

**2017 Bulletin**  
for  
**Subspecialty Certification**  
in  
**Female Pelvic Medicine**  
and  
**Reconstructive Surgery**

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



**2915 Vine St., Dallas, TX 75204**

*First in Women's Health*

**This Bulletin, issued in 2016, represents the official statement of the requirements for subspecialty certification for gynecologists in Female Pelvic Medicine and Reconstructive Surgery (FPMRS) for the 2017 examinations. It applies only to those gynecologists who have completed an ABOG/ABU or ACGME approved 3-year fellowship. Urologists applying for subspecialty certification in FPMRS should contact the American Board of Urology.**

## Important Information for all Candidates

1. Beginning in calendar year 2020, all physicians who have completed an ACGME fellowship in Female Pelvic Medicine and Reconstructive Surgery must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician no longer will be eligible to apply for either the written or oral subspecialty examination unless an additional 12 months of subspecialty training is completed.
2. All correspondence with ABOG should be sent by a service that has tracking capability. (The USPS does not guarantee delivery dates.)
3. All fees must be paid by credit card through the ABOG website ([www.abog.org](http://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 *FPMRS 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 the year following successful certification, and must also successfully complete each year's MOC assignments to maintain certification.
7. Candidates should be familiar with the material included under the "Policies" tab on the ABOG home page.

# Table of Contents

<b>Important Information for all Candidates</b>	<b>2</b>
<b>Written Examination</b>	<b>4</b>
<b>Application Process</b>	<b>4</b>
<b>Requirements</b>	<b>5</b>
<b>Content of the Examination</b>	<b>6</b>
<b>Conduct of the Examination</b>	<b>6</b>
<b>Test Security</b>	<b>7</b>
<b>Fees and Deadlines</b>	<b>8</b>
<b>Limitation of Eligibility</b>	<b>9</b>
<b>Oral Examination</b>	<b>10</b>
<b>Application Process</b>	<b>10</b>
<b>Requirements</b>	<b>11</b>
<b>Content of the Examination</b>	<b>12</b>
<b>Conduct of the Examination</b>	<b>13</b>
<b>Test Security</b>	<b>14</b>
<b>Fees and Deadlines</b>	<b>14</b>
<b>Limitations</b>	<b>16</b>
<b>Case Lists</b>	<b>17</b>
<b>Length of Certification</b>	<b>20</b>
<b>Appendices</b>	<b>21</b>
<b>Appendix A: Division of FPMRS</b>	<b>22</b>
<b>Appendix B: De-Identification of Case Lists</b>	<b>23</b>
<b>Appendix C: Thesis</b>	<b>24</b>
<b>Appendix D: Candidate Disability</b>	<b>27</b>

# The Division of Female Pelvic Medicine and Reconstructive Surgery (FPMRS)

The process of certification in FPMRS 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](http://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 23, 2017 Written Examination: Application Process**

1. Applications will be accepted on-line at [www.abog.org](http://www.abog.org) beginning September 1, 2016. Late fees will apply for applications received after 5 pm (CDT) October 14, 2016. No application will be accepted after 5 pm (CST) December 16, 2016.
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 portion of the 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 and notify ABOG of any change in this address.
4. Following submission of the online 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.
5. After the approval email is received, the candidate should contact Pearson VUE to obtain a seat for the examination. Candidates are urged to obtain a seat as soon as possible after notification of eligibility to avoid long distance travel to a site with an available seat. On March 25, 2017, the ABOG reserve on seats at the Pearson VUE centers will be released. 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 23, 2017 Written Examination: Requirements

Each of the following is a requirement for a Fellow in FPMRS to sit for the subspecialty examination. The Fellow must meet all of the requirements in effect during the year for which admission to the written examination is requested.

1. **Basic Written Test** The candidate must have passed the ABOG written examination for Basic Certification in Obstetrics and Gynecology before applying for the FPMRS written examination.
2. **Length of Training** The candidate must have been registered with ABOG, and have either (a) completed a minimum of 32 of 36 months of fellowship training, or (b) will have completed training in an ACGME-accredited fellowship program in FPMRS no later than September 30 of the same year the written test is taken.
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 must not exceed either 8 weeks in each of the first two years, 6 weeks in the third year, or a total of 15 weeks over the 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 requirement of training is not permitted.

4. **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.
5. **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 that time.

## June 23, 2017 Written Examination: Content

The content of the written examination will include advanced knowledge in the subjects outlined in the *Guide to Learning in Female Pelvic Medicine and Reconstructive Surgery*. 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 device 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 on the ABOG website under "Policies."

## FEES AND DEADLINES

### *June 23, 2017 Examination Fees and Deadlines*

**Sept 1, 2016 to 5 pm CDT Oct 14, 2016    \$1945**

**Oct 15, 2016 to 5 pm CST Nov 18, 2016    \$1945 + \$320 late fee = \$2265**

**Nov 19, 2016 to 5 pm CST Dec 16, 2016    \$1945 + \$815 late fee = \$2760**

The final deadline to complete the on-line application and pay the applicable fees is 5 pm CST December 16, 2016. 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 5 pm CST, March 20, 2017, 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. The application fee and late fees are 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. Each new application must be accompanied by 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 incurred during the appeal process will apply. If the 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 appropriate 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**

Beginning in calendar year 2020, all physicians who have completed an ABOG or ACGME fellowship in Female Pelvic Medicine and Reconstructive Surgery (FPMRS) must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician no longer will be eligible to apply for either the written or oral subspecialty examination unless an additional 12 months of subspecialty training is completed. Physicians who have completed subspecialty training in calendar year 2012 or earlier must be subspecialty certified by 2020 or will be required to complete an additional 12 months of training before regaining eligibility to apply for certification.

If a physician fails to achieve subspecialty certification within 8 years of completion of an accredited FPMRS fellowship program and successfully completes an additional 12 months of training, they must achieve subspecialty certification within 4 years of the completion of the additional training.

# ORAL EXAMINATION

## **April 3-6, 2017 Oral Examination: Application Process**

1. Applications will be accepted on-line at [www.abog.org](http://www.abog.org) beginning May 2, 2016. Late fees will apply for applications received after 5 pm CDT May 31, 2016.
2. No application will be accepted after 5 pm CDT June 30, 2016. 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 Verification of Hospital Privileges Form will print automatically. This form must be signed and faxed to the ABOG office.
6. Following submission of the on-line application form, payment of the appropriate fee, and receipt of the Verification of Hospital Privileges Form, the candidate's application will be considered in accordance with the requirements in effect for that year. (See below.)
7. If the candidate's application is approved, an email will be sent with instructions for submitting the case lists and thesis. The examination fee must 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.
8. If full payment of the examination fee has not been received by 5 pm CDT September 30, 2016, for the 2017 examination, the candidate will not be scheduled, and no fees will be refunded.
9. Once all materials have been received by ABOG and the appropriate fees paid, the candidate will receive an email notification of the date and time of their examination at least one month prior to the date of the examination. This contact will also specify the time and place to report, and hotel information.

10. 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 laypersons.

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.

11. After a candidate submits an application, they should open the "Publications" tab at the top of the ABOG webpage, and then click on "Fellowships" in the box on the right and then click on the appropriate subspecialty. The following information should then be printed: (1) the thesis affidavit form, (2) case log forms, and (3) the instructions for completing the case list and thesis.

## **April 3-6, 2017 Oral Examination: Requirements**

Each candidate must meet the following requirements:

1. **Be a Diplomate** of the ABOG and hold Active Certificate status.
2. **Must have passed** the FPMRS Written Examination.
3. **May not have failed the FPMRS oral examination 3 times.** If the oral examination has been failed 3 times, the candidate must pass the FPMRS written examination again to be eligible to apply for the oral examination.
4. **Have successfully completed 36 months** of training in an ABOG or ACGME-accredited Female Pelvic Medicine and Reconstructive Surgery fellowship. The fellowship training **MUST include 12 months of research.**
5. **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.
6. **Hold full and unrestricted privileges** to practice in FPMRS in each hospital, surgical center, and/or medical center in which the candidate has privileges.

7. **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.
8. **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.
9. **Have completed at least 12 months of independent practice** and have hospital privileges by January 1, 2016 to practice as a subspecialist in FPMRS in a center or centers providing or having ready access to the essential diagnostic and therapeutic facilities for the practice of FPMRS.
10. **Submit a case list** that documents a practice that demonstrates sufficient depth and breadth of practice in the subspecialty of FPMRS 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 for de-identification information.)
11. **Submit a thesis** that meets the minimal standards of the Division of FPMRS. Each submitted thesis will be reviewed for acceptability. Prior publication in a peer-reviewed journal does not guarantee acceptance. (See Appendix C for information about thesis content.)
12. **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.

## **April 3-6, 2017 Oral Examination: Content**

The oral examination of the candidate will include critical review and discussion of the submitted thesis, questions related to principles of biostatistics and clinical trial design, review of the submitted case lists, hypothetical cases, discussion of surgical techniques, structured cases, and may include interpretation of operative videos and computer-generated images (imaging techniques, intraoperative photographs, etc.), and questions related to the content of the *Guide to Learning in FPMRS*.

The examination will last 3 hours. The following is the test format:

- A. One hour will be devoted to surgical management
  - 1. 30 minutes of ABOG-written structured cases
  - 2. 30 minutes from the candidate's case list
- B. One hour will be devoted to office management of FPMRS patients
  - 1. 30 minutes of ABOG-written structured cases
  - 2. 30 minutes from the candidate's case list
- C. One hour will be devoted to thesis study design and thesis defense
  - 1. 40 minutes for defense of thesis
  - 2. 20 minutes for study design principles, biostatistics and epidemiology

The content of the cases lists is discussed below.

## **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 examiners would be inappropriate to provide them with a fair test, an alternate examiner will be provided.

Candidates may not take any electronic devices into the examination. This includes, but is not limited to, cellular telephones and recording devices of any type. If a candidate is found to have an electronic device in an examination room, the test will be halted immediately and the candidate will receive no grade for the examination. In addition, all fees will be forfeit.

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 return 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 take the oral 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 on the ABOG website under "Policies."

## April 3-6, 2017 Oral Examination: Fees and Deadlines

### *Application Fee and Deadlines*

**May 2, 2016 to 5 pm CDT May 31, 2016      \$1080**

**June 1, 2016 to 5 pm CDT June 17, 2016      \$1080 + \$310 late fee = \$1390**

**June 18, 2016 to 5 pm CDT June 30, 2016      \$1080 + \$780 late fee = \$1860**

The final deadline to complete the on-line application and pay the applicable fees is 5 pm CDT June 30, 2016. No application will be accepted after this date and time. Application fees are non-refundable, and cannot be credited toward a future application.

## ***Examination Fee and Deadline***

If the candidate's application is accepted, an email of acceptance will be sent in to the candidate in September, 2015. The email will explain the process of submitting the thesis and case lists. The examination fee must be paid on or before 5 pm CDT September 30, 2016.

**September, 2016 to 5 pm CDT September 30, 2016** **\$1210**

5 pm CDT September 30, 2016 is the final deadline for receipt of the Examination Fee. No late payments will be accepted. If the candidate must withdraw from the examination on or before February 1, 2017 due to a medical or other emergency, a portion of the examination fee may be refunded.

## ***Thesis Deadline***

**5 pm CST October 28, 2016**

5 pm CST October 28, 2016 is the final deadline for receipt of 4 copies of the thesis in the ABOG office. One copy of the completed thesis affidavit form must be submitted with the thesis (see Application Process #11 above). Theses must be mailed; electronic submissions are not accepted. Theses received after this date will not be accepted. Candidates should submit their theses using a service with tracking. (The USPS does not guarantee on-time delivery.) Candidates must submit a thesis that adheres to the requirements listed in Appendix C.

Candidates who have previously submitted a thesis and were unsuccessful in passing the examination must resubmit 4 copies of their thesis. The same thesis may be submitted. However, thesis requirements change frequently. The thesis must fulfill the requirements for the year of the test. Prior acceptance of a thesis does not assure re-acceptance.

## ***Case List Deadline***

**5 pm CST February 1, 2017**

5 pm CST February 1, 2017 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. Candidates should submit their case lists using a service with tracking. (The USPS does not guarantee on-time delivery.) Candidates must submit the case list in the proper format and include the appropriate number of cases. (See pages 17-19.)

## **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 Examinations or the Executive Director. Such appeals will be forwarded to the appropriate ABOG Committee for reconsideration. If the appeal is successful, no late fees incurred during the appeal process 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 cleared 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, thesis (either the same or new) and pay the examination fee on or before the established deadlines.

## **Limitations**

The duration of Active Candidate status is limited.

1. Certification must be achieved within 8 years of the completion of the subspecialty training. (See page 9 above.)
2. The subspecialty written examination must be repeated and passed by the candidate if the oral examination is failed 3 consecutive times.



## Case Lists

### *Preparation of the Case Lists*

#### **The candidate must:**

1. Submit 7 copies of the case list by the published deadline.
2. Submit 7 copies of the summary sheet by the published deadline. The summary sheet should reflect the combined totals from all health care sites.
3. Use the 2017 forms that can be found on the ABOG website under Publications: Fellowship: FPMRS. (Use of outdated forms and/or incorrect formatting will result in non-acceptance of the case list.)
4. Use 12 point or larger type. The column headings must be included at the top of each page.
5. Print the case list on only one side of each sheet of paper using landscape orientation.
6. Collect cases between January 1, and December 31, 2016. If enough cases cannot be collected in a one year period of time, the collection of cases can be extended to 2 years. However, if a 2 year case list is used, it may not include cases collected during fellowship.
7. Not include any case previously used on a prior case list for a basic or subspecialty oral examination.
8. Have the surgical case list certified by the appropriate personnel of the institution(s) in which the care was given.
9. De-identify the case list in accordance with the requirements of Section 164.514(a)(b) and (b)(2)(i)&(ii) of the Final Privacy Rule. (See Appendix B.)
10. Use standard English language nomenclature. Abbreviations acceptable to the New England Journal of Medicine may be used.
11. Begin each case list section with page one and number consecutively thereafter.
12. If a candidate is asked to consult on a patient, they may list that patient in the appropriate category.

13. List a patient only once. (If a patient has several admissions, or is seen in the outpatient setting and subsequently becomes a surgical patient, that patient may only be listed on the surgical case list.)

14. Section headings must be listed at the top of each page, and category headings must be included in the case list above the cases that fall into that category.

For physicians who are in 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.

The case lists must include sufficient numbers as well sufficient breadth and depth of clinical difficulty to demonstrate that the candidate is practicing the full spectrum of FPMRS.

All submitted case lists are subject to audit by the ABOG to ensure completeness and accuracy.

### ***Case List Content***

Two types of case lists must be submitted: (1) surgical cases, and (2) office practice cases. No patient may be listed more than once, and no patient may be included on both case lists. That is, patients who are evaluated in the office and subsequently have surgery should only be listed on the surgical case list. Patients that are admitted multiple times or have multiple surgeries may only be listed once.

### ***Surgical Case List(s)***

The surgical case list(s) must include ALL FPMRS surgical cases from all sites, including but not limited to hospitals, freestanding surgical centers and medical centers, for which the candidate had primary responsibility. Identify each surgical site in order with the letters A, B, C, etc." Each case list must be certified by the appropriate personnel at the institution(s) in which the care was provided.

The surgical case list must include all surgical patients from all sites cared for during the case collection period. It MUST include a minimum of 50 FPMRS surgical cases. The surgical list must contain a minimum of 25 prolapse cases and a minimum of 25 urinary incontinence cases. No patient can be listed more than once on the surgical case list.

### ***Office Practice Case List***

You must list 40 patients—no more, no fewer—who received non-surgical, office management. A patient may be listed only once. Do NOT include any patients who are

on the surgical case list. At least 1, but no more than 10 patients must be listed in each of the following 5 categories:

1. Pelvic Organ Prolapse
2. Urinary Incontinence
3. Urinary Tract Symptoms: Urgency, Frequency, Nocturia, Voiding Dysfunction Urinary Retention, Sensory Disorders
4. Urinary Tract Disorders: Fistulae, Diverticula, Infections
5. Pelvic Floor Disorders: Defecation Disorders, Fecal Incontinence, Anorectal Disorders, Rectovaginal Fistulae, Sexual Dysfunction, Vaginal Pain

## Oral Examination Appeals

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

If the request is granted:

1. the results of the appealed examination, regardless whether pass or fail, will be discarded;
2. a second examination will be provided approximately one year later at the next regularly scheduled annual oral examinations at no additional charge;
3. the candidate must prepare a new case list in accordance with the requirements listed in the *Bulletin* for the year in which the appeal test occurs;
4. the repeat examination will be conducted by a different team of examiners, who will not be informed that this examination is being conducted as a result of an appeal;
5. neither the questions nor the candidate's answers on the first examination will be known to or taken into account by the second group of examiners; and,
6. the decision of the examiners conducting the second examination will be used by the Board to record the results of the candidates 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.

## Length of Certification

All certificates issued by ABOG after 2008 are time-limited. The certification of a Diplomate who successfully passes the FPMRS oral examination in April, 2017 will expire on December 31, 2018 unless all of the 2018 MOC assignments have been successfully completed. Applications for the 2018 MOC process will be available on-line beginning in January, 2018.

# Appendices

## Appendix A

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

**DIVISION OF FEMALE PELVIC MEDICINE AND  
RECONSTRUCTIVE SURGERY**

Linda Brubaker, M.D., Maywood, IL  
*Director and Representative*  
Marlene Corton, M.D., Dallas, TX  
Kimberly Kenton, M.D., Chicago, IL  
Charles Nager, M.D., San Diego, CA  
Karen Noblett, M.D., Riverside, CA  
Rebecca Rogers, M.D., Albuquerque, NM

## Appendix B: De-Identification of Case Lists

### General

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

The HIPAA Privacy Rule specifically enumerates the categories of information which must be removed from patient case lists in order for such case lists to be de-identified and thereby 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 FPMRS and must be submitted by the date listed in this Bulletin and according to the guidelines for preparation listed below. The FPMRS Division will review the thesis and make an independent decision concerning acceptability. Prior publication or acceptance of a thesis for publication by a refereed journal does not guarantee acceptance of the thesis for the oral examination.

One copy of the completed thesis Affidavit Form must be submitted with 4 copies of the thesis.

### Preparation

1. **Format:** The format of the thesis must comply with the instructions for authors for a peer-reviewed journal in a field related to FPMRS except as noted below. The name of the journal must be identified clearly on the cover page of the manuscript. Theses that are not in the proper journal format will be rejected.

The cover page of the thesis should only show the thesis title, the name of the candidate and the journal format.

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.

Some journals require a "Summary" in addition to the "Discussion" section.

2. **Hypothesis:** The thesis must clearly state the hypothesis to be tested. It is not sufficient to say "The objective of this study was to..." Whenever possible, the hypothesis should include a statement such as, "Our hypothesis is that XXX is statistically significantly different from YYY." Conversely, the null hypothesis may be stated. The hypothesis must appear in the body of the thesis.
3. **De-Identification and Authorship:** 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.

The cover page should only list the title of the thesis, the candidate's name (no co-authors) and the journal format.

4. **Subject Matter:** The subject matter should clearly relate to the area of FPMRS.
5. **Research** The thesis must be based on clinical or basic research performed during the fellowship period. A review of work performed by others is not acceptable.
6. **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.



7. **Unacceptable Papers:** The following are not acceptable for a Fellow's thesis:
  - a. book chapters
  - b. case reports
  - c. case series
8. **Potentially Acceptable Papers:** Whenever possible, it is suggested that the submitted thesis be the result of work performed by the candidate in a laboratory setting. The study must have a clearly designated hypothesis to be tested. The hypothesis must be stated in the form of a null hypothesis to be refuted or not.

In addition to laboratory studies, the following are potentially acceptable study types, but must represent a substantial research effort consistent with the time spent on research rotations.

- a. **Randomized Controlled Trial:** The report must represent subject matter that is of significant importance to the field, and must adhere to the CONSORT guidelines.
  - b. **Meta-analysis and Systemic Review:** The report must represent subject matter that is of significant importance to the field, and must adhere to the PRISMA or MOOSE guidelines.
  - c. **Cost-effective analysis:** The study must represent subject matter that is of significant importance to the field, and must conform with the principles set forth in the "WHO guide to Cost-Effective Analysis."
  - d. **Case-control study:** If there is a well-defined objective with a specific hypothesis to be tested, and if the subject matter is of significant importance to the field, the thesis will be reviewed by the subspecialty division for possible acceptance. The submitted thesis must conform to the STROBE guidelines for observational studies.
  - e. **Cohort study:** The subspecialty division will review the thesis for possible acceptability if (a) the candidate developed the cohort [ie, data-mining of established datasets is rarely acceptable], (b) there is a well-defined hypothesis to be tested, and (c) the subject matter is of significant importance to the field. The submitted thesis must conform to the STROBE guidelines for observational studies.
  - f. **Survey-collected data:** The subspecialty division will review the thesis for possible acceptability if (a) the candidate developed the questionnaire or used a previously validated questionnaire, (b) the subject matter is of significant importance to the field, (c) there is a well-defined hypothesis to be tested, (d) the recipients of the questionnaire are selected to avoid bias, and (e) there is at least 50% return and completion of the questionnaire. The submitted thesis must conform to the STROBE guidelines for observational studies.
9. **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: 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.