin with taking the Part 1 Qualifying Exam again or the LLL Level 2 Exam. For former Diplomates, all other outstanding continuing certification activities must also be met. This new re-entry pathway is reasonable and justifiable for our Board and currently four urologists are in various stages of the process.

Commission Recommendations for Assessment: Continuing certification must change to incorporate longitudinal and other innovative formative assessment strategies that support learning, identify knowledge and skill gaps and help Diplomates stay current. ABMS Boards must offer an alternative to burdensome high-stakes, point-in-time examination of knowledge. The ABU is ahead of this curve, having eliminated the high stakes, pass/fail examination years ago. Work continues, however, in the ABU's transition away from the use of testing sites. Point-in-time exams and Pearson VUE in particular have proven unpopular with Diplomates, never more so than during this pandemic year.

In conclusion, the ABU will continue to work for the benefit of the public and its Diplomates to deliver a fair, transparent and valuable certification process. Continuing certification will continue to evolve to a more longitudinal and formative assessment and the ABU will move away from using Pearson VUE testing centers for this process. ABU's continued collaboration with the AUA is very important to deliver Diplomates the educational products necessary to fill knowledge gaps. The ABU will continue to receive Diplomate feedback from AUA section meetings, specialty society meetings and town hall meetings in order to change appropriately and help Diplomates in their quest to stay current in the specialty.

IV. Preparing for the LLL Level 2 Knowledge Assessment – Eila C. Skinner, M.D.

As aforementioned, the LLL Knowledge Assessment is comprised of two modules, a core urology module and a specific content module preselected from four options. At least 30% of the test derives from two main sources available for study: 1) Guidelines, as found on AUA website which cover many different areas of urology and 2) SASP going back five years where not only questions may be found, but also an explanation as to why an answer is correct and often a reference link for further study. The Board advises any Diplomate planning to sit the Knowledge Assessment to peruse these resources in advance. Other study options for those who like to self-test include the questions found at the end of each AUA Update chapter and the study sections of Campbell's Urology. The AUA Annual Review Course is also helpful.

For subspecialty certified Diplomates, the Knowledge Assessment will also have two modules, a core urology module and a module defined by the subspecialty. For Pediatric Subspecialty Knowledge Assessment preparation, a review course is sponsored by the Society of Pediatric Urology. The AUA is also planning a pediatric review course to be held at the next annual meeting. Unfortunately, a review course specific to Female Pelvic Medicine/Reconstructive Surgery is not yet offered. However, the Guidelines do include a fair number of topics pertinent to this subspecialty.

In general, the Guidelines are a great resource to tap for test preparation. They are updated regularly and contain the most current knowledge as distilled by top experts in the field.

V. Q & A Responses

- No, LLL cannot/won't be cancelled...Reasons: 1) Medical knowledge/skills do decline over time and older age groups need the support of continuing learning and education in order to meet desired goals. 2) Individuals are not accurately able to self-assess competency. It is known that "the more you think you know, probably the less you really do know". 3) The way medicine and treatment changes so rapidly in urology means that staying current requires a process that supports continuing education.
- Not many changes to certificate maintenance since 2017, though dramatic future changes (as previously presented) are on the horizon. It is best to frequent the Diplomate portal to keep abreast of individual certificate standing.
- If deferring this year's exam is desired due to COVID, simply contact the Board office to request. There is no penalty.
- How do the proposed continuing certification changes affect subspecialty Diplomates? At present, the proposed changes only pertain to general urology certified Diplomates. Those with subspecialty certificates are held to a different standard. Changes are being envisioned, however, the current emphasis must be on ensuring that the new directions proposed are viable for the majority of Diplomates who hold general urology certificates before broadening the scope. For near future, ABU will continue to utilize the 10-year cycle program with a point-in-time exam for subspecialty urology Diplomates.
- Diplomates who will be in year 9 of cycle during 2021 Continuing Certification pilot are not eligible to participate. In a trial run, it is necessary to limit the participants in number and selection. Only those with whom time allows to assess results, gauge success, and determine any necessary program modifications can join the pilot.

- Regarding specific examples of questions found on Knowledge Assessment to aid in study, as Dr. Skinner previously stated, 30 percent minimally of the test derives from SASP, so therein lies the best representation of questions.
- Regarding review courses for the Part 2 Certifying Exam, both the AUA and Dr. E. William Johnson (Urology Oral Board Prep) are well aware of the newly postponed dates. However, as of yet, dates for review courses have not been scheduled/posted. Generally, these courses are held 4-6 weeks ahead of the exam, so the guess is that early spring will be the timeframe.
- Regarding difficulty in earning in-person CME due to pandemic, most of the ABU's requirement for CME is easily met through online activities, so no need to reduce number of CME necessary for LLL.
- Regarding new Retired Status Certificate, even performing non-urology work in a volunteer medical clinic violates the spirit of the new Retired Status Certificate as the ABU is unable to monitor the extent and breadth of such patient care. Please do not request this certificate if there are plans to see any patients, under any circumstances. Those Retired Certificate holders who desire such pursuits should contact the Board regarding a re-entry pathway to certification.
- Regarding foreign medical grads desiring ABU certification, there is an alternate pathway. We require 7 years of full professorship in an ACGME accredited program as a surrogate to the training our Diplomates possess. Peer review and letters of reference are also part of the application which is reviewed by a committee of Trustees who determine eligibility on a case by case basis. Those found agreeable are allowed to proceed to the Part 1 Qualifying Exam.
- Regarding need for case logs/testing to maintain certification standards instead of merely CME for those who abide by state law, the ABU must have a single continuous method of assessment applicable to everyone in order to be fair and meaningful. For example, case logs and associated narratives provide data otherwise unknown regarding overuse/misuse of codes and procedures.
- Should a Diplomate have a reasonable situation for which an extension of LLL deadlines or certificate expiration may be warranted, those requests for variance should be detailed in writing to the Board. Careful consideration will be given to each request.
- Regarding ideal study materials for the FPM/RS LLL Knowledge Assessment, recent SASP and Guidelines will yield a good portion of what is found on the exam.
- Regarding scheduling of Town Hall, considering disturbing survey results showing increased rate of psychological stress and burnout among urologists, ABU is quite concerned, sensitive, and wide open to feedback via multiple social media sources (Facebook, Instagram, Twitter, LinkedIn). When polled, Sunday afternoon was most popular for Town Hall. For those who may have time/family conflicts, questions may be submitted in advance and recordings of each Town Hall are conveniently available on the ABU website, YouTube and through podcast vendors for later viewing/listening.
- Decision to delay in Part 2 Certifying Exam from February 2021 to May 2021 was made to enhance safety among examiners and Candidates. Due to the pandemic, concern was to schedule after end of regular flu season. Because Board has confidence in diligent work to implement safety protocols at the hotel, plans remain to administer in person oral exams in May. However, the ABU is exploring a potential online process in case of deteriorating conditions.

VI. Conclusion – Roger R. Dmochowski, M.D.

Gratitude was extended to Diplomates for tuning in and submitting thoughtful questions and to panelists and ABU staff for their time and effort in making the Town Hall smooth and successful. Because the ABU values Diplomate input and desires collaboration, the Board is receptive to any concerns, suggestions, and questions. Continued feedback is welcome through calls, email, social media, etc. The tradition of holding frequent ABU Town Halls will continue and it is anticipated that the next one will take place in January 2021.