The Road to
Pediatric Urological Subcertification

The Making of a Subspecialty

H. Gil Rushton
Anthony A. Caldamone
The road to Pediatric Urological Subcertification was built upon the principles of Patience, Planning and Persistence.
Patience because this would be a 25 year process beginning in the early 1980’s and finally succeeding in 2007. I would like to take you back to those early years. At that time there were only a handful of fellowship programs in the country and only about 65-70 full-time pediatric urologists in the entire United States. We did not have computers, cell phones or internet so we communicated with each other by snail mail and landline phone calls but mostly in small group discussions at our national meetings.

This led to the planning of a wide variety of political action, academic and training initiatives that would eventually culminate into a complete package at right place and time. It would be a very short talk if it happened at the first sign of natural subspecialization, the start of fellowships, pediatric urology textbooks, journal section, etc., but the fact is that it was a 25 years process in which critical pieces were individually put in place until it magically culminated in being in the right place at the right time.
Most of all it required unanimity of all the subgroups and leadership in pediatric urology to come together with a single voice in pursuit of the goal of subcertification based on the conviction that it was in the best interest of our patients. And the fact is that at each step of the way, we established a new bar in subcertification... A bar that no other subspecialty of urology has been able to achieve to date.
Many asked: “Why do you need certification? You have already have everything you need.”
And the fact is, we did have a lot – more than any other subspecialty of urology.

In essence the justification for subspecialization in pediatric urology was the need to recognize those with special training and research and to allow pediatricians and parents to identify those who have done additional training. It would also allow access to those trained in pediatric urology which had been denied by managed care organizations.
While it may not seem as apparent now, in the beginning, the pediatric urologist was fighting 2 battles. We were the new guys on the block. In the early 80’s, the majority of pediatric urology cases were being done by general urologists or pediatric surgeons.
Whereas one would have thought we would have been a welcomed addition, in reality whenever the idea of pediatric urology certification was brought up, their true feelings came out.
What was critical in this long process was the re-affirmation that the goal was never to prevent general urologists or pediatric surgeons who were capable of caring for children from doing so.
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.“

It is similar in concept to the justification cited by Sir Denis Browne in establishing the specialty of pediatric surgery when he said ....
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?”

Barry Belman put it in a more blunt phraseology, typical of Barry, when he wrote...
The seeds of pediatric urology were sown in the early 1950s with the development of the Society for Pediatric Urology. This was started by a group of urologists who recognized that children were not just small adults, had their own set of anomalies to deal with, and required special consideration.
From its inception, members of this group were dedicated to promoting understanding and expertise in treating urologic diseases in children.

The Society of Pediatric Urology would go on to publish the *Dialogues in Pediatric Urology*, the first formal publication devoted exclusively to Pediatric Urology.

It would play an active role in the American Urological Association by promoting pediatric urologists as representatives on key Committees in the AUA.
It played a significant role in the AUA annual meeting by active participation in the pediatric abstract selection process, in making recommendations for topics and speakers for the Sunday Pediatric Plenary Sessions, and in organizing and conducting instructional and postgraduate courses in Pediatric Urology.

Eventually it would have its own separate meeting which in the early years was held off-site, usually at a Children’s Hospital or University in the same city as the AUA annual meeting. Eventually it would be incorporate back into the AUA annual meeting location, usually just prior to the AUA adult programs.
This was a program from one of the earlier meetings. You can see that these were mostly topic-oriented seminars as opposed to the abstract-based programs of today. This particular meeting focused on clinical and basic science advances related to the subject of cryptorchidism.
The other major organization in the journey toward subcertification was the American Academy of Pediatrics Section on Urology. This began in 1960 as a Committee of the AAP. The idea of a pediatric urology specialty meeting at the AAP was the idea of 2 urologists, Frank Bicknell and John Lattimer. In 1996 the AAP annual meeting was held in New York City. Frank Bicknell’s brother—in-law was the President of the AAP and John Lattimer was President of the New York Section of the AUA. They reserved a hotel room at the AAP meeting for a new specialty meeting for those urologists interested in pediatric urology. Surprisingly and unexpectedly, an overflow, standing room only crowd showed up. The success of this meeting helped to establish a long tradition of Pediatric Urology specialty meetings at the annual meeting of the AAP. Based on the success of these meetings, the Committee of Urology was elevated to a formal Section of Urology of the AAP in 1971.
In the beginning, the primary purpose of this Committee was to secure close ties to pediatricians and protect pediatric urologists from incursions by pediatric surgery, to participate in the education of pediatricians about pediatric urological conditions, and to have a role in the policies of the AAP with regards to pediatric urology.
But over time, it became much more important. The Section on Urology became a haven for pediatric urological science and the annual meeting of the Section on Urology was adopted by the international urological community as the most important and prestigious scientific meeting in the field of Pediatric Urology.

The membership was more exclusive than the SPU, at a time when the SPU was still opening its doors to any AUA member. In fact, being a Specialty Fellow in the AAP (FAAP) became the calling card of the pediatric urologist until subcertification was finally achieved.

All of this gave pediatric urology a new sense of “independence” which allowed it to pursue a different tract for subcertification. Eventually the AUA and the ABU would have to pay attention, recognizing pediatric urology as a different science that required additional specialized training.

As such, in 1975 the ABU invited the AAP Section on Urology to formally sponsor a pediatric urology representative as a standard trustee on the American Board of Urology, a distinction that even today has not been afforded to any other subspecialty in Urology.
The AAP Section on Urology, in conjunction with the AAP Surgical Action Panel, would go on to develop AAP endorsed brochures defining the pediatric surgical subspecialties. Later, again with the Surgical Action Panel, the Section on Urology would help develop AAP endorsed Referral Guidelines for pediatric surgical subspecialists that were published in *Pediatrics*. (Pediatrics 110:187-191, 2002)

The Section on Urology was able to gain the endorsement for subcertification from both the AAP Board of Directors and the American Board of Pediatrics. This would prove to be an essential component necessary for the identification of specialty training in pediatric urology.
In 2000, the AAP Section on Urology would establish more stringent by-laws for membership, requiring all Fellow members to devote at least 75% of their practice to Pediatric Urology. Furthermore, all fellows who finished fellowship training after 1997 had to have completed an ACGME accredited fellowship.

The following year, the Society for Pediatric Urology followed suit and passed new rigid criteria for a new subcategory of membership, the “Fellow Member”. This required that at least 90% of their practice be devoted to Pediatric Urology and that anyone finishing fellowship after 1998 had to have completed an ACGME fellowship.

They also instituted a requirement for Fellow Members to participate in the Pediatric Urology In-Service examination.
The AAP Section on Urology and the Society for Pediatric Urology were 2 separate organizations with overlapping membership. Each played a vital role in developing Pediatric Urology. However, it became increasingly clear that their efforts needed to be coordinated if pediatric urology was to move forward as a specialty, both scientifically and politically. Through the coordinated leadership, the 2 organizations were able to achieve representation by pediatric urology on the Residency Review Committee (RRC). This would eventually lead to the ACGME approval of fellowships in pediatric urology in 1991, and to ABU approval of the Pediatric Urology In-service Examination in 1995.
With these successes, it became apparent that more formal coordination of the leadership of the pediatric urological organizations was necessary to continue the momentum toward subcertification. In 1994 the Pediatric Urology Coordinating Council was established, consisting of the leadership of the now 4 organizations in Pediatric Urology.
The Coordinating Council would eventually go own to negotiate a separate Section of the Journal of Urology with its own editorial board, it would develop voluntary hospital credentialing guidelines for pediatric urology, it would organize and administer the pediatric urology fellowship match, and in 2000 would establish the Pediatric Urology Advisory Council to the ABU, the final critical step in the journey to subcertification. This will be furthered elaborated later.
Establishing our own specific publications was critical to our identity and again distinguished ourselves from other areas of concentration in urology. It all started with the Pediatric Urology Club Letter.
This was developed by Rick Ehrlich in which interesting case reports, topics, or even ideas by members were put in print. It later became the SPU Newsletter, with the help of George Kaplan. Here are some examples of these publications.
The SPU Newsletter eventually evolved into the Dialogues in Pediatric Urology when Richard Ehrlich partnered with an independent publisher from NYC, Bill Miller. It was unlikely that Bill ever made a profit on this publication, and likely lost money, but he kept it going for 25 years, until he agreed with a handshake to have it taken over by the SPU. This was the first formal publication devoted exclusively to pediatric urology.
The AAP-SOU supplement of the Journal of Urology was established for the 1985 AAP meeting in San Antonio and was first published in July 1986, when the robust scientific content of that 2 ½ day meeting came to the attention of the Journal editors. The AAP medal was awarded that year to Sir David Innes Williams of London. The title of his talk was: “Reflux: A Career Experience”.

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”

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This is the Editorial for the supplement written by John Grayhack, then Editor-in-Chief of the Journal of Urology. You will note that he states that this supplement represents a trial in policy of the Journal of Urology. A very successive trial it was, as it persevered for over 3 decades until only a couple of years ago. For 20 years it was the only peer-reviewed publication devoted exclusively to pediatric urological topics.
With the success of the pediatric supplement of the Journal of Urology, the need was recognized for a separate editorial board and review process specific for pediatric urology to establish a fair review process. Primarily through the efforts of the Coordinating Council, a section of Pediatric Urology of the J Urol was established in 1995. This was not without a battle, as there was serious consideration at the time to starting an independent pediatric urology journal. In our opinion, that probably would not have been the right choice at that time. However, it was clear to the pediatric urological community that pediatric submissions needed to be peer reviewed by pediatric urologists. The debate was settled when the Journal of Urology offered to create a separate Section with its own editorial board. Dixon Walker was the first Section Editor and Stu Bauer and Jack Elder the Associate Editors.
Pediatric urology training in the U.S. began in the 1960’s. Prior to that there were isolated hot spots in Chicago and Boston, but many of those seeking training in pediatric urology went to England to work with Herbie Johnston or D.I. Williams. As these first generation pediatric urologists started their own units, other fellowship cropped up.

By 1983, there were 5 US programs (Boston, Chicago, Detroit, Philadelphia, Rochester) and 1 in Toronto, with no fellowship match. Nor was there an accreditation process for fellowship training.

Again through the efforts of the Coordinating Council and meetings with Trustees of the ABU and in particular the AAP Pediatric Urology representative, it was decided that since the practice of pediatric urology required additional training and was in many aspects a different science and approach to urology, that separate ACGME/RRC accreditation was necessary for fellowship training. This was established in 1991.
The Coordinating Council with the help of the pediatric representation on the ABU in the early 1990s, primarily Mike Mitchell, George Kaplan, and Bob Weiss - convinced the ABU that there was a need to objectively measure a trainees’ knowledge base in pediatric urology with a validated exam. The first Pediatric In-service Examination (PISE) was predominantly written by Mike Mitchell and Barry Kogan with the help of members of the Pediatric Task Force of the American Board of Urology Exam Committee.

Eventually this would morph into the PSCE (Pediatric Subcertification Examination) which was first administered in 2007 as a 150 question exam.
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

So by now the infrastructure was being laid in place and there was more than 1 pediatric urologist on the ABU for segments of time. But the tide was not turning fast enough and it was clear that this was going to be a lot of work if subcertification was to happen.

Mike Mitchell and Bill Cromie developed the concept of a group that would do the heavy lifting for the ABU regarding subcertification in Pediatric Urology. This group was call the Pediatric Urology Advisory Council (PUAC), as previously mentioned, and was composed of the leadership of the SPU, AAP-SUO, SFU and AAPU. Beginning with the Anaheim AUA meeting in 2001, this group would meet with the trustees of the ABU every Sunday afternoon of the annual AUA meeting. The first executive secretary of the PUAC was Gil Rushton (2000-2008).
Many of the early meetings between the PUAC and the ABU trustees were very one-sided. The PUAC would report on the PSCE, match results for pediatric urology fellowships, etc., with little feedback. But the PUAC persisted in bringing up the idea of subcertification in pediatric urology and communicated with them regularly. Eventually the momentum grew.
Now here is a listing of the past trustees of the ABU. The circled trustees are pediatric urologists.

The point is that in the late 90's into the 21st century that there was more than 1 pediatric urologist on the Board. In fact you can see that there was a critical time when there were 3. This coincides with the development of the Pediatric Urology Advisory Council.
Just as critical to the road to subspecialization, and the success of the communications between the pediatric urology community and the ABU, was the fact that Stu Howards, a pediatric urologist himself, was Executive Secretary of the ABU at the time. While Stu stayed as neutral as he could, we felt deep down that he thought that pediatric urology deserved subspecialization. However, this was just our sense.
In July 2003 the PUAC representing the entire pediatric urology community submitted a proposal to the ABU for a Certificate of Added Qualification (CAQ). One of the prevailing concerns at the time was fragmentation of Urology if subcertification in pediatric urology might lead other subspecialties to seek the same. However, it was pointed out to the Board that pediatric urology was a unique subspecialty not based solely on a separate area of interest, but rather one based on an entirely different population of patients with different disorders and surgical approaches.

The other concern was its potential impact on the general urologist who cared for children. It was pointed out that this was not the case in other specialties. For example, in pediatrics at the time 20% of pediatricians reported spending some of their time in one of 16 subspecialty areas even without formal subspecialty training. In addition the ABMS Reference Handbook in 2004 clearly states that “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.”
In 2003, the PUAC submitted a formal proposal to the ABU for a 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

What was the American Board of Medical Specialties looking for?
The criteria from the ABMS for subspecialization included documentation of a professional and scientific status of the field. By now, our guns were fully loaded.

At that time, we had 2 major texts, 2 surgical atlases, a section with a separate Editorial Board of the Journal of Urology, an In-Service Examination (PISE), and a Pediatric Urology Representative on the ABU and the RRC.
The second requirement was the existence of physicians concentrating their practice in this area, the number of such physicians, 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

The second requirement was the existence of physicians concentrating their practice in this area, the number of such physicians, the annual rate of increase and geographical distribution. In 2005 there were approximately 250 full time pediatric urologists, geographically distributed throughout the US, with 12-16 new trainees completing their training each year.
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

The third requirement was that there existed national societies of interest in pediatric urology. At the time we had the SPU, AAP-SOU, SFU, and AAPU each with their own membership criteria, leadership and annual meetings. While there was certainly significant overlap in these memberships, of course, they were impressive, nonetheless.
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

And finally, it asked for geographic distribution of the specialty in medical schools and hospital departments. By now virtually every ACGME approved residency had a pediatric urologist or access to one and the vast majority of medical schools had a Section or Division of Pediatric Urology.
In 2004, we received the support from the ABU for a Certificate of Added Qualification.

In 2005, the ABU submitted a formal proposal to the American Board of Medical Specialties (ABMS) for Subspecialty Certification in Pediatric Urology, once again the first subspecialty to achieve this distinction.
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

This is the letter that we received from Ursula Hickson, Administrator for the ABU after our proposal was reviewed and approved by the ABMS......

Note, that it comments that “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.”
This is the committee that constructed the first Pediatric Subcertification Examination (PSCE) in 2007. It included Steve Docimo, Larry Baskin, Mike Ritchey (Head of the ABU Exam Committee), David Joseph (Head of the Pediatric Exam Committee), Tony Caldamone, and Doug Husmann.
The Road to Certification: Epilogue

- In 2008, 176 applicants took 1st subspecialty certification exam
- As of Fall 2019, another 249 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