

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

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



The American Board of
Obstetrics & Gynecology
2915 Vine Street
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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 written examination to be given in June, 2014.

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

1. The deadlines for submission of applications for the Basic Written Examination have changed.
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. At the request of the residency Program Directors, the application and examination fees for the written test have been combined into one payment due at the time of the application.
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 basic written certification examination. The specific limits for the examination 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.

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.

It is the candidate's responsibility to become familiar with all of the material contained in the *Bulletin*, including the information in the Appendices.

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

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, a physician 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

A physician achieves Active Candidate status by passing the ABOG written examination.

To maintain Active Candidate status, the candidate must fulfill all of the requirements for admission to the oral examination, and may not have exceeded the limitations to admissibility for the oral examination.

If the written examination is failed 5 consecutive times, Active Candidate status expires, and the candidate (residency graduate) must complete additional training education before regaining eligibility to sit for the written examination. [See Appendix 7, Test Eligibility Program (TEP), for more information.]

Beginning in 2017, all candidates must achieve board certification within 8 years of the completion of their training. (Training in an ABOG-accredited or ACGME-accredited FPMRS fellowship does not count toward the 8 year limit.) Physicians who fail to become certified within the 8 year timeframe will be required to complete a minimum of 12 months of additional residency training in an ACGME-approved training program to regain eligibility to apply for the Basic Written Examination.

See Appendix 6 for additional categories of Board Status.

IV. DURATION OF CERTIFICATE VALIDITY

After passing the Basic Oral Examination, a physician becomes certified by ABOG. However, all certificates issued by ABOG after 1986 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.

Active candidates—those who have passed the basic written examination, but not the oral—are not required to participate in the MOC process.

Active candidates who are interested in learning more about the ABOG MOC process should read the MOC Bulletin which is available at www.abog.org.

THE WRITTEN EXAMINATION

I. Introduction

The process of certification by ABOG is voluntary. The ABOG will not contact potential candidates. Each potential candidate is responsible for completing the application for the written examination on-line at www.abog.org, for submitting all required materials to ABOG at the time they are requested, and meeting all deadlines. ABOG will make the final decision concerning the applicant's admission to the examination after considering all circumstances affecting the application.

II. Application Process for the June, 2014 Examination

- A. Applications will be accepted on-line at www.abog.org beginning September 1, 2013. Late fees will apply for applications received after October 18, 2013, 5 pm CDT. (See table of deadlines and fees.)
- B. December 18, 2013, 5 pm CST, is the last day and time for receipt of an application to take the June 30, 2014, written examination. Applications received after this date and time will be denied.
- C. The written examination fee must be paid in full by credit card at the time of the application. All fees are quoted in US dollars.
- D. An email will be sent to each applicant at the email address provided during the application process when their application to sit for the examination has been approved. The email will also contain information for contacting a Pearson VUE testing center to schedule a seat for the examination. It is the candidate's responsibility to ensure that both their email and physical addresses are current and correct.
- E. After the Approval email is received, the candidate should contact Pearson VUE to obtain a seat for the examination. After March 25, 2014, seats at the Pearson VUE centers will be released. Candidates are urged to obtain a seat as soon as possible after notification of eligibility to avoid long distance travel to an open seat. No candidate may schedule a seat after June 3, 2014. Instructions for contacting the examination centers will be included in the ABOG email. Seats at Pearson VUE in individual cities are limited, and are assigned on a "first come, first served" basis. No refund will be offered to candidates who fail to obtain a seat at their preferred examination center.

III. Fees and Deadlines

The fee for the written examination is \$1470 and must be paid in full at the time of application. The fee has been computed to cover the costs of the examination and administrative expenses. The written examination fee consists of two parts: a fee to cover the costs of the application process (\$800.00), and a portion to cover the costs of the examination (\$670.00). The portion of the fee that covers the cost of the application process will not be refunded or credited against a future examination. If the candidate is denied entrance to the examination on the basis of the information supplied with the application, the portion of the fee that covers the cost of the examination will be refunded.

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 March 20, 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 is not refundable. In addition, the review committee will not consider any request that is based primarily on non-emergency matters.

WRITTEN EXAMINATION DEADLINES

September 1, 2013	Application available on-line
October 18, 2013, 5 pm CST	Last day to apply without late fee penalty
December 18, 2013, 5 pm CST	Final deadline. No applications will be accepted after this date.
November, 2013 to February, 2014	Candidates will be notified of approval to sit for the examination and to make a computer testing center reservation
June 30, 2014	Written Examination at testing centers

WRITTEN EXAMINATION FEES

September 1, 2013 to October 18, 2013 5 pm CDT	\$1470
October 19, 2013 to November 18, 2013 5 pm CST	\$1470 + \$345 late fee = \$1815
November 19, 2013 to December 18, 2013 5 pm CST	\$1470 + \$825 late fee = \$2295

IV. Eligibility Requirements for the June 2014 Written Examination

A. All applicants must hold a Doctor of Medicine, or Doctor of Osteopathy Degree.

B. Residency Requirements

Candidates for certification are required to complete 48 months of graduate medical education in an Obstetrics and Gynecology residency program(s). Candidates who will complete their residency training after September 30, 2014 will not be allowed to sit for the June, 2014 written examination. The following are specific requirements of the residency training:

1. The residency program must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Alternately, this requirement can be met by completing no fewer than 60 months in a clinical Obstetrics and Gynecology program(s) accredited by the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC). A minimum of 48 months of that training must be in Obstetrics and Gynecology. No credit for training outside of Canada may be counted toward meeting the 60 month training requirement.

No credit will be given for residency training in programs accredited by any other body, including ACGME-International.

A year spent in an ACGME-accredited transitional-year program (PGY-1) sponsored or co-sponsored by an ACGME-accredited Obstetrics and Gynecology residency program will meet the requirement for the PGY1 year.

Residents are expected to take allotted vacation time. Foregoing vacation time or necessary sick leave to shorten the required 48 months of training is not permitted.

2. Either the PGY3 or PGY4 year of a resident's program must include the responsibilities of a chief (senior) resident in accordance with the description of the program as accredited by the ACGME. Residents who receive credit for time spent in a non-OB-Gyn ACGME-approved residency program must serve their senior year as a PGY4. (See requirement 6, below.)
3. When a resident's graduate education and clinical experience have been gained in more than one residency program, the application to take the written examination must be accompanied by verification of the candidate's satisfactory performance in each program. Fewer than 6 months in any OB-Gyn residency program will not count toward meeting the 48 month requirement.
4. A resident who has a firm commitment to a position in an ABOG-accredited subspecialty fellowship or an ACGME-accredited Female Pelvic Medicine and Reconstructive Surgery (FPMRS) fellowship may be allowed flexibility in their residency training program. To be eligible, ABOG must receive a request from the residency Program Director prior to the start of the PGY 3 year. If approved by ABOG, the PGY3 year must be served as a senior resident, with duties and responsibilities similar to those of a PGY4 resident. If the resident satisfactorily completes the PGY3 senior resident year, they may begin the subspecialty fellowship in the PGY4 year. If the fellowship is not completed successfully, The physician must return to a residency program and complete a full 12 month PGY 4 year.

Residents who have received credit for training (up to 6 months as detailed in number 6, below) in a non-OB-Gyn ACGME-accredited residency training program are not eligible for this flexibility option.

5. Up to 6 months credit for previous training in a non-OB-Gyn ACGME-accredited residency may be granted for residents entering an ACGME accredited OB-Gyn residency. The residency Program Director must request approval for a specific number of months—not to exceed 6—prior to the start of PGY4.
6. Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local policy. However, the total of such vacation and leaves for any reason—including, but not limited to, vacation, sick leave, maternity or paternity leave, job interviews or personal leave—may not exceed 8 weeks in any of the first three years of residency training, or 6 weeks during the fourth year of residency. If any of these maximum per year weeks of leave are exceeded, the residency must be extended for the duration of time the individual was absent in excess of either 8 weeks in years one, two or three, or 6 weeks in the fourth year.

Example: A resident takes 3 weeks of leave in each of years 1, 2, and 3, but takes a total of 10 weeks of leave in year 4 (total 19 weeks). The residency program must be extended by 4 weeks because the year 4 limit was exceeded.

In addition to the yearly leave limits above, a resident must not take more than a total 20 weeks of leave over the four years of residency training. If this limit is exceeded, the residency must be extended for the duration of time that the individual was absent in excess of 20 weeks.

Example: A resident takes 8 weeks of leave in years 1, 2, and 3, and 6 weeks of leave in year 4 (total 30 weeks). The residency program must be extended by 10 weeks.

The number of days that equals a “week” is a local issue that is determined by the hospital and Program Director, not ABOG. Vacation and sick leave time may not be used to reduce the actual time spent completing the required forty-eight months of training.

Residents who have their residency extended to complete the required 48 months, may sit for the basic written examination in June if they will have completed all 48 months by September 30 of the same year. The results of their examination will not be released until and unless the Program Director notifies the ABOG that they have successfully completed their residency prior to September 30.

7. The Program Director is required to attest to the resident’s satisfactory performance, competence and completion of the program. The Program Director is expected to sign on behalf of the program, not as an individual.
8. Each resident is required to maintain a record of the number and type of obstetric and gynecologic procedures performed during residency to demonstrate the adequacy of their operative experience.

C. A statement must be signed by the Program Director at the time of application certifying that the candidate has:

1. Satisfactorily completed or is completing the course of instruction designed for this program;
2. Taken leaves of absence and vacation not exceeding those previously described (see Section IV.B.6);
3. Completed and submitted to the Program Director a satisfactory list of obstetrical and gynecological patients;

4. Achieved the appropriate knowledge, ability, and judgment in order to provide appropriate clinical care in obstetrics, gynecology, and women's health, as documented by ongoing evaluation during the entire residency program;
5. Demonstrated the necessary technical skills to perform:
 - a. major abdominal and vaginal surgical procedures on the female reproductive organs and related structures;
 - b. major surgical procedures for female urinary and fecal incontinence and other forms of pelvic dysfunction (reconstructive pelvic surgery);
 - c. spontaneous and operative obstetric deliveries;
 - d. surgical exploration of the abdomen;
 - e. pelvic, abdominal and hysteroscopic endoscopic procedures;
 - f. diagnostic evaluations including electronic fetal monitoring, ultrasonography, colposcopy, amniocentesis and urodynamic testing;
 - g. the diagnosis and treatment of complications of the above; and
6. Demonstrated good moral and ethical character.

D. Limitation of eligibility. The candidate may not have taken and failed the written examination 5 consecutive times without completing additional education. (See TEP, Appendix 7.)

E. The candidate must hold an unrestricted medical license. If the candidate is in training at the time of application, an educational or institutional license to practice medicine in any of the states or territories of the United States or a province of Canada meets this requirement.

However, if the candidate has completed a residency and is in practice, they must hold an unrestricted license in all states in which the candidate holds a medical license. This condition must have been met prior to the time that the application is submitted and must remain in effect on the day of the examination.

F. Other requirements. The candidate must meet all of the requirements in the *Bulletin* for the year they are applying for the test. For example, those applying for the 2014 written examination must meet the requirements in the *2014 Bulletin*.

V. Disqualification from the Written Examination

If a candidate is found to be involved in litigation or investigation regarding ethical or moral issues, the application will be reviewed. ABOG may defer a decision for entry into the examination to gain further information.

Falsification of any of the submitted data or evidence of other egregious ethical, moral or professional misbehavior may result in a deferral of a candidate's application for at least three years. The candidate must then meet all eligibility requirements in effect at the end of the deferred period.

When the Board rules an applicant not admissible to the written examination, a new application and application fee must be submitted after the cause of the inadmissibility has been resolved.

VI. Residency Training Affidavit

The candidate ruled admissible to the examination must have a Residency Training Affidavit completed by the Program Director. This affidavit can be downloaded by the Residency Program Coordinator on the residency Program Home Page under “Members.” The link to the affidavit will be available 31 days in advance of the residency completion date. The Residency Program Director must verify the date that the candidate will complete or has successfully completed the 48 months of training. The Affidavit must be completed and returned to the Board office. Results of the examination will not be released until the completed affidavit is received by the Board. For residents completing training in June, 2014, the affidavit must be received during the month of June.

A new affidavit is not necessary for those candidates who have completed their residency training and sat for the written examination in a prior year if an affidavit has been previously received at ABOG.

VII. Skills and Knowledge Required for the Written Examination

The candidate will be expected to demonstrate skills necessary to apply basic knowledge to the management of clinical problems. These skills include:

- A. obtaining needed information;
- B. interpretation and use of data obtained;
- C. selection, instituting and implementing care;
- D. management of complications; and
- E. follow-up and continuing care.

VIII. Types of Questions

The examination consists of single-best answer, multiple-choice questions. Many of the questions are constructed to be thought provoking and problem solving. For many questions, all possible answers may be plausible, but only one answer is the most correct. The written examination will only be given in English.

IX. Topics Covered in the Examination

Approximately 30% of the questions are from topics listed under each of the general headings of gynecology, obstetrics and office practice-preventive/primary care listed below. Approximately 10% of the questions are based on cross-content topics, such as safety, genetics, immunology and pharmacology. An individual disease process might be considered under multiple topics. For example, endometriosis might be considered under acute pelvic pain, chronic pelvic pain, infertility, laparoscopy, major gynecologic surgery and several others.

Listed below is a blueprint of major areas of emphasis on the examination. The list and the examples included in parentheses are not meant to be all-inclusive. The order of the topics under a major heading is arbitrary and does not reflect the relative emphasis of that specific topic in the examination.

A. Obstetrics

1. Preconception care and counseling (e.g. folic acid, genetic screening, teratogenesis)
2. Antepartum care and complications (e.g. hyperemesis, second trimester loss)
3. Intrapartum care and complications (e.g. fetal monitoring, group B streptococcus, uterine rupture)
4. Postpartum care and complications (e.g. lactation, vulvar hematoma)
5. Fetal assessment (e.g. well-being, fetal growth restriction)
6. Prenatal diagnosis
7. Preterm labor
8. Premature rupture of membranes (e.g. preterm, term)
9. Obstetric hemorrhage (e.g. placenta previa, abruption, postpartum hemorrhage)
10. Dystocia and abnormalities of fetal lie and presentation
11. Postterm pregnancy
12. Induction of labor
13. Operative obstetrics (e.g. vacuum, forceps, cesarean, cesarean hysterectomy)
14. Hypertensive disorders of pregnancy (e.g. chronic hypertension, preeclampsia, thrombocytopenia)
15. Cardiovascular and/or pulmonary diseases coexisting with pregnancy
16. Renal, dermatologic, and/or neurologic diseases coexisting with pregnancy
17. Hematologic, neoplastic and/or endocrine diseases coexisting with pregnancy
18. Infections coexisting with pregnancy (e.g. pyelonephritis, HIV, varicella)
19. Abnormal fetal growth
20. Diabetes and pregnancy
21. Multifetal gestation
22. Ultrasound, Doppler and other imaging techniques
23. Surgical conditions coexisting with pregnancy (e.g. acute abdomen, adnexal mass, breast mass)
24. Psychiatric disorders during pregnancy and postpartum
25. Care of the neonate
26. Intrapartum and postpartum infection (e.g. chorioamnionitis, mastitis)

B. Gynecology

1. Ectopic pregnancy
2. Endometriosis
3. Uterine myomas
4. Infertility (e.g. evaluation, management, surgery)
5. Abnormal uterine bleeding
6. Abnormal cytology
7. Congenital abnormalities of the reproductive tract
8. Pelvic relaxation and defects in pelvic floor
9. Urinary and fecal incontinence
10. Benign conditions of the reproductive tract (e.g. ovarian cysts, adenomyosis, vulvar and vaginal ulcers)
11. Sexually transmitted infections
12. Pelvic inflammatory diseases (e.g. salpingitis, tubo-ovarian abscess, tuberculosis)
13. Acute pelvic pain (e.g. adnexal torsion, appendicitis)
14. Chronic pelvic pain
15. Diagnostic procedures (e.g. colposcopy, endometrial biopsy)
16. Hysteroscopy (e.g. diagnostic and operative)
17. Laparoscopy (e.g. diagnostic and operative)
18. Ultrasound
19. Preoperative evaluation and preparation
20. Minor gynecologic surgery (e.g. tubal sterilization, excision of Bartholin gland)
21. Major gynecologic surgery (e.g. hysterectomy, oophorectomy, colpocleisis, myomectomy)
22. Postoperative care, complications and problems (e.g. pulmonary embolus, ileus)
23. Emergency care (e.g. vulvar hematoma, hemoperitoneum)

24. Premalignant conditions of the reproductive tract and breasts (e.g. endometrial hyperplasia, CIN)
25. Invasive neoplasia of the reproductive tract and breasts
26. Trophoblastic diseases
27. Coexisting medical diseases (e.g. diabetes, asthma, thrombophilias)
28. Concurrent surgical conditions (e.g. necrotizing fasciitis, small bowel obstruction)
29. Coexisting psychiatric conditions (e.g. depression, personality disorders)

C. Office Practice / Preventive/Primary Care

1. Age-appropriate periodic assessment, preventive care and health maintenance (e.g. mammography, colonoscopy, blood pressure monitoring, hematocrit, immunizations, counseling for proper diet, calcium, folic acid and exercise)
2. Family planning (e.g. contraception, sterilization, complications of pregnancy termination)
3. Life style modification (e.g. smoking cessation, weight loss, substance abuse treatment)
4. Diagnosis and treatment of uncomplicated medical diseases and disorders (e.g. headache, bronchitis, low back pain, irritable bowel, arthritis, acne)
5. Benign breast disorders
6. Urinary tract infections
7. Diabetes mellitus and thyroid disorders
8. Cardiovascular diseases (e.g. hypertension, hyperlipidemia, atherosclerosis)
9. Perimenopause and menopause
10. Osteopenia and osteoporosis
11. Polycystic ovary syndrome
12. Primary and secondary amenorrhea
13. Abnormal uterine bleeding
14. Disorders of reproductive physiology and gynecologic endocrinology (e.g. galactorrhea, hirsutism, anovulation, hyperandrogenism)
15. Early pregnancy loss (e.g. spontaneous abortion, recurrent abortion)
16. Psychiatric conditions (e.g. depression, anxiety)
17. Domestic violence and sexual assault
18. Sexuality and sexual dysfunction
19. Problems relating to the physiology of menstruation (e.g. premenstrual syndrome, menstrual migraine, primary dysmenorrhea)
20. Office surgery
21. Vulvar disease (e.g. ulcers, dermatologic conditions, cysts, masses)
22. Vaginal disease (e.g. discharge, infection)
23. Pediatric and adolescent gynecology
24. Geriatric gynecology
25. Chronic pelvic and vulvar pain
26. Ultrasonography
27. Sexually transmitted infections
28. Lesbian health issues

D. Cross Content Areas

1. Basic science (maternal and fetal physiology, physiology of reproductive endocrinology, pathology, immunology, microbiology, pharmacology, anatomy, embryology)
2. Genetics
3. Ethics and professionalism
4. Epidemiology and evidence-based medicine
5. Systems-based practice and patient safety
6. Communication with patients and peers
7. Health literacy

X. Conduct of the Written Examination

The written examination is scheduled to last approximately 3 hours and 45 minutes. Candidates who finish before the full time has elapsed may leave early, but if they do so, may not return. Candidates will receive information after registering on the Pearson VUE website concerning the location of their examination, as well as the time they must arrive.

Each candidate must present 2 forms of identification to be admitted to the examination. One document must include both a photograph of the candidate and the candidate's signature. The second document must include the candidate's signature. If a candidate has had a name change between application and the day of the test, they must bring a copy of an official document that verifies the name change. Examples could include, but are not limited to a marriage certificate, divorce decree, court ordered name change, etc.

Candidates may not take any electronic devices into the examination area, and must also submit to a screening process that may include any or all of the following: fingerprinting, palm vein scanning, wand or walkthrough scanning for metallic objects, or any other screening that may be in place at the Pearson VUE center. A candidate who refuses to submit to any screening procedure will not be allowed to sit for the examination, and no portion of the fee will be refunded.

Candidates are not allowed to access recording devices, cellular phones, paging devices, other electronic communication and/or recording devices, and writing instruments during the written examination. If such a device is discovered at any time during the examination, or if the candidate accesses any such device for any reason, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit.

There is no scheduled break during the examination. Candidates may take unscheduled breaks to use the restroom facilities. Unscheduled breaks should not exceed 10 minutes in length. During such breaks, a candidate may not talk with any other individual or access any electronic device. Candidates are not allowed to leave the testing center for any reason before completing the test. If a candidate violates any of these regulations, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit.

XI. Test Security

At the time of application for the Basic Written Examination, and again at the time the test is taken, each candidate will be required to agree to the following. No candidate will be allowed to sit for the written examination unless they agree to these terms:

1. I understand that all ABOG test materials 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 any such entity I may be prosecuted under the US Copyright laws.
2. 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 be withdrawn.
3. I understand that I may not record any portion of the written examination by any means in whole or in part, and a violation will be treated as outlined in numbers 1 and 2 above.

4. I understand that I may not memorize or attempt to memorize any portion of the written examination for the purpose of transmitting such material to any individual, organization or business.

Additional information about test security can be found in Appendix 8.

XII. Results of the Examination

The results of the written examination will be reported on-line to each candidate by September 1, 2014. ABOG policy does not allow a candidate access to their individual test score, their score on any portion of the examination, or the score necessary to successfully pass the examination. Results are reported as "Pass" or "Fail."

A passing grade on the written examination does not ensure a candidate's admissibility to the oral certification examination, nor does it allow the use of the term "Board Eligible."

XIII. Requests for Re-Examination

Candidates who are scheduled to sit for the examination but do not do so, as well as the candidates who do not pass the examination and who wish to repeat the examination, must complete a new application on the ABOG web site and pay a new fee (www.abog.org). It is necessary for each applicant to meet the requirements in effect the year the application is submitted. These requirements can be found in the *Bulletin* for the year the application is submitted. The re-applicant must complete the application process prior to the applicable deadline. The written examination may be taken a maximum of 5 consecutive times without additional training, as detailed in Section IV.D above and Section III.B in the General Information in this bulletin.

XIV. Written Examination Appeal Process

ABOG will not accept appeals from candidates who seek to challenge the content of the examination, the sufficiency or accuracy of the answers to examination questions, the scoring of the examination, or the cut score used to determine the passing grade for the examination. A complaint concerning any other matter should be addressed to the ABOG Executive Director.

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, Jr., M.D.	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, M.D., 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: 2013 Test Eligibility Program (TEP)

The Test Eligibility Program (TEP) has been designed for candidates who have failed to pass the ABOG Basic Written Examination 5 consecutive times as a pathway whereby they may gain additional education and become eligible to re-take the basic Written Examination. It is the goal of the TEP that candidates who complete this additional education will be successful in further attempts to complete the basic certification process.

The TEP may be entered a maximum of 3 times. That is, the 3 time limit is not applied separately for the written and oral examinations. Rather, it is an absolute maximum.

General Information: Written Examination Failure

An OB-Gyn ACGME or CRCPSC resident graduate who fails to pass the ABOG Basic Written Examination 5 consecutive times is no longer eligible to apply for that examination without successfully completing the TEP educational pathway described below. After successful completion of the TEP process, the candidate is eligible to apply to re-take the ABOG Basic Written Examination, but must meet all requirements delineated in the Bulletin for the year of the test except for the 5 fail limitation.

The TEP may be utilized a maximum of 3 times. If the candidate fails to pass the ABOG Basic Written Examination an additional 3 times, the resident graduate is ineligible to sit for the ABOG certification examinations. Once ineligible, the candidate must cease and desist from making any representations of Board Eligibility.

If the physician who completes the TEP process 3 times and fails the written examination an additional 3 times successfully completes a minimum of 12 additional months in an ACGME or CRCPSC residency training program, that physician may apply for reconsideration for re-entry into the ABOG Basic certification process by mailing a letter to the Executive Director. The letter must include a description of the additional training. Under separate copy, the Program Director of the residency program must send the Executive Director a letter attesting that the additional training was completed successfully. During the time of the additional training, and until and unless the candidate receives notification of approval to re-enter the ABOG certification process, the physician may not represent themselves as being "board eligible."

TEP Pathway

A physician who has failed the basic written examination 5 consecutive times must complete the additional educational requirements described below to become eligible to apply for the ABOG Basic Written Examination. Completion of the pathway does not automatically assure the acceptance of the candidate, as all of the eligibility requirements for the written examination except for the 5 failure rule must be met.

TEP requires the candidate to complete the following assignments successfully:

1. Candidates must call the ABOG office at 214-871-1619, and ask for the Testing Division. ABOG staff will verify the candidate's status and, if the physician is eligible, make the application available on the ABOG website (www.abog.org). The candidate must complete the TEP application and pay the TEP fee by credit card on-line.

AND

2. ABOG will provide the candidate with a list of titles of 30 published articles on their personal ABOG webpage under "statuses and applications" when their application has been approved. Each of these articles must be read. (See below for timelines.) After reading the articles, the candidate must answer 4 multiple choice questions for each article with a minimum of 80% (96) of the questions being answered correctly. This assignment must be completed and submitted on-line to ABOG no

later than 5 pm CDT, Monday, March 11, 2014. No CME credit will be awarded for this activity.

Because of copyright restrictions, ABOG cannot provide the actual articles. While many of the articles can be downloaded on-line without charge, some may require the payment of a fee. The TEP fee does not cover the cost of obtaining these articles.

AND

3. Sit for and pass the secure, written TEP examination in May, 2014. The cost of this examination is included in the non-refundable application fee. The candidate will be given information for scheduling a seat for the examination after the reading assignment has been completed successfully.

Successful completion of TEP parts 1, 2 and 3 will allow the candidate to sit for the ABOG Basic written examination 1 additional time if the candidate meets all of the eligibility requirements for the written examination (except the limitation of 5 attempts).

TEP Timeline

November, 2013 and January 31, 2014	Applications for TEP accepted
January 31, 2014, 5 pm CST	No applications will be accepted after this date
January, 2014	Reading assignments will be sent to applicants
March 11, 2014, 5 pm CDT	Reading assignments and answers to questions must be completed and submitted to ABOG
May 20, 2014	Secure, written TEP examination administered at Pearson VUE centers

TEP Fee

The fee for the TEP process for 1 year is \$990, must be paid at the time of application, and is non-refundable. If the TEP process is not completed for any reason, or if the candidate does not complete the process successfully, a new application and a new fee must be submitted.

The TEP fee covers the administrative costs of the program as well as the cost of the TEP examination. Once paid, no part of the TEP fee will be refunded. The TEP fee does not cover the any costs incurred by the physician for obtaining copies of the articles.

Appendix 8: 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. The 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.