

2017 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, 2016 represents
the official statement of the 2017 requirements
for subspecialty certification in Maternal-Fetal Medicine**

Important Information for all Candidates

1. Beginning in calendar year 2020, all physicians who have completed an ABOG or ACGME fellowship in Maternal-Fetal Medicine 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.
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) 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. (The USPS does not guarantee on-time delivery. It is suggested that it not be used for materials that must meet a deadline.)
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. The Test Eligibility Program (TEP) has been discontinued.
8. Candidates should be familiar with the material under the "Policies" tab on the ABOG home page.

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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 23, 2017 Written Examination: Application Process

1. Applications will be accepted on-line at www.abog.org beginning September 1, 2016. Late fees will apply for applications received after 5 pm CDT October 14, 2016. The final day applications will be accepted is 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. It is the candidate's responsibility to 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 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. **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 the end of the deferral period.

June 23, 2017 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 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 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. 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 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 Maternal-Fetal Medicine (MFM) 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 MFM 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 beginning May 2, 2016. Late fees will apply for applications received after 5 pm CDT May 31, 2016.
2. The final day applications will be accepted is 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 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.
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 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.

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 MFM Written 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. **Have successfully completed** 36 months of training in an ABOG or ACGME-accredited Maternal-Fetal Medicine 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. **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 remain in effect at the time of the oral examination, may not be suspended or revoked, and the candidate must not be under investigation for patient care issues.
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 had an independent practice as a subspecialist in Maternal-Fetal Medicine](#) and have full or consultative hospital privileges 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 from January 1, 2016 through December 31, 2016.
10. [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 for de-identification information.)
11. [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 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 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.

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 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 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 to the candidate in September, 2016. 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 the 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 16-18.)

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 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, 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 3 copies of the case list by the published deadline.
2. Submit 7 copies of the summary sheet by the published deadline. The summary sheets 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: MFM. (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 list of hospitalized patients 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.)

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.

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.

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 MFM.

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

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. the results of the appealed examination, regardless whether pass or fail, will be discarded;
2. a second examination will be provided at the next regularly scheduled annual subspecialty oral examination 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 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.

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, 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 MATERNAL-FETAL MEDICINE

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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. The MFM Division will review the thesis and make a decision concerning acceptability. Prior publication by a refereed journal does not guarantee acceptance of the thesis for the oral examination.

One copy of the 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 a major peer-reviewed print journal in a field related to MFM 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 and must be in the form of a simple declarative sentence. 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 Maternal-Fetal Medicine.
5. **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.
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.
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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.