

2014 Bulletin
for
Subspecialty Certification
in
Maternal-Fetal Medicine

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



2915 Vine St., Dallas, TX 75204

First in Women's Health

**This Bulletin, issued in Spring, 2013 represents
the official statement of the 2014 requirements
for subspecialty certification in Maternal-Fetal Medicine**

Important Information for all Candidates

1. Some of the deadlines for submission of materials to the ABOG office have changed for the 2014 tests, and the new dates are listed in this Bulletin. It is the candidate's responsibility to be aware of these changes.
2. All correspondence with ABOG should be sent by a service that has tracking capability.
3. All fees must be paid by credit card through the ABOG website (www.abog.org) and are payable in US Dollars only.
4. Deadlines are based on receipt of the information in the ABOG office. It is the candidate's responsibility to meet all deadlines. ABOG is not responsible to notify a candidate of impending deadlines.
5. It is the responsibility of each candidate to be aware of the current requirements for certification as an ABOG subspecialist. ABOG does not assume responsibility for notifying a candidate of changing requirements for admissibility to any examination or pending loss of eligibility. Candidates must meet the requirements published in the *MFM Subspecialty Bulletin* for the year in which they are to take an examination.
6. Subspecialty certification is time-limited. Each subspecialty Diplomate must enter the subspecialty Maintenance of Certification (MOC) program in January following successful certification and must also successfully complete each year's MOC assignments to maintain certification.
7. For fellows starting in 2013, their thesis must have been published or in press to be considered by the Division.

Table of Contents

Important Information	2
MFM Written Examination	4
Application Process	4
Requirements	5
Examination Content	6
Conduct of the Examination	6
Test Security	7
Deadlines and Fee	8
Limitation of Eligibility	8
MFM Oral Examination	9
Application Process	9
Requirements	10
Examination Content	11
Conduct of the Oral Examination	11
Test Security	12
Deadlines and Fees	13
Limitations	14
Case Lists: General	14
Case Lists: Content	15
Length of Certification	17
Appendices	18
A. MFM Division	18
B. De-Identification of Case Lists	19
C. Thesis	20
D. Board Status	23
E. Test Eligibility Program (TEP)	25
F. Rights of Applicants and Diplomates	27
G. Revocation of Certificate	28
H. Candidate Disability	30
I. Test Security	31

The Division of Maternal-Fetal Medicine

The process of certification in Maternal-Fetal Medicine (MFM) by the ABOG is voluntary. ABOG will not contact potential candidates. Each potential candidate for subspecialty certification is responsible for completing the application on-line at www.abog.org, for submitting all materials to ABOG at the time they are requested, and meeting all deadlines. ABOG will make the final decision concerning the applicant's eligibility for admission to the examination.

Written Examination

June 27, 2014 Written Examination: Application Process

1. 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. The final day applications will be accepted is December 18, 2013.
2. The total fee (application and examination) must be paid by credit card through the ABOG website at the time of application. If an applicant is found to be ineligible to take the examination, the examination portion of the fee will be refunded. The application fee is not refundable nor will it be credited toward a subsequent application.
3. The applicant must supply ABOG with an email address as part of the application process. It is the candidate's responsibility to notify ABOG of any change in this address.
4. A fellowship affidavit form will automatically print during the application process. The form must be signed by both the current Program Director and the Chair of the Department of Obstetrics and Gynecology, and faxed to the ABOG office. This form serves to document satisfactory completion or near completion of the fellowship training.
5. A copy of the candidate's current, active medical license must be faxed to the ABOG office.
6. Following submission of the on-line application form and payment of the appropriate fee, the candidate's application will be considered in accordance with the requirements in effect for that year. (See below.) The candidate will be notified of admissibility to the written examination.
7. Two business days after the candidate has received the email notification of acceptance, the candidate should contact Pearson VUE to obtain a seat for the examination. Instructions for contacting Pearson VUE will be included in the acceptance email.

The ABOG reserve on Seats at the Pearson VUE centers expires March 25, 2014. After that date it will be harder for candidates to reserve a seat at their preferred site. Seats in individual cities are limited, and are assigned on a “first come, first served” basis. ABOG will not refund any portion of the test fee if a candidate is not able to reserve a seat at their preferred testing center.

June 27, 2014 Written Examination: Requirements

Each of the following is a requirement for a candidate in Maternal-Fetal Medicine to sit for the subspecialty examination. The candidate must meet all of the requirements in effect during the year for which admission to the written examination is requested.

1. **Basic Written Test** A candidate may not apply for the MFM written examination unless they have previously passed the written examination for Basic Certification in Obstetrics and Gynecology.
2. **Length of Training** The candidate must have been registered with ABOG, and have completed a minimum of 32 of 36 months of training, or will have completed training in an ABOG-accredited fellowship program in Maternal-Fetal Medicine no later than September 30 of the same year the written test is taken.

[Note: Candidates who are completing a combined MFM-Genetics fellowship should contact the Board office for information concerning the timing of their certification examinations.]

3. **Leaves of Absence** Leaves of absence and vacation may be granted to Fellows by their Program Director in accordance with local policy. The total of leaves of absence, including vacation, must not exceed 8 weeks in each of the first two years, 6 weeks in the third year, or a total of 15 weeks over the entire three years of fellowship.

If a fellow's leave exceeds either the yearly maximum or the program maximum, the fellowship must be extended for the duration of time the individual was absent in excess of the maximum. The number of days that equals a “week” is a local issue that is determined by the Program Director, not ABOG.

Fellows are expected to take allotted vacation time. Foregoing vacation time or necessary sick leave to shorten the 36 month training requirement is not permitted.

4. **Medical License** The applicant must have an unrestricted license to practice medicine in all of the states or territories of the United States or Canada in which the candidate holds a medical license. Each license must be unrestricted, not on probation or revoked. If the candidate is training in a state in which it is not necessary to have a medical license for fellowship training, an educational license will meet this requirement.
5. **Moral and Ethical behavior** The candidate must have demonstrated good moral and ethical behavior in the practice of medicine, and in interactions with peers, other medical

personnel and patients. A felony conviction will be considered evidence of failure to meet this standard.

6. **Falsification of Information** Falsification of any information or failure to disclose any adverse action will result in a deferral of a candidate's eligibility to sit for the written examination for a period of at least 3 years. If the candidate is allowed to sit for the examination at the end of the deferral period, the candidate must meet all requirements in effect at the end of the deferral period.
7. **Limitation of Eligibility** The candidate may not have taken and failed the MFM written examination 5 consecutive times without completing additional education. (See Appendix E.)

June 27, 2014 Written Examination: Content

The content of the written examination will include advanced knowledge of the subjects outlined in the *Guide to Learning in Maternal-Fetal Medicine*. The questions will be in a multiple-choice, one best answer format.

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, or a court ordered name change.

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.

Test Security

At the time of application for the 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 I.

June 27, 2014 Deadlines and Examination Fee

Sept 1, to Oct 18, 2013	\$1845
Oct 19, to Nov 18, 2013	\$1845 + \$320 late fee = \$2165
Nov 18, to Dec 18, 2013	\$1845 + \$815 late fee = \$2660

The final deadline to complete the on-line application and pay the applicable fees is December 18, 2013. No application will be accepted after this date

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 (\$870) 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.

Re-Application

A candidate who postpones or fails the written examination must complete a new on-line application to be considered for the next scheduled written examination and pay a new application fee.

Applicants Ruled Not Admissible

If a decision is made by ABOG that a candidate has not met the requirements for admission to the written examination, the candidate may appeal the decision by writing to the ABOG Executive Director. Such appeals will be forwarded to the appropriate ABOG Committee for reconsideration. If the appeal is successful, no late fees will apply. If a successful decision occurs after the date of the written examination, the candidate will be scheduled for the next available written examination in the subspecialty, and no additional application fee will apply. However, the examination fee must be paid before the deadline.

If the candidate's appeal is not successful or the candidate does not appeal the inadmissibility decision, the candidate may reapply by submitting a new application, paying the application fee, and meeting the requirements applicable at the time of the re-application. Documentation that the cause for the initial disapproval has been cleared must be submitted with the application.

Limitation of Eligibility

A candidate who has failed the written examination 5 consecutive times is no longer eligible to apply without completing additional education. (See Appendix E for more information about additional training.)

ORAL EXAMINATION

April 7-9, 2014 Oral Examination: Application Process

1. Applications will be accepted on-line at www.abog.org beginning May 1, 2013. Late fees will apply for applications received after May 31, 2013.
2. The final day applications will be accepted is June 30, 2013. Applications received after this deadline will not be processed.
3. The application fee must be paid by credit card through the ABOG website at the time of application. The application fee is not refundable.
4. The applicant must supply an email address as part of the application process. It is the candidate's responsibility to notify ABOG of any change in this address, as the approval (or not) to sit for the examination will be sent to the applicant at the email address provided.
5. During the application process a Hospital Release Form will print automatically. This form must be signed and faxed to the ABOG office.

If the candidate practices in a country other than the United States or Canada, a letter from the senior responsible medical officer at each facility where the candidate practices verifying that the candidate has unrestricted privileges in Maternal-Fetal Medicine must be submitted to ABOG.

6. A copy of the candidate's active medical license must be faxed to the ABOG office.
7. Following submission of the on-line application form, payment of the appropriate fee, and receipt of the Hospital Release Form and medical license, the candidate's application will be considered in accordance with the requirements in effect for that year. (See below.)
8. If the candidate's application is approved, an email will be sent with instructions for providing the case lists and thesis. The examination fee will be required to be paid at this time. The case list will not be accepted unless the examination fee is paid in full by credit card on the ABOG website.
9. If full payment of the examination fee has not been received by October 31, 2013 for the 2014 examination, the candidate will not be scheduled, and no fees will be refunded.
10. Once all materials have been received by ABOG and the appropriate fees paid, the candidate will receive an Authorization for Admission Form posted on the candidate's personal ABOG webpage at least one month prior to the date of the examination. This contact will indicate the date of the candidate's examination, the time and place to report, and hotel information.

11. Each year the ABOG notifies the American College of Obstetricians and Gynecologists (ACOG), the American Board of Medical Specialties (ABMS), the American Medical Association (AMA) and the American Journal of Obstetrics and Gynecology of the names and addresses of the Diplomates who have been certified in the course of that year. The ABOG, ACOG, AMA, and ABMS, on request, also make this information available to the public, including, but not limited to, hospitals, agencies of government, insurers and lay persons.

As a condition for acceptance as a candidate for certification as a Diplomate of the ABOG, each candidate, at the time of the oral examination, is required to sign an irrevocable waiver authorizing the dissemination of the candidate's certification status without limitation or condition.

April 7-9, 2014 Oral Examination: Requirements

Each candidate must meet the following requirements:

1. Be a Diplomate of the ABOG and hold an Active Certificate.
2. Have successfully passed the ABOG written examination in Maternal-Fetal Medicine within 6 years. If more than 6 years have passed, the candidate will be required to sit for and pass the Maternal-Fetal Medicine written examination again to be eligible to sit for the oral examination.
3. May not have failed the MFM oral examination 3 times. If the MFM oral examination has been failed 3 times, the candidate must sit for and pass the Maternal-Fetal Medicine written examination again to be eligible to sit for the oral examination.
4. Hold an unrestricted license to practice medicine in all states or territories of the United States or Canada in which the candidates holds a medical license. Licenses that are on probation or have been revoked are considered to be restricted.
5. Have privileges at one or more acute care hospitals. While full, unrestricted privileges to perform all MFM procedures are preferred, at a minimum these privileges must allow the candidate to perform in-hospital consultation on patients who have been admitted. In addition, the candidate's privileges must not be suspended or revoked, and the candidate must not be under investigation for patient care issues.
6. Be of good moral and ethical character and shown appropriate professionalism in all interactions with patients, peers, and other medical personnel. A felony conviction will be considered evidence of failure to meet this standard.
7. Have not resigned hospital privileges or membership in any medical organization (e.g., ACOG) while under investigation. If the candidate is under investigation or on probation, the application will not be approved. The candidate must re-apply and pay a

new application fee once the probation and/or restrictions have been resolved. However, resolution of these matters does not guarantee that the candidate's application will be approved.

8. Have completed at least 12 months of independent practice and have hospital privileges by January 1, 2013 to practice as an MFM subspecialist in a center or centers providing or having ready access to the essential diagnostic and therapeutic facilities for the practice of Maternal-Fetal Medicine.
9. Submit case lists that document a practice that demonstrates sufficient depth and breadth of practice in the subspecialty of Maternal-Fetal Medicine to permit the evaluation of the candidate's ability to function in the subspecialty. The case lists must be appropriately de-identified. (See Appendix B.)
10. Submit a thesis that meets the minimal standards of the Division of Maternal-Fetal Medicine. Each submitted thesis will be reviewed for acceptability. (See Appendix C.)
11. Have not withheld information of any adverse action. If a non-disclosed falsification or adverse action is identified by ABOG it will result in a deferral of a candidate's eligibility to sit for the oral examination for a period of at least 3 years. If the candidate is allowed to sit for the examination at the end of the deferral period, the candidate must meet all requirements in effect at that time.
12. If the candidate practices in a country other than the United States or Canada, a letter from the senior responsible medical officer at each facility where the candidate practices verifying that the candidate has unrestricted privileges in Maternal-Fetal Medicine must be submitted to ABOG.

April 7-9, 2014 Oral Examination: Content

The oral examination will include critical review and discussion of the thesis, questions related to principles of biostatistics and clinical trial design, review of the case lists, hypothetical cases, interpretation of ultrasound images, structured cases, and questions related to the content of the *Guide to Learning in Maternal-Fetal Medicine*.

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. Following registration, an orientation to the examination will be provided. After the orientation, the candidates will be taken to the ABOG testing center.

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 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 examination will be conducted in English.

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

Test Security

At the time of application for the 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 I.

April 7-9, 2014 Oral Examination: Fees and Deadlines

Application Fee

May 1, 2013- May 31, 2013	\$980
June 1, 2013 - June 15, 2013	\$980 + \$310 late fee = \$1290
June 16, 2013 – June 30, 2013	\$980 + \$780 late fee = \$1760

The final deadline to complete the on-line application and pay the applicable fees is June 30, 2013. No application will be accepted after this date. Application fees are non-refundable, nor will they be credited toward a future application.

Examination Fee

If the candidate's application is accepted, an email of acceptance will be sent to the candidate in September, 2013. The email will explain the process of submitting the thesis and case lists. The examination fee must be paid on or before October 31, 2013.

September, 2013 – October 31, 2013	\$1110
---	---------------

October 31, 2013 is the final deadline for receipt of the Examination Fee. No late payments will be accepted.

Thesis Deadline

December 2, 2013, 5 pm CST

December 2, 2013 is the final deadline for receipt of the Thesis in the ABOG office. Theses must be mailed. Electronic submissions are not accepted. Theses received after this date will not be accepted.

Case List Deadline

February 3, 2014, 5 pm CST

February 3, 2014 is the final deadline for receipt of the case lists. Case lists must be mailed. Electronic submissions are not accepted. Case lists received after this date will not be accepted.

Applicants Ruled Not Admissible

If a decision is made by ABOG that a candidate has not met the requirements for admission to the oral examination, the candidate may appeal the decision by writing to the Director of Evaluation or the Executive Director. Such appeals will be forwarded to the

appropriate ABOG Committee for reconsideration. If the appeal is successful, no late fees will apply. If the successful decision occurs after the date of the oral examination, the candidate will be scheduled for the next available oral examination in the subspecialty, and no additional application fee will apply. However, the examination fee must be paid before the deadline.

If the candidate's appeal is not successful or the candidate does not appeal the inadmissibility decision, the candidate may reapply by submitting a new application, paying the application fee, and meeting the requirements applicable at the time of the re-application. Documentation that the cause for the initial disapproval has been resolved must be submitted with the application.

Re-Application

A candidate who fails the oral examination must complete a new on-line application and pay a new application fee. Following notification of approval to retake the oral examination, the candidate must submit a new case list, and pay the examination fee on or before the established deadlines.

Limitations

The duration of Active Candidate status is limited. The MFM written examination must be repeated by a candidate who falls into either of the following categories:

1. fails to pass the subspecialty oral examination 3 times;
2. has not passed the subspecialty oral examination within 6 years of passing the subspecialty written examination.

Case Lists: General

1. A total of 3 complete copies of the case list and 7 copies of the summary sheets must be received by the published deadline. The summary sheets should reflect the combined totals of all hospitals. The type size may not be smaller than 12 point.
2. The headings on the case list must conform in all details, and provide the required information, on the MFM oral examination forms that are available on-line. The case list must include the category headings within the case list above the cases that fall into that category.
3. The case collection period will be January 1 to December 31, 2013. If the candidate fails to accrue a sufficient number of cases in 12 months, they may submit a 24 month case list.
4. Candidates may not reuse any case or case list from a previous examination.

5. An affidavit is required from each hospital and/or clinical site utilized. The candidate's signature, as well as the signature of the Medical Records Supervisor must appear on each affidavit sheet submitted.
6. All case lists submitted are subject to audit by the ABOG to ensure completeness and accuracy. Subspecialties case list forms are available for download at the Board's web site, www.abog.org.
7. The patient case lists provided by the candidate must have been de-identified in accordance with the requirements of Section 164.514(a)(b) and (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 Appendix B.)
8. Standard English language nomenclature must be used. Abbreviations acceptable to the *New England Journal of Medicine* may be used.
9. Each case list section should begin with page one and be numbered consecutively thereafter.
10. For physicians who are in a group practice where responsibility for patients is shared, the decision whether to list a particular patient should be based on which physician had primary responsibility for the inpatient care. However, when asked to perform a consult on an inpatient on another physician's service, that patient may be listed.
11. If a candidate is asked to consult on a patient, they may list that patient in the appropriate category.

Case Lists: Content

Medical Complications of Pregnancy

A list of 30 patients (no more or fewer) from the candidate's practice with medical complications of pregnancy must be prepared in the format found on-line. Individual patients who presented with any of the following problems should be listed. The required number of patients in each category is listed below. Do not list more than the required number of cases.

- | | |
|---|---------|
| 1. Cardiac, cardiovascular (chronic hypertension) and pulmonary (asthma, pneumonia) | 5 cases |
| 2. Endocrine, including pregestational diabetes mellitus and thyroid disorders | 5 cases |
| 3. Gastrointestinal, including inflammatory bowel disease and gastric bypass surgery | 2 cases |
| 4. Hematologic and oncologic, including hypercoagulable disorders and thrombophilias, hemoglobinopathies and thrombophlebitis | 5 cases |
| 5. Immunological, including autoimmune disorders (collagen vascular disease) and transplants | 3 cases |

- | | |
|--|---------|
| 6. Infectious disease (HIV, pyelonephritis, hepatitis) | 5 cases |
| 7. Neurological and psychiatric, including drug or alcohol abuse | 2 cases |
| 8. Renal disease | 3 cases |

Obstetrical and Surgical Complications

A list of 30 patients (no more or fewer) from the candidate's practice with obstetrical and surgical complications must be prepared in the format found on-line. Individual patients who presented with any of the following problems should be listed. The required number of patients in each category is listed below. Do not list more than the required number of cases.

- | | |
|--|---------|
| 1. Multiple gestations and complications including twin-twin transfusion syndrome | 5 cases |
| 2. Placental abnormalities, including previa, abruption and accreta | 3 cases |
| 3. Hypertension, preeclampsia and eclampsia | 5 cases |
| 4. Preterm labor and preterm cervical dilation or shortening | 5 cases |
| 5. Preterm premature rupture of membranes (PPROM) | 5 cases |
| 6. Recurrent pregnancy loss, cervical insufficiency, uterine anomalies, fetal demise | 2 cases |
| 7. Surgical (non-obstetric surgery, burns, trauma) | 2 cases |
| 8. Antepartum and peripartum intensive care, including mechanical ventilation or invasive hemodynamic monitoring, massive hemorrhage, pulmonary edema, acute renal failure, septic shock, anesthesia complications, ARDS | 3 cases |

Genetics/Fetal Disorders/Fetal Anomalies

A list of 30 patients (no more or fewer) from the candidate's practice with genetics/fetal disorders/fetal anomalies must be prepared in the format found on-line. Individual patients who presented with any of the following problems should be listed. The required number of patients in each category is listed below. Do not list more than the required number of cases.

- | | |
|---|---------|
| 1. Alloimmunization (Rh, thrombocytopenia), immune and non-immune hydrops | 3 cases |
| 2. Fetal anatomic malformations | 8 cases |
| 3. Fetal chromosomal and genetic abnormalities | 8 cases |
| 4. Fetal growth restriction | 8 cases |
| 5. Fetal infections (CMV, parvovirus, toxoplasmosis) | 3 cases |

Oral Examination Appeals

At the completion of the oral examination, if a candidate believes the examination has not been conducted in a fair and unprejudiced manner, the candidate may request a second examination. The request must be made within one hour of the completion of the examination. To make a request, the candidate must phone the Board office (214-871-1619).

If the request is granted:

1. a second examination will be provided at the next regularly scheduled annual subspecialty oral examination at no additional charge.
2. the repeat examination will be conducted by a different team of examiners, none of whom shall have previously participated in an examination of the candidate.
3. 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.
4. the decision of the examiners conducting the second examination shall determine the results of the candidate's oral examination.

Appeals based on the composition of the oral examination team will 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.

Other Appeals

Appeals of any action of the Board (other than examination appeals) may be initiated by writing to the Executive Director within 90 days of notification of the action which is being appealed.

Length of Certification

All certificates issued by ABOG after 2008 are time-limited. The certification of a Diplomate who successfully passes the MFM oral examination in April, 2014 will expire on January 1, 2016 unless all of the 2015 MOC assignments have been successfully completed. Applications for the 2015 MOC process will be available on-line beginning in November, 2014.

Appendices

Appendix A

The American Board of Obstetrics and Gynecology, Inc. Dallas, Texas

DIVISION OF MATERNAL-FETAL MEDICINE

George Macones M.D., St. Louis, MO

Director and Representative

Patrick Catalano, M.D., Cleveland, OH

Jeffrey Kuller, M.D., Durham, NC

William Grobman, M.D., Chicago, IL

Jeanne Sheffield, M.D., Dallas, TX

Deborah Wing M.D., Irvine, CA

Purposes and Objectives

The primary purposes of the Division of Maternal-Fetal Medicine are:

1. to improve the health care of mother and fetus by elevating the standard of education in obstetrics.
2. to evaluate educational programs offering training in maternal-fetal medicine.
3. to define and to publish the details of the education which the division considers essential in order to attain eligibility for examination.
4. to establish procedures for evaluating the knowledge and skills of a candidate for certification as a subspecialist in maternal-fetal medicine.
5. to recommend to the American Board of Obstetrics and Gynecology for subspecialty certification physicians who have demonstrated to the satisfaction of the division their possession of special knowledge and qualifications in maternal-fetal medicine.

Definition of a Subspecialist in MFM

A maternal-fetal medicine subspecialist is a subspecialist in obstetrics and gynecology who, by virtue of additional education, cares for and/or provides consultation on women with complications of pregnancy. This activity requires advanced knowledge of the obstetrical, medical and surgical complications of pregnancy and their effect on both the mother and the fetus. It also requires expertise in the most current approaches to the diagnosis and treatment of women with complicated pregnancies and practice in a setting in which such modalities are available. Advanced knowledge of newborn adaptation also is necessary to ensure a continuum of excellence in care from the fetal to newborn periods.

Appendix B: De-Identification of Case Lists

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.

The HIPAA Privacy Rule specifically enumerates the categories of information which must be removed from patient case lists to become available for submission to the Board.

Section 164.514(b) provides that a physician/candidate may determine that health information is not individually identifiable health information only if the following identifiers are removed:

- a. Names
- b. Geographic subdivisions smaller than a State
- c. Birth date, admission date, discharge date, date of death; and all ages over 89 except that such ages and elements may be aggregated into a single category of age 90 or older
- d. Telephone numbers fax numbers, email addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate and/or license numbers
- e. Biometric identifiers, including finger and voice prints
- f. Full face photographic images and any comparable images
- g. Any other unique identifying number, characteristic, or codes.

The de-identification of patient case lists does not allow the omission of any cases involving patients under the candidate's care which are otherwise required to be reported. Any effort to use the HIPAA rule to avoid listing patients will disqualify the candidate from the examination and additional disciplinary action as appropriate. The completeness of the candidate's case list is subject to audit by the Board.

Appendix C: Thesis

A thesis is required by the Division of Maternal-Fetal Medicine. For fellows starting in July, 2013, the thesis must be published or accepted for publication before submission. In addition, the MFM Division will review the thesis and make an independent decision concerning acceptability. Publication or acceptance of a thesis for publication by a refereed journal does not guarantee acceptance of the thesis for the oral examination.

Preparation

1. **Format:** The format of the thesis must comply with the instructions for authors for one of the following journals: (1) *Obstetrics & Gynecology*; (2) *The New England Journal of Medicine*; (3) *Fertility and Sterility*; or (4) *The American Journal of Obstetrics and Gynecology*. The chosen format must be clearly identified on the cover page of the manuscript. The manuscript may not exceed 30 pages in length, and the pages must be numbered. The thesis must be type-written in 12 point type, single-spaced, and double-sided on standard 8 1/2 x 11 paper. Reprints of published manuscripts are not acceptable. The applicant must be the sole or principal investigator and should be the only author listed on the manuscript. Do not list co-authors, institutions, or acknowledgments. No more than one thesis may be submitted.
2. **De-identification:** The candidate must remove all wording in all areas of the thesis that would allow an examiner to be able to identify the institution where the study was performed.
3. **Subject Matter:** The subject matter should clearly relate to the area of Maternal Fetal Medicine.
4. **Research:** The thesis must be based clinical or basic research performed during the fellowship period. A review of work performed by others is not acceptable.
5. **IRB Approval:** All research involving humans and animals must be reviewed and approved by the human or animal institutional review boards (IRBs) of the sponsoring institution. If the research is considered to be exempt from IRB approval, a statement from the IRB to that effect must be included with the thesis.
6. **Thesis Content:** The thesis must be a scholarly effort that most often should include the following sections:
 - a. **Abstract:** A concise statement of the work performed limited to 300 words;
 - b. **Introduction:** A short summary of the pertinent background and reasons for the project, as well as a testable hypothesis and a rationale for the hypothesis;
 - c. **Methodology:** If the thesis is based on bench research, a short description of the techniques used, including the quality control of the methods, must be included. If the thesis is based on clinical research, a description of the study and control groups and their appropriateness, as well as a power analysis is required;
 - d. **Statistics:** A description of the analyses performed must be included, and support of the chosen statistical techniques will be part of the defense of thesis during the oral examination.

- e. *Discussion*: Pertinent discussion and significance of the study, including an appropriate review of the literature and justification of the conclusion(s) reached must be included;
- f. *Summary*: A short summary of results based on the findings of the study must be included; and
- g. *References*: Appropriate references must be included. The pages listing the references should be counted in the 30 page limit.

7. **Unacceptable Papers**: The following are not acceptable for a Fellow's thesis:

- a. book chapters
- b. case reports
- c. descriptive studies
- d. systemic reviews
- e. meta-analyses
- f. survey reports
- g. cost-effective analyses
- h. decision analyses
- i. inadequate sample size

8. **Thesis Defense**: During the oral examination, the candidate may be asked one or all of the following questions. Additional questions may be asked which are not listed in this outline.

a. *Hypothesis*

- 1) What were the study objectives?
- 2) What was the population studied?
- 3) What was the population to which the investigators intended to apply their findings?

b. *Design of the investigation*

- 1) Was the study an experiment, case control study, randomized clinical trial, planned observations, or a retrospective analysis of records?
- 2) Were there possible sources of sample selection bias?
- 3) How comparable was the control group?
- 4) What was the statistical power of the study?
- 5) Was the design of the study appropriate for the hypothesis to be tested?

c. *Observations*

- 1) Were there clear definitions of the terms used (i.e., diagnostic criteria, inclusion criteria, measurements made and outcome variables)?
- 2) Were the observations reliable and reproducible?
- 3) What were the sensitivity, specificity and predictive values of the methods?

d. *Presentation of findings*

- 1) Were the findings presented clearly, objectively, and in sufficient detail?
- 2) Were the findings internally consistent (i.e., did the numbers add up properly and could the different tables be reconciled, etc.)?

e. Analysis of the results

- 1) Were the data worthy of statistical analysis? If so, were the methods of analysis appropriate to the source and nature of the data?
- 2) Were the analyses correctly performed and interpreted?
- 3) Were there analyses sufficient to ascertain whether "significant differences" might, in fact, have been due to a lack of comparability of the groups (e.g., age, clinical characteristics, or other relevant variables)?
- 4) Were the statistical analytic techniques, and the significance level described?
- 5) Was there use of measured sensitivity without specificity?

f. Conclusions or summary

- 1) Which conclusions were justified by the findings?
- 2) Were the conclusions relevant to the hypothesis?

g. Redesign of the study

If the study could be repeated, how could the experimental design be revised to provide better reliability and validity of the conclusions?

h. Knowledge of the breadth and depth of subject matter

A candidate may be asked about specific references cited in the thesis. The candidate will be judged on their knowledge of the literature related to the subject of the thesis.

Appendix D: Board Status

TYPES OF BOARD STATUS

1. Fellow

- a. An individual seeking subspecialty certification is registered with the Board when, upon application, the Board approves his/her entrance in an approved fellowship training program.
- b. Completion of the approved fellowship is recorded upon receipt of the annual report from each fellowship program.

2. Active Candidate

- a. An individual achieves Active Candidate status by passing the written examination in the subspecialty division.
- b. To maintain Active Candidate status, the individual must not have exceeded the limitations to admissibility for the oral examination (see limitations).
- c. Active Candidate status which has expired may be regained by sitting for and passing the Board's written examination in the subspecialty division.

3. Certified Subspecialist

- a. An individual becomes a certified subspecialist when the requirements have been fulfilled, the written and oral examinations have been satisfactorily completed, and the Board's certifying certificate has been awarded.
- b. Certificates have limited duration of validity (see certification).

4. Expired Certificate

- a. An individual who has failed to successfully complete all yearly assignments in their subspecialty maintenance of certification (MOC) process prior to the expiration date printed on their time-limited certifying diploma will hold an expired certificate. (see duration of certificate validity)
- b. Individuals in this category are no longer certified subspecialists of the American Board of Obstetrics and Gynecology, and may not advertise or otherwise designate that they are ABOG subspecialty certified.
- c. Former subspecialty Diplomates whose time-limited certificates have expired may regain Diplomate status by successfully completing the MOC re-entry process. These individuals must contact ABOG to ascertain what is required for re-entry into the MOC process.

5. Retired Diplomate

- a. This is an individual who has retired from clinical practice at a time when they were a Diplomate. If they return to active practice after their time-limited certificate has expired, they must contact the ABOG office to determine how to regain certification status.
- b. Individuals choosing to be listed as a retired Diplomate must notify the Board. Failure to take this action will result in an Expired Certificate for an individual holding a time-limited certificate which has expired.

6. Revoked Certificate

- a. An individual may have their Diplomate status revoked by the American Board of Obstetrics and Gynecology for cause.
- b. Cause may be due to, but is not limited to, licensure revocation or suspension by any State Board of Medical Examiners, violation of ABOG or ACOG rules, regulations, and/or ethics principles or felony convictions.
- c. Such individuals will have their reason(s) for restriction(s) made available for public review if requested and in requests for status letters.
- d. It is the responsibility of such individuals to inform the ABOG when, and if, all such restrictions have been removed by all sources.
- e. In order to re-establish certification, these individuals must contact the ABOG to ascertain what is required.

7. Restricted

- a. An individual with a restricted medical license (as defined in revocation of certificate) may not participate in any ABOG examination or the MOC process.
- b. Such individuals may be considered for revocation of Diplomate status (see number 6, above).
- c. Such individuals will have the reason(s) for the restriction(s) made available for public review if requested and in requests for status letters.
- d. It is the responsibility of such individuals to inform the ABOG when, and if, all such restrictions have been removed by all sources.

The term "Board Eligible" is not a term used or recognized by ABOG, and it is not appropriate for an individual seeking Board certification to use the term to describe their status, nor for those who have only completed residency training.

Appendix E: Test Eligibility Program (TEP)

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

A TEP application may be submitted a maximum of 3 times.

General Information: Written Examination Failure

An ABOG Fellow graduate who fails to pass the ABOG MFM Subspecialty 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 then eligible to apply to re-take the MFM Written Examination, but must meet all requirements delineated in the Bulletin for the year of the test except for the 5 fail limitation.

If the physician who completes the TEP process 3 times and fails the MFM written examination an additional 3 times successfully completes a minimum of 12 additional months in an ABOG-approved MFM training program, that physician may apply for reconsideration for re-entry into the ABOG MFM 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 MFM written examination 5 times must complete the additional educational requirements described below to become eligible to apply for the MFM 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.

Candidates for TEP must call the ABOG office at 214-871-1619, and ask for the Testing Division. ABOG staff will verify the candidate’s status and 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.

TEP requires the candidate to complete the following assignments successfully:

1. ABOG will provide the candidate with the titles of 30 articles that 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 to be eligible to sit for the May 20,, 2014 examination. No CME credit will be awarded for this activity. [Due to copyright laws, ABOG cannot provide copies of the articles.]

AND

2. Sit for and pass a secure, written examination on May 20, 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, and 2 will allow the candidate to sit for the MFM 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 and Fees

Applications Accepted	Fee
November, 2013 to 5 pm CST January 31, 2014	\$990

The TEP fee must be paid in full by credit card 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 successfully complete the process, 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. The TEP fee does not cover any costs incurred by the physician for obtaining copies of the articles.

Incomplete Process

Once an application has been submitted, if the process is not completed successfully (either the reading or test assignment) it will count as one of the three allowed TEP cycles.

Appendix F: Rights of Applicants and Diplomates

Jurisdiction and Venue The Corporation requires that any person applying for or holding certification status by the ABOG, whether basic certification or subspecialty certification, agree to the following:

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 to consent to the exclusive jurisdiction and venue of courts located in Dallas, Texas, and the laws of the State of Texas for the resolution of any and all such disputes. 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 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 present a defense.

Adjudication of Disputes, Forum: Waiver of Right to Jury Trial In the event that any dispute arises between a Diplomate and the ABOG whether under the terms hereof or as a result of any action taken by the ABOG or a Diplomate as a result or consequence of submission of an application, use of the ABOG website or any documents or materials downloaded, viewed or referred to on the ABOG's website, or by reason of any Application, request for information or other contact between a Diplomate or a representative of a Diplomate and the ABOG or any representative of the ABOG, the Diplomate and the ABOG expressly agree to waive and hereby waive any rights each may have to a trial by jury of any and all issues arising in any action or proceeding between a Diplomate and the ABOG or their respective successors, representatives, or heirs. In addition, any claim, dispute, or controversy ("claim") by a Diplomate or the ABOG against the other shall be resolved in an appropriate court of law located in Dallas County, Texas, as described above. Nothing herein is designed to create or grant a Diplomate or the ABOG any rights that a Diplomate or the ABOG may not already possess.

Obligations The acceptance of an Applicant for examination by the ABOG 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, including all of the requirements for MOC, regulations and directives of the Corporation, its Board of Directors and Officers, of which they are advised or on notice.

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 G: Revocation of Diploma or Certificate

1. All Candidates for Certification, Subspecialty Certification 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.
 - a. 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:
 - (1) had a medical license revoked or surrendered in lieu of revocation;
 - (2) had a medical license suspended for a specified period of time or until specified conditions have been met and the suspension is no longer in effect;
 - (3) been placed on probation and the probationary period had not expired;
 - (4) 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) 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.
 - b. Letters of concern or reprimand, not resulting in one of the stipulations which are enumerated in Section 1.a. of these requirements 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 hold a restricted license to practice medicine.
2. Consequences of License Revocation, Restriction or Surrender
 - a. Upon receipt of Notice that the license of a physician seeking to sit for Initial Certification, Subspecialty Certification or Maintenance of Certification has been revoked or restricted, as herein defined, such Physician shall be disqualified from sitting for any ABOG Certifying Examination until such restriction has been removed or expires.
 - b. 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 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 his/her specialty.
 - c. Upon receipt of Notice that the license of a Candidate or Diplomate has been revoked or restricted under an order which nevertheless permits to continuation of medical practice, the Board has the authority and shall at its discretion undertake proceedings, consistent with due process, to determine whether or not such restriction is of such nature and extent as to preclude consideration for initial Certification, Subspecialty Certification or Maintenance of Certification until the revocation or restriction is removed. In making such determination, the Board will evaluate such restrictions or revocations in accordance with pre-established standards, which are objective and non-discriminatory, and are applied consistently and uniformly.
 - d. The Board requires each Diplomate or any physician seeking to sit for Initial Certification, Subspecialty Certification, or Maintenance of Certification to provide the Board with complete information concerning revocation, or any and all restrictions placed on a medical license within sixty (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. 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 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.

2. Each candidate, when making application, signs 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:
 - a. 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;
 - b. 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;
 - c. 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, or resigning from such organization while under investigation, shall be evidence of a violation of such standards of the ethical practice of medicine;
 - d. the physician shall fail to comply with the rules and regulations of this Board;
 - e. 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 a diploma or certificate by this Board as aforesaid, 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 H: 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 I: 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 general topics covered on the examination, 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.

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.