2019 Bulletin

for the

Specialty Certifying Examination

in

Obstetrics and Gynecology

The American Board of

Obstetrics and Gynecology, Inc.

2915 Vine St., Dallas, TX 75204

First in Women's Health

This bulletin, issued in July of 2018, represents the official statement of the requirements in effect for the Certifying Examinations to be given in November and December 2019, January and February 2020.

Revised June 10, 2019

IMPORTANT INFORMATION FOR ALL CANDIDATES

1. **The preparation of case lists for the Certifying Examination (CE) has changed. Candidates for the 2019 Certifying Examination must enter patient information for their case lists online. If they wish to do so, candidates may begin entering information in July 2018, before the results of the June 2018, Qualifying Examination are available. Additional information can be found on page 15. Case lists will be submitted electronically, not on paper. Candidates MUST use the electronic American Board of Obstetrics and Gynecology (ABOG) case list program to submit their cases.**
2. **Candidates who will be breastfeeding at the time of the examination must notify ABOG to schedule a lactation room at least 90 days before their test date. (See Appendix A.) If a candidate needs a lactation room and has not contacted ABOG, they should contact the office as soon as they become aware of the need for the lactation room.**
3. **Candidates must meet all deadlines for submission of applications, fees, case lists, and all other required materials. Deadlines are based on the receipt of the material at the ABOG office.**
4. **All new Diplomates must enter the Maintenance of Certification (MOC) process in 2020. MOC is a continuous process, and failure to complete the assignments each year by the deadline will result in loss of Board certification. There will not be an ABOG fee for MOC for new Diplomates in 2020. The MOC process is described in the *MOC Bulletin* under the "Publications" tab online at www.abog.org.**
5. **It is the responsibility of each candidate to update their personal email and mailing addresses on their personal ABOG home page.**
6. **There is a limit to eligibility to take the Certifying Examination. All candidates must achieve board certification in Obstetrics and Gynecology within eight years of the completion of their residency training. If certification is not achieved within eight years, the physician is no longer eligible to apply for either the Qualifying or Certifying Examination unless an additional six months of supervised practice is completed.**
7. **Candidates must have an unrestricted medical license to apply. Also, candidates must report any and all disciplinary or non-disciplinary actions taken against their license(s) by a state medical board at ANY time since obtaining the license(s), even if the action has been dismissed or terminated. Such actions include, but are not limited to, suspensions, revocations, surrenders, reprimands, fines, probations, restrictions, conditions, supervision and proctoring, mandated monitoring by a State provider health program, etc.**

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GENERAL INFORMATION FOR ALL CANDIDATES

CANDIDATE RESPONSIBILITY

The process of certification in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology (ABOG) is voluntary. ABOG does not assume responsibility to contact potential candidates. Rather, each candidate is responsible for initiating the process, completing all applications, submitting required materials by the deadlines, and paying the appropriate fees.

Candidates must meet the eligibility requirements published in the *Bulletin* dated for the year in which they are to take the Certifying Examination, as these may change from year to year. The *Bulletin* is available under the “Publications” tab online at www.abog.org. It is the candidate’s responsibility to become familiar with all of the material contained in the *Bulletin*, including the information in the Appendices. Also, each candidate is responsible for reading all of the policies included in the “Policies” tab on the ABOG home page.

After a candidate submits an application to the ABOG, it is the candidate’s responsibility to inform ABOG of any changes in personal email and other addresses by changing the information in their profiles on their ABOG personal home page.

DEFINITION OF AN OBSTETRICIAN-GYNECOLOGIST

Candidates for the Certifying Examination must practice within the boundaries, indicated in the *Definition of an Obstetrician and Gynecologist*. The *Definition* can be found on the ABOG website under "Policies."

CANDIDATE BOARD STATUS

All applicants for the Specialty Certifying Examination must have achieved "Active Candidate" status by passing the most recent Qualifying Examination (QE) that they have taken. Please see the Specialty Qualifying Examination Bulletin under the “Publications" tab at www.abog.org for any questions.

DURATION OF CERTIFICATE VALIDITY

All certificates issued by ABOG in 1986 and thereafter are time-limited and remain in effect only if the Diplomate participates in and successfully completes the Maintenance of Certification (MOC) process each year. Certificates issued after successful completion of the

Specialty Certifying Examination in November 2019, December 2019, January 2020, and February 2020 will expire December 31, 2020, unless the 2020 MOC assignments are completed successfully and by the deadline of December 15, 2020.

A Diplomate who allows their certification to expire should contact the ABOG regarding the requirements for the re-entry process. The MOC Department phone number is 214-721-7510; the email address is MOC@abog.org. A physician who loses Diplomate status by failure to complete the MOC process in any year must apply for, take and pass a secure, computer-based re-entry examination unless their certificate has been expired for six (6) or more years. A physician with a certificate that has been expired for six (6) years or longer must take the Specialty Qualifying and Certifying Examinations in order to re-establish Diplomate status.

Details of the MOC process can be found in the Specialty MOC Bulletin that is available under the "Publications" tab online at www.abog.org.

THE CERTIFYING EXAMINATION

INTRODUCTION

The Certifying Examination will evaluate the candidate's approach to and rationale for the clinical care of various patient management problems in obstetrics, gynecology and women's health. The candidate's case list and structured hypothetical questions (possibly including visual aids) will be used by the examiners.

Candidates will be expected to demonstrate a level of knowledge that allows them to serve as consultants to physicians in their community who are non-obstetrician-gynecologists and to provide safe and effective care to women.

Candidates will be expected to demonstrate that they have acquired the capability to practice independently, to perform major gynecologic surgery, and to perform spontaneous and operative obstetric deliveries safely. Candidates will be expected to demonstrate the knowledge needed to manage complications and to perform the essential diagnostic procedures required of a consultant in obstetrics, gynecology and women's health.

Case lists must be submitted electronically via the ABOG case list program and must be appropriately de-identified. Candidates will not be allowed to bring a case list with them to the ABOG Testing Center.

THE APPLICATION PROCESS FOR THE 2019 CERTIFYING EXAMINATION

The 2019 Certifying Examinations will be given in November 2019, December 2019, January 2020, and February 2020.

A. Applications will be accepted online at www.abog.org beginning February 15, 2019. The application fee must be paid online by credit card at the time of application. No other form of payment will be accepted. All fees are quoted and payable in US dollars. The application fee for the Certifying Examination will not be refunded nor credited against a future examination.

B. The completed Hospital Privileges Verification Form that automatically prints at the time of application must be faxed or emailed to the ABOG office on or before March 30, 2019. If the candidate is in an ACGME-accredited fellowship, this form may be completed by the fellowship director.

C. Late fees will apply for applications received after March 30, 2019. A full list of deadlines and fees is shown below on page 6.

D. May 15, 2019, is the last day for receipt of an application to take the 2019 Certifying Examination. Applications received after this date will not be accepted.

E. All inquiries, applications, and correspondence must be in English.

F. Candidates will be notified by ABOG, no later than July 12, 2019, to submit properly formatted case lists electronically and to pay the examination fee. The case list must be submitted by August 1, 2019, to avoid a late fee. All case lists must be entered online using the ABOG case list program, by the deadline. The program will be available for case list entry on their person ABOG homepage at the start of the collection year.

G. Case lists received between August 2, 2019, and August 15, 2019, will be assessed a late fee. No case lists will be accepted after August 15, 2019.

FEES AND DEADLINES

The following table lists the deadlines and fees for the Certifying Examination. Deadlines cannot be extended.

CERTIFYING EXAMINATION DEADLINES

February 15, 2019	**Applications available online**
May 15, 2019	**No applications accepted after this date**
July 12, 2019	**Candidates will be notified to submit case lists and a photograph and to pay the examination fee**

August 1, 2019	**Last day for receipt of case lists, photograph, and examination fee without additional late fee**
August 2, 2019, to August 15, 2019	**Late fee applies**
August 15, 2019	**No case lists or examination fees accepted after this date.**

CERTIFYING TEST FEES: APPLICATION FEES

February 15, 2019, to March 30, 2019	**$840**
March 31, 2019 to April 30, 2019	**$840 + $360 late fee = $1200**
May 1, 2019 to May 15, 2019	**$840 + $840 late fee = $1680**

CERTIFYING TEST FEES: EXAMINATION FEES

July, 2019 to August 1, 2019	**$1025**
August 2, 2019 to August 15, 2019	**$1025 + $395 late fee = $1420**

After approval, if the candidate experiences an event that prevents sitting for the Certifying Examination, the ABOG should be notified immediately. If the request is made prior to September 15, 2019, and if the review committee agrees that the request is due to circumstances beyond the control of the candidate, the examination portion of the fee may be refunded minus a $400 administrative processing fee. However, the application fee and late fees are not refundable.

The review committee will not consider any request that is based primarily on non-emergency matters.

If an emergency occurs any time after the 15th of September 2019, the candidate should call the ABOG office immediately. Each situation will be evaluated individually to determine if a portion of the examination fee will be refunded.

ELIGIBILITY REQUIREMENTS FOR THE 2019 CERTIFYING EXAMINATION

A. **The candidate must have passed** the Qualifying Examination on their most recent attempt **prior** to making application for the Certifying Examination. Candidates may not apply for the Certifying Examination while waiting for the results of their Qualifying Examination. The one exception to this rule is that candidates who will lose their certification eligibility in 2019 may apply for the Certifying Examination prior to the release of the Qualifying Examination results.

B. Limitation of Eligibility

For fellows in an ACGME-accredited fellowship in Maternal-Fetal-Medicine, Gynecologic Oncology, Reproductive Endocrinology and Infertility, or Female Pelvic Medicine and Reconstructive Surgery or a government fellowship, an additional year of eligibility is added for every year of training. For fellowships completed prior to 2013 for FPMRS or prior to 2017 for Gynecologic Oncology, Reproductive Endocrinology and Infertility, or Maternal Fetal Medicine, those fellowships accredited by ABOG would also extend eligibility. Fellowship training in any program other than an ABOG or ACGME-accredited Gynecologic Oncology, Maternal-Fetal Medicine, Reproductive Endocrinology and Infertility or Female Pelvic Medicine and Reconstructive Surgery or government fellowship program will not extend the 8-year limit.

Candidates who elect to participate in a second ACGME-accredited residency will be given an additional year of eligibility for every year of training.

Physicians must achieve certification within eight (8) years of the completion of their residency training. Specifically, they will not be eligible to apply for either the Qualifying or Certifying Examinations after eight years, unless and until they have completed a minimum of six (6) months of supervised practice. For additional information on regaining eligibility please see the Policy on Regaining Eligibility for Initial Certification under the “Policies” tab at www.abog.org. Years spent in an ABOG or ACGME OB-GYN subspecialty fellowship training program or second residency will not count toward the 8-year limit. However, when there is an interval of one or more years between the completion of residency training and the start of additional ACGME approved training, that year(s) will count toward the 8-year limit.

Physicians who fail to become certified within eight (8) years will be required to complete a minimum of six (6) months of supervised training at a program affiliated with an ACGME-accredited training program to regain eligibility to apply for the certification process. For additional information, please see the Policy on Regaining Eligibility for Initial Certification under the “Policies” tab at www.ABOG.org.

In addition, they may not advertise themselves to the public or to any credentialing organization including insurance payers as being “board eligible.” After completion of the additional training, the physician must achieve specialty certification within four (4) years.

C. Good Moral and Ethical Character

The ABOG requires evidence of a candidate’s professionalism and professional standing. This will include verification of their professional reputation, moral and ethical character, and in-hospital practice privileges from administrative officials of organizations and institutions that know the candidate and their practice. If a candidate is involved in an investigation by a health care organization regarding practice activities or for ethical or moral issues, the individual will not be scheduled for examination, and a decision to

approve or disapprove the application will be deferred until either the candidate has been cleared or until ABOG has received sufficient information to make a final decision.

A physician who has been convicted of or pleaded guilty to a felony will not be allowed to take the Certifying Examination.

D. The candidate must possess at least one active, unrestricted medical license to practice medicine in a state or territory of the United States or a Province of Canada to be eligible to apply for the Certifying Examination.

If the candidate has more than one license, this means that each medical license must not be restricted, suspended, on probation, revoked, nor include conditions of practice. The terms “restricted” and “conditions” include any limitations, terms or requirements imposed on a physician’s license regardless of whether they deal directly with patient care. An educational or institutional license does not meet this requirement unless the candidate is currently in an ACGME-accredited fellowship training program.

If a candidate has ever had any action taken against any medical license in any territory, province or state of the United States or Canada, or any foreign country at any time, a written explanation must be provided with the application. Such actions include, but are not limited to, admonitions, reprimands, conditions, restrictions, probations, suspension, fines, required coursework, denial of application/renewal and revocations. These actions must be reported even if they occurred in the past and are no longer active.

ABOG will investigate every candidate’s license(s) using various search techniques. A candidate that fails to inform ABOG of any action against their medical license(s) in any state, territory or foreign nation may be ineligible to take the Certifying Examination for a minimum of three (3) years. The Board reserves the right to determine candidate eligibility to take the Certifying Examination after reviewing all material.

Candidates who are currently enrolled in an ACGME-accredited fellowship program do not need to have an independent license to practice medicine. However, if such a license(s) is held, the license(s) must not have disciplinary or non-disciplinary restrictions.

E. Actively engaged in unsupervised clinical practice

Candidates for the 2019 Certifying Examination must be in unsupervised clinical practice of Obstetrics and Gynecology from July 1, 2018, through June 30, 2019. During that year of practice, no more than 12 weeks of leave is allowed for any reason (this includes medical leave, maternity leave, vacation, not starting practice by July 1, etc. Educational conferences do not count toward the 12 weeks of leave). Practice may include locum tenens work; however, if a candidate is only performing locum tenens work they must contact the board before applying.

If the candidate cannot meet the case list requirements as outlined in the case list section, they should either use an 18-month case list or use residency cases.

The number of days that equals a “week” is the candidate’s usual number of work days in an average calendar work week.

Physicians who are in a non-ACGME-accredited fellowship related to the field of Obstetrics and Gynecology may apply for the Certifying Examination during their fellowship if they meet all of the additional requirements, including submission of an acceptable case list.

Time spent in a non-clinical teaching or research appointment, or in a non-clinical fellowship or graduate education program that does not involve unrestricted privileges to practice as an obstetrician and gynecologist and does not include clinical practice will not fulfill the practice requirement.

F. Unrestricted Hospital Privileges

Candidates for the Certifying Examination must hold unrestricted hospital privileges to practice as an obstetrician-gynecologist in each of the hospitals in which the candidate has been responsible for patient care between July 1, 2018, and the date of their examination. These privileges must be in effect no later than October 1, 2018, and must remain in effect until the date of the Certifying Examination. If a candidate holds hospital privileges in more than one hospital, they can give up privileges voluntarily as long as they still hold unrestricted privileges in another hospital. Privileges that are resigned or dropped in lieu of an investigation or adverse action are not considered to be given up voluntarily and must be reported.

“Unrestricted hospital privileges” means that the physician is a member of the medical staff and has privileges to admit patients and to practice obstetrics and gynecology. Required Ongoing Professional Practice Evaluation (OPPE) or proctoring for new privileges are not considered a restriction for examination purposes. Any Focused Professional Practice Evaluation (FPPE) assigned by a medical staff or staff office that is not the standard for all new providers must be reported with the application and will be reviewed. When quality of care, professionalism or peer review activities have led to a limitation of privileges or required supervision, this is considered a restricted practice, and the physician is not eligible to take the Certifying Examination. If the candidate’s privileges are under investigation, suspended or on probation (for cause), that candidate is not eligible to apply for the Certifying Examination until and unless the investigation is completed, or the suspension or probation is lifted, and full and unrestricted privileges are granted. For any questions regarding limitations in privileges, please contact the examination department.

Candidates who are enrolled in an ACGME-accredited fellowship in an area of medicine related to Obstetrics and Gynecology are not required to hold hospital privileges. However, if a fellow has such privileges, they must be unrestricted and not under investigation for any reason.

G. Approval of application and review of licensure and privileges

If the application, licensure, and privileges are acceptable after review by ABOG, the candidate will be notified by July 13, 2019. The candidate will then be asked to submit case lists (see below).

The case lists should not be submitted until the candidate is notified of approval from the Board.

ABOG reserves the right to make the final decision concerning the applicant's admission to the Certifying Examination after considering all circumstances affecting the individual situation, including a review of the case lists.

H. Test Security and Attestation

At the time of application and on the day of the Certifying Examination, each candidate must sign the following terms of agreement. If a candidate refuses to sign the agreement, they will not be allowed to take the Certifying Examination.

1. I understand and irrevocably agree that, if I am certified as a Diplomate of the ABOG, the ABOG is authorized to provide my name and business address for publication in the following: *Obstetrics & Gynecology, The American Journal of Obstetrics and Gynecology, and other ABMS and AMA certification publications.* Also, my name and business address will be forwarded to the American College of Obstetricians and Gynecologists.
2. I agree that the ABOG is authorized to make my name and business address available on request to the public including, but not limited to, hospitals, insurers, government agencies and laypersons.
3. I understand and irrevocably agree that the results of my examination may be made available to my Program Director(s) and/or the American College of Graduate Medical Education (ACGME).
4. I agree that de-identified results of my examination may be used for research purposes by ABOG.
5. I understand that all ABOG test materials including, but not limited to the structured case histories and images utilized during the Certifying Examination 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 such entities, I may be prosecuted under the US Copyright laws.
6. I understand that if I divulge the content of the Certifying 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 also be

withdrawn.

7. I understand that I may not record any portion of the Certifying Examination by any means in whole or in part, and a violation will be treated as outlined in numbers 5 and 6 above.
8. I understand that I may not memorize or attempt to memorize any portion of the Certifying Examination for the purpose of transmitting such material to any individual, organization or business.
9. I attest that since the date of my application for the ABOG Certifying Examination, I have had no limitation or suspension of hospital privileges for cause, substance abuse offenses, revocation or restriction placed on my license to practice medicine in any state or country. I attest that since 1 October of 2018 I have held unrestricted privileges in at least one hospital.

At the time of the Certifying Examination, the candidate will be required to sign a statement that there has been no change in their hospital privileges since the date of application.

I. Practice in a country other than the United States or Canada

A candidate who practices outside of the United States, its territories or Canada, must submit, with the application, a letter(s) from a senior responsible officer in the hospital(s) where the candidate practices, verifying the candidate's responsibility for independent, unsupervised care of patients.

J. Other requirements

The candidate must meet all of the requirements in the *Bulletin* for the year for which they are applying for the test. For example, those applying for the 2019 Qualifying or Certifying Examinations must meet the requirements in the *2019 Bulletin*.

CERTIFYING EXAM CONTENT

The topics upon which the Certifying Examination is based on are shown in Appendix B.

CONDUCT OF THE CERTIFYING EXAMINATION

You will receive correspondence through your personal ABOG page regarding the date and time of your examination. You will also receive the time and room name/number at the hotel for registration. Candidates who are late for registration may not be allowed to take the examination. After registration at the hotel, the candidates will be taken to the ABOG Testing Center where an orientation will be provided. After the orientation, the candidates will be

escorted to the testing floor.

Each candidate will be assigned an examination room and will remain there for the three (3) hours of the examination. The candidate will be informed of the names of the six (6) examiners—two (2) in Obstetrics, two (2) in Gynecology, and two (2) in Office Practice and Women's Health—who will conduct their examination. If the candidate believes there is a conflict with one or more examiner, an alternate examiner will be provided. Each pair of examiners will independently award a grade for their portion of the examination, 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 Certifying Examination is three (3) hours in length equally divided into the areas of Obstetrics, Gynecology, and Office Practice and Women's Health. Communication, ethics and patient safety questions may be included in each of the three (3) major areas. Each hour will be divided into two sections of approximately 30 minutes in length. One section will be devoted to questions derived from the candidate's case list, and the other section will consist of structured and/or simulated cases written by ABOG. The structured cases are used to elicit the candidate's responses to specific clinical situations. The examination will be conducted in English. A list of the topics that may be covered in the examination can be found in Appendix B.

Candidates must not take ANY electronic device into the examination room. This includes any devices that can access the internet and any device with a recording feature. This includes wearable devices such as the Apple Watch and similar devices. An insulin pump is an exception to this rule.

Candidates who require accommodation for a disability must notify the ABOG office no later than 180 days before the date of examination. (See Appendix C.)

Candidates who are breastfeeding and desire a lactation room should notify the ABOG office at least 90 days in advance of their test date. Lactation rooms will be assigned on a first come first served basis. A candidate may bring her personal breast pump to the ABOG Test Center. (See Appendix A.)

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

USE OF CASE LISTS DURING THE EXAMINATION

During each hour of the examination, approximately 30 minutes of questions will be developed from those cases submitted by the candidate. Selected cases will be displayed on the computer screen for both the candidate and examiner's reference. Some of the questions will specifically address how the candidate evaluated and managed their actual patients. The examiner will also use the cases to explore the candidate's management of similar patients with different specifications. For example, a candidate might list a 48-year-old woman with an

adnexal mass. The candidate might be asked if the management would have been different (and how) if the patient were 18-years-old, or 78-years-old.

Questions will be displayed which test the ability of the candidate to:

1. develop and diagnose, including the necessary clinical, laboratory and diagnostic procedures;
2. select and apply proper treatment under elective and emergency conditions;
3. prevent, recognize and manage complications; and
4. plan and direct follow-up and continuing care.

Carelessly prepared or incomplete case lists may contribute to the failure to pass the Certifying Examination. (See case list entry information below.)

All case lists will be submitted electronically, and candidates may ***not*** bring a copy of their case list to the Certifying Examination for personal reference.

CASE LIST PREPARATION

A. Case List Entry

All information for the case list for the 2019 Certifying Examination must be entered online. To enter a case a candidate must open their ABOG personal webpage and click on "Caselist Entry." The entry process is simple, and common abbreviations are acceptable (See Appendix D). If a problem is encountered, there is a frequently asked questions (FAQ) button where most questions will be answered. However, if the problem is not resolved, the candidate should call the ABOG Examination office at 214-871-1619.

The case list information can be entered through any device with an internet connection, including smartphones, laptops, tablets and desktop computers.

Candidates will be asked to enter patient-identifying information on the case list that they print and give to their hospital medical records for verification. This information will be stored on a non-ABOG HIPAA-compliant server. The electronic copy of the case list that is submitted to ABOG must not contain the patient-identifying information.

B. Case List Submission

The candidate must submit their case lists and summary sheets to the ABOG office electronically. The candidate must submit their case list, summary sheets and case list affidavit(s) electronically to the ABOG office through the Case List Entry System located on their Personal Home Page. The case list program will become available for entry at the beginning of the collection cycle on the candidates personal home page. All patients dismissed from their care in all hospitals and surgical centers between July 1, 2018, and

June 30, 2019, must be listed. During these 12 months of case collection, no more than 12 weeks away from clinical practice is allowed.

Patient case lists that fail to provide the required information, include an insufficient number of patients, are inadequately or incompletely prepared, are not appropriately de-identified, or fail to provide sufficient breadth and depth of clinical problems may disqualify the candidate from admission to the Certifying Examination. The candidate is personally responsible for the proper preparation, de-identified accuracy, and completeness of the case lists.

The completeness and accuracy of submitted case lists are subject to audit by the ABOG. All audits will be conducted in accordance with the provisions of the HIPAA Privacy Rule. Permission to conduct on-site audits will be required of each candidate prior to final approval to take the Certifying Examination.

Falsification of information in the case lists may result in ineligibility to apply for the Certifying Examination for a minimum of three years. The candidate must then meet all requirements in effect at the end of the deferred period. If the falsification is discovered after the candidate has successfully completed the Certifying Examination, the results of the test will be voided, and the candidate's certification will be revoked.

C. Patients to be Listed

Case lists must include all patients admitted to all hospitals and cared for at all surgical centers where the candidate holds admitting and/or surgical privileges between July 1, 2018, and June 30, 2019. The lists must include a minimum of 20 obstetrical and 20 gynecological admissions, but all patients must be listed. This includes all admitted as well as all short-stay and outpatient surgical patients, even if not officially admitted to a hospital. The case lists must demonstrate sufficient number, sufficient breadth and sufficient depth of clinical experience. All patients listed must have been cared for primarily by the candidate. Candidates may not list patients for whom they have only provided a consultation.

The office practice case list is strictly limited to 40 patients. These must be from the candidate's practice between July 1, 2018, and June 30, 2019. Cases from the senior year of your residency may NOT be used for an Office Practice case list. In rare cases, a former fellow may request to use Office Practice cases from fellowship. Hospitalists or laborists may list patients seen in the emergency room or triage area of labor and delivery on their office practice list.

Case lists are submitted electronically with obstetric, gynecologic, and office practice patients. The patients listed must be only those for whom the candidate has had personal responsibility for professional management and care. In the case of a partnership or group practice, the patients listed should be only those managed by the candidate. If some portion of the care was provided by a partner, that care should be indicated on the case list.

If the candidate is back-up for a midwifery group, a midwife delivery may not be listed unless the physician performed the delivery. If the candidate is faculty for residents they should list all patients for which they have responsibility even if the resident performed the actual delivery. This includes cesarean deliveries.

Candidates may not reuse any case or case list from a previous examination.

If the candidate does not perform obstetrical procedures, or if the candidate does not perform gynecologic procedures, or if the candidate cannot meet the minimum number of cases from their current practice, the minimum number and types of gynecological or obstetrical cases must be obtained from the additional sources listed below. Regardless of the candidate's current practice or training, the examination will cover all three areas. Candidates who limit their practice to outpatient care only will not be eligible for initial certification.

1. Candidates who have been in practice for one year or more

Candidates who have been in practice for one year or more and cannot meet the minimum number of cases between July 1, 2018, and June 30, 2019, have two choices: They can submit a complete 18-month case list beginning January 1, 2018, and ending June 30, 2019, or they may submit a 12-month case list and use cases from their senior year of residency to reach the minimums. If residency cases are used, it is only necessary to add a sufficient number of residency cases to meet the minimum numbers.

Candidates may not use senior resident cases to meet minimum numbers for both the Obstetrics and Gynecology case lists.

If an 18-month list is submitted, one summary sheet for the 18-month period must be submitted.

If a 12-month case list and residency cases are submitted, a separate summary sheet for each list as well as a summary sheet that includes totals for from both lists must be submitted. Residency cases earlier than July 1, 2011, may not be used.

If a candidate believes they cannot meet the minimum number of cases in one area after using an 18-month case list and/or using residency cases, they should email the Associate Executive Director in charge of examinations no later than April 1, 2019. They must describe the reasons why they cannot meet the minimum requirements. The ABOG ad hoc committee will then review the circumstances for the deficiency. The decision of the committee concerning the eligibility of the candidate will be final and cannot be appealed.

2. Candidates currently in fellowship training

Candidates currently in an ACGME-approved fellowship in a field related to Obstetrics and Gynecology may collect cases during their fellowship for the Certifying Examination. Cases that are part of their fellowship may be used if the candidate was responsible for a major portion of the case. In addition, moonlighting cases may be collected during fellowship and

may be listed as collected during fellowship under the appropriate category. Candidates may collect cases from any time during fellowship, and the collection can span the entire fellowship in order to meet the minimum required numbers. They should indicate the dates of collection on the case list but should list them only as fellowship cases.

Candidates currently in a fellowship that is not ACGME-accredited, may collect cases during fellowship but must have full and unrestricted privileges to practice in the hospital from which they are collecting cases. The collection time can span over the entire fellowship to meet the minimum required numbers. They should indicate the dates of collection on the case list but should only list them as fellowship cases.

3. Candidates who have completed fellowship training

Candidates who have completed fellowship training should use cases from their practice. A 12- or 18-month case list may be submitted. If their fellowship training was in a field related to Obstetrics and Gynecology, they may use cases from their fellowship training if they cannot meet the minimum number of required cases from their practice. Additionally, they may use cases from their senior year of residency training if needed, but may not use senior resident cases for more than one of the case lists (Obstetrics or Gynecology). Additionally, they may not use residency cases if they completed residency in 2011 or earlier.

4. Candidates who may need to use residency cases

Candidates who are entering fellowship or for other reasons are concerned that they may need to use residency cases are encouraged to collect information on their patients from residency as early in the process as possible. In some cases it has been difficult for candidates to obtain the needed information after leaving the hospital where they did their residency. The following information is needed on residency cases in order to use these patients later:

a. History and Physical Exam

b. Preoperative test results and preoperative diagnosis

c. Operative report

d. Pathology report including uterine weight, if appropriate

e. Postoperative diagnosis

f. Postoperative course including number of days of hospitalization

g. Postoperative complications

If a candidate is having difficulty getting information from their residency hospital’s medical records department, they are encouraged to contact their residency program director for assistance. If the residency program director is unable to help, please contact the

examination department.

D. Specific Instructions for each section of the case list

The headings for case list categories are shown below. The specific instructions for each section follow:

1. Office Practice Case List

The candidate must list a total of 40 patients (no more or fewer) with conditions that fit into the listed Office Practice categories. Follow these rules when listing office practice patients:

a. Do not list more than two patients in any one category;

b. It is not necessary to include a patient in every category;

c. Do not include any patient that appears on the hospital lists; and

d. Do not include any patients that had procedures performed in any location except the office. Specifically, patients who had an outpatient procedure in a surgical center must be listed on the Gynecology case list.

Office Practice Categories

1. Preventive care and health maintenance
2. Lifestyle counseling (smoking cessation, obesity, diet, exercise, substance abuse, etc.)
3. Sexual dysfunction
4. Family planning (contraception including IUD placement, etc.)
5. Preconception evaluation, prenatal and genetic diagnosis
6. Geriatric care
7. Disorders of menstruation (amenorrhea, dysmenorrhea, abnormal uterine bleeding, etc.)
8. Infertility evaluation and management
9. Immunizations
10. Endometriosis: diagnosis and office management
11. Perimenopausal and menopausal care
12. Pediatric and adolescent gynecology
13. PCOS
14. Evaluation and management of acute and chronic pelvic pain

15. Vaginal disease (infections, VAIN, etc.)
16. Vulvar disease (infections, dermatoses, VIN, etc.)
17. Breast disease, benign and malignant
18. Evaluation and office management of urinary incontinence and accidental bowel leakage
19. Urinary tract infections
20. Sexually transmitted infections
21. Uterine myomata
22. Office surgery (biopsy, hysteroscopy, sterilization, LEEP, etc.)
23. Abnormal cytology, colposcopy, and CIN
24. Ultrasonography (gynecologic and first-trimester pregnancy)
25. Galactorrhea
26. Hirsutism
27. Benign pelvic masses
28. Sexual assault
29. Domestic violence
30. Office evaluation and management of pelvic floor disorders
31. Endocrine diseases (e.g., diabetes mellitus, thyroid or adrenal disease)
32. Major medical diseases (respiratory, gastrointestinal, cardiovascular, hypertension, etc.)
33. Minor medical diseases (Headache, low back pain, irritable bowel, etc.)
34. Medical management of ectopic pregnancy
35. Psychiatric illnesses (depression, anorexia, bulimia, etc.)
36. Diagnosis and management of hypercholesterolemia and dyslipidemias
37. Amniocentesis
99. Uncategorized (cases in this category do not count toward the required 40 cases)

List each patient separately and include the problem (one of the categories listed above), diagnostic procedures, treatment, results and number of office visits during the 12-month period. Group patients together under each separate category.

2. Gynecology Case List

All hospitalized and short-stay gynecological patients must be entered as follows:

a. List all gynecologic patients managed during the same 12-month period (or 18-month period, if an extended time case list is submitted and/or patients chosen from the fellowship or senior year of residency).

b. A minimum of 20 gynecologic patients are required, and a candidate cannot count more than two patients from any one of the gynecology categories listed below.

   Example, A candidate has 5 patients who had a diagnostic laparoscopy. They all must be entered on the case list, but only 2 of the 5 will be counted as meeting the minimum requirement of 20 gynecological cases.

c. A preoperative diagnosis should appear for all major and minor surgical procedures. The size of ovarian cysts and neoplasms must be recorded. For non-surgical conditions, the admission diagnosis should be recorded. Non-surgical admissions will not have a surgical pathological diagnosis. The treatment recorded should include all surgical procedures, as well as primary non-surgical therapy. "Surgical diagnosis" is the final pathology diagnosis. For hysterectomy specimens, the uterine weight in grams must be recorded. In cases without tissue for histologic diagnosis, the final clinical diagnosis should be listed.

d. "Days in hospital" is the arithmetic difference between the date of discharge and the date of admission. Specific dates of admission and discharge should not be provided. If a patient had an outpatient procedure and was not admitted, list the number of days in hospital as "0."

e. Group patients together under each separate category, then list any remaining patients that do not fit into any of the listed categories.

Gynecology Categories

1. Abdominal hysterectomy, any type (e.g., total, subtotal, laparoscopic, robotic)
2. Laparotomy
3. Vaginal hysterectomy (including laparoscopically assisted)
4. Diagnostic laparoscopy
5. Operative laparoscopy (other than tubal sterilization and hysterectomy)
6. Operative hysteroscopy
7. Uterine myomata
8. Repair of pelvic floor defects; prolapse
9. Endometriosis and adenomyosis: surgical management
10. Sterilization procedures
11. Invasive carcinoma

12. Urinary incontinence and accidental bowel leakage: operative management
13. Ectopic pregnancy: surgical management
14. Operative management of pelvic pain
15. Congenital abnormalities of the reproductive tract
16. Pelvic inflammatory disease
17. Adnexal problems (excluding ectopic pregnancy and PID)
18. Abnormal uterine bleeding
19. Surgical management of VIN, CIN, and VAIN
20. Postoperative complications (hemorrhage, wound, urinary tract, GI, pain, thrombotic, embolic, neurologic, fever, etc.)
21. Management of rectovaginal or urinary tract fistula
22. Preoperative evaluation of coexisting conditions (respiratory, cardiac, metabolic diseases)
23. Gestational trophoblastic disease
24. Incomplete, septic, complete and other abortion
25. Intraoperative complications (e.g., blood loss, hemorrhage, bowel injury, urinary tract injury)
26. Dilation & Curettage
27. Emergency care (e.g., medical management of ectopic pregnancy, acute bleeding, etc.)
99. Uncategorized (cases in this category do not count toward the required 20 cases)

3. Obstetrics Case List

A list of a minimum of 20 obstetrical patients must be entered. Separately enter each patient with a complication or abnormality, as well as medical and surgical intervention during pregnancy, labor, delivery and the puerperium. Normal, uncomplicated obstetrical patients should not be listed.

The term "normal obstetrical patient" for this listing implies that the:

a. pregnancy, labor, delivery and the puerperium were uncomplicated; and labor began spontaneously between the 39th and 41st week of gestation; patients delivering before 39 weeks gestation should be listed in the "preterm," “late preterm” or "early term" categories;
b. membranes ruptured or were ruptured after labor began;
c. presentation was vertex, position was occiput OA, LOA or ROA, and labor was less

than 24 hours in duration;

d. delivery was spontaneous or by outlet forceps or vacuum with or without episiotomy, from an anterior position;

e. the infant had a five minute Apgar score of 6 or more and weighed between 2500 and 4500 grams and was healthy, and

f. placental delivery was uncomplicated, and blood loss was less than 500 mL.

All deliveries not fulfilling these criteria must be listed individually. Include the gestational age at admission.

A minimum of 20 obstetrical patients is required, and a candidate cannot count more than two patients in any of the categories listed below.

Example: A candidate has 5 obstetrical patients with diabetes mellitus. They all must be entered on the case list, but only 2 of the 5 will be counted as meeting the minimum requirement of 20 obstetrical cases.

Group patients together under each separate category listed below then list the remaining patients who do not fit into a specific category.

If the candidate is back-up for a midwifery group, a midwife delivery may not be listed unless the physician performed the delivery. If the candidate is teaching faculty, all resident cases for which the candidate had responsibility must be included. If the candidate is the responsible staff for a resident for a cesarean delivery that delivery should be listed individually.

The “days in hospital” includes all prenatal and postnatal days. The number of days listed is the arithmetic difference between the admission and discharge date.

Obstetrical Categories

1. Preconception evaluation, prenatal and genetic diagnosis
2. Preterm labor without delivery
3. Premature rupture of fetal membranes at term
4. Preterm premature rupture of fetal membranes
5. Cerclage
6. Preterm delivery (before 34 weeks gestation)
7. Late preterm delivery (34 weeks 0 days to 36 weeks 6 days gestation)
8. Post term pregnancy and delivery
9. Induction and augmentation of labor
10. Labor abnormalities (including dystocia)

11. Fetal heart rate abnormalities (e.g., variable or late deceleration, absent or poor variability, tachycardia, bradycardia)
12. Breech and other fetal malpresentations
13. Cord problems (e.g., prolapsed cord, cord entanglement)
14. Operative vaginal delivery (e.g., vacuum, forceps)
15. Obstetrical hemorrhage (e.g., antepartum, intrapartum, postpartum)
16. Obstetrical vaginal lacerations (e.g., 3rd and 4th degree lacerations, cervical laceration)
17. Vaginal or perineal hematoma
18. Primary cesarean delivery
19. Repeat cesarean delivery
20. Vaginal birth after cesarean delivery
21. Cesarean hysterectomy
22. Complications of cesarean delivery (e.g., hemorrhage, wound infection, disruption or hematoma)
23. Complications of OB anesthesia (e.g., epidural hypotension, general anesthesia complications)
24. Intrapartum or intra-amniotic infection (e.g., amnionitis, chorioamnionitis)
25. Puerperal infection (e.g., post cesarean endometritis)
26. Second trimester spontaneous abortion
27. Third trimester fetal loss
28. Hypertensive disorders of pregnancy (chronic hypertension, preeclampsia, eclampsia)
29. Cardiovascular or pulmonary disease complicating pregnancy
30. Renal or neurological disease complicating pregnancy
31. Hematological or endocrine diseases complicating pregnancy
32. Autoimmune disorders of pregnancy
33. Infectious diseases (HIV, Group A streptococcus, Zika virus etc.)
34. Psychiatric disease complicating pregnancy
35. Pregnancies complicated by human immunodeficiency virus infection (HIV)
36. Abnormal fetal growth
37. Pregnancies complicated by fetal anomalies

38. Placental abnormalities (e.g., low lying, previa, accreta, abruption)
39. Thromboembolic complications
40. Trauma in pregnancy (e.g., automobile accidents)
41. Multifetal pregnancy
42. Diabetes and gestational diabetes
43. Shoulder dystocia
44. Early term delivery (37 weeks 0 days to 38 weeks 6 days gestation)
99. Uncategorized (cases in this category do not count toward the required 20 cases)

If, but only if, a candidate cannot list 20 obstetrical cases in the above categories, an 18-month case list and/or an appropriate number of cases from fellowship or senior residency case logs may be included. If senior resident cases are used, only list 20 cases.

E. Affidavits

Each list of obstetrics and gynecology patients from each hospital and surgical center must be verified on the appropriate affidavit form. The record librarian or similar hospital official must submit a statement attesting that (1) the patients listed were cared for by the candidate, and (2) that all of the hospitalized patients dismissed from the candidate's care have been separately listed or reported in the totals for the period indicated. For cases chosen from the fellowship or senior residency year, the affidavit must be obtained from the candidate's Program Director or the medical records librarian and must be uploaded to ABOG online through the Case List Entry System located on their Personal Home Page. There is no affidavit for office practice cases.

F. Case List Verification and Audit

The list of patients provided by the candidate is subject to independent verification and audit by an agent or employee of ABOG. As a condition of candidacy, the candidate agrees to cooperate fully with any audit authorized by the Board, including, but not limited to:

1. providing full and unrestricted access to the candidate's office records of patients for whom the candidate had personal responsibility for professional management and care during the period for which the lists of patients are required;
2. authorizing access to such hospital or other institutional records as the ABOG deems necessary, in its absolute discretion, to verify the completeness and accuracy of the patient lists submitted by the candidate; and
3. using the candidate's best efforts to obtain, where necessary and possible, written patient consent to release to the Board information concerning the patient's condition and treatment.

Any audit undertaken by the Board pursuant to the authority granted by this Section shall be conducted in compliance with the HIPAA Privacy Rule.

G. De-Identification of Patient Case Lists

The case lists submitted to the ABOG office must not contain the patient hospital number or other identifying information other than age.

The de-identification of patient case lists does not allow the omission of any patients under the candidate's care which are otherwise required to be reported. The completeness of the candidate's case list is subject to audit. If a candidate is found to have not listed any case that is required, the candidate will be subject to disqualification from the examination and other discipline as appropriate.

FINAL APPROVAL AND NOTIFICATION OF ADMISSION TO THE CERTIFYING EXAMINATION

Candidates who have fulfilled all the requirements and the ABOG has determined that they are eligible to take the examination will receive an email notifying them of the day, time and place to report for their examination. The email will also include a link that will allow them to make hotel reservations at the location of the registration and transportation to the ABOG Office.

Candidates will not receive the ABOG discounted hotel rate unless they make their reservations AFTER they have received the hotel link. This information will be sent at least one month before the examination.

The candidate must make hotel reservations by calling the hotel. It is recommended that all candidates stay at the hotel where the registration for the Certifying Examination is held.

It is the candidate's responsibility to ensure that their personal email address and physical mailing address are current and correct on the ABOG website personal page.

Candidates may NOT request a specific month for their examination unless there is a serious reason that is beyond the control of the candidate such as military deployment, medical issue, or a pregnancy complication. Any request must be accompanied by documentation. Such requests must be received in the ABOG office no later than May 15, 2019. ABOG reserves the right to deny any such request

NEW DIPLOMATES

After passing the Certifying Examination, each new Diplomate is required to apply for and enter the Maintenance of Certification (MOC) process in 2020. The MOC application is online at www.abog.org. The application fee for the first year of MOC for new ABOG Diplomates is

waived. Failure to enter the process and complete all assignments in 2020 will result in loss of certification status as of December 31, 2020.

For more information about the MOC process, please read the *MOC Bulletin* which can be found at www.abog.org in the "Publications" tab.

NON-ADMISSIBLECANDIDATES, RE-EXAMINATION, AND POSTPONEMENT

A candidate disapproved for the Certifying Examination may reapply by submitting a new application, paying the appropriate fees, and meeting the requirements applicable at the time of re-application.

CERTIFYING EXAMINATION APPEAL PROCESS

If at the completion of the Certifying Examination, a candidate believes the test 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 Certifying Examination. To do so, a candidate must telephone the Board office (214-871-1619). If the request is granted:

A. the results of the appealed examination, regardless whether pass or fail, will be discarded;

B. the candidate must reapply for the Certifying Examination the next year (i.e., cannot delay beyond the next year) and meet all of the requirements applicable at that time;

C. if the candidate meets the requirements, a second examination will be scheduled at the next regularly scheduled annual Certifying Examinations at no additional charge;

D. the candidate must prepare a new case list for the repeat examination and the case list for the repeat examination may not include any patient listed on the first examination case list;

E. the repeat examination will be conducted by a different team of examiners, who will not be informed that the examination is being conducted as a result of an appeal;

F. 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

G. the decision of the examiners conducting the second examination will be used by the Board to determine the results of the candidate's Certifying Examination.

Appeals based on the composition of the Certifying Examination team shall not be considered if the candidate was informed before the Certifying 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.

LIST OF CERTIFIED DIPLOMATES

Each year the ABOG office notifies the American College of Obstetricians and Gynecologists of the names and addresses of the Diplomates certified in that year. A list of the names is also sent to the American Board of Medical Specialties (ABMS) with the request that they be included in the ABMS Database that includes displays in Certification Matters™ and ABMS Solutions products that are used for primary source verification (PSV) of certification by various stakeholders. Diplomate status may also be provided to other organizations, government agencies, and the lay public. Candidates must sign a statement acknowledging this fact at the time of the Certifying Examination.

After this effort to assure initial listings of the newly certified Diplomates, the Board assumes no responsibility for a Diplomate's listing in subsequent issues of any directory.

The results of the Certifying Examination may also be forwarded to the candidate's residency program and/or the American College of Graduate Medical Education (ACGME). De-identified results of the Certifying Examination may be used by ABOG for research purposes.

APPENDIX A: LACTATION

Candidates who are lactating will be given an opportunity to use a pump prior to their examination. Please notify the ABOG office no later than 90 days prior to the test. At the time of notification, a lactation room will be reserved for the candidate. The rooms are booked on a “first come first served basis.” If all of the lactation rooms are full, the candidate will be given an alternative location at the ABOG Testing Center. Candidates are allowed to bring their own breast pump with them to the testing center.

APPENDIX B: SPECIALTY CERTIFYING EXAMINATION TOPICS

Obstetrics

- **Preconception/Antenatal Care**
  - Routine prenatal care (diet; life style; habits)
  - Counseling
    - Genetic
    - Teratogenesis
    - Exercise
  - Complications
    - Nausea and vomiting; hyperemesis
    - Early pregnancy loss
    - 2nd and 3rd trimester losses
    - Multifetal gestation
    - Hypertensive disorders unique to pregnancy
      - Pre-eclampsia
      - Eclampsia
    - Infectious diseases
      - HIV
      - Group A streptococcus
  - Misc. (varicella, pyelonephritis, CMV, toxoplasmosis, parvovirus, etc.)
    - Coexistent medical diseases
      - Cardiovascular
      - Chronic hypertension
      - Pulmonary
      - Renal
      - Gastrointestinal
      - Hematologic
      - Endocrine (includes thyroid)
      - Autoimmune (includes DM)
      - Neoplastic
      - Misc. (dermatologic, neurologic, etc.)
    - Surgical conditions (acute abdomen, adnexal & breast masses, etc.)
    - Psychiatric disorders
  - Fetal assessment/Prenatal diagnosis
    - Abnormal fetal growth
    - Anomalies
    - Ultrasound
  - Abnormalities of AFV
    - Indications for testing
    - Isoimmunization

Intrapartum Care

- Normal
  - Induction and augmentation
  - Fetal monitoring (normal)
  - Term ROM
- Abnormalities of labor
- Preterm labor and delivery
  - Post-term
  - Preterm ROM
  - Fetal monitoring (abnormal)
  - Dystocia
  - Malpresentations (breech, face, brow, etc.)
  - Cord problems (prolapse, know, entanglement, etc.)
- Infections (chorioamnionitis, amnionitis, etc.)
- Hemorrhage
  - Antepartum
  - Intrapartum
  - Postpartum
  - Coagulopathy (various causes)
  - Thrombosis/Embolism
- Operative
  - Cesarean (primary, repeat, emergency, hysterectomy, VBAC)
  - Forceps
  - Vacuum
  - Wound complications
  - Complications of operative delivery
- Episiotomy and tears (perineal, cervix, vagina, vulva, hematoma)
  - Prevention
  - Repair
- Placental complications
  - Abruption
  - Previa
  - Accreta/percreta
- Anesthesia
- Immediate care of the newborn

Postpartum care

- Routine (includes lactation)
- Endomyometritis
- Other infections (mastitis, infected repairs, etc.)

Non-obstetric emergencies

- Trauma (MVA, etc.)

Gynecology

- **Diagnostic**
  - Ultrasonography
  - D&C
  - Diagnostic Laparoscopy
  - Diagnostic Hysteroscopy
- **Preoperative Evaluation**
  - Routine evaluation
  - Co-existing medical conditions (DM, CV, Pulmonary, thrombophilia's, etc.)
  - Psychiatric conditions
  - Geriatric
- **Surgical Management**
  - Non-infectious benign conditions
    - Vulvovaginal/cervical (VIN, CIN, VAIN, masses, etc.)
    - Uterine (myomas, AUB, hyperplasia, etc.)
    - Tubal (ectopic, infertility, sterilization, etc.)
    - Adnexal masses
    - Pelvic relaxation (cystocele, rectocele, prolapse, etc.)
    - Fistulae (all)
    - Endometriosis and adenomyosis
    - Urinary incontinence and accidental bowel leakage
    - Pelvic pain
      - Acute (torsion, appendicitis, etc.)
      - Chronic (endometriosis, etc.)
  - Infectious conditions
    - PID (salpingitis, tubo-ovarian abscess, TB, etc.)
    - Abscesses
  - Pregnancy-associated
    - Spontaneous, septic, complete, incomplete abortion (1^{st} and 2^{nd} trimester)
    - Benign trophoblastic disease
  - Congenital anomalies (reproductive tract)
- **Surgical Procedures**
  - Minor
    - Operative Laparoscopy (including sterilization)
    - Operative Hysteroscopy
    - D&C
  - Major
    - Hysterectomy (with and without oophorectomy)
      - Vaginal
      - Abdominal
      - Laparoscopic (total and LAVH)

- Robotic
- Pelvic floor repairs
  - Prolapse
  - Incontinence
  - Other repairs
- Laparotomy

Surgical complications

- Hemorrhage
- Bowel injury (small and large)
- Urinary tract injury

Neoplasia

- Vulva & vagina
- Cervix
- Uterus
- Tube
- Ovary
- GTN
- Breast

Postoperative care and complications

- Routine (orders, diet, etc.)
- Embolism (including prevention)
- Gastrointestinal
  - Injury
  - Ileus
  - SBO
- Necrotizing fasciitis
- Wound
  - Normal care
  - Infection
  - Dehiscence
- Urinary tract
  - UTI
  - Fistulae
- Neurologic
- Fever
- Pain

Emergency Care

Office Practice / Women's Health

Routine care

- Age-appropriate screening
- Immunizations
- Lifestyle counseling (obesity, smoking, exercise, substance abuse, etc.)
- Perimenopause and menopause
- Family planning
    - Contraception
    - Sterilization
- Pediatric and Adolescent Care
    - Congenital anomalies
    - Menstrual disorders
    - Psychosocial
- Geriatric Care
- Obesity
- Genetic counseling (non-pregnancy related, eg BRCA)

Medical problems

- Breast disorders
    - Imaging
    - Benign
    - Malignant
- UTI
- Major diseases
    - CV (includes hypertension, MI, etc.)
    - Pulmonary
    - Gastrointestinal
    - Thrombophilia's
    - Autoimmune (DM, lupus, etc.)
    - Endocrine (thyroid, adrenal)
    - Dyslipidemias
    - Osteopenia and osteoporosis
- Minor diseases
    - Headache
    - LBP
    - Irritable bowel
    - Arthritis
    - Bronchitis
- STI's
    - HIV
    - Syphilis
    - GC

- Other

Gynecologic-specific disorders

- Endocrine
  - Primary and secondary amenorrhea
  - PCOS
  - Galactorrhea
  - Hirsutism
  - Infertility (any cause)
    - Evaluation
    - Office treatment (clomid, etc.)
  - Other disorders of menstruation (AUB, PMS, migraine, dysmenorrhea, etc.)
- Vulvar conditions
  - Infectious diseases
  - VIN
  - Dermatoses (ulcers)
  - Chronic pain
- Vaginal conditions
  - Discharge
  - Septae
  - VAIN
- Cervix
  - Abnormal cytology
  - CIN (dysplasia, CIS)
  - Colposcopy
  - Infectious disease
  - Incompetence
- Uterus
  - Myomas
  - Polyps
  - Hyperplasia
- Ovary
  - Cystic masses
  - Solid masses
- Pelvic pain
  - Acute
  - Chronic
- Endometriosis
- Incontinence and pelvic floor defects
  - Bladder
  - Rectum
  - Prolapse
- Early pregnancy loss (spontaneous, recurrent)

- Other benign pelvic masses
- Reproductive tract cancer
    - Vulva
    - Cervix
    - Uterus
    - Ovary

Psychosocial

- Sexual dysfunction
- Domestic violence
- Sexual assault
- Psychiatric disorders (depression, eating disorders, etc.)
- LGBT issues
- Psychosomatic disorders

Office procedures

- LEEP
- Essure
- IUD
- Biopsies (vulva, vagina, cervix, endometrium, etc.)
- Hysteroscopy
- Ultrasonography

Cross Content

Basic science

- Physiology
- Anatomy
- Pathology
- Microbiology
- Immunology
- Embryology
- Pharmacology
- Genetics

Ethics and professionalism

Epidemiology and evidence-based medicine

Systems-based practice

Patient safety

Communication (patients and peers) and Health Literacy

APPENDIX C: CANDIDATE DISABILITY

The American Board of Obstetrics & Gynecology, Inc. (ABOG or Board) provides reasonable accommodations in accordance with the Americans with Disabilities Act (ADA) as amended by the ADA Amendments Act of 2013 (ADAAA) (collectively the ADA) and, therefore, will provide or allow the use of necessary auxiliary aids, services or testing conditions that do not fundamentally alter the measurement of the skills or knowledge the Board assessment program and examination is intended to test. Candidates must indicate through the examination application if special testing accommodations under the ADA are needed. Accommodations will only be considered with appropriate documentation. In order to implement this policy, notification of the need for special testing circumstances must be submitted in writing to the ABOG by a candidate at least 180 days prior to the examination date. This deadline is necessary in order to allow the Board to request the required documentation, to review the records and to verify the disability, if necessary.

The ADA defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, standing, seeing, hearing, eating, sleeping, speaking, breathing, learning, reading, concentrating, thinking, communicating or working.

The purpose of accommodations is to provide equal access to ABOG examinations for all individuals. Accommodations offset the identified functional limitation so that the impact of impairment is minimized by means of an auxiliary aid or an adjustment to the testing procedure. Functional limitation refers to the aspects of a disability that interfere with an individual's ability to function in some capacity on a regular and continuing basis.

The purpose of documentation is to validate that an applicant for test accommodations is a disabled individual as defined by the ADA and to provide guidance in determining effective accommodations. Comprehensive information by a qualified professional is necessary to allow the ABOG to understand the nature and extent of the applicant's disability and the resulting functional impairment that limits access to its examinations. It is essential that an applicant's documentation provide a clear explanation of the functional impairment and a rationale for the requested accommodation.

No candidate shall be offered an accommodation that would compromise the ABOG's examination's ability to test accurately the skills and knowledge it purports to measure and no auxiliary aid or service will be provided which will fundamentally alter the examination or will result in an undue burden to ABOG.

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. The documentation must specify the requirements or accommodations determined to be necessary to overcome or compensate for

the disability. Also, the candidate must supply any additional information the ABOG may subsequently request in a timely manner.

If any of the requirements cannot reasonably be provided, ABOG will notify the candidate and will indicate those alternative accommodations which the ABOG determines to be 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 180 days before the examination date and fails to achieve a passing grade, that candidate may not appeal the results of the examination, but shall be entitled to sit for the next regularly scheduled written examination, but must pay a new application and examination fee.

If a candidate claims that their examination results were adversely affected by illness, injury or other temporary physical impairment at the time of the examination, that candidate may not appeal the results of the examination. However, if the candidate provides sufficient evidence of such illness, injury or impairment, they shall be entitled to sit for the next regularly scheduled written examination, but must pay a new application and examination fee.

APPENDIX D: ACCEPTABLE CASE LIST ABBREVIATIONS

A&P	Repair-Anterior and posterior colporraphy
AB	Abortion
AIDS	Acquired immuno deficiency syndrome
ASCUS	Atypical cells of undetermined significance
BMI	Body Mass Index
BSO	Bilateral salpingo-oophorectomy
BTL	Bilateral tubal ligation
CBC	Complete blood count
CD	Cesarean delivery
CIN	Cervical intraepithelial neoplasia
Cm	Centimeter
CT	Computerized tomography
D&C	Dilatation and curettage
D&E	Dilatation and evacuation
DEXA	Dual-energy x-ray absorptiometry
DHEAS	Dihydroepiandrosterone sulfate
DM	Diabetes mellitus
DVT	Deep vein thrombosis
E2	Estradiol
EBL	Estimated blood loss
ECC	Endocervical curettage
EFW	Estimated fetal weight
EGA	Estimated gestational age
EKG/ECG	Electrocardiogram
FGR	Fetal growth restriction
FSH	Follicle-stimulating hormone
FHR	Fetal heart rate
GDM	Gestational diabetes mellitus
gm	Gram

HIV	Human immunodeficiency virus
HCG	Human chorionic gonadotropin
HPV	Human papillomavirus
HRT	Hormone replacement therapy
HSV	Herpes simplex virus
IM	Intramuscular
IV	Intravenous
IUD	Intrauterine device
IUFD	Intrauterine fetal death
IUGR	Intrauterine growth restriction
IUP	Intrauterine pregnancy
kg	Kilogram
LAVH	Laparoscopic assisted vaginal hysterectomy
LEEP	Loop electrosurgical procedure
LGA	Large for gestational age
LH	Luteinizing hormone or laparoscopic hysterectomy
LMP	Last menstrual period
MIS	Minimally invasive surgery
MRI	Magnetic resonance imaging
NST	Non-stress test
OA,	Occiput Anterior. May be preceded by R (right) or L (left)
OP	Occiput Posterior
OT	Occiput Transverse
PAP	Papanicolaou smear
PCOS	Polycystic ovarian syndrome
PIH	Pregnancy induced hypertension
PP	Postpartum
PPH	Postpartum hemorrhage
PROM	Premature rupture of membranes
PTL	Preterm labor

SAB	Spontaneous abortion
S/D (ratio)	Systolic/diastolic ratio
SGA	Small for gestational age
SROM	Spontaneous rupture of membranes
STD/STI	Sexually transmitted disease/infection
SUI	Stress urinary incontinence
SVD	Spontaneous vaginal delivery
TAH	Total abdominal hysterectomy
TSH	Thyroid-stimulating hormone
TVH	Total vaginal hysterectomy
US	Ultrasonography
VBAC	Vaginal birth after cesarean delivery