The ABCs of AFCs

Andrew E. MacNeily, MD, FRCSC, FAAP

CUA President

Can Urol Assoc J 2020;14(2):8-9. http://dx.doi.org/10.5489/cuaj.6390

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The CUA exists to promote the highest standard of urologic care for Canadians and to advance the art and science of urology.

AFC: Area of Focused Competence

The Royal College of Physicians and Surgeons of Canada has acknowledged that there are certain domains of specialty practice qualified individuals may choose to focus on that merit distinction beyond that of their parent specialty. Rather than create new subspecialties — and the requisite committees for accreditation, examination, and certification — the College has designated these areas of enhanced expertise as "Areas of Focused Competence" (aka AFC diplomas). Think of it as, "subspecialty lite."

AFC: Area of Frustrating Complexity?

A lengthy and rigorous application is required. To date, 26 specialized disciplines in Canadian medicine have been recognized as AFCs. AFCs are usually portfolio- and competency-based rather than time- and exam-based. However, there still must be an AFC committee structure, defined entry routes, a document suite of competency training requirements, milestones, and entrustable professional activities. Fellowship programs can apply (and pay) to have their programs assessed and accredited as AFC diploma-granting. Practitioners can apply (and pay) to be assessed for an AFC diploma. There needs to be a Royal College accreditation committee composed of volunteers to assess AFC training programs.

The first foray into urology-specific AFCs was the nascent AFC diploma in pediatric urology. I served on the application committee along with six other volunteer pediatric urologists from coast to coast. Thanks go to the chair, Walid Farhat, for doing all the heavy lifting. The application has been in the works for over four years and is nearing completion. It has involved quite a bit of thought, several teleconferences, one face-to-face meeting in Ottawa, and a hefty $14 000 application fee. The impetus for this was to allow for Canadian accreditation of pediatric urology fellowship programs. This is most important for international fellows, particularly Americans, who require documentation that they have trained in an accredited fellowship. Understandably, we want to send trainees home with legitimate external validation. The CUA executive and stakeholders from affiliated Royal College specialty committees were consulted (pediatrics, pediatric general surgery, urology [of course], etc.). All felt that this was good for patient care. After all, how could enhanced training and a focused practice not be good for patient care?

The challenge will be sustainability of these AFCs. What if the majority of pediatric urologists can't be bothered to assemble a practice portfolio, pay an assessment fee, and then an ongoing annual fee in order to obtain a diploma that does not influence their current scope of practice? There are undercurrents that this is a common sentiment across specialties governing the AFC spectrum. Only 17% of graduates of the 26 currently existing AFC accredited programs have completed the process to obtain the added qualification of *"DRCPSC."* Without the aforementioned revenue stream, the AFC diploma process will collapse. I am concerned that all our hard work to establish the AFC diplomas may have been for naught.

AFC: Assured to Foment Conflict?

When the application for an AFC diploma in pediatric urology was launched, there was no perceived threat to most urologists, who rarely work in this space. In short, nobody really noticed or cared.

The plot thickened when the CUA executive was recently asked to deliberate on whether to support an AFC diploma in urological oncology. This was contentious. Some felt it would enhance patient care; others felt it would exclude community

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urologists from a large proportion of the oncology work they already do quite well (no fellowship = no AFC diploma; no diploma = no privileges for oncological cases). The pushback from CUA members was palpable. For now, the idea is on hold.

There has also been an application by Canadian obstetrician/gynecologists for recognition of an AFC diploma in female pelvic medicine and reconstructive surgery. The CUA executive and content experts from the CUA were consulted. It was felt that, at this time, the application was unnecessary and potentially divisive. The consensus was that general urologists are competent in this domain and that there is no need to codify it with a special diploma. We ultimately advised against the initiative. Obstetrician/gynecologist representatives were not pleased. No doubt, this dialogue will be ongoing.

One can envision that other AFC applications may emerge in urology. What's next? Andrology? Endourology/minimally invasive surgery? Male reconstruction? One wonders if this a good thing for Canadian urology or not. I am concerned about credentialing creep and its potential balkanization of our small, cohesive group of Canadian urologists.

AFC: Allowing Fragmentation of Colleagues?

For us, urologists representing the CUA are the same people representing the Royal College. This is not necessarily true for other, larger specialties. That exposes us. We may be swept up in the enthusiasm of larger groups promoting credentialed excellence at the expense of fragmentation and the alienation of generalists.

There is no simple solution to this complex AFC equation. We will not be able to untie this knot in the next few months of my presidency….

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