

# **Maintenance of Certification Department FAQs about the 2015 MOC Written Examination Assessment of Knowledge, Judgment & Skills**

## **1. What will the test be like?**

The examination is a secure, computer-based examination. It consists of two 50-question selectives chosen by the Diplomate (see below.) The examination will last 105 minutes and will be administered at Pearson VUE testing centers throughout the United States and will be available most days except Sundays and holidays. You may choose a date and location after you have received the email notification that your exam information has been transferred to Pearson VUE.

The questions will be multiple-choice, one-best-answer type and will be based on common clinical problems. The examination is an assessment of cognitive expertise that includes requisite fundamental, practical and up-to-date knowledge to serve as consultants to non-Ob-Gyn physicians and as primary physicians in obstetrics, gynecology and primary care for women.

## **2. What is the passing score and how is it determined?**

You must answer a minimum of 75 of the 100 questions (75%) correctly to pass the MOC test. The pass rate for first-time examinees on the MOC examination in 2014 was comparable to other medical board pass rates.

The examination focuses on core clinical information and advances in Obstetrics and Gynecology. The MOC examination is constructed in a rigorous manner that incorporates educational standards for test development, reliability, validity, administration, scoring, and reporting. The ABOG uses practicing Generalists as the subject matter experts to develop the MOC test and uses appropriate psychometric methods to determine the passing score.

Each examination is graded independently of any prior examinations. Answers or scores on prior examinations cannot be applied to or graded as part of a repeat examination.

## **3. How many times may I take my MOC examination in Year 6?**

You may take the examination up to five times in a calendar year if necessary to meet the Assessment of Knowledge, Judgment and Skills MOC requirement. There is no additional charge for any necessary repeat examinations. All examinations must be completed by December 15, 2015.

## **4. Is there a practice examination available?**

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Please visit the ABOG website ([www.abog.org](http://www.abog.org)) to view the MOC Part III Practice test on your personal web page. The practice questions are representative of the type of exam questions but are not questions that will be on the examination.

**5. What is the best resource to study for the MOC examination?**

There is no single source which will serve as the basis for all questions on the examination. The material in the *ACOG Compendium Online*, Committee Opinions, Practice Bulletins and general textbooks in Obstetrics and Gynecology should be good sources to prepare for the basic MOC examination.

**6. What is the content (blueprint) of the Obstetrics selective?**

Preconception/Antenatal Care  
Intrapartum Care  
Postpartum Care  
Miscellaneous (genetics, preconception, etc.)

We are not able to answer specific questions about topics that will or will not be included in this selective.

**7. What is the content (blueprint) of the Gynecology selective?**

Diagnosis and Preoperative Evaluation  
Surgical Decision Making  
Surgical Technique  
Postoperative Care and Complications  
Miscellaneous (neoplasia, emergency care, etc.)

We are not able to answer specific questions about topics that will or will not be included in this selective

**8. What is the content (blueprint) of the Office Practice and Women's Health selective?**

Age-appropriate Routine Care  
Medical Problems  
Gynecologic-specific Disorders  
Office Procedures  
Miscellaneous (psychological problems, domestic violence, emergency contraception, etc.)

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We are not able to answer specific questions about topics that will or will not be included in this selective.

**9. What is the content (blueprint) of the Obstetrics, Gynecology and Office Practice & Women's Health selective?**

Obstetrics: 33%

- Antenatal Care
- Intrapartum Care
- Postpartum Care
- Miscellaneous (genetics, preconception, etc.)

Gynecology: 33%

- Diagnosis and Preoperative Evaluation
- Surgical Decision Making
- Surgical Technique
- Postoperative Care and Complications
- Miscellaneous (neoplasia, emergency care, etc.)

Office Practice and Women's Health: 33%

- Age-appropriate Routine Care
- Medical Problems
- Gynecologic-specific Disorders
- Office Procedures
- Miscellaneous (psychological problems, domestic violence, etc.)

We are not able to answer specific questions about topics that will or will not be included in this selective.

**10. What is the difference between the Office Practice and Women's Health and the Gynecology selectives?**

The Office Practice and Women's Health selective questions focus on office practice, preventive care, primary care and ambulatory or outpatient procedures. The Gynecology selective questions will focus on preoperative care, surgical decision making, inpatient management and major surgical procedures.

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We are not able to answer specific questions about topics that will or will not be included in this selective.

### **11. Will there be obstetric questions on the Office Practice & Women's Health and selectives?**

The focus of this selective is office practice, preventive care & primary care. The test content may include some obstetric topics from the blueprint above.

We are not able to answer specific questions about obstetric topics that will or will not be included in this selective.

### **12. Will there be obstetric questions on the Gynecology selective?**

The focus of this selective is gynecology. The test content may include some obstetric topics listed in the Gynecology blueprint topics above.

We are not able to answer specific questions about obstetric topics that will or will not be included in this selective.

### **13. How do I pick my two selectives?**

For Generalists, you can pick any combination of the 4 choices of general obstetrics and gynecology selectives that best matches your practice. This includes designating both selectives the same, e.g., Obstetrics only and Obstetrics only.

For subspecialists, your first selective will be your subspecialty. You may choose your second selective from among the four general obstetrics and gynecology choices that best matches your practice.

### **14. Can I change the selective choices before I take the MOC examination?**

The selective choices are communicated to Pearson VUE before the test administration. You may change your selectives by notifying ABOG ([moc@abog.org](mailto:moc@abog.org)) at least one week before taking the examination. Selective choices cannot be changed on the day of the test.

### **15. How soon will I know if I passed the examination?**

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You should be able to access the results of your performance on the MOC examination within 3 days. If you pass, the exam results will be posted on your ABOG Home Page under Statuses and Applications. If you do not pass, you will be notified by email from ABOG, and you can begin the process of retaking the examination. The email will ask you to choose your selectives for the next examination. The ABOG will then resubmit your examination information to Pearson VUE, and you may schedule the examination site and date.

**16. Will I get feedback included with my MOC examination score?**

Beginning this year, you will receive both the number of questions that you answered correctly and formative feedback about your performance on the examination. The feedback will identify content areas from the examination blueprint in which you answered less than 75% of the questions correctly. This information may help the you identify gaps in knowledge that may help guide self-learning and CME.

ABOG cannot provide a copy of the questions on the test that were answered incorrectly.