

The Road to Pediatric Urological Subcertification

The Making of a Subspecialty

H. Gil Rushton

Anthony A. Caldamone

The Road to Pediatric Urological Subcertification

Patience

Planning

Persistence

Road to Subspecialty Certification

PATIENCE

25 year process (early 1980's-2007)

PLANNING

- Cumulative result of wide variety of political action, academic and training initiatives
- Each set a new bar

Road to Subspecialty Certification

PERSEVERANCE

-Unanimity of leadership that subspecialty certification was in best interest of our patients

Subspecialty Societies

Society for Pediatric Urology (1952)
AAP Section on Urology (1971)

Society for Fetal Urology (1998)
American Assn of Pediatric Urologists (1998)

Road to Subspecialty Certification Goals

“Why do you need certification? You already have everything you need.”

- Recognition of those who had special training and committed to full-time practice in pediatric urology
- Allow parents and pediatricians to recognize those urologists with special training
- Allow access to those trained in pediatric urology when many patients were denied this by managed care organizations

In the beginning.....

Pediatric
Surgeon

Adult
Urologist



In the beginning.....

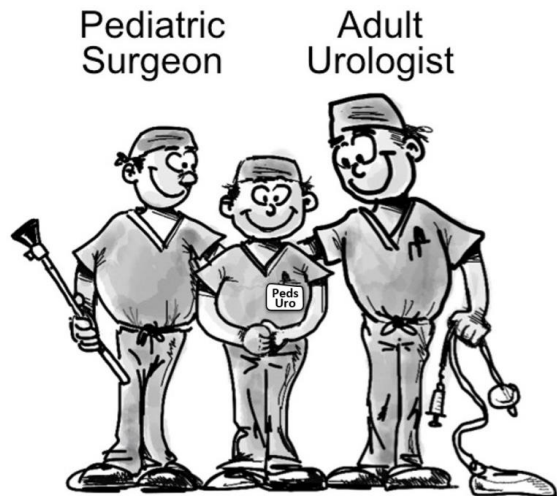
Adult
Urologist

Pediatric
Surgeon



Road to Subspecialty Certification Goals

The goal was never to exclude general urologists and pediatric surgeons capable of caring for children

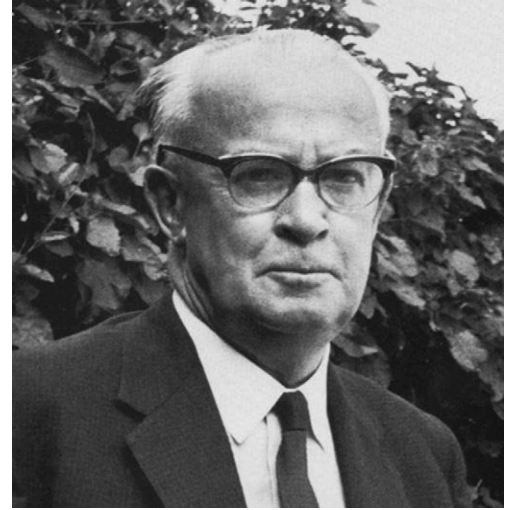


Sir Denis Browne

Father of Pediatric Surgery

In justification for establishing pediatric surgery as subspecialty:

“Paediatric surgery exists as a specialty, not to establish a monopoly but to establish a standard.”



The Time to Certify Pediatric Urologists Has Arrived

A. Barry Belman, M.D.

Invited Commentary
Current Urology Reports 2002

“By the way, to whom will you send
your son or grandson with hypospadias?
Your golf buddy who does a great
prostatectomy
or the fellowship-trained pediatric urologist?”



Society For Pediatric Urology (SPU)

1952: The Pediatric Urological Group,
Atlantic City, NJ

John Benjamin (Rochester NY), Edgar Burns (New Orleans),
Donald Charnock (LA), Ormond Culp (Rochester MN),
Donald Creevy (Minneapolis), Austin I. Dodson (Durham),
John Lattimer (NYC), Robert Lich (Louisville), Charles J.E.
Kickham (Boston), William A. Milner (Albany), John Patton
(Washington DC)

Meredith Campbell, Frank Bicknell

Road to Subspecialty Certification Society for Pediatric Urology



- Dedicated to promoting understanding and expertise in treating urologic diseases in children
- Publishes ***Dialogues in Pediatric Urology***
- Active role in American Urological Assn
- Committee representation by pediatric urologists

Road to Subspecialty Certification Society for Pediatric Urology



Significant role in AUA Annual Meeting

- Abstract selection process
- Recommendations for Plenary Sessions
- Instructional and Postgraduate Courses

Separate meeting

- Monday morning meeting initially
- Later Sunday afternoon and then pre AUA



**SOCIETY FOR PEDIATRIC UROLOGY
TOPIC-ORIENTED SEMINAR
The Undescended Testis
Toronto, Canada
June, 1991**

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American Academy of Pediatrics (AAP) – Section on Urology



- 1960-Committee of Urology of the AAP
- 1966
 - Frank Bicknell's brother-in-law President AAP
 - John Lattimer President New York Section AUA
 - Hotel room reserved at the AAP in New York City for new specialty meeting
 - An overflow crowd showed up
- 1971 -Section on Urology established



John Lattimer

AAP – Committee of Urology



In the beginning.....

- The primary purpose was to secure close ties to pediatricians and protect pediatric urologists from incursions by pediatric surgery
- Educate pediatricians about urologic conditions
- Have a role in the policies of the AAP with regards to pediatric urology

AAP – Section on Urology



- Became a haven / refuge for pediatric urological science
 - Fall AAP meeting
 - Adopted by international pediatric urological community
- Membership was more exclusive than the SPU
 - At a time when SPU was opening its doors to any AUA member
- Gave pediatric urology “independence”
 - Could pursue different tact for subcertification
 - AUA and ABU had to pay attention, recognizing pediatric urology as a different science requiring specialized training
 - 1975- Pediatric urology AAP representative to be standing member of ABU

AAP – Section on Urology



- Development of AAP endorsed brochures defining pediatric surgical subspecialties
- Development of AAP endorsed Referral Guidelines

Pediatrics 110:187-191, 2002

- Support from AAP
 - Endorsement for subcertification from AAP Board of Directors and American Board of Pediatrics
- Essential component
 - Needed for identification of specialty training in pediatric urology

Pediatric Urology: Winds of Change Road to Subspecialty Certification



- AAP Section on Pediatric Urology
 - 2000 - Bylaws change for membership
 - 75% pediatric urology
 - 1997 – **completion of ACGME accredited fellowship**
- Society for Pediatric Urology (2001)
 - 2001- Rigid criteria for “Fellow” status
 - 1998 - **completion of ACGME accredited fellowship**
 - 90% pediatric urology
 - **In-service examination requirement**

Road to Subspecialty Certification

- AAP/SPU coordinated leadership: Initiatives
 - RRC representation
 - ACGME – accredited fellowships (1991)
 - ABU approval for Pediatric Urology In-Service Examination (1995)

Pediatric Urology: Fragmentation

SPU

SFU

AAP-
SOU

Pediatric
Urology
Coordinating
Council

AAPU



Children's National.

Road to Subspecialty Certification

Coordinating Council

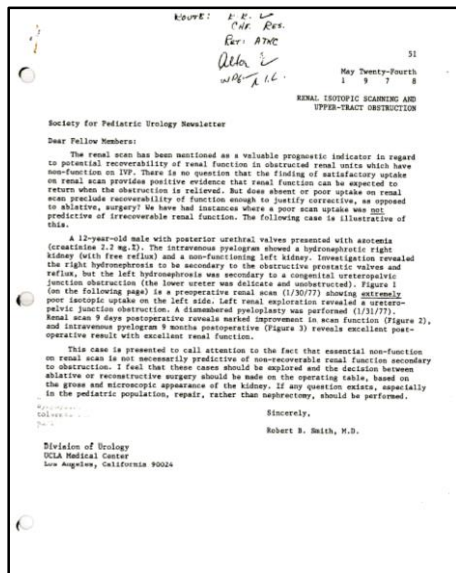
- **Coordinating Council** (1994) for pediatric urology organizations (AAP-SOU, SPU, SFU, AAPU)
 - Negotiated separate Section of Journal of Urology with own editorial board
 - Voluntary hospital credentialing guidelines
 - Organized/administered fellowship match
 - Established Pediatric Urology Advisory Council to ABU (2000)

Road to Subspecialty Certification Publications

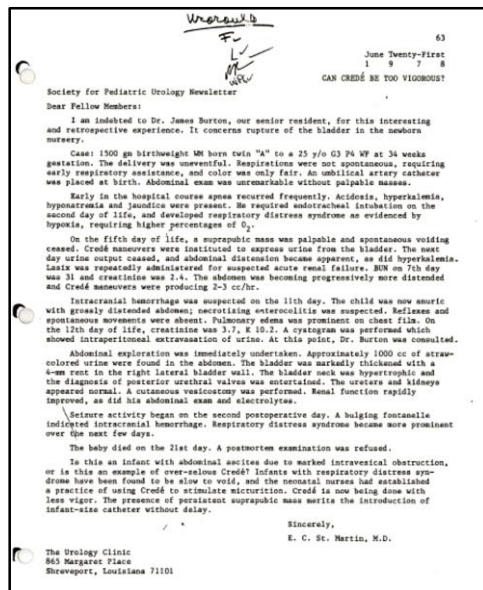
- Pediatric Urology Club Letter
 - Interesting case reports / topics / crazy ideas by members
- SPU Newsletter
 - Richard Ehrlich
- Dialogues in Pediatric Urology
- Pediatric Section, Journal of Urology
 - Supplement

Publications: SPU Newsletter

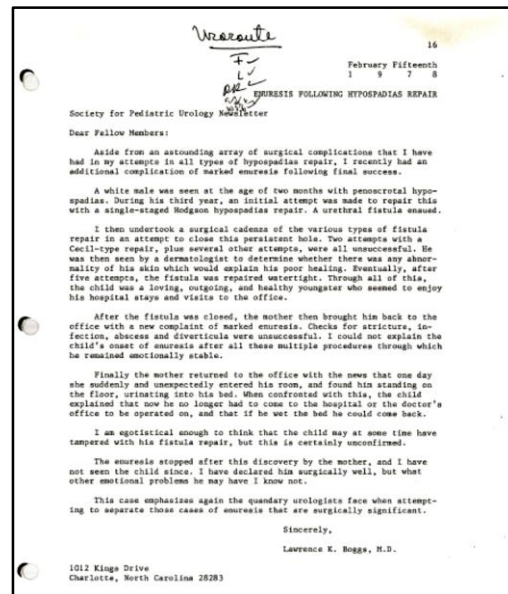
Rick Ehrlich



Renal Isotope Scanning for Hydronephrosis



Can Crede Be Too Vigorous?




Enuresis Following Hypospadias Repair



Children's National.

Publications: Dialogues in Pediatric Urology

Dialogues in Pediatric Urology



Volume 1, Number 1, 1977

This Issue's Topic:

Vesicoureteral Reflux

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Dialogues in Pediatric Urology

An official publication of the Society for Pediatric Urology
Richard M. Ehrlich, M.D., Founding Editor / William J. Miller, Founding Publisher

Volume 26, Number 1
Spring 2004

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Current Status and New Trends in Videoscropy

Michael A. Keating, M.D., Guest Editor
Nemours Children's Clinic, Orlando

Minimal access surgery using the video laparoscope is turning the world of surgery on its head. Pediatric urology is no different in that regard. As a surgeon untrained in these techniques, I have followed these developments with interest and sometimes with dismay. Our meetings and journals are increasingly replete with descriptions of surgeries being completed using non-invasive techniques. There are the very surgeries that most of us currently do with perhaps old-fashioned hand-held forceps and scissors...and now by robot, no less! Upon hearing this initially I felt as if I'd received Samuel Morse's initial telegrams and read "What hath God wrought" or perhaps more fittingly "What else could God possibly wrought?"

Unfortunately, as one who finds the phrase "paradigm shift" an overplayed dramatic description included in most current articles on virtually every aspect of medicine, it certainly appears that minimally invasive surgery is gradually affecting just such a shift in our practices. Feinting being left behind, I called upon some old friends, Steve Docimo and Craig Peters, to provide an update of videoscropy. I wanted their perspective of where this new technology now stands and where it might be heading. Each is an advocate of their particular area of expertise but each is also a honest reporter, as shown by their responses. Their message is clear: Videoscropy is here to stay. And, like any new technology that shows promise, it will improve, probably in logarithmic fashion. Operating with scopes, rather than with a direct view and feel of the internal organs, does not require us to relearn surgical principles. It does, however, require that we learn a different way of doing surgery from past practices. The laparoscopic approach presents a new world that, for most pediatric urologists, must be viewed differently. Seeing, interpreting and moving within that new world is different from the open surgical fields of the past. But, as Rick Ehrlich points out, it is a world that we can adapt to...as long as we keep an open mind.

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Michael A. Keating, M.D.

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From the Editor

Anthony Caldamone, M.D.

This issue of the Dialogues in Pediatric Urology represents a rebirth of a publication which served the pediatric urology community for more than 25 years. Due to the untiring efforts of Rick Ehrlich and Bill Miller, this publication provided not only academic interchange, but also a collaboration among pediatric urologists, which fostered congeniality. At the time the format was quite unique. It was a publication that everyone not only enjoyed receiving but also enjoyed as an opportunity to voice their opinion as a contributor. It was a format that was well received by the authors and the readers.

Through the efforts of The Society for Pediatric Urology and with the encouragement and endorsement of Rick Ehrlich and Bill Miller, we hope to recreate that informal academic exchange that was the hallmark of the Dialogues. Our intention is to continue to reach out to the international community by broadening our editorial board.

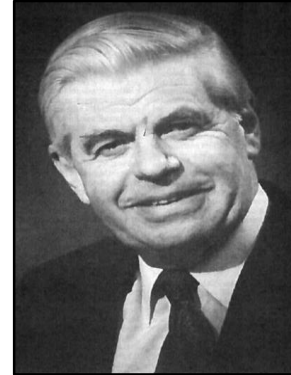
This first issue edited by Mike Keating is indeed a true dialogue, which was one of the formats of the original publication. It represents an exchange with people who are on the edge of technology in pediatric urology. It not only provides information of new technological advances in laparoscopic and robotic surgery, but also tries to place them in perspective and attempts to establish their role in our technological armamentarium. Congratulations to Mike Keating for taking on the mission of this inaugural issue and also to his contributors Steve Docimo, Craig Peters, and our founding editor Rick Ehrlich.



Children's National.

J Urology AAP Supplement: Formal Peer-reviewed Publication

- Supplement for AAP-SOU meeting 1985
- July 1986
- Pediatric Urology Medal
 - Sir David Innes Williams
 - “Reflux: A Career Experience”



Volume 136 July 1986 JOURNA ISSN 0022-5347 Number 1, Part 2

A.A. Goldmann M.D.

The Journal of
UROLOGY
FOUNDED IN 1917 BY HUGH HAMPTON YOUNG

Official Journal of the American Urological Association, Inc.

**PAPERS PRESENTED AT THE ANNUAL MEETING
OF THE SECTION OF UROLOGY,
AMERICAN ACADEMY OF PEDIATRICS**
SAN ANTONIO, TEXAS
OCTOBER 19-24, 1985

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Vol. 136, July
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FOREWORD

Publication of this Supplement, containing selected papers presented and discussed at the annual meeting of the Section of Urology, American Academy of Pediatrics, in San Antonio, Texas, October 19-24, 1985 represents a trial change in policy of the Journal of Urology. A limited number of topic and subspecialty oriented supplements are being solicited in an attempt to provide a current summary of the status of subjects of particular interest to urologists. I have found the articles and discussions in this Supplement to be very informative and trust that you will also. Hopefully this Supplement and the ones to follow will assist all of us in exchanging information and ideas.

Terry Allen served both as the Chairman of the Editorial Committee at the American Academy of Pediatrics and as the Editorial Staff Representative assigned to supervise the publication of this Supplement. His dual role required a great deal of time and effort. He deserves our special thanks.

John T. Grayhack
Editor

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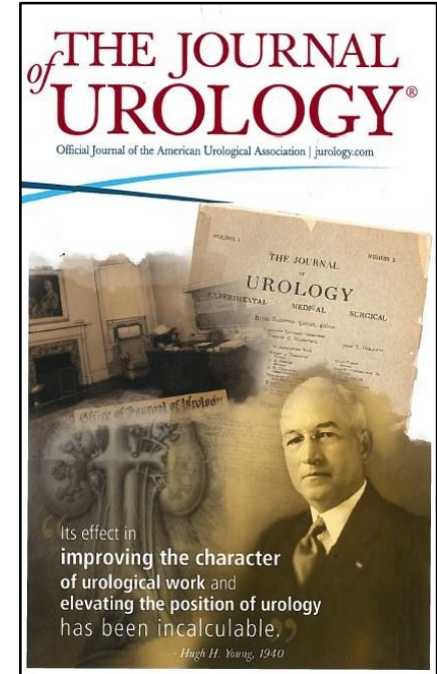


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Road to Specialization

Formal Peer-reviewed Publication

- AAP Supplement
- Coordinating Council
 - Journal of Urology vs. Independent Journal
- Section of Pediatric Urology, J Urol 1995
 - Dixon Walker, Editor
 - Stu Bauer, Jack Elder, Associate Editors
 - 10 articles/issue



Training

ACGME Accreditation of Fellowships

- Pediatric urology fellowships began in the 1970's
 - Chicago: Lowell King and F. Douglas Stephens
 - Boston: Hardy Hendren
 - England: Herbie Johnston and D.I. Williams
 - Primarily preceptorships with no academic/educational regulation
- 1983 – 6 U.S. fellowships (Boston, Philadelphia, Indiana, Detroit, Chicago, San Diego) and Toronto
- 1991 Fellowship accreditation
 - Program requirements written by SPU and AAP-SOU (Coordinating Council)

Pediatric In-Service Examination

PISE

- Approved in 1995 through the ABU / Examination Committee
 - Under the concept of need for objective measure fellowship knowledge and training
 - INTRUTH
 - Set up as precursor to a subspecialty certification examination
 - Mike Mitchell and Barry Kogan and pediatric task force of ABU Exam Committee
 - 1997 first PISE, became predecessor of the Pediatric Subspecialty Urology Examination (2007)

Pediatric Urology Advisory Council

PUAC: 2000

- Mike Mitchell and Bill Cromie
 - “We need to do the heavy lifting for the ABU regarding pediatric subcertification”
 - Composed of leadership of SPU, AAP-SUO, SFU, AAPU
 - PUAC Executive Secretary: Gil Rushton (2000-08)
 - Regular meetings between ABU and PUAC
 - Every Sunday afternoon of the AUA
 - June 2001 – Anaheim AUA

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 Dr. Peter N. Schlegel, M.D., 2009-2015



Children's National.

Pediatric Representation on ABU



- Stu Howards
 - Executive Secretary ABU
 - 1997 - 2011

ABU - PUAC Meetings

- Initially
 - One sided conversations
 - Demonstrated status of
 - Peds Exam Committee
 - Fellowship reports
 - Match results
 - Subspecialty certification
- Eventually momentum grew

Minutes
Pediatric Urology Advisory Council
Sunday May 9, 2004
Union Square Rooms 15 & 16
San Francisco Hilton

Members present: Dr. Stuart Howards (ABU), Dr. H. Gil Rushton (PUAC), Dr. Rick Rink (AAP), Dr. Tony Caldamone (SPU), Dr. Mike Ritchey (AAP), Dr. Marc Cendron (SPU), Dr. Mike Mitchell (AAP), Dr. Pat McKenna (SFU), Dr. Jack Elder (AAPU)
Guests present: Dr. Robert Flanigan (ABU), Dr. Peter Albertsen (ABU), Dr. Bedford Waters (ABU), Dr. Linda Shortliffe (ABU), Dr. David Bloom (ABU), Dr. Howard Snyder (ABU)

The fourth meeting of the Pediatric Urology Advisory Council convened at 4:10 pm on Sunday May 9, 2004 in San Francisco, California. Dr. H. Gil Rushton, Executive Secretary of the Advisory Council, asked for approval of the minutes of the previous meeting held on April 27, 2003. The minutes were approved without any changes.

I. Dr. Rushton next thanked the members of the ABU on behalf of the AAP Section on Urology, the Society for Pediatric Urology, the Society for Fetal Urology and the American Association of Pediatric Urologists for the thoughtful and objective consideration of the Proposal for a Certificate of Added Qualification (CAQ) in Pediatric Urology. The organizations are all grateful and greatly appreciative of the unanimous decision by the ABU to **“support and approve the concept of creating a Certificate of Added Qualification in Pediatric Urology”** which was passed at the last meeting of the American Board of Urology in February 2004.

II. Dr. Stuart Howards updated the PUAC on the decision by the American Board of Urology and confirmed that it was their intention to proceed with a formal proposal for a CAQ in Pediatric Urology to the American Board of Medical Specialties (ABMS). He outlined the process for this noting that Intent to Submit a Proposal must be announced to all Member organizations at least 1 year before the meeting at which the formal proposal will be submitted for a vote. A formal proposal for a CAQ has to be submitted by the ABU both to the Committee on Certification, Subcertification, and Recertification (COCERT), the Executive Committee of the ABMS and the Member Boards at least 180 days in advance of the next COCERT meeting which meets two times each year. This is followed by a 6-month period for comment by any of the other specialty boards. The proposal would then be voted upon by the Member specialty boards and requires an affirmative vote of two-thirds of the Voting Representatives at a Regular Meeting of the Members at which a quorum is present. Thus, formal approval by the ABMS of a CAQ in Pediatric Urology would take a minimum of 1 year after the final plan has been submitted.



Children's National.

PUAC Formal Proposal

- Prevailing concerns
 - Fragmentation of Urology based on other subspecialties that might seek subcertification
 - Adversely impact / restrict pediatric practice of general urologists
 - Not true in other specialties – pediatrics
 - Not restricted by the ABMS
 - “there is no requirement or necessity for a diplomat in a recognized specialty to hold special certification in subspecialty of that field in order to be considered qualified to include aspects of that subspecialty within a specialty practice.”

Road to Subspecialty Certification

Pediatric Urology Advisory Council

- July 2003 PUAC submitted formal proposal to ABU for Certificate of Added Qualification (CAQ)
 - Endorsed by AAP Board of Directors
 - Endorsed by American Board of Pediatrics
- American Board of Medical Specialties (ABMS) - 4 major areas of criteria

American Board of Medical Specialties

ABMS: Criteria for Subspecialization

1. *Documentation of the professional and scientific status of this field includes (a) the existence of a body of scientific medical knowledge which is in large form different, or more detailed than that of other areas in which primary certification is offered.*
 - 2 major texts with international authorship
 - 2 surgical atlases
 - Journal of Urology-Pediatric Section with separate editorial board
 - 18 ACGME accredited fellowships
 - PISE
 - Representation on ABU and RRC

American Board of Medical Specialties

ABMS: Criteria for Subspecialization

2. *The existence of a group of physicians concentrating their practice in the proposed area, the number of such physicians and the annual rate of increase in the past decade, and their geographic distribution at present.*
 - 2005: approximately 250 full-time pediatric urologists
 - Geographically distributed throughout entire U.S.
 - 12-16 new trainees per year over last decade

American Board of Medical Specialties

ABMS: Criteria for Subspecialization

3. *The existing national societies, the principle interest of which is in the proposed areas.*
 - SPU: 280 fellows
 - AAP-SOU: 270 active / 70 international members
 - SFU: 191 members
 - AAPU: 128 members

American Board of Medical Specialties

ABMS: Criteria for Subspecialization

4. *Numerical and geographic distribution of medical school and hospital departments, divisions, or other units in which the principle effort is devoted to the area for special certification.*
 - Virtually every ACGME approved residency had a pediatric urologist
 - Vast majority of medical schools had a section or division of pediatric urology

Subspecialty Certification in Pediatric Urology

- 2004 - obtained support / approval of “concept of Certificate of Added Qualification” from ABU
- 2005 - ABU submitted formal proposal to American Board of Medical Specialties (ABMS)

Dear ABU Trustees and PUAC members:

I would like to let you all know that the ABU application and submission to the ABMS for approval to subcertify in Pediatric Urology was approved at the meeting on September 19, 2006. **Dr. Howards was present at the meeting and asked me to let you know that not only was pediatric subspecialty certification approved; the head of the COCERT committee of the ABMS (which reviews and makes recommendations on all such matters) also said ours was the best application he could remember reviewing.** Everyone's hard work has paid off. The Board office will now proceed with the plans to implement the process. If you have any questions please do not hesitate to contact me.

Hope this finds you all well, Ursula

Ursula B. Hickson, Administrator
The American Board of Urology

Pediatric Subcertification Examination PSCE

First exam written 2007

150 question exam



The Road to Certification: Epilogue

- In 2008, 176 applicants took 1st subspecialty certification exam
- As of Fall 2018, another 225 have taken and passed the examination
- Currently 24 ACGME-accredited fellowships
 - 28-32 new applicants per year
- Under leadership of PUAC Executive Secretary Tony Caldamone (2008-16), the PUAC continued to work with ABU to develop monitoring criteria, including the research year
- Pediatric Urology is thriving and widely recognized by ABU as having established the bar for subspecialty certification in Urology

Dedication

Doug Rushton

11/4/56-9/27/19

10 year survivor ALS