

**2014 Bulletin
for the
Oral Examination
for
Basic Certification
in
Obstetrics and Gynecology**

***The American Board of
Obstetrics and Gynecology, Inc.***



The American Board of
Obstetrics & Gynecology
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First in Women's Health

This bulletin, issued in Spring, 2013, represents the official statement of the requirements in effect for the basic oral examinations to be given in November and December, 2014, and January, 2015.

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IMPORTANT INFORMATION
All Candidates
for the
2014 Oral Examination
for
Basic Certification in OB-Gyn

1. The eligibility of current fellows to apply for the oral examination—through both the accelerated and usual pathways—has been expanded. If you are currently a fellow in any OB-Gyn related fellowship program please read this Bulletin carefully.
2. It is the candidate's responsibility to meet all deadlines for submission of applications, fees, case lists, and all other required materials. Deadlines are based on the receipt of the material at the ABOG office and will not be extended.
3. All fees must be paid by credit card using the link on the ABOG website.
4. All Board-related correspondence should be sent using a service with tracking ability.
5. All new Diplomates must enter the MOC process in 2015. MOC is a continuous process, and failure to complete the assignments each year by the deadline will result in loss of Board certification. The MOC process is described in the *MOC Bulletin*.
6. It is the responsibility of each candidate to update their personal email and mailing addresses in the profile section of their personal ABOG home page.
7. There is a limit to eligibility to sit for the oral certification examination. The specific limits are listed in this bulletin.
8. Beginning in 2017 all candidates must achieve board certification within 8 years of the completion of their training.

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GENERAL INFORMATION FOR ALL CANDIDATES

I. CANDIDATE RESPONSIBILITY

The process of certification in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology (ABOG) is voluntary. ABOG does not assume responsibility to contact potential candidates. Rather, each candidate is responsible for initiating the process, completing all applications, submitting required materials by the deadlines, and paying the appropriate fees. Candidates must meet the eligibility requirements published in the *Bulletin* dated for the year in which they are to take the examination as these may change from year to year. The *Bulletin* is available on-line at www.abog.org. It is the candidate's responsibility to become familiar with all of the material contained in the *Bulletin*, including the information in the Appendices.

After application, it is the candidate's responsibility to inform ABOG of any changes in email and other addresses by changing the information in their profiles on their ABOG personal home page.

II. DEFINITION OF AN OBSTETRICIAN-GYNECOLOGIST

Obstetrician-Gynecologists are physicians who, by virtue of satisfactory completion of a defined course of graduate medical education and appropriate certification, possess special knowledge, skills and professional capability in the medical and surgical care of the female reproductive system and associated disorders, such that it distinguishes them from other physicians and enables them to serve as consultants to non-OB-Gyn physicians and as primary physicians for women.

Certification by The American Board of Obstetrics and Gynecology attests to the physician's professional colleagues and to the public that the Diplomate possesses special knowledge and professional capability. Each certificate granted or issued does not of itself confer or purport to confer upon any person any degree or legal qualifications, privileges or license to practice Obstetrics and Gynecology, nor does the Board intend in any way to interfere with or limit the professional activities of any duly licensed physician who is not certified by ABOG. The privileges granted physicians in the practice of Obstetrics and Gynecology in any hospital are the prerogative of that hospital, not of ABOG. ABOG certifies as specialists those who voluntarily appear for the purpose of evaluation and certification.

Building upon a broad base of knowledge and skills, an individual obstetrician-gynecologist may develop a unique type of practice and changing professional focus. However, continued certification requires that the physician limit their practice to care of women and to medical practice that is consistent with their training in obstetrics, gynecology and women's health.

III. CANDIDATE BOARD STATUS

All applicants for the Basic Oral Examination must have achieved "Active Candidate" status by passing the Basic Written Examination. See Appendix 6 for additional information about Board Status

IV. DURATION OF CERTIFICATE VALIDITY

All certificates issued by ABOG in 1986 and thereafter are time-limited and remain in effect only if the Diplomate participates in and successfully completes the Maintenance of Certification (MOC) process each year. Certificates issued after successful completion of the oral examination in November or December, 2014 and January, 2015 will expire December 31, 2015 unless the 2015 MOC assignments are completed successfully and on time.

A Diplomate who allows their certification to expire should contact the ABOG regarding the requirements for the re-entry process. The MOC phone number is 214-721-7510; the email address is MOC@abog.org. A Diplomate with a certificate that has been expired for six years or longer will be required to take the Basic Written and Oral Examinations in order to re-establish Diplomate status.

Details of the MOC process can be found in the MOC Bulletin which is available on-line at www.abog.org.

THE ORAL EXAMINATION

I. Introduction

Certification by ABOG is a voluntary process. The ABOG will not contact potential candidates. Each candidate is responsible for completing the on-line application, paying the appropriate fee and submitting required materials to ABOG at the time they are requested.

The oral examination will evaluate the candidate's approach to and rationale for the clinical care of various patient management problems in obstetrics, gynecology and women's health. The candidate's case list and structured hypothetical questions (possibly including visual aids) will be used by the examiners.

Candidates will be expected to demonstrate a level of knowledge that allows them to serve as consultants to physicians in their community who are non-obstetrician-gynecologists, and to provide safe and effective care to women.

Candidates will be expected to demonstrate that they have acquired the capability to practice independently, to perform major gynecologic surgery, and spontaneous and operative obstetric deliveries safely, to manage complications, and to perform the essential diagnostic procedures required of a consultant in obstetrics, gynecology and women's health.

The candidate should bring one copy of their case list with them to the oral examination. That copy of the list must be identical to the list sent to ABOG, and contain no additional information.

II. The Application Process for the 2014 Oral Examination: General Information

The 2014 oral examinations will be given in November 2014, December 2014, and January 2015.

- A. Applications will be accepted on-line at www.abog.org beginning February 1, 2014. The application fee must be paid on-line by credit card at the time of application. In addition, the following must be faxed to the ABOG office on or before March 15, 2014, 5 pm CST: (1) a copy of each current medical license and its expiration date, and (2) the completed Hospital Release Form that automatically prints at the time of application. Late fees will apply for applications received after 5 pm CST, March 15, 2014. [See the list of deadlines and fees on page 7.]
- B. April 30, 2014 is the last day for receipt of an application to take the 2014 oral examination. Applications received after this date will not be accepted.
- C. Inquiries, applications and correspondence must be in English.
- D. The application fee must be submitted with the application and must be paid by credit card. No other form of payment will be accepted. All fees are quoted in US dollars. The application fee for the oral examination will not be refunded nor credited against a future examination.
- E. Candidates will be notified by ABOG by July 15, 2014, to submit properly formatted case lists in triplicate and to pay the examination fee. The case list must be submitted by August 1, 2014, 5 pm CDT to avoid a late fee.
- F. Case lists received between August 2, 2014 and August 11, 2014, 5 pm CDT will be assessed a late fee.
- G. No case lists will be accepted after August 11, 2014, 5 pm CDT.

III. Fees and Deadlines

The following table lists the deadlines and fees for the oral examination. Deadlines cannot be extended.

ORAL EXAMINATION DEADLINES

February 1, 2014	Applications available on-line
April 30, 2014, 5 pm CDT	No applications accepted after this date
July 15, 2014	Candidates will be notified to submit case lists, photograph, and to pay the examination fee
August 1, 2014, 5 pm CDT	Last day for receipt of case lists, photograph and examination fee without additional late fee
August 2, to August 11, 2014, 5 pm CDT	Late fee applies
August 11, 2014, 5 pm CDT	No case lists or examination fees accepted after this date and time.

ORAL TEST FEES: APPLICATION FEES

February 1, 2014 to March 15, 2014, 5 pm CDT	\$840
March 16, 2014 to April 15, 2014, 5 pm CDT	\$840 + \$345 late fee = \$1185
April 16, 2014 to April 30, 2014, 5 pm CDT	\$840 + \$825 late fee = \$1665

ORAL TEST FEES: EXAMINATION FEES

July, 2014 to August 1, 2014, 5 pm CDT	\$975
August 2, 2013 to August 11, 2014, 5 pm CDT	\$975 + \$345 late fee = \$1320

After approval, if the candidate experiences an event that prevents sitting for the examination, the Board should be notified immediately. If the request is made prior to September 15, 2014, and if the review committee agrees that the request is due to circumstances beyond the control of the candidate, the examination portion of the fee may be refunded. However, the application fee and late fee are not refundable. In addition, the review committee will not consider any request that is based primarily on non-emergency matters.

IV. Eligibility to Sit for the 2014 Oral Examination

- A. The candidate must have received a passing grade** on the written examination **prior** to making application for the oral examination. Candidates may not apply for the oral examination pending the results of the written examination.
- B. Limitation of Eligibility.** Candidates who fail the oral examination 3 times or fail to pass the oral examination within 6 years of passing the written examination become ineligible to repeat the oral examination at that time. To regain eligibility, the candidate must repeat and pass the written examination and fulfill all other requirements to become admissible to the oral examination. Years spent in an ABOG-accredited fellowship training in Maternal-Fetal-Medicine, Gynecologic Oncology or Reproductive Endocrinology and Infertility, as well as training in an ACGME-accredited FPMRS program are excluded from the 6 year limitation.
- C. Good moral and ethical character.** The Board requires evidence of a candidate's professional reputation, moral and ethical character, and in-hospital practice privileges from administrative officers of organizations and institutions to whom the candidate and their conduct of practice is known. If a candidate is involved in an investigation regarding practice activities, or ethical or moral issues, the individual will not be scheduled for examination, and the application will be deferred. The Board usually will defer such a decision for a minimum of one year to gain further information.
- D. The candidate must possess an unrestricted license to practice medicine in any state or territory** (United States or Province of Canada) in which the candidate has held a medical license. An educational or institutional license does not meet this requirement unless the candidate is currently in an ABOG-accredited or ACGME-accredited FPMRS fellowship training program.

If a candidate has ever had their medical license restricted or revoked in any territory, province or state of the United States or Canada, a written explanation must be provided with the application. All restrictions and/or revocations must be cleared to be eligible to sit for the oral examination. The Board reserves the right to determine if the candidate is eligible to sit for the oral examination after reviewing all material.

E. Actively engaged in unsupervised practice:

1. The candidate must be engaged in independent continuous, unsupervised patient care in Obstetrics and Gynecology beginning no later than July 1, 2013, and such practice must be maintained through June 30, 2014 to be eligible to submit an application unless currently enrolled in a fellowship program in an area of medicine related to Obstetrics and Gynecology.

a. Candidates who completed residency training August 31, 2012, or earlier:

All physicians who meet this criterion and are active candidates may submit an application if they have been in unsupervised practice and hold unrestricted hospital privileges beginning no later than July 1, 2013, and maintain such practice and privileges through June 30, 2014.

b. Candidates completing a residency between September 1, 2012 and August 31, 2013, who are not enrolled in a fellowship program (accelerated process)

Candidates planning to apply for the accelerated process may begin collecting cases on July 1, 2013, and must start by September 1, 2013. This means that an active hospital practice must be established no later than August 31, 2013, and their practice and hospital privileges must be maintained until the date of their oral examination. [Candidates who complete their residency on September 1, 2013, or later are not eligible for the accelerated process.]

Candidates for the accelerated process may submit an application beginning on February 1, 2014. A maximum of 300 such candidates (including candidates who are in fellowship training) will be accepted into the accelerated process. Acceptance will be based on a first-come basis. That is, only the first 300 applications will be processed.

- c. *Candidates in fellowship training in an OB-Gyn related area of clinical medicine (accelerated process)*

These candidates may apply for the accelerated process. They are subject to the 300 candidate limit as described in “b” above. Their case lists may contain patients from their fellowship training. [See Case Lists, pp11-18.]

Candidates who are in their final year of training may apply for the oral examination outside of the accelerated process during the open application period as the examination will not be given until after they have completed their fellowship.

2. The candidate must hold unrestricted hospital privileges to practice as an obstetrician-gynecologist in each of the hospitals in which the candidate has been responsible for patient care during this time. “Unrestricted hospital privileges” implies that the physician has full clinical privileges to admit patients and to practice general obstetrics and gynecology. Required proctoring for new privileges is not considered a restriction for examination purposes. However, when quality of care or peer review activities have led to a limitation of privileges, this is considered a restricted practice, and the physician is not eligible to sit for the oral examination. If the candidate is under investigation or on probation (for cause), the examination will be deferred until an investigation is completed, the probation is lifted and full and unrestricted privileges are granted.

Candidates who are in fellowship training do not need to meet this criterion.

3. Time spent in a teaching or research appointment, or in a non-clinical fellowship that does not involve unrestricted privileges to practice as an obstetrician and gynecologist and does not include clinical practice will not fulfill the requirement of “independent practice.”
4. Candidates who are enrolled in a fellowship in an OB-Gyn area of medicine may use cases from their fellowship training for their case list. (See Section V below for more information.)

F. Approval of application and review of licensure and privileges

If the application, licensure and privileges are acceptable after review by ABOG, the candidate will be notified by July 15, 2014. The candidate will then be asked to submit case lists (see below).

The case lists should not be mailed until the candidate is notified of approval from the Board.

The Board will make the final decision concerning the applicant’s admission to the oral examination after considering all circumstances affecting the individual situation, including a review of the case lists. (See Final Approval and Notification of Admission to the Oral Examination.)

The candidate must submit 3 copies of case lists as described below in Section V.

G. Test Security and Attestation

At the time of application and on the day of the oral examination, each candidate must sign the following terms of agreement. If a candidate refuses to sign the agreement they will not be allowed to sit for the Basic Oral Examination.

1. I understand and irrevocably agree that, if I am certified as a Diplomate of the ABOG, the ABOG is authorized to provide my name and business address for publication in the following: *Obstetrics & Gynecology*, *The American Journal of Obstetrics and Gynecology*, *The Directory of Medical Specialists*, the *American Board of Medical Specialties Directory of Certified Obstetricians and Gynecologists*, and the *Directory of American Medical Association*. In addition, my name and business address will be forwarded to the American College of Obstetricians and Gynecologists and the American Congress of Obstetricians and Gynecologists.
2. The ABOG is authorized to make my name and business address available on request to the public including, but not limited to, hospitals, insurers, agencies of government and lay persons.

3. I understand that all ABOG test materials including, but not limited to the structured case histories and images utilized during the oral examination are copyrighted, and that it is illegal to disclose the content of the examination in whole or in part to any individual, organization or business. Furthermore, I understand that if I provide the information to such entities I may be prosecuted under the US Copyright laws.
4. I understand that if I divulge the content of the oral examination in whole or in part to any individual, organization or business my test result, if any, will be negated and I will not be allowed to re-apply for the examination for a minimum of three years. Furthermore, if I had been awarded Diplomate status, such status will also be withdrawn.
5. I understand that I may not record any portion of the oral examination by any means in whole or in part, and a violation will be treated as outlined in numbers 3 and 4 above.
6. I understand that I may not memorize or attempt to memorize any portion of the oral examination for the purpose of transmitting such material to any individual, organization or business.
7. I attest that since the date of my application for the ABOG oral examination, I have had no limitation or suspension of hospital privileges, substance abuse offenses, or suspension, revocation or restriction placed on my license to practice medicine in any state or country.

Additional information about Test Security can be found in Appendix 8.

H. Practice in a country other than the United States or Canada

A candidate who practices outside of the United States, its territories or Canada, must submit, with the application, a letter(s) from a senior responsible officer in the hospital(s) where the candidate practices, verifying the candidate's responsibility for independent, unsupervised care of patients.

I. Use of Case Lists during the Oral Examination

The candidate's patient case lists will be used as a basis for questions which will be patient management oriented. Questions will be developed which test the ability of the candidate to:

1. develop a diagnosis, including the necessary clinical, laboratory and diagnostic procedures;
2. select and apply proper treatment under elective and emergency conditions;
3. prevent, recognize and manage complications; and
4. plan and direct follow-up and continuing care.

Carelessly prepared or incomplete case lists may contribute to failure to pass the oral examination.

The candidate should bring a copy of their patient case lists to the oral examination for personal reference.

J. Other requirements

The candidate must meet all of the requirements in the Bulletin for the year for which they are applying for the test. For example, those applying for the 2014 written or oral examinations must meet the requirements in the 2014 Bulletin.

V. Case Lists

A. General Information

The candidate must submit 3 separate typewritten copies of case lists and summary sheets in Obstetrics and in Gynecology listing all patients dismissed from their care in all hospitals between July 1, 2013 and June 30, 2014, as well as a list of 40 patients from their Office Practice. A minimum of 20 patients in Obstetrics and 20 patients in Gynecology must be included (see below). A practice that consists of ambulatory care exclusively will not be considered adequate to fulfill the requirements to sit for the oral examination. Cases falling into the “uncategorized” option may not be used to meet the minimum requirements.

Patient case lists that fail to provide the required information, have not been prepared in the required format, include an insufficient number of patients, are inadequately or incompletely prepared, are not appropriately de-identified (see below), or fail to provide sufficient breadth and depth of clinical problems may disqualify the candidate from admission to the oral examination.

The completeness and accuracy of submitted case lists are subject to audit by the ABOG. All audits will be conducted in accordance with the provisions of the HIPAA Privacy Rule. Permission to conduct on-site audits will be required of each candidate prior to final approval to take the oral examination.

Patient case lists must be de-identified in accordance with the requirements of Section 164-514(b)(2)(i)&(ii) of the Final Privacy Rule Standards for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services under the Health Insurance Portability and Accounting Act of 1996 (HIPAA). (See De-identification of Patient Case Lists, below.)

The candidate is personally responsible for the proper preparation, de-identified accuracy, and completeness of the case lists.

Falsification of data (including case lists) or evidence of other egregious ethical, moral or professional misbehavior may result in deferral of a candidate’s application for a minimum of three years. The candidate must then meet all requirements in effect at the end of the deferred period.

B. Format

The case lists should be accurately printed across unbound sheets of white paper 8.5 X 11 inches in size. Examples of the headings for the individual case lists can be found in Appendix 4. The type font must be 10 point. Lists submitted with smaller or larger type will not be accepted. Headings must be included and conform in all details and provide the information requested. Three copies of the complete list must be submitted, as well as three copies of the summary sheet(s).

Candidates must list sufficient information on each case list to allow the Examiner to understand the care provided. Phrases such as “usual” and “standard” should not be used. All laboratory tests and imaging studies should be listed.

Standard nomenclature should be used. Only approved abbreviations are acceptable. A list of approved abbreviations can be found in Appendix 4. The case lists must be submitted in the English language.

Case lists submitted to ABOG will not be returned to the candidate after the examination. The candidate should bring a copy of their case list with them to the oral examination. No notes should be made on that copy of the list.

The American Board of Obstetrics and Gynecology offers a case list collection and reporting software package for the oral examination. Visit the downloads section of the ABOG website (www.abog.org) or phone 214-871-1619 for price and availability.

C. Which patients should be listed

Case lists must include all patients admitted from July 1, 2013, to June 30, 2014, to all hospitals where the candidate holds admitting privileges. The lists must include a minimum of 20 obstetrical and 20 gynecological admissions, but all admitted patients must be listed. This includes all short-stay and outpatient surgical patients, even if not officially admitted to a hospital. The case lists must demonstrate sufficient numbers, sufficient breadth and sufficient depth of clinical experience.

The office practice case list is strictly limited to 40 patients from the candidate's practice between July 1, 2013, and June 30, 2014.

Three copies of each of the 3 case lists must be submitted: Obstetrical patients, gynecologic patients, and office practice patients. The patients listed must be only those for whom the candidate has had personal responsibility for professional management and care. In the case of partnership or group practice, the patients listed should be only those managed by the candidate. Candidates may not reuse any case or case list from a previous examination.

If the candidate does not perform obstetrical procedures, or if the candidate does not perform gynecologic procedures, the minimum number and types of gynecological or obstetrical cases must be obtained from additional sources as outlined below. Regardless of the candidate's current practice or training, the examination will cover all 3 areas. Candidates who limit their practice to outpatient care only will not be eligible to sit for the oral examination.

If, but only if, a minimum of 20 gynecological and 20 obstetrical patients cannot be collected from the candidate's practice during the 12-month period from July 1, 2013, through June 30, 2014, additional cases may be listed, depending on the candidate's current practice and training:

1. Candidates completing residency training in 2012 or earlier

Candidates who have been in practice for more than one year and cannot meet the minimum number of cases within the 12-months July 1, 2013 to June 30, 2014, have two choices: They can complete a complete 18-month case list beginning January 1, 2013, and ending June 30, 2014 or they may submit a 12-month case list and use cases from their senior year of residency to reach the minimums.

If an 18-month list is submitted one summary sheet for the whole 18 months must be submitted.

If a 12-month case list and residency cases are submitted, a separate summary sheet for each list as well as a summary sheet that includes totals for from both lists must be submitted. Residency cases earlier than July 1, 2010 may not be used.

Additional information about the submission of case lists, summaries and copies can be found in Section V.

If a candidate still cannot meet the minimum number of cases in one area, they should email the Director of Examinations. They must describe the reasons why they cannot meet the minimum requirements. The proper ABOG committee will then review the circumstances for the deficiency. The decision of the committee concerning the eligibility of the candidate will be final and cannot be appealed.

2. Candidates completing residency training in July or August 2013

Candidates who complete their residency training in July or August 2013 may apply for accelerated admission to the Oral Examination process and use cases from their current practice. If they cannot meet the minimum requirements from their practice they may use cases from their senior resident year. See sections IV.E.1 and IV.E.1, above for more information. See also Section V.C.1 for information about completion of summary sheets.

Accelerated candidates must meet all of the requirements in this *Bulletin*.

3. Candidates currently in fellowship training

Candidates who begin fellowship training in a fellowship in an OB-Gyn related clinical field in July or August 2013 may apply for accelerated admission to the Oral Examination process. See sections IV.E.1 and IV.E.1, above for more information. See also Section V.C.1 for information about completion of summary sheets.

Fellowship accelerated candidates must meet all of the requirements in this *Bulletin*.

4. Candidates who have completed fellowship training

Candidates who have completed fellowship should use cases from their practice. A 12 or 18 month case list may be submitted. If their fellowship training was in a field related to Ob-Gyn they may use cases from their fellowship training if they cannot meet the minimum number of required cases from their practice. Additionally, they may use cases from their senior year of residency training, if needed. See sections IV.E.1 and IV.E.1, above for more information. See also Section V.C.1 for information about completion of summary sheets.

D. Specific Instructions for each section of the case list

The headings for case list categories are shown below. The list and the examples included in parentheses are not meant to be all-inclusive. The order of the topics is arbitrary and does not reflect the relative emphasis of that specific topic in the examination.

1. Office Practice Case List

The candidate must list a total of 40 patients (no more or fewer) with conditions that fit into the Office Practice categories listed below. Follow these rules when listing office practice patients:

- a. Do not list more than two patients in any one category;
- b. It is not necessary to include a patient in every category; and
- c. Do not include any patient that appears on the hospital lists.

Office Practice Categories

1. Preventive care and health maintenance
2. Smoking cessation
3. Sexual dysfunction
4. Contraception
5. Psychosomatic problems
6. Genetic counseling
7. Primary and secondary amenorrhea, and hirsutism
8. Infertility evaluation and management
9. Hyperprolactinemia
10. Endometriosis
11. Perimenopausal and menopausal care
12. Office surgery (e.g. biopsy, hysteroscopy, sterilization, LEEP)
13. Abnormal uterine bleeding
14. Evaluation and management of pelvic pain
15. Vaginal disease
16. Vulvar disease
17. Breast disease, benign and malignant
18. Evaluation of urinary and rectal incontinence
19. Urinary tract infections
20. Sexually transmitted diseases
21. Immunizations
22. Pediatric gynecology

23. Sexual assault
24. Spousal abuse
25. Dysmenorrhea
26. Premenstrual syndrome
27. Benign pelvic masses
28. Ultrasonography
29. Endocrine diseases (e.g. diabetes mellitus, thyroid or adrenal disease)
30. Diagnosis and management of hypercholesterolemia and dyslipidemias
31. Substance abuse (e.g. alcohol, narcotics, etc.)
32. Depression
33. Geriatric care
34. Management of obesity
35. Pelvic floor defects
36. Eating disorders (e.g. anorexia, bulimia, obesity)
37. Non-surgical office procedures (e.g. IUD insertion)
38. Preconception counseling
39. Prenatal care (e.g. exercise, nausea and vomiting, headaches, obesity)
40. General medical diseases (e.g. respiratory, gastrointestinal, cardiovascular, hypertension, pack pain, headaches)
- 41.. Urinary incontinence (medical management)

List each patient separately and include the problem (one of the categories listed above), diagnostic procedures, treatment, results and number of office visits during the 12-month period. Group patients together under each separate category.

2. Gynecology Case List

A list of all hospitalized and short-stay gynecological patients must be prepared in the required format and listed in order as follows:

- a. List all gynecologic patients managed during the same 12-month period (or 18-month period, if an extended time case list is submitted and/or patients chosen from the fellowship or senior year of residency).
- b. A minimum of 20 gynecologic patients is required, and a candidate must not include more than two patients from any one of the gynecology categories listed below.

Example, A candidate has 5 patients who had a diagnostic laparoscopy. They all must be reported on the case list, but only 2 of the 5 will be counted as meeting the minimum requirement of 20 gynecological cases.

- c. The preoperative diagnosis should appear for all major and minor surgical procedures. The size of ovarian cysts and neoplasms must be recorded. For non-surgical conditions, the admission diagnosis should be recorded. The treatment recorded should include all surgical procedures, as well as primary non-surgical therapy. Surgical diagnosis refers to pathology diagnosis. For hysterectomy specimens, the uterine weight in grams must be recorded. In cases without tissue for histologic diagnosis, the final clinical diagnosis should be listed.
- d. "Days in hospital" is the arithmetic difference between the date of discharge and the date of admission. Specific dates of admission and discharge must not be provided.
- e. Group patients together under each separate category, then list any remaining patients that do not fit into any of the listed categories.

Gynecology Categories

1. Abdominal hysterectomy, any type (e.g. total , subtotal, laparoscopic, robotic)
2. Laparotomy
3. Vaginal hysterectomy (including laparoscopically assisted)
4. Diagnostic laparoscopy
5. Operative laparoscopy (other than tubal sterilization and hysterectomy)
6. Operative hysteroscopy
7. Uterine myomas
8. Defects in pelvic floor
9. Endometriosis
10. Tubal sterilization
11. Invasive carcinoma
12. Urinary and fecal incontinence (operative management)
13. Ectopic pregnancy
14. Operative management of pelvic pain
15. Congenital abnormalities of the reproductive tract
16. Pelvic inflammatory disease
17. Adnexal problems (excluding ectopic pregnancy and PID)
18. Abnormal uterine bleeding
19. Vulvar masses
20. Adenomyosis
21. Postoperative complications (e.g. wound, urinary tract, GI, Pain, thrombotic, embolic, neurologic)
22. Postoperative fever for greater than 48 hours
23. Rectovaginal or urinary tract fistula
24. Abnormal cervical cytology and colposcopy
25. Preoperative evaluation of coexisting conditions (respiratory, cardiac, metabolic diseases)
26. Gestational trophoblastic disease
27. Incomplete, septic, complete and other abortion
28. Intraoperative complications (e.g. blood loss, hemorrhage, bowel injury, urinary tract injury)
29. D&C

3. Obstetrics Case List

A list of obstetrical patients must be prepared in the required format. List separately each patient with a complication or abnormality, as well as medical and surgical intervention during pregnancy, labor, delivery and the puerperium. In addition, a total of the number of normal, uncomplicated obstetrical patients managed during the same 12-month period (or 18-month period, if an extended time case list is submitted) should appear on the obstetrical summary sheet and at the beginning of the obstetrical list. These normal, uncomplicated obstetrical patients should not be listed individually.

The term "normal obstetrical patient" for this listing implies that the:

- a. pregnancy, labor, delivery and the puerperium were uncomplicated, and labor began spontaneously between the 37th and 42nd week of gestation;
- b. membranes ruptured or were ruptured after labor began;
- c. presentation was vertex, position was occiput OA, LOA or ROA, and labor was less than 24 hours in duration;
- d. delivery was spontaneous or by outlet forceps or vacuum with or without episiotomy, from an anterior position;
- e. the infant had a five minute Apgar score of 6 or more and weighed between 2500 and 4500 gms and was healthy; and

- f. placental delivery was uncomplicated and blood loss was less than 500 mL.

All deliveries not fulfilling these criteria must be listed individually. Include the gestational age at admission.

A minimum of 20 obstetrical patients is required, and a candidate cannot count more than two patients in any of the 41 categories listed below.

Example: A candidate has 5 obstetrical patients with diabetes mellitus. They all must be reported on the case list, but only 2 of the 5 will be counted as meeting the minimum requirement of 20 obstetrical cases.

Group patients together under each separate category listed below, then list the remaining patients who do not fit into a specific category.

Obstetrical Categories

1. Breech and other fetal malpresentations
2. Intrapartum or intraamniotic infection (e.g. amnionitis, chorioamnionitis)
3. Puerperal infection (e.g. post cesarean endometritis)
4. Multifetal pregnancy
5. Cesarean hysterectomy
6. Premature rupture of fetal membranes at term
7. Preterm premature rupture of fetal membranes
8. Preterm delivery
9. Labor abnormalities
10. Hypertensive disorders of pregnancy (chronic hypertension, preeclampsia, eclampsia)
11. Second trimester spontaneous abortion
12. Third trimester fetal loss
13. Cardiovascular or pulmonary disease complicating pregnancy
14. Renal or neurological disease complicating pregnancy
15. Hematological or endocrine diseases complicating pregnancy
16. Autoimmune disorders of pregnancy
17. Infections complicating pregnancy
18. Postterm pregnancy
19. Abnormal fetal growth
20. Fetal heart rate abnormalities (e.g. variable or late deceleration, absent or poor variability, tachycardia, bradycardia)
21. Cord problems (e.g. prolapsed cord cord entanglement)
22. Vaginal birth after cesarean delivery
23. Maternal complication which delayed maternal hospital discharge by 48 or more hours
24. Neonatal complication which delayed neonatal hospital discharge by 48 or more hours
25. Pregnancies complicated by fetal anomalies
26. Pregnancies complicated by human immunodeficiency virus infection (HIV)
27. Operative vaginal delivery (e.g. vacuum, forceps)
28. Primary cesarean delivery
29. Repeat cesarean delivery
30. Complications of cesarean delivery (e.g. wound infection, disruption or hematoma, bleeding)
31. Complications of OB anesthesia (e.g. epidural hypotension, general anesthesia complications)
32. Induction and augmentation of labor
33. Placental abnormalities (e.g. low lying, previa, abruption)
34. Obstetrical hemorrhage (e.g. antepartum, intrapartum, postpartum)
35. Readmission for maternal complication up to 6 weeks postpartum
36. Obstetrical vaginal lacerations (e.g. 3rd and 4th degree lacerations cervical laceration)
37. Vaginal or perineal hematoma
38. Trauma in pregnancy (e. g. automobile accidents)
39. Pregnancy and coexisting malignancies
40. Preconception evaluation, prenatal and genetic diagnoses

41. Degenerating myomas in pregnancy
42. Misc. medical and surgical complications of pregnancy
43. Delivery complications NOS

If, but only if, a candidate cannot list 20 obstetrical cases in the above categories, an 18-month case list and/or an appropriate number of cases from fellowship or senior residency case logs may be included. (See Content of the Case List, above).

E. Affidavits

Each list of gynecology and obstetrics patients from each hospital must be verified on the appropriate affidavit form. The record librarian or similar hospital official must submit a statement attesting that (1) the patients listed were cared for by the candidate, and (2) that all of the hospitalized patients dismissed from the candidate's care have been separately listed or reported in the totals for the period indicated. For cases chosen from the fellowship or senior residency year, an attestation sheet must be obtained from the candidate's Program Director or the medical records librarian.

F. Summary Sheet

Candidates must submit summary sheets as follows:

1. Candidates in practice submitting either a 12 month or an 18 month case list only must include a summary sheet listing all of their patients during the collection time period.
2. Candidates in practice who submit cases from practice and cases from fellowship and/or residency must submit a summary sheet for each (practice, fellowship and/or residency) as well as a summary sheet showing the total of all cases from all sources.
3. Candidates using cases from fellowship only must include a summary sheet showing cases from fellowship.

G Case List Verification and Audit

The list of patients provided by the candidate is subject to independent verification and audit by an agent or employee of the Board. As a condition of candidacy, the candidate agrees to cooperate fully with any audit authorized by the Board, including, but not limited to:

1. providing full and unrestricted access to the candidate's office records of patients for whom the candidate had personal responsibility for professional management and care during the period for which the lists of patients are required;
2. authorizing access to such hospital or other institutional records as the ABOG deems necessary, in its absolute discretion, to verify the completeness and accuracy of the patient lists submitted by the candidate; and
3. using the candidate's best efforts to obtain, where necessary and possible, written patient consent to release to the Board information concerning the patient's condition and treatment.

Any audit undertaken by the Board pursuant to the authority granted by this Section shall be conducted in compliance with the HIPAA Privacy Rule.

H De-Identification of Patient Case Lists

1. General

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Secretary of the DHHS issued a Final Privacy Rule (HIPAA Privacy Rule) governing the terms and conditions by which health care providers can make available individually identifiable health information. The HIPAA Privacy Rule permits the release of patient information if the information does not permit the patient to be individually identified. Therefore, candidates must exclude from the case lists submitted to the Board such information as could permit the identification of an individual patient.

2. De-Identification of Patient Case Lists Requirements

The HIPAA Privacy Rule enumerates the categories of information that must be removed from patient case lists prior to submission to the Board.

Section 164.514(b) provides that health information is not individually identifiable if the following identifiers are removed:

- a. Names;
- b. Geographic subdivisions smaller than a state;
- c. Dates related to an individual (except year);
- d. All ages over 89. Such age should be aggregated into a single category of age 90 or older;
- e. All of the following numbers and addresses: telephone, fax, e-mail, social security, medical record, health plan, beneficiary, account, certificate, and license;
- f. Any other unique identifying number, characteristic, or codes.

3. Warning Concerning Omissions

The de-identification of patient case lists does not allow the omission of any patients under the candidate's care which are otherwise required to be reported. The completeness of the candidate's case list is subject to audit. Any effort to use the HIPAA privacy rule to mislead the Board as to the breadth and depth of the candidate's practice, the numbers of patients or the outcome of treatment will subject the candidate to disqualification from examination and other discipline as appropriate.

VI. Final Approval and Notification of Admission to the Oral Examination

After the candidate has fulfilled all the requirements above, and the Board has determined that the candidate may sit for the examination, an *Authorization for Admission Form* and hotel reservation information will be sent at least one month prior to the examination, indicating the day, time and place to report for the examination. The candidate must make hotel reservations by calling the hotel. It is the candidate's responsibility to ensure that addresses, both email and physical, are current and correct.

VII. Conduct of the Oral Examination

The candidates for examination will be informed of the time and place of the registration process when they receive information concerning their assigned examination date. Candidates who are late for registration will not be allowed to sit for the examination. After registration, the candidates will be taken to the ABOG testing center where an orientation will be provided. After the orientation, the candidates will report to the testing floor.

Each candidate will be assigned an examination room, and will remain in that room for the 3 hours of the examination. The candidate will be informed of the names of the 6 examiners—2 in Obstetrics, 2 in Gynecology, and 2 in Office Practice and Women’s Health—who will conduct their examination. If the candidate believes that one or more examiner would be inappropriate to provide them with a fair test, an alternate examiner will be provided. Each pair of examiners will award a grade in their area, but the final grade will be decided by members of the ABOG Board of Directors after reviewing all of the information from the examination.

The test will consist of three, one-hour oral tests in each of the areas of Obstetrics, Gynecology, and Office Practice and Women’s Health. Questions about communication, ethics and patient safety may be included in each of the 3 major areas. Each hour will be divided into 2 sections of approximately 30 minutes in length. One section will be devoted to the candidate’s case list, and the other section will consist of several “structured cases.” The structured cases are used to elicit the candidate’s responses to specific clinical situations. The examination will be conducted in English.

At the end of the examination, the candidates will be returned to the registration area.

VIII. New Diplomates

After passing the Oral Examination, each new Diplomate is required to apply for and enter the Maintenance of Certification (MOC) process. The MOC application is on-line at www.abog.org. There is no charge for the first year of MOC for new Basic ABOG Diplomates. Failure to enter the process and complete all assignments will result in loss of certification status as of December 31, 2015.

For more information about the MOC process, please read the *MOC Bulletin* which can be found at www.abog.org in the Downloads category.

IX. Non-Admissible Candidates, Re-Examination and Postponement

A candidate disapproved for the oral examination may reapply by submitting a new application, paying the appropriate fees, and meeting the requirements applicable at the time of the re-application.

X. Oral Examination Appeal Process

If, at the completion of the oral examination, a candidate believes the examination has not been conducted in a fair and unprejudiced manner, a second examination may be requested. The request must be made within one hour of the completion of the oral examination. To do so, a candidate must telephone the Board office (214-871-1619).

If the request is granted:

- A. the results of the appealed examination, regardless whether pass or fail, will be discarded;
- B. a second examination will be scheduled approximately one year later at the next regularly scheduled annual oral examinations at no additional charge;
- C. the repeat examination will be conducted by a different team of examiners, who will not be informed that the examination is being conducted as a result of an appeal;
- D. neither the questions nor the candidate’s answers on the first examination will be known to or taken into account by the second group of examiners; and

- E. the decision of the examiners conducting the second examination will be used by the Board to record the results of the candidate's oral examination.

Appeals based on the composition of the oral examination team shall not be considered if the candidate was informed before the oral examination of the identity of each member of the team and did not object to the participation of any member in time for an acceptable substitute to be provided.

Appeals based on the content of the examination, the sufficiency or accuracy of the answers given, or the final grade will not be considered.

XI. Accelerated Oral Examination Process for Primary Certification

Candidates who wish to apply for accelerated entry into the oral examination no longer have different deadlines for their applications. Specific information about their eligibility can be found in sections E.1.b and E.1.c of this Bulletin.

XII. List of Certified Diplomates

Each year the Board office notifies the American College of Obstetricians and Gynecologists and the American Congress of Obstetricians and Gynecologists of the names and addresses of the Diplomates certified in that year. A list of the names is also sent to the American Board of Medical Specialties with the request that they be included in the next issue of the Directory of Certified Obstetrician-Gynecologists. Diplomate status may also be provided to other organizations, government agencies and the lay public. Candidates must sign a statement acknowledging this fact at the time of the oral examination.

After this effort to assure initial listings of the newly certified Diplomates, the Board assumes no responsibility for a Diplomate's listing in subsequent issues of any directory.

XIII. Appeals

Appeals of any action of the Board may be initiated by writing to the Executive Director within 90 days of notification of the action which is being appealed. (See Appendix 5.)

XIV. Limitation of Practice and Emergency Care

Physicians who assume responsibility for the health of male patients for operative or other care will not be regarded as specialists in obstetrics, gynecology and women's health, except as this practice is related to the investigation and management of an infertility problem, the diagnosis and treatment of sexually transmitted diseases, the provision of family planning services or care in an emergency.

Candidates for certification may participate in general emergency care.

What constitutes a satisfactory limitation of practice to the specialty of Obstetrics and Gynecology necessarily depends upon the qualifications and experience of the individual, the availability and capabilities of other physicians in the community, and to some extent, what is customary in local practices.

Appendix 1: Rights and Obligations of Applicants and Diplomates

Jurisdiction and Venue. The Corporation shall require, as a condition precedent for any person or entity to become or maintain status as a Member, Director, Officer, Employee, Agent, Applicant for Examination, a Diplomate certified by the Corporation, a Committee or Division Member, whether paid or volunteer (hereinafter, individually and collectively, Person or Entity), that such person or entity agree as follows:

In any dispute of any kind with the Corporation or any Person or Entity, such Person or Entity shall be subject to suit, if at all, only in the County and State where the Corporation maintains its principal place of business and its headquarters, which is currently Dallas, Dallas County, Texas. Each Person or Entity shall be required and agrees to consent to the exclusive jurisdiction and venue of courts located in Dallas, Texas and laws of the State of Texas for the resolution of any and all such disputes. The purpose of this requirement to maintain all disputes in Dallas County is to preserve the limited resources of the Corporation and to prevent the Corporation from the expense of maintaining and/or defending disputes in other jurisdictions or venues. The Corporation reserves the right to seek damages resulting from a breach of this Agreement, as well as revocation of the Diplomate, or other, status conferred by the Corporation upon breach of this Agreement. This right of the Corporation is contractual in nature. Further, in the event any Diplomate engages in any activity or form of conduct which would reasonably diminish the reputation of the Corporation and the value of its certification, the Board may either revoke the Diplomate's certification or may require such Diplomate to appear and show cause why his/her certification should not be revoked and Diplomate status terminated. The Board of Directors shall establish procedures to assure that any Diplomate required to appear shall be afforded due process and the opportunity to defend him/herself.

Obligations. The acceptance of an Applicant for examination by the Corporation and the granting of Diplomate status to a physician who has satisfied the requirements for certification is contingent on the agreement of the Applicant or Diplomate to abide, at all times, with the rules, Regulations and Directives of the Corporation, its Board of Directors and Officers, of which they are advised or on notice. Publication of such Rules, Regulations and Directives and any amendment thereto in Bulletins available to Applicants and Diplomates on request and publication of such Rules, Regulations and Directives and any amendments thereto on the Corporation's web site shall constitute notice to any applicant or Diplomate of those Rules, Regulations and Directives and of any amendments thereto.

Rights. Individuals who are certified as Diplomates by the Corporation acquire no property right or vested interest in their certification or in their Diplomate status, the duration, terms, and conditions of which may be extended, reduced, modified or otherwise changed as determined by the Board of Directors, in its absolute discretion to assure greater protection of the public, to recognize knowledge and skills deemed to require further evaluation or to accommodate legal requirements.

Appendix 2: Revocation of Diploma or Certificate

- A. All Candidates for Certification, Recertification and Maintenance of Certification, and all physicians holding Diplomate Status must hold an unrestricted license to engage in the practice of medicine in all of the states and territories in which they are licensed, subject to the exceptions hereinafter specified.
1. A physician's license shall be deemed restricted for purposes of this policy if, as a result of final action by a State or other legally constituted Medical Board (hereinafter State Medical Board), the physician shall have:
 - a. had a license revoked or surrendered in lieu of revocation;
 - b. had a license suspended for a specified period of time or until specified conditions have been met and the suspension is no longer in effect;
 - c. been placed on probation and the probationary period had not expired;
 - d. been made subject to special conditions or requirements which are still in effect, (including, but not limited to, supervision, chaperoning during the examination of patients, additional training beyond that required of all physicians for the maintenance of licensure, etc.) and regardless of whether or not such conditions or requirements are imposed by order of the State Medical Board or are the result of a voluntary agreement between the physician and the State Medical Board.
 2. Letters of concern or reprimand, not resulting in one of the stipulations which are enumerated above shall not be considered a restriction on the physician's license, even if such letters are made part of the physician's record. Likewise, a physician who has voluntarily entered into a rehabilitation program for chemical dependency or a practice improvement plan with the approval of a State Medical Board shall not be considered for purposes of this policy, to have a license restriction.
- B. Consequences of License Revocation, Restriction or Surrender
1. Upon receipt of notice that the license of a physician seeking to sit for Initial Certification or enter the Maintenance of Certification process has been revoked or restricted, as herein defined, such Physician shall be disqualified from sitting for any ABOG Certifying Examination or entering the MOC process until such restriction has been removed or expires.
 2. Upon receipt of notice that a Diplomate's license has been revoked or restricted, as herein defined, the Board has the authority and may at its discretion, undertake proceedings, consistent with due process, to revoke Diplomate Status. Once revoked, the Diplomate Status of the physician shall be reinstated only after the revocation or restriction on the license has been removed or expires and then only on such terms as the Board deems appropriate, considering, among others things, the period of time the physician has not been able to engage in the unrestricted practice of medicine and the specialty.
 3. Upon receipt of notice that the license of a Candidate or Diplomate has been revoked or restricted under an order which nevertheless permits the practice of medicine, the Board has the authority and shall at its discretion undertake proceedings, consistent with due process, to determine whether or not the restriction is of such nature and extent as to preclude consideration for initial Certification, Recertification or Maintenance of Certification until the revocation or restriction is removed. In making such determination, the Board must evaluate the restrictions or revocations in accordance with pre-established standards, which are objective and non-discriminatory and are applied consistently and uniformly.
 4. The Board shall require each Diplomate or any physician seeking to sit for Initial Certification or entering the Maintenance of Certification process to provide the Board with complete information concerning revocation or any and all restrictions placed on a license within 60 days after its imposition. Such information shall include, but not be limited to, the identity of the State Medical Board imposing the restriction, as well as the restrictions duration, basis, and specific terms and

conditions. The Board shall also periodically review the database of the Federation of State Medical Boards, as appropriate and when available, to identify any Candidates or Diplomates who have failed to disclose license restrictions in a timely manner. However, the Candidate or Diplomate has the affirmative obligation to advise the Board of all revocations or restrictions and to inform the Board when such restrictions or revocations expire or are otherwise removed. Candidates or Diplomates (including those holding non-time-limited certificates) who are discovered not to have made timely disclosure shall be required to show cause why their Candidate or Diplomate status should not be withdrawn, deferred or otherwise sanctioned and the Board may defer further consideration or reinstatement of Diplomate status until such showing is satisfactorily made.

- C. Each candidate, when making application, will sign an agreement regarding disqualification or revocation of their diploma, certificate, or other evidence of qualification for cause. Disqualification or Diplomate revocation also may occur whenever:
1. The physician shall not, in fact, have been eligible to receive the diploma or certificate, regardless of whether or not the facts constituting such ineligibility were known to or could have been ascertained by this Board, its members, directors, examiners, officers, or agents at or before the time of issuance of such diploma or certificate;
 2. Any rule governing examination for a diploma or certificate shall have been violated by the physician but the fact of such violation shall not have been ascertained until after the issuance of his diploma or certificate;
 3. The physician shall have violated the moral or ethical standards of the practice of medicine then accepted by organized medicine in the locality where the Diplomate is practicing and, without limitation of the foregoing, the forfeiture, revocation or suspension of their license to practice medicine, or the expulsion from, or suspension from the rights and privileges of membership in a local, regional or national organization of their professional peers shall be evidence of a violation of such standards of the ethical practice of medicine;
 4. The Physician has been convicted of a felony or has pled guilty to a felony;
 5. The physician shall fail to comply with the rules and regulations of this Board;
 6. The issuance of, or receipt of such diploma, certificate or other evidence of qualification shall have been contrary to or in violation of the Certificate of Incorporation or the By-laws of this Board.

Upon revocation of any diploma or certificate by this Board, the holder shall return their diploma or certificate and other evidence of qualification to the Executive Director of the Board and their name shall be removed from the list of certified specialists.

Appendix 3: ABOG Organization and Membership

I. Name: The name of this organization is The American Board of Obstetrics and Gynecology, Inc. The acronym ABOG also may be used to designate this organization. The American Board of Obstetrics and Gynecology was incorporated in 1930.

ABOG is a founding member of, and holds active membership in, the American Board of Medical Specialties. ABOG also functions in cooperation with the Residency Review Committee for Obstetrics-Gynecology, and the Council on Resident Education for Obstetrics-Gynecology.

II. Nominating Organizations of ABOG

AMERICAN BOARD OF OBSTETRICS
AND GYNECOLOGY

AMERICAN COLLEGE OF OBSTETRICIANS
AND GYNECOLOGISTS

AMERICAN GYNECOLOGICAL AND
OBSTETRICAL SOCIETY

ASSOCIATION OF PROFESSORS
OF GYNECOLOGY AND OBSTETRICS

Two directors are elected from each nominating society for six-year terms. One or more Senior Members may be elected each year for one year.

III. OFFICERS AND EXECUTIVES (for the Year Ending June 30, 2013)

Larry J. Copeland, M.D., Columbus, OH	President
Frank W. Ling, M.D., Germantown, TN	Chairman of the Board
Deborah A Driscoll, M.D., Philadelphia, PA	Vice-President
Robert S. Schenken, M.D., San Antonio, TX	Treasurer
Larry C. Gilstrap, III, M.D., Dallas, TX	Executive Director
Kenneth L. Noller, M.D., Dallas, TX	Director of Examinations
George D. Wendel, M.D., Dallas, TX	Director of MOC

IV. DIRECTORS

Howard A. Blanchette, M.D., Valhalla, NY	George Macones, M.D., St. Louis, MO
Sandra Carson, M.D., Providence, RI	Susan M. Ramin, M.D., Houston, TX
Mary D'Alton, New York, NY	Laurel Rice, M.D., Madison, WI
Deborah A. Driscoll, M.D., Philadelphia, PA	Stephen C. Rubin, M.D., Philadelphia, PA
Dee E. Fenner, M.D., Ann Arbor, MI	Andrew Satin, M.D., Baltimore, MD
James E. Ferguson, II, M.D., Lexington, KY	James Segars, Potomac, MD
Wesley C. Fowler, Jr., M.D., Chapel Hill, NC	David Soper, Charleston, SC
David M. Gershenson, M.D., Houston, TX	Christopher M. Zahn, M.D., Bethesda, MD

V. ABOG Staff

Alvin L. Brekken, M.D.
Assistant to the Executive Director

Mel Hays, PhD
Educational Associate

David Steiner
Chief Administrative Officer

Barry G. Hornburg
Chief Information Officer

Mary Johnson
Manager, Testing Division

Jennifer Thiem
Manager, MOC Division

VI. Objectives and Purposes

As stated in the Articles of Incorporation, the purposes of the Board include the functions:

"To arrange and conduct examinations and/or other procedures to test the qualifications of voluntary candidates for certification and recertification by this Corporation. The criteria for certification and recertification shall be applied equally to all candidates regardless of sex, race, color or national origin.

"To issue Certificates or any other evidences of professional knowledge to eligible physicians whom this Corporation considers to have demonstrated special knowledge and professional qualifications relating to Obstetrics and Gynecology, which Certificates or any other evidences of professional knowledge may, at the discretion of this Corporation, be valid only for a limited period of time.

"To determine, from time to time, whether physicians who have been issued Certificates or other evidences of professional knowledge have continued to maintain their professional qualifications, and to issue Certificates for Maintenance of Certification (MOC), or other evidences of professional knowledge to those physicians who successfully demonstrate continued maintenance of such qualifications."

VII. Contact information

ABOG may be contacted as follows:

Mail: ABOG
2915 Vine Street
Dallas, TX 75204

Phone: (214) 871-1619

Fax: (214) 871-1943

E-mail: info@abog.org

Web: <http://www.abog.org>

Appendix 4: Candidate Disability

ABOG shall not exclude any candidate from examination solely because of a disability if the ABOG is provided with notice of the disability in time to permit the ABOG to make such adjustments in the examination as are reasonably necessary to accommodate the disability. The candidate must provide sufficient documentation to permit the ABOG to verify the existence, nature and extent of the disability no fewer than 90 days prior to the date of the examination. The documentation must specify the requirements or accommodations deemed necessary to overcome or compensate for the disability. In addition, the candidate must supply any additional information the ABOG may subsequently request.

If any of the requirements cannot reasonably be provided, ABOG will notify the candidate and will indicate those alternative accommodations which it deems appropriate in consideration of the disability claimed and documented, and the integrity of the examination.

If the candidate fails to notify ABOG of a disability 90 days before the examination and fails to achieve a passing grade, that candidate may not appeal the results of the examination, but shall be entitled to sit for the next regularly scheduled written examination, but must pay a new application and examination fee.

If a candidate claims that their examination results were adversely affected by illness, injury or other temporary physical impairment at the time of the examination, that candidate may not appeal the results of the examination. However, if the candidate provides sufficient evidence of such illness, injury or impairment, they shall be entitled to sit for the next regularly scheduled written examination, but must pay a new application and examination fee.

Appendix 5: Appeals for Issues Other than the Written or Oral Examinations

The eligibility of a candidate to appeal either the written or oral examination process can be found in those sections of this *Bulletin*.

Appeals of policies such as eligibility for admission to the examination process, revocation of Diplomate status, or other issues must be made in writing to the ABOG Executive Director. The letter must set forth in detail the specific grounds on which the appeal is based.

If it is determined by the Executive Director that the complaint is not an appealable issue, the appellant shall be so notified by certified mail within 30 working days.

If the Executive Director determines that the appeal does involve an appealable issue the Appellant will be notified by certified mail within 30 working days.

Within 30 days of the mailing of the notice to the Appellant of the acceptance of their appeal, the Appellant must submit to the Executive Director (1) copies of all documents and other physical evidence which will be presented at the appeal hearing, (2) the names, addresses and backgrounds of all proposed hearing witnesses, and (3) a summary of each witnesses anticipated testimony. This information will be provided to the Hearing Panel.

After receipt of the above information, the Executive Director will notify the Appellant by certified mail of the date and time of the Appeal Hearing which will be held at the offices of the American Board of Obstetrics and Gynecology in Dallas, TX.

The Appeal Hearing Panel will be composed of 3 former members of the Board of Directors of ABOG, one of whom will be designated the Chair. The Appellant will be informed of the names of the Appeal Hearing Panel members at least 30 days prior to the date of the Appeal Hearing. If the Appellant believes that there is a conflict of interest or other ground for the disqualification of a member of the Hearing Panel, the Executive Director must be informed at least 30 days prior to the date of the hearing so that a substitute can be named.

The Appellant and ABOG may have legal counsel present at the Appeal Hearing, and must submit the names(s) of such legal counsel to the Executive Director at least 30 days prior to the Appeal Hearing.

The Hearing Panel shall not be bound by the strict rules of evidence in conducting the hearing. The Appellant will be given an opportunity to submit such evidence or testimony as they deem necessary to support the Appeal, provided, however that the Hearing Panel reserves the absolute right to exclude testimony or evidence it deems to be cumulative, redundant or irrelevant or which should have been made available in advance of the hearing as required above. The Hearing Panel shall have the absolute right to determine the order of the proceedings before it, to limit the duration of the presentations and to take such actions as it deems necessary to maintain order. The decision of the Hearing Panel will be final with no further appeal allowed.

Current or former members of the ABOG Board of Directors may attend the Hearing and present evidence and witnesses in support of any ABOG Committee or Board determinations which are the subject of the Appeal. ABOG legal counsel shall be entitled to attend the Hearing and may provide the Hearing with such evidence as it requires or as counsel deems necessary to protect the interests of ABOG.

No decision denying an Appeal will prejudice the right of a qualified Appellant to seek admission to the next available examination offered by ABOG for certification or Maintenance of Certification. However, the Appellant must meet all requirements for admission to such examination at the time of application.

Appendix 6: Types of Board Status

A. ABOG Registered - Residency Graduate

After completing or nearing completion of an ACGME-approved residency program in Obstetrics and Gynecology and meeting all of the requirements listed below, an individual completes an application to begin the certification process. When and if the Board rules that they have fulfilled the requirements to take the written examination that person becomes a “registered residency graduate.”

The term “Board Eligible” is not used or recognized by ABOG.

B. Active Candidate

1. An individual achieves Active Candidate status by passing the ABOG written examination.
2. To maintain Active Candidate status, the candidate must fulfill all requirements for admission to the oral examination and must not have exceeded the limitations to admissibility for the oral examination.
3. Active Candidate status which has expired may be regained by repeating and passing the ABOG written examination.

C. Written Examination Candidate

A physician who fails the ABOG basic written examination five consecutive times and enters and successfully completes TEP becomes a Written Examination Candidate. Such status can be attained a maximum of three times without additional residency training.

D. Diplomate

1. An individual becomes a Diplomate of the Board when the written and oral examinations have been satisfactorily completed and the ABOG certifying diploma has been awarded.
2. Diplomate status is time-limited, and requires participation in, and completion of all parts of the on-going Maintenance of Certification (MOC) process.

E. Expired Certificate

1. An individual who has failed to complete the maintenance of certification process prior to the expiration of their time-limited certifying diploma will have an expired certificate.
2. Individuals with expired certificates are no longer Diplomates of the American Board of Obstetrics and Gynecology.
3. Former Diplomates whose time-limited certificates have expired may regain Diplomate status by successfully completing a re-entry process, unless the certificate has remained expired for six or more years. These individuals must contact ABOG to ascertain what is required for re-entry.

F. Retired Diplomate

1. This is an individual who has retired from clinical practice at a time when they were a Diplomate.
2. If they return to active practice after their time-limited certificate has expired, they must complete the ABOG maintenance of certification process in order to reactivate Diplomate status. All new certificates will be time-limited.
3. An individual who retires from the practice of medicine must inform ABOG of this fact to gain retired status. Failure to notify ABOG will result in loss of certification when the expiration date of their certificate is reached.

4. If the physician returns to active practice, the ABOG must be notified. If the physician holds a time-limited certificate, the Re-entry test must be passed to reinstate active certification.

G. Probationary Status

A Diplomate who has had a medical license placed on probation by a state or other licensing authority, or a Diplomate who has lost clinical privileges in a hospital or other healthcare organization may, by action of the ABOG, have their status changed to “Probationary” for the duration of the license probationary period. Probationary status will not preclude a Diplomate from participation in the MOC process.

H. Revoked Certificate

1. This is an individual who has had their Diplomate status revoked for cause by the American Board of Obstetrics and Gynecology.
2. Cause may be due to, but is not limited to, licensure revocation or disciplinary restriction by any State Board of Medical Examiners, violation of ABOG or ACOG rules and/or ethical principles, or felony convictions.
3. Such individuals will have the reason(s) for restriction(s) made available for public review if requested.
4. It is the responsibility of each individual to inform the American Board of Obstetrics and Gynecology when disciplinary restrictions are placed on their license to practice medicine.
5. In order to re-establish certification, these individuals must inform ABOG that the restrictions on their license(s) have been removed, and contact ABOG to determine what will be required to re-establish Diplomate status.

Appendix 7: Professionalism and Test Integrity Policy

Policy:

The purpose of ABOG's certification examinations is to assess the extent to which new graduate residents and fellows have the requisite knowledge and skill to begin the practice of Obstetrics and Gynecology and/or its subspecialties. The purpose of the ABOG MOC process is to assess the extent to which current Diplomates maintain and improve their knowledge and skill to practice Obstetrics and Gynecology and/or its subspecialties.

The ABOG policy is to maintain a sufficient level of exam security to protect the integrity of its certification decisions, which are based in part on written and oral examinations. Maintaining security ensures that the examination results always reflect only examinee attainment or maintenance of the standard of knowledge and skill essential to the practice of obstetrics, gynecology and primary care of women. The results should not reflect unauthorized access to information sources that may lead the examinee to answer questions differently than they would have, based solely on their own knowledge and skill. Such unauthorized access to sources may include, but is not limited to: (1) giving or receiving confidential examination information at any time prior to, during, or after the administration of the exam and/or (2) possession of study materials in any medium by an examinee during the time period of the exam.

The ABOG examinations are confidential and protected by federal copyright and trade secret laws. Disclosure or any use of ABOG examination content constitutes professional misconduct and may expose the candidate or Diplomate to criminal as well as civil liability. Such disclosure may also result in ABOG imposition of penalties against them, including but not limited to, invalidation of examination results, exclusion from future examinations, suspension, revocation of certification and other sanctions.

ABOG is committed to assuring that its written and oral examinations for specialty and subspecialty certification are of high quality and fundamentally fair for every candidate. The ABOG policy is to ensure, to the best of its ability, that no examinee or group of examinees receives an unfair advantage, intentional or inadvertent, on any certification examination. Candidates for certification and MOC will attest to their understanding and compliance with ABOG policies in the application process and during the examinations.

Guidelines for Individuals

The objective for examinees is master the knowledge, skill, and understanding required for practice in the field of Obstetrics and Gynecology. To this end, the following activities are permitted or disallowed:

1. **It is permissible** to discuss topics covered on the exam, the manner of test administration, and test-taking strategy in a general way. Statements such as, "There is a lot of . . ." or "I had almost no. . ." are permitted.
2. **It is not permissible** to memorize specific questions and answers that might be encountered on a future exam.
3. **It is not permissible** to give or receive explicit recollection of exact questions, answer choices, and (supposed) correct answers. Transmission of such information by any means, including but not limited to oral written and electronic, are prohibited by this policy.
4. **It is not permissible** to participate in a review course where materials are used that have been taken from any ABOG examination.
5. **It is not permissible** to use or possess manuals or other materials that contain questions or other subject matter that have been taken from any ABOG examination.

Guidelines for residency and fellowship training programs (exam preparation activity)

1. Examination preparation groups, as well as topical reviews, **are permitted and encouraged** as means of preparation for examinations. The writing of sample questions and sample examinations, and the simulation of the examination setting, are also permitted and encouraged, as long as the questions used are not questions that have been or may be used on any ABOG examination.
2. **The program should NOT facilitate or condone** the memorization of specific questions and answers that might be encountered on a future exam.
3. Collections of recalled test items will **not** be tolerated in any format.
4. Program Directors should monitor their programs for evidence of violations in examination security and take necessary steps to prevent and stop this behavior.

Responsibilities

An individual observing any violation of the ABOG Professionalism and Test Integrity Policy should:

1. Exercise the principles of professionalism to maintain the integrity of the examination and of the certifications held by ABOG Diplomates.
2. Follow appropriate channels of communication within the residency or fellowship program to ensure that all such activity ceases.
3. Report such violations to ABOG.

Penalties for individuals

An individual who violates this Policy may receive a letter of warning, have their examination results invalidated, be required to retake an examination, be barred from the examination process for a period of time, have the incident reported to other parties, be permanently barred from certification, and/or be prosecuted for copyright violation.

Penalties for Programs

1. A program can receive a letter of warning, be requested to conduct an investigation and report findings to the ABOG, have the examination results of candidates from the program invalidated, be required to have its candidates retake an examination, have candidates barred from admission to ABOG exams for a period of time, be reported to other parties (such as the department chair, dean, DIO, accrediting bodies, institutional sponsors, etc.), and/or be prosecuted for copyright violation.
2. A Program Director or faculty member who is ABOG certified and who participates in or permits violations of this Policy may have action taken against their certification, including revocation, and/or may face civil and/or criminal penalties.

Examination Orientation and Content Materials Available through ABOG

ABOG recognizes the importance of providing examinees with an opportunity to learn about the design and content of its examinations. ABOG provides orientation and content information about the written and oral examinations in Bulletins available at no cost on the ABOG website.

Review Courses

Commercial test preparation materials and courses are available that claim to prepare examinees for ABOG examinations. Some of these claim to use materials that have been copied from ABOG tests. The participation in courses or use of such material is strictly forbidden. Not only is this a violation of ABOG policy, but it is also unlawful for any individual to use, disclose, distribute or provide access to questions or answers from actual ABOG examinations. The consequences to a candidate who participates in

courses or uses materials that include ABOG copyrighted material include exclusion from the certification process, withholding of examination results, revocation of Diplomate status, and legal action.

ABOG does not endorse any third-party materials or courses.

Appendix 8: Case List Headings and Approved Abbreviations

Gynecological Case List Forms

LIST OF GYNECOLOGICAL PATIENTS*						<input type="checkbox"/> Post Residency Cases	<input type="checkbox"/> Senior Residency Cases	<input type="checkbox"/> Fellowship Cases		
#	H O S P #	P A T #	A G E	G R A V	P A R A	DIAGNOSIS PREOPERATIVE OR ADMISSION	TREATMENT	SURGICAL PATHOLOGY DIAGNOSIS (Uterine Wt. in gms.)	COMPLICATIONS (Include blood transfusions)	Days In Hosp. (Not Dates)

i. Gynecological Categories (1-29)
 II. Total number of ultrasound and Color Doppler Examinations performed by you upon hospitalized gynecological patients _____

Obstetrical Case List Forms

LIST OF OBSTETRICAL PATIENTS*								<input type="checkbox"/> Post Residency Cases	<input type="checkbox"/> Senior Residency Cases	<input type="checkbox"/> Fellowship Cases				
#	H O S P #	P A T #	A G E	G R A V	P A R A	Gest Age	COMPLICATIONS		Operative Procedures And/or Treatment	Days In Hosp. (Not Dates)	NEWBORN			
							Antepartum	Delivery or Postpartum			Perinatal Death	Wgt	APGAR 1 & 5 Minutes	Days In Hosp. (Not Dates)

I. Number of Uncomplicated Spontaneous Deliveries _____
 II. Obstetrical Categories (1-31)
 III. Total number of ultrasound and Color Doppler examinations performed by you upon hospitalized obstetrical patients _____
 IV. Total number of:
 A. APGAR scores 5 or less _____
 B. Infants < 2500 gms _____
 C. Perinatal Deaths _____

Office Practice Case List Forms

LIST OF OFFICE PRACTICE PATIENTS*								
#	A G E	G R A V	P A R A	PROBLEM	DIAGNOSTIC PROCEDURES	TREATMENT	RESULTS	No. of Visits

I. Office Practice Categories (1-40)
 II. Total Number of Ultrasound and Color Doppler Examinations in:
 A. Obstetrical patients _____
 B. Gynecological patients _____
 C. Other areas such as abdominal, thoracic, pediatric, etc. _____

* Patients' names, initials, and hospital names must not be used. Patients who are over 89 years of age must not have their age listed.

refers to a sequential ordering which is assigned by the computer for ALL patients from all hospitals, i.e., 1-xxx.

Hospital # refers to the sequential ordering of hospitals being reported from, i.e., Hospital A = First hospital from which patients are being reported;
 Hospital B = Second hospital from which patients are being reported;
 Hospital C = Third hospital from which patients are being reported.

Patient # refers to a sequential ordering of patients reported from a given hospital, e.g., Hospital A, patients 1-x; Hospital B, patients 1-xx.

Acceptable Case List Abbreviations

A&P	Repair-Anterior and posterior colporrhaphy
AB	Abortion
AIDS	Acquired immune deficiency syndrome
ASCUS	Atypical cells of undetermined significance
BSO	Bilateral salpingo-oophorectomy
BTL	Bilateral tubal ligation
CBC	Complete blood count
CD	Cesarean delivery
CIN	Cervical intraepithelial neoplasia
Cm	Centimeter
CT	Computerized tomography
D&C	Dilatation and curettage
D&E	Dilatation and evacuation
DEXA	Dual-energy x-ray absorptiometry
DHEAS	Dihydroepiandrosterone sulfate
DVT	Deep vein thrombosis
E	Estrogen
E2	Estradiol
EKG/ECG	Electrocardiogram
FSH	Follicle-stimulating hormone
GDM	Gestational diabetes mellitus
gm	Gram
HIV	Human immunodeficiency virus
HCG	Human chorionic gonadotropin
HPV	Human papillomavirus
HRT	Hormone replacement therapy
HSV	Herpes simplex virus
IM	Intramuscular
IUGR	Intrauterine growth restriction
IV	Intravenous
IUD	Intrauterine device
kg	Kilogram
LAVH	Laparoscopic assisted vaginal hysterectomy
LEEP	Loop electrosurgical procedure
LH	Luteinizing hormone
MRI	Magnetic resonance imaging
P	Progesterone
PAP	Papanicolaou smear
PPH	Postpartum hemorrhage
PROM	Premature rupture of membranes
PTL	Preterm labor
SAB	Spontaneous abortion
SRM	Spontaneous rupture of membranes
STD/STI	Sexually transmitted disease/infection
SVD	Spontaneous vaginal delivery
T	Testosterone
TAH	Total abdominal hysterectomy
TSH	Thyroid-stimulating hormone
TVH	Total vaginal hysterectomy
VBAC	Vaginal birth after cesarean delivery