Application for an Area of Focused Practice

Overview

The ABMS Focused Practice designation recognizes areas of practice within currently recognized specialties and subspecialties that either evolve as specialists progress through their professional careers or emerge as medicine changes due to advances in medical practice. The areas of practice are typically more limited in scope than areas covered by subspecialty certification and do not have the extensive scientific, clinical, and organizational underpinnings of a subspecialty. A Focused Practice designation is not intended to be a form of certification, since it recognizes areas of focus within recognized specialties or subspecialties and is based upon clinical experience. Use of the designation is intended to recognize an evolution of practice relevant for continuing certification. Applicants should be required to furnish evidence (patient logs, clinical outcomes, publications, referral patterns, attestation by supervisors, etc.) of patient care in the area of focus.

NOTE: An area of focused practice need not reflect the entirety (or even the majority) of a physician’s practice. The application should indicate the proportion of practice required for diplomates to be eligible for the proposed designation.

Requests from a Member Board to designate an area of focused practice within a specialty or subspecialty will go through an approval process that is similar to that used for subspecialties as outlined in Article VII, Section 7.2 of the Amended and Restated Corporate Bylaws of the American Board of Medical Specialties.

Criteria for Focused Practice Designation

1. The area of focused practice must have a sponsoring ABMS Member Board who defines the eligibility criteria and submits the application to the ABMS Committee on Certification (COCERT).

2. Eligible diplomates must be certified by the Member Board and have the relevant active primary or subspecialty certificate(s).

3. The Member Board specifies the clinical practice experience (both in terms of time and volume) beyond initial training required for eligibility. Formal fellowship training in the area of the designation may count toward the practice requirement.

4. The Member Board will be required to develop requirements, including a Board-based assessment for eligible diplomates.

5. The area of focused practice must have a continuing certification requirement that is determined and described by the Member Board. The continuing certification requirement may be fully tailored toward the area of focused practice.
Application for an Area of Focused Practice

Name of Sponsoring Board(s): American Board of Urology
Contact Person Name: J. Brantley Thrasher
Email: bthrasher@kumc.edu
Phone:

1. **Provide the name of the proposed area of focused practice:** Urologic Oncology

2. **Is this application a modification of an existing designation?** (Yes/No): No

3. **Are multiple Boards requesting this designation?** (yes/no): No

4. **Briefly define and state the purpose of the proposed area of focused practice:**

   The purpose of the focused practice designation for Urologic Oncology is to recognize that a group of practitioners focus the majority of their practice on Urologic Oncology in an effort to improve the care of patients with genitourinary malignancies.

   Urologic Oncology has developed into a complex field over the last two decades with the introduction of novel therapies, novel techniques, and Health Services Research which provides feedback on outcomes. Urologists who focus on Urologic Oncology are uniquely suited to utilize these advances to help improve the care of their patients.

   As evidence of the recognition by Urology for the need for a focus in Urologic Oncology, there is a robust organization designed to promote Urologic Oncology known as the Society of Urologic Oncology. This inclusive Society has demonstrated dramatic growth over the last two decades, as the need for a forum to educate practitioners, promote research, and form partnerships has increased exponentially. In addition, there has been a great expansion in the number of fellowships for Urologic Oncology as well as a standard for accrediting these fellowships and a rigorous application and renewal process. Furthermore, there has been the development and validation of an Oncology Knowledge Assessment Test (OKAT) which is designed as an educational and assessment tool to provide feedback on areas of knowledge opportunity for Urologic Oncology fellows and practitioners focused on Urologic Oncology.

   Finally, there is a journal dedicated to genitourinary malignancies and the Society of Urologic Oncology known as *Urologic Oncology*.

5. **Areas of focused practice typically fall under one of these areas. Please describe which of the following this application addresses:**
   a. Evolving area of practice
The field of Urologic Oncology has become extremely complex over the last several decades. This is in large part due to significant and important advances in our understanding of urologic malignancies. This includes the evolution of our understanding of the evolving landscape of genomics, novel imaging techniques, multidisciplinary care of patients with urologic malignancies as well as novel surgical techniques. Those Urologists who are dedicated to Urologic Oncology have largely been responsible for these advances, and as this explosion in the complexity of new information and therapies has become available, they are uniquely suited to deliver these advances to patients. This in part is due to the common use of multidisciplinary care and clinics with radiation and medical oncologists that plan and sequence the now increasingly complex multimodal management. The provision of a focus practice designation allows practitioners, patients, and other stakeholders to properly identify the subset of Urologists with expertise in providing this care. In addition, with the development of criteria to achieve focused practiced designation, there will be the ability to help provide standards that will improve collaboration, improve knowledge, and provide a community for Urologic Oncologists.

b. Area of practice limited in scope or size

c. Specialized procedure(s)

- If the area of focused practice is procedurally defined, describe how the procedure is of sufficient breadth and depth to significantly benefit patient care
- Describe how mastery of the procedure takes time, aptitude, and dedication beyond the training received for the underlying certificate

6. Document the professional and scientific status of this area of focused practice by addressing (a) through (d) below.

a. Please describe how the existence of a body of scientific medical knowledge underlying the proposed area of focused practice is, in large part, distinct from, or more detailed than that of other areas in which certification or focused practice are offered:

Urologic Oncology has become an increasingly large part of the field of Urology and the need for expertise has long been recognized. Beginning in the 1970’s, the first fellowship programs in Urologic Oncology were established to provide additional training and expertise in Urologic Oncology. Subsequently, in 1984, the Society of Urologic Oncology was established in order to bring together those focusing their practice on Urologic Oncology to share ideas and promote investigation. The society has evolved over time into one of the most important sub specialty societies within the urology community. The SUO has its own clinical trials consortium, knowledge assessment examination, SUO sponsored fellowships and educational collaborations with a number of organizations world-wide. The American Urological Association relies on the SUO for developing urologic oncology meeting content at its annual meeting and populating the agenda with speakers and moderators. While the audience for this content is both urologic oncologists and general urologists, the presenters are uniformly urologic oncologists, thus reflecting the recognized expertise of our proposed FPD.
In addition, the SUO has its own journal (Urologic Oncology) and has a textbook specifically devoted to Urologic Oncology known as the Comprehensive Textbook of Genitourinary Oncology. Furthermore, there are a multitude of other journals and textbooks that focus on specific areas of Urologic Oncology such as:

- Journals: Bladder Cancer, Prostate, Urologic Oncology, Clinical Genitourinary Oncology, and Prostate Cancer and Prostatic Diseases

- Textbooks: Comprehensive Textbook in Genitourinary Oncology, Bladder Cancer, Prostate Cancer, Laparoscopic Urologic Oncology, and many others.

In addition, to the clinical aspects of Urologic Oncology, the SUO and its members conduct a significant amount of research as well as serving as the conduit between basic science researchers and Urology clinicians. In many instances, those practicing Urologic Oncology are responsible for the bench to bedside successes within genitourinary oncology. Through its various meetings (which includes joint sessions with the Society for Basic Urologic Research) the SUO and its members continue to expand the frontiers of Urologic Oncology.

b. Explain how this proposed area of focused practice addresses a distinct and well-defined patient population and care need:

As novel treatments and techniques rapidly become available for patients with genitourinary malignancies, it is critical that those practitioners focusing on Urologic Oncology be able to translate these advances directly into patient care. In addition, as many of these patients now require multidisciplinary approaches to their treatment, the involvement of Urologic Oncologists to help “captain” these teams is of paramount importance.

As novel techniques evolve, it is critical that Urologic Oncologists continue to carefully scrutinize these techniques to make sure that their oncologic efficacy is not compromised. This group of urologists is uniquely suited to the evaluation of care pathways, surgical techniques, supportive care, and genomic information that all stand to improve the care of the patient with urologic cancer. However, due to the significant breadth of data and the rapidity of advances, this is truly beyond the scope of the general urologist. Thus, with the focused practiced designation, patients as well as other medical professionals and general urologists can identify FPD expertise and seek guidance on these issues from this group.

c. To provide COCERT with information about the group of diplomates concentrating their practice in the area of focused practice, please indicate the following:

i. The current number of such physicians (along with the source(s) of the data):

Currently, there are 954 active members of the Society of Urologic Oncology which are members who focus their current practice on Urologic Oncology. The source of this data is the SUO membership database managed by WJ
ii. The annual rate of increase of such physicians in the past decade (along with the source(s) of the data):

Over the past decade there has been a 4.62% annual increase in the membership of the SUO. (data from the SUO membership database)

iii. The current geographic distribution of this group of diplomates, its projected spread in the next five (5) years, and an explanation of how you arrived at this projection:

See Figure 1.

With the expansion of the SUO fellowship programs to 33 programs spread across the United States, we anticipate a steady rate of growth over the next five years. Given the 4.62% annual growth rate of the past six years, we would anticipate a similar growth rate going forward. However, there may be an initial sharper increase in Urologists who identify as Urologic Oncologists with the initiation of focused practice designation.

The following graph represents the trend of SUO fellowship graduates over the last six years.

![Graph showing fellowship graduates over six years](image)

**d. Please identify the existing national societies that have a significant interest in the area of focused practice. Additionally, indicate the size and scope of the societies, along with the source(s) of the data:**

In addition to the SUO, the Society for Basic Urologic Research (SBUR) is focused on promoting collaboration and dialogue between researchers and clinicians and providing a forum for dissemination of ongoing research and expertise in urological diseases, a significant amount of which is focused on Urologic Oncology.
The SBUR has 504 Active members (sbur.org). The SBUR membership is composed of PhD and MD researchers but is not focused on clinical delivery of patient care.

i. Indicate the distribution of academic degrees held by their members, along with the source(s) of the data:

SBUR: 504 members (205 MD’s, 184 PhD’s, 43 MD-PhD’s, 64 other (sbur.org)

ii. Indicate the relationship of the national societies’ membership with the proposed focused practice designation:

The SBUR and the SUO currently hold a joint session annually at the annual American Urological Association meeting. There are a number of members of the SBUR and the SUO who hold membership in both societies.

iii. Please describe whether and how your Board has interacted with the key societies and stakeholders in developing this proposed designation:

The Executive Board of the Society of Urologic Oncology, working in conjunction with the ABU, has sent communication to all of its members to solicit feedback on the proposed focused practice designation. A platform for discussion and feedback was set up on the SUO website to solicit input. Comments were collected, reviewed and presented to the Board of Directors. Once the initial details were worked out, the topic was discussed at the Annual Business Meeting with an open discussion at that meeting.

The SUO has worked with the AUA and the American Board of Urology to discuss the benefits of an FPD in Urologic Oncology and how it would improve our care of these patients nationally. An emphasis has been placed upon an approach of inclusion rather than exclusivity. The agreed upon commitment is supporting general urologists, urologic cancer patients and working in tandem for their outcomes.

7. Please describe how the cognitive knowledge, clinical and interpersonal skills, professional attitudes, and practical experience of diplomates in this area of focused practice will be distinct from diplomates in other specialties, subspecialties, and areas of focused practice in terms of:

   a. Clinical competence:

   Urologists who focus on Urologic Oncology typically have either formal training that includes a fellowship or an intensive experience during residency that prepares them to focus on Urologic Oncology. In addition, multiple courses addressing disease specific management are offered (example: Castrate Resistant Prostate Cancer Course) as well as many hands-on training experiences (example: robotic skills courses). Many large group practices throughout the United States will designate some of their members to focus on Urologic Oncology thus narrowing the scope of their practice. In addition, some health systems have begun to recognize and credential urologists who have a special emphasis on Urologic Oncology.
b. **Scope of practice:**
The scope of practice of Urologic Oncology is to provide expertise, collaboration, and additional training/education for those seeking to focus their practice on Urologic Oncology. No other Boards will be requesting this privilege.

c. **Body of knowledge and skills:**
Urologists focusing on Urologic Oncology and seeking focused practice designation will have a greater depth of knowledge in the multidisciplinary care of patients with genitourinary cancer. In addition, they will understand and practice the latest surgical techniques in urologic malignancies. They will also require an understanding of the evolving landscapes of genomics, immunotherapy, clinical trials, and health services research.

8. **Is there any additional information you would like to provide to help the committee understand why this area is worthy of a Focused Practice designation?**

9. **For (a) through (f) below, please project the need for and the effect of the proposed new area of focused practice on the existing patterns of certification or other areas of focused practice. Please indicate how you arrived at your response.**

   a. **Please indicate whether there is any overlap between this area of focused practice and existing subspecialty certifications or other areas of focused practice.**
   
   There is currently no other focused practice in urology. There is no overlap between urologic oncology and the other two urology subspecialty certifications (pediatric urology and female and pelvic medicine/reconstructive urology).

   b. **Please outline plans for evaluation of the impact of the proposed area of focused practice on your own programs of specialty and subspecialty certification and any other areas of focused practice:**
   
   There are no other areas of FPD that might overlap this proposal. The ABU expects the designation will have minimal impact on the practice of general urology as our board has data supporting the fact that general urologists rarely provide operative services for major oncology cases such as radical prostatectomy, cystectomy and nephrectomy. The majority of these complex procedures are already referred to those with urologic oncology expertise. This is one of the primary reasons for pursuing FPD in urologic oncology.

   c. **Please outline plans for evaluation of the impact of the proposed area of focused practice on other Member Boards’ programs of specialty and**
subspecialty certification and any other areas of focused practice:

We do not anticipate any impact on any other Member Boards.

d. The impact of the proposed area of focused practice on practice, both existing and long-term, specifically:
   i. Access to care (please include your rationale):
      Access to care will still be provider and health delivery system dependent. However, patient utilization of an FPD provider can streamline the evaluation and treatment process. Presently many oncologic patients are seen in the general urologic community and then seek further consultation and care. This secondary referral process adds time to ultimate treatment.

   ii. Quality and coordination of care (please include your rationale):
      The quality and coordination of care provided by urologists immersed in Uro-oncology (e.g. current SUO members) commonly occurs within a multidisciplinary clinic (MDC) that includes a tumor board. Data supports that quality and multimodal care improves in a MDC environment (Gomella LG et al, J Oncol Pract. 2010 Nov;6(6):e5-e10. doi: 10.1200/JOP.2010.000071). When required, the MDC facilitates the patient’s access to care and treatment by other disciplines (radiation and medical oncologists) and more effectively utilizes multidisciplinary resources.

   iii. Benefits to the public (please include your rationale):
      Streamlining multidisciplinary input improves access to care resulting in consolidation of appointments, saving time and money for the patient. Potential enhanced use of guideline based Uro-oncologic care will provide improved efficacy, safety, outcomes and cost efficiency. More people will be provided the opportunity for enrollment in clinical trials for the most up to date developing therapies.

      In addition, the public will be better able to identify experts in the care of uro-oncology when seeking out physicians to treat a newly diagnosed issue.

e. Please explain the effects, if known, of the proposed area of focused practice on:
   i. Immediate costs and their relationship to the probable benefits (please indicate your methodology):
      The use of MDCs and tumor board will eliminate the need for multiple consultations; tumor boards are provided without cost to the patients. This improves health care efficiency and decreases time and wages lost by the patient when needing to see multiple providers. Furthermore, pathologic and radiographic review of patient data at a tumor board is efficient from a time and cost perspective.
ii. Long-term costs and their relationship to the probable benefits (please indicate your methodology):

Data supports that centralized care by high volume providers and hospitals improves outcomes, increases safety and decreases costs. In addition, adherence to guidelines streamlines care and eliminates unnecessary tests and procedures. This centralized care model is in place in much of Europe and trending in the US. While the goal of the FPD is not to centralize care, it will be an opportunity for, patients, providers and the public to work together to improve outcomes.

f. Please explain the effects if this area of focused practice is not approved:

Without a FPD patients can still benefit from urologic oncology expertise from such providers *per se*, however the system is not presently structured to make it apparent to patients and the public how to access this level of expertise. The SUO does not market its membership limiting the visibility of urologic oncology expertise. The ABU plans to administrate the FPD but not make it unique to SUO members. Many urologists in the US meet the criteria for obtaining the FPD and we hope to include them in this effort to recognize urologic oncology expertise. This approach will most widely benefit the public. A FPD will enhance identification and access to urologic oncology care.

10. Please outline the eligibility criteria required of candidates in the proposed area of focused practice, as it pertains to the following:

a. Describe how the eligibility criteria for the designation are consistent with the ABMS criteria for FPD.

The eligibility criteria for the FPD are consistent with requirements outlined by ABMS. The ABU will be the sponsoring member board for the designation and all eligible diplomates must hold an active primary certification in urology. Diplomates must have completed a minimum of 12 months of clinical training in urologic oncology beyond initial residency completion or an equivalent extensive urologic oncology exposure in residency as deemed acceptable by the Board and demonstrate through current CPT coding logs at least 70% current immersion in urologic oncology. A Qualifying Oncology Examination (QOE) must be successfully completed with a passing score as an assessment of adequate fundamental knowledge in urologic oncology. After successful completion of the requirements for initial FPD, continued documentation of immersion will need to be affirmed through re-assessment of case logs and completion of the QOE every 5 yrs with 30 hours of Category 1 CME credit focused in urologic oncology within a 3 yr period prior to submission deadline. For continued designation, areas of deficiency in the QOE will be remediated through additional directed CME.

b. What specialty and/or subspecialty certificate(s) will a diplomate be required to hold and maintain in order to be eligible for this area of focused practice?

Diplomates with the urologic oncology FPD must be board certified and in good standing with the American Board of Urology. The Qualifying Oncology Examination (QOE), a criterion-reference exam constructed and scored by the ABU, must be
c. Clinical practice experience (both in terms of time and patient volume) in the area of focused practice, beyond initial training: Include how much of the average physician's practice and patient volume will be devoted to the area of focused practice: Diplomates must have 70% of their surgical case log dedicated to urologic oncology. By virtue of maintaining ABU primary certification, diplomates will have their case logs reviewed with each recertification to confirm continued 70% immersion and if this is more than 5 years from initial designation, an attestation of the immersion must be received at 5 years. These attestations will be audited intermittently by the ABU via random calls for case logs to verify.

i. How will your board establish that candidates are meeting the experience requirement? See above

d. Additional qualifications (if any):

11. With regard to Board-based assessment for candidates prior to awarding this focused practice designation, which assessment methods will be required? (Check all that apply)

- Examination
  - Written Yes, applicant must participate in the QOE exam. Scores will be assessed for initial designation and continuing certification.
  - Oral/practical
  - Other (Please specify)
- Participation in a registry
  - Submission and review of case lists
  - Review of patient charts
  - Other (please specify)

a. Please describe the rationale behind the method(s) required in the assessment process:
Case logs have been used by the ABU for many years to document the diplomates actually practice. Additionally, the QOE has given for over a decade to urologic oncologists providing robust data as to the knowledge base necessary for this designation.

12. Please outline the Continuing Certification (CC) program planned for this focused practice designation. Please include how the CC program will relate to CC
requirements for your diplomates' underlying certificate(s). Will the diplomate be required to pass multiple assessments in order to maintain both the underlying certificate and the designation?

a. If your Board is planning to accept multiple options for assessment of knowledge, judgment, and skills for the designation, describe each:

As stated in 10a., assessment of knowledge will be primarily assessed through the QOE and oncology directed CME completion. Additionally, case logs are accompanied by complication narratives for all Clavien-Dindo Class IIIb or higher complications. Peer review is also completed during this time along with a review of PR suits over the period between assessments. All are part of the assessment of knowledge, judgement and ethical standard practice. Case logs are not additional but are required every 10 yrs to maintain primary certificate. They would simply be assessed at that time to assure 70% immersion in urologic oncology for those with the designation. At 5 yrs the only additional requirement would be attestation of continued 70% immersion by the diplomate along with the required oncology focused CME (also meets primary certificate requirements).

b. How will your board monitor that diplomates continue to practice in the area of practice?

As abpve

13. Please indicate how the proposed area of focused practice will be evaluated periodically (e.g., every five years) to assure that the area of focused practice remains viable:

The ABU, along with the SUO will intermittently survey diplomates as to the viability of the FPD. Additionally, the ABU will monitor closely the number of active and new application for the designation. This will be done annually.

14. Please provide an anticipated timeline for when your Board will assess candidates and when your Board will begin issuing this designation.

The ABU would expect to start issuing the FPD in calendar year 2021.

15. Please list key stakeholder groups from which COCERT may wish to solicit commentary on the proposed area of focused practice:

The American Urological Association, the Society of Surgical Oncology and American Society of Clinical Oncology.

To be completed for areas of focused practice for which formalized training is currently available to meet some of the requirements for clinical experience and patient volume:

16. Please provide the following information for those training programs that have a primary educational effort devoted to the proposed area of focused practice, along
with their geographic locations and the source(s) of the data:

a. Please list the names of training programs in the proposed area of focused practice:

- Combined Harvard Urologic Oncology Fellowship at Massachusetts General Hospital and Brigham & Women’s Hospital, Boston, MA 02114
- Duke University Medical Center, Durham, NC 27710
- Fox Chase Cancer Center, Division of Urologic Oncology, Philadelphia, PA 19111
- Glickman Urological and Kidney Institute, Cleveland Clinic, Cleveland, OH 44195-0001
- Indiana University, Urology Department, Indianapolis, IN 46202
- Johns Hopkins Brady Urological Institute, Baltimore, MD 21224
- Loyola University Chicago, Maywood, IL 60153
- Mayo Clinic Cancer Center, Mayo School of Graduate Medical Education, Rochester, MN 55905-2981
- MD Anderson Cancer Center, Urology Department, Houston, TX 77030
- Memorial Sloan Kettering Cancer Center, Urology Department, New York, NY 10021
- Moffitt Cancer Center, Tampa, FL 33612
- National Cancer Institute, Urologic Oncology Program, Bethesda, MD 20892
- New York Presbyterian Hospital, Weill Cornell Medical Center, New York, NY 10065
- Roswell Park Cancer Institute, Buffalo, NY 14263
- Stanford University Medical Center, Stanford, CA 94305
- UCLA Urologic Oncology, Los Angeles, CA 90095
- University of California, San Diego, San Diego, CA 92103-8897
- University of California, San Francisco, Urologic Oncology Program, San Francisco, CA 94158
- University of Chicago Medical Center, Section of Urology, Chicago, IL 60637
- University of Kansas Medical Center, Kansas City, KS 66160
- University of Michigan, Urology Department, Ann Arbor, MI 48109-5330
- University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7235
- University of Oklahoma Health Sciences Center, Oklahoma City, OK 73104
- University of Pittsburgh Medical Center, Pittsburgh, PA 15232
- University of Southern California, Keck School of Medicine, Los Angeles, CA 90089
- University of Texas Health Science Center, Department of Urology, San Antonio, TX 78229
- University of Toronto, Uro-Oncology Fellowship Program, Toronto, ON M5G 1Z5, Canada
- University of Washington Medical Center, Urology Department, Seattle, WA 98195
- University of Western Ontario, Uro-Oncology Fellowship Program, London, Ontario N6A 5W9, Canada
- University of Wisconsin, Department of Urology, Madison, WI 53705-2281
- UT Southwestern Medical Center at Dallas, Dallas, TX 75390
- Vanderbilt University Medical Center Program, Department of Urologic Surgery, Nashville, TN 37232
- Virginia Mason Medical Center, Seattle, WA 98101

b. Indicate the total number of trainee positions available currently (along with the source(s) of the data):

101 (SUO Fellowship Committee)

c. Provide the number of trainees completing the training annually (along with the source(s) of the data):

Approximately 50. The number of graduating fellows has increased each year due to the accreditation of new programs. (SUO Fellowship Committee)

d. Organization(s) providing accreditation or oversight for training programs (Please submit evidence that they have the willingness, capability, and resources to conduct the review of these programs):

The SUO has organized an SUO Fellowship Committee which is responsible for establishing the program requirements for SUO-accredited urologic oncology
fellowships and for reviewing all applications for certification and re-certification. The committee arranges site visits of all applicant programs, where a committee member will travel to the prospective program and meet extensively with the prospective program’s staff and current trainees to determine certification status. Afterwards, the site reviewer will draft a report evaluating the institutions capabilities as a program and whether they are suitable to be accredited SUO-fellowship. The committee then determines whether to accept or decline the program’s application.

Programs are also required to undergo a mandatory re-review every five years, during which the committee will meet with the program director and a fellow separately to determine if the program should be re-accredited. The committee can also trigger an early review if there are certain issues that cause concern. Additionally, every graduating fellow is required to submit a program evaluation, an operative log, and a productivity report for the committee’s review.

17. How much additional clinical experience is required beyond training?
Typically a 1-3 year fellowship in urologic oncology will provide the necessary expertise. SUO fellowships are two years. However, these are not strict requirements and some urologists who have extensive urologic oncology exposure in residency (reviewed and approved by the Board) and with a 70% dedicated practice will be eligible for FPD.

NOTE: When submitting this application, please attach the following items:

✓ Copy of proposed application form for the candidates for this focused practice designation
✓ A written statement indicating concurrence or specific grounds for objection from each Primary and Conjoint Board having expressed related interests in the same field
✓ Written comments on the proposed area of focused practice from at least one (1) public stakeholder group
✓ An example of how diplomates will be recognized for this focused practice designation (both for the diplomate’s own record, and for credentialers and the public).
  ○ The acknowledgment that a diplomate has received a focused practice designation may be in the form of a letter or an email, or a notation on a diplomate’s online public record.
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<tr>
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<td>Grand Total Membership: 954</td>
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ABU Application for Initial Designation of Focused Practice in Urologic Oncology (completed via the DRMS https://portal.abu.org/login).

* Eligible Diplomates must hold a primary general urology certificate issued by the ABU and be in good standing.

Section I: Instruction/Demographics

1. Please update all demographic information including primary and secondary addresses, primary and secondary phone numbers, fax number, and primary email address.
2. Download the Focused Practice Designation for Urologic Oncology handbook.
3. Download Practice Breakdown Template.
4. Pay the Application Fee. Fees are refundable, less an administrative fee, in most cases of cancellation or deferral. Late fees are non-refundable.
5. Payment of annual certificate fee must be current. Invoices were mailed in January and are due April 1.
6. Enter medical licensure information.
7. Upload a recent color or black-and-white photograph for identification purposes.
8. Answer all questions in the application tab. The Board will defer for one year any applicant who misrepresents or does not respond to all questions on the application. The responses and documentation must be submitted by April 1 to avoid assessment of a late fee. No applications will be accepted after May 1.
9. Read and agree to the Revocation of Certification.
10. Attest to the accuracy and completeness of this application and all supplemental documentation.

Section II: Medical Licensure/Professional Responsibility/Special Accommodations

1. Do you currently hold a valid medical license?
   - Yes
   - No

   Expiration Date: 
   State/Province
   Issued:
   License #: 

2. Is your medical license currently subject to any restrictions, conditions, or limitations? If so, please provide a brief narrative in your own words.
   - Yes
   - No

3. Have you been asked by a state medical licensing board to undergo a cognitive or competency evaluation?
   - Yes
   - No
4. Within the last 5 years, has your medical license been subject to any restrictions, conditions, or limitations? If so, please provide a brief narrative in your own words.

☐ Yes  ☐ No

5. Within the last 5 years, have you been or are you now in treatment for alcohol and/or substance use disorder? If yes, must provide explanation in addition to documentation from your treating physician attesting that you have successfully completed a treatment program.

☐ Yes  ☐ No

6. Within the last 5 years, have you ever appeared before a hospital disciplinary board, been denied hospital privileges, had such privileges restricted or revoked, or voluntarily resigned such privileges? If so, please provide a brief narrative in your own words.

☐ Yes  ☐ No

7. Within the last 5 years, have you been named in a malpractice or professional responsibility suit? If so, please provide a description of the case/s in the text box in your own words with name of case, court in which filed, and a detailed narrative of the events, allegations and the outcome including settlement amount, if applicable. If you wish to provide supporting documents, please upload via the document uploader.

☐ Yes  ☐ No

8. Within the last 5 years, have you ever been made aware of a claim or dispute regarding your professional responsibility other than by lawsuit? Specifically, have you ever been made aware of a claim brought in any form, tribunal, administrative proceeding, or pursuant to any other formal or informal means of dispute resolution? If so you, you must provide the name and address of each person or entity involved in the claim or dispute including that of the tribunal itself and a brief description of the matters and its current status, in your own words.

☐ Yes  ☐ No

9. During the past twelve months, approximately what percentage of your practice time was spent as an expert witness including reviewing cases, preparing for testimony, and actually testifying in court or in a deposition?

☐ %

10. Do you require accommodation due to a physical or mental disability during the Board examination? You will be expected to submit appropriate documentation substantiating your disability. The Board reserves the right to verify your disability. The Board supports the intent of the Americans with Disabilities Act and will make reasonable effort to provide qualified candidates who have documented disabilities the necessary auxiliary aids and services that do not fundamentally alter the measurement of the skills or knowledge the board assessment
program is design to test or result in undue burden to the Board. If you require aids or assistance due to a physical or mental disability during the examination, submit documentation with your application.

☐ Yes ☐ No

Section III: Training/Practice

* Applicants must have completed a minimum of 12 months of clinical training in urologic oncology beyond initial residency completion or have equivalent extensive urologic oncology exposure in residency as deemed acceptable by the Board and demonstrated through current CPT coding logs of at least 70% current immersion in urologic oncology.

Please provide the dates and locations of your urologic oncology fellowship training and urologic oncology practice experience(s) below.

Urologic Oncology Fellowships

Start Date *
End Date *
Location *
Documentation: *Upload copy of Certificate

Add Fellowship

Urologic Oncology Practice(s)

Start Date *
End Date * Current
Location *

Add Practice
Section IV: Practice Requirement

☐ I attest to maintaining a practice immersed with at least 70% of patient care devoted to urologic oncology as demonstrated in the practice breakdown.

Most recent 6 Month Practice Breakdown

Dates: ______________________

<table>
<thead>
<tr>
<th>Organ/Region</th>
<th>Count</th>
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<tbody>
<tr>
<td>Prostate</td>
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<tr>
<td>Ureter</td>
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<tr>
<td>Other Cancer</td>
<td></td>
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<tr>
<td>All other Non-Oncology</td>
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</table>
Dear Dr. Mallory,

Thank you for your consideration of a Focused Practice Designation for Urologic Oncology. As President of the SUO and on behalf of the society I would like to convey to you the strong majority support among SUO members for a FPD. We have had an open vetting process at our annual meeting and an open web survey period for feedback. The vast majority agree that the complexities of urologic oncology care is an area for expertise that will strongly benefit cancer patients, but importantly not exclude practice opportunities for other urologists. Our application reflects an inclusive and fair, but validated process for evaluating expertise and competency in urologic oncology. It aligns with the mission of the Society of Urologic Oncology in providing the highest quality care for our patients. The Society strongly supports this application and I remain at your disposal for any questions or concerns. You may reach me at cpevans@ucdavis.edu or you can contact the SUO Executive Office at info@suonet.org.

Sincerely,

Christopher P. Evans, MD, FACS
President
Society of Urologic Oncology
October 29, 2019

Mary Nan Mallory, MD, MBA
COCERT Chair
American Board of Medical Specialties
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Mallory,

Us TOO International is a 501c3 nonprofit organization focused on providing educational resources and support services to the prostate cancer community at no charge. The ultimate objective of the materials and content we distribute is to assist prostate cancer patients in making informed and shared decisions with their healthcare team at all phases of the disease.

While we do not recommend medical facilities or physicians by name, we encourage prostate cancer patients to do their homework to select well respected medical professionals with extensive experience in whatever treatment or procedure the patient is pursuing. Currently, this process is limited to online searches for patient ratings on physicians, or feedback from other prostate cancer patients who may be connected with one of more than 200 local prostate cancer support groups in the Us TOO network.

We strongly support a Focused Practice Designation for Urologic Oncology, which would provide valuable information as a service to patients with prostate cancer and other genitourinary cancers. The designation would help patients identify physicians who are competent medical experts providing the highest quality urologic healthcare.

Thank you for your consideration.

Best regards,

Chuck Strand
CEO
Us TOO International
Dear Dr. «LAST_NAME»:

Congratulations! On behalf of the Trustees of the American Board of Urology, I am pleased to inform you that you have successfully completed all the requirements for focused practice designation in urologic oncology. **Your designation is subject to compliance with the requirements of Life Long Learning (LLL).** Life Long Learning is an evolving process; therefore, it is imperative that you access the ABU website regularly for information and updates. Your Urologic Oncology Focused Practice Designation requires continued documentation of urologic oncology immersion through re-assessment of case logs and completion of the Qualifying Oncology Examination (QOE) every five years with thirty hours of Category 1 CME credit focused in urologic oncology within a three-year period prior to the deadline.

Your focused practice designation will be publicly displayed via the ABMS Certification Matters website, the ABU website, and the SUO website.

My congratulations and best wishes for your professional future.

Sincerely,

J. Brantley Thrasher, MD, FACS  
*Executive Director*

Please keep the ABU office informed of any change of address so that we may continue to send newsletters and correspondence relating to maintaining your certification.