

# 2020 Specialty Qualifying Examination Bulletin



The American Board of  
Obstetrics & Gynecology  
2915 Vine Street  
Dallas, TX 75204

This *Bulletin*, issued in August 2019, represents the official statement of the requirements in effect for the Specialty Qualifying Examination to be given on June 29, 2020.

Revised August 16, 2019

## IMPORTANT INFORMATION FOR ALL CANDIDATES

Physicians graduating from residency after May 31, 2020 must successfully complete the Fundamentals of Laparoscopic Surgery (FLS<sup>®</sup>) program in order to take the Qualifying Examination. Those graduating after May 31, 2020 who are planning to take the June 2020 Qualifying Examination should complete FLS by December 18, 2019.

Candidates who will be breastfeeding at the time of the examination must notify ABOG and schedule their test at a Pearson VUE Testing Center before December 18, 2019, to schedule a lactation room. Most centers have only one available lactation room which is scheduled on a first-come, first-served basis.

It is the candidate's responsibility to 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.

It is the responsibility of each candidate to update their personal email and mailing addresses in the profile section of their ABOG Personal Page. Candidates should use a personal email address as a hospital or university email address may be closed after completion of training.

It is not necessary to have a medical license to sit for the Qualifying Examination. However, if a medical license is held, it must be unrestricted without conditions (see [Disqualification from the Qualifying Examination](#) for further information.) An unrestricted medical license will be required to apply for the Certifying Examination.

It is each candidate's responsibility to be familiar with all of the information included in the "Specialty Certification" tab on the ABOG website at [www.abog.org](http://www.abog.org).

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 will no longer be eligible to apply for either the Qualifying or Certifying Examinations unless an additional six months of supervised practice is completed.

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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 examination as these may change from year to year. The *Bulletin* is available online at [www.abog.org](http://www.abog.org) in the “About ABOG” tab.

After applying, it is the candidate’s responsibility to inform ABOG of any changes in email and other addresses by changing the information in their profiles on their ABOG Personal Page. Because hospital and university email addresses are often closed after the completion of training, candidates should list a personal email address.

### Candidate Board Status

#### ABOG Registered Residency Graduate

After completing or nearing completion of a residency program in Obstetrics and Gynecology accredited by the American Council for Graduate Medical Education (ACGME) or by the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC) and meeting all of the requirements listed below, a physician may complete an application to begin the certification process. When and if the Board determines that they have fulfilled the requirements to take the Qualifying Examination, that person becomes a “Registered Residency Graduate.”

The term “Board Eligible” is not used or recognized by ABOG.

#### Active Candidate

A physician achieves “Active Candidate” status by passing the ABOG Qualifying Examination. To maintain Active Candidate status, the candidate must fulfill all of the requirements for admission to the Certifying Examination and may not have exceeded the limitations to admissibility for the Certifying Examination.

All candidates must achieve board certification within eight years of the completion of their training. Training in an ACGME-accredited residency or fellowship does not count toward the 8-year limit. Participation in other fellowships, graduate education programs, etc. do not extend the 8-year limit. Physicians who fail to become certified within eight years will be required to complete a minimum of six months of supervised practice at a hospital affiliated with an ACGME-accredited training program to regain eligibility to apply for the Qualifying Examination. For additional information on regaining eligibility, please see the Policy on Regaining Eligibility for Initial Certification under Policies Section in the “About ABOG” tab at [www.abog.org](http://www.abog.org). Once the supervised training is completed, the physician will have four years to become certified.

## QUALIFYING EXAMINATION

### Introduction

The process of certification by the ABOG is voluntary. The ABOG is not responsible for contacting potential candidates. It is the candidate's responsibility to become familiar with all of the material contained in the "Specialty Certification" tab of the ABOG website and the *Definition of an Obstetrician-Gynecologist* which is found in the Policies Section under the "About ABOG" tab.

Each potential candidate is responsible for completing the application for the Qualifying Examination online at [www.abog.org](http://www.abog.org), for submitting all required materials to ABOG at the time they are requested and meeting all deadlines. ABOG will make the final decision concerning the applicant's admission to the examination after considering all circumstances affecting the application.

### 2020 Qualifying Examination Application Process

Candidates must log in to their ABOG Personal Page. The unique ABOG ID number assigned to each resident is available to the Residency Program Manager on the Residency Coordinator System. Residents should obtain their login information from their Residency Program Manager. Applications will only be accepted online and will be available at [www.abog.org](http://www.abog.org) beginning September 17, 2019. Late fees will apply for applications received after October 18, 2019. (See table of [Fees and Deadlines](#))

The last day to apply for the 2020 Qualifying Examination is December 18, 2019.

The Qualifying Examination fee must be paid in full by credit card at the time of the application. All fees are quoted and must be paid in US dollars.

An email will be sent to each applicant at the email address provided during the application process when they are approved to take the Qualifying Examination. It is the candidate's responsibility to ensure that both their email address and physical mailing address are current and correct. The email will also contain information for contacting a Pearson VUE Testing Center to schedule a seat for the examination. This should be done by March 30, 2020, as after March 30<sup>th</sup> seats held by ABOG at the Pearson VUE Testing Centers will be released. 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. Seats at Pearson VUE Testing Centers in individual cities are limited and are assigned on a first-come, first-served basis. No refund will be offered to candidates who fail to obtain a seat at their preferred examination center. No candidate may schedule a seat after June 7, 2020.

After the approval email is received, the candidate should contact the Pearson VUE Testing Center to obtain a seat for the examination.

If special accommodations are needed for a disability, those requests must be received at the ABOG office by December 18, 2019. (See [Appendix A](#) for more information about accommodations for disabilities.)

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than December 18, 2019, and schedule

at a Pearson VUE Testing Center by the same date. Pearson VUE Centers have limited lactation facilities which are scheduled on a first-come, first-served basis. ***If a candidate requests extra time for lactation, they will have to schedule their testing site through the Pearson VUE accommodations department after contacting ABOG. If no seat is available at the closest center, and they have requested extra time, they will have to travel to an available location to sit for the examination.*** (See [Appendix B](#) for more information on lactation accommodations.)

The Qualifying Examination will be given on June 29, 2020.

## 2020 Qualifying Examination Fees and Deadlines

The fee for the Qualifying Examination is \$1500 and must be paid in full at the time of application. The fee has been computed to cover the costs of the examination and administrative expenses. The Qualifying Examination fee consists of two parts: a fee to cover the costs of the application process (\$800.00) and a portion to cover the costs of the examination (\$700.00). The portion of the fee that covers the cost of the application process will not be refunded or credited against a future examination. If the candidate is denied entrance to the examination based on the information supplied with the application, the portion of the fee that covers the cost of the examination will be refunded.

After approval, if the candidate experiences an event that prevents sitting for the examination, the Board should be notified immediately. The ABOG review committee will determine if the request is due to circumstances beyond the control of the candidate. If the committee agrees that the circumstances warrant, the fee may be refunded minus a \$400 processing fee. Alternatively, the full amount can be credited towards the following year's examination. The review committee will not consider any request that is based primarily on non-emergency matters.

### Qualifying Examination Deadlines

|                                 |   |
|---------------------------------|---|
| September 17, 2019              | Applications available online   |
| October 18, 2019                | Last day to apply without late fee penalty  |
| December 18, 2019               | Final deadline  |
| September 2019 to February 2020 | Candidates will be notified of approval to take the examination and to make a Pearson VUE Testing Center computer reservation |
| March 30, 2020                  | Last day to reserve seat at Pearson VUE prior to seat block release   |
| June 29, 2020                   | Qualifying Examination at testing centers   |

## Qualifying Examination Fees

|   |                                  |
|---|----------------------------------|
| September 17, 2019<br>to October 18, 2019 | \$1500                           |
| October 19, 2019 to<br>November 18, 2019  | \$1500 + \$360 late fee = \$1860 |
| November 19, 2019 to<br>December 18, 2019 | \$1500 + \$840 late fee = \$2340 |

## 2020 Qualifying Examination Eligibility Requirements

1. All applicants must hold a Doctor of Medicine, or Doctor of Osteopathic Medicine Degree.
2. Residency Requirements

- a. Candidates for certification are required to complete 48 months of graduate medical education in an Obstetrics and Gynecology residency program(s) that is ACGME-accredited at the time of completion of training. Candidates who will complete their residency training after September 30, 2020, will not be allowed to sit for the June 2020 Qualifying Examination.

Alternately, this requirement can be met by completing no fewer than 60 months in a clinical Obstetrics and Gynecology program(s) accredited by the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC) no later than September 30, 2020. A minimum of 48 months of that training must be in Obstetrics and Gynecology. No credit for training outside of Canada may be counted toward meeting the 60-month training requirement.

Residents who complete 48 months in an AOA accredited program that achieves ACGME initial accreditation before their graduation are eligible to take the ABOG Qualifying Examination.

No credit will be given for residency training in programs accredited by any other organization, including ACGME-International.

If a residents' completion date changes and they will not complete their residency by the 30<sup>th</sup> of September 2020, they will not be eligible to take the Qualifying Examination in 2020. Any resident who takes the Qualifying Examination without completing residency by September 30, 2020, will have the results voided and will not receive a refund.

Residents are expected to take allotted vacation time. Foregoing vacation time or necessary sick leave to shorten the required 48 months of training or to "make up" for time lost due to sickness or other absence is not permitted.

- b. Either the PGY3 or PGY4 year of a residency program must include the responsibilities of a chief (senior) resident in accordance with the description of the program as accredited by the ACGME. Residents who receive credit for time spent

in a non-ACGME-approved residency program must serve their senior year as a PGY4. (See Requirement 2.e. below.)

- c. When a resident's graduate education and clinical experience have been gained in more than one residency program, the application to take the Qualifying Examination must be accompanied by verification of the candidate's satisfactory performance in each program. Fewer than six months in any OB-GYN residency program will not count toward meeting the 48-month requirement.
- d. A resident who has a firm commitment to a position in an ACGME-accredited subspecialty fellowship may be allowed flexibility in their residency training program. To be eligible, ABOG must receive a request from the residency Program Director before the start of the PGY3 year. If approved by ABOG, the PGY3 year must be served as a senior resident, with duties and responsibilities similar to those of a PGY4 resident. If the resident satisfactorily completes the PGY3 senior resident year, they may begin the subspecialty fellowship in the PGY4 year. If the fellowship is not completed successfully, the physician must return to a residency program and complete a full 12-month PGY4 year.

Residents who have received credit for training (up to six months as detailed in Requirement 2.e. below) in a non-OB-GYN ACGME-accredited residency training program are not eligible for the flexibility option.

- e. Up to six months credit for previous training in a non-OB-GYN ACGME-accredited residency may be granted for residents entering an ACGME-accredited OB-GYN residency. The OB-GYN residency Program Director must request approval for a specific number of months, not to exceed six, before the start of the PGY4 year.
- f. Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local policy. However, the total of such vacation and leaves for any reason—including, but not limited to, vacation, sick leave, maternity or paternity leave, job interviews or personal leave--may not exceed eight weeks in any of the four years of residency training. If any of these maximum weeks of leave per year are exceeded, the residency must be extended for the duration of time the individual was absent in excess of eight weeks in years one, two, three, and four. Time missed for educational conferences does not count towards the eight weeks.

In addition to the yearly leave limits above, a resident must not take more than a total of 20 weeks of leave over the four years of residency training. If this limit is exceeded, the residency must be extended for the duration of time that the individual was absent in excess of 20 weeks.

*Example: A resident takes eight weeks of leave in years 1, 2, and 3, and six weeks of leave in year 4 (total 30 weeks). The residency program must be extended by ten weeks.*

The number of days that equals a "week" is a local issue that is determined by the hospital and Program Director, not ABOG. Vacation and sick leave time may not be used to reduce the actual time spent completing the required forty-eight months of training or to "make-up" for time lost due to sickness or other leave.



Residents who have their residency extended to complete the required 48 months, may sit for the Qualifying Examination in June if they will have completed all 48 months by September 30 of the same year. The results of their examination will not be released until and unless the Program Director notifies the ABOG that they have completed their residency before September 30. If a resident does not complete residency by September 30, the results of their examination will be voided. Additionally, if ABOG does not receive notification of residency completion from the Program Director by January 1, 2021, the results of the examination will be voided.

- g. The Program Director is required to attest to the resident's satisfactory performance, competence, and completion of the program. The Program Director is expected to sign on behalf of the program, not as an individual.
- h. Each resident is required to maintain a record of the number and type of obstetric and gynecologic procedures performed during residency to demonstrate the adequacy of their operative experience.

### 3. Limitation of Eligibility

All candidates must attain certification within eight years of graduation from residency. A candidate will not be eligible to apply for the Qualifying Examination if more than eight years have elapsed since the completion of residency training. 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 years will be required to complete a minimum of six months of supervised practice at a hospital affiliated with an ACGME-accredited training program to regain eligibility to apply for the Qualifying Examination. For additional information on regaining eligibility, please see the Policy on Regaining Eligibility for Initial Certification in the Policies Section in the "About ABOG" tab at [www.abog.org](http://www.abog.org). Once the supervised practice is completed, the physician will have four years to become certified.

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.

### 4. Fundamentals of Laparoscopic Surgery

Physicians graduating from residency after May 31, 2020 must successfully complete the FLS® program in order to take the Qualifying Examination. Those graduating after May 31, 2020, who are planning to take the June 2020 Qualifying Examination should complete FLS by December 18, 2019. Candidates will be notified if ABOG has received documentation of FLS Certification on their ABOG Personal Page and by email. If a candidate has not been notified that ABOG has received confirmation of FLS certification, follow these instructions to submit a certificate.

- a. Save the certificate as a PDF and name the file as follows: ABOG ID\_Last Name\_FLS. Example: 123456\_Smith\_FLS.pdf
- b. Email the FLS certificate verifying completion as a PDF to fls@abog.org.
- c. Insert "FLS Certificate" in the email subject line.

Candidates should contact ABOG Exams (exams@abog.org) with concerns about completing the FLS program by December 18, 2019.

#### 5. Additional Requirements

The candidate must meet all of the requirements in the *Bulletin* for the year they are applying for the test.

### Disqualification from the Qualifying Examination

If a candidate is found to be involved in litigation or investigation regarding ethical or moral issues, the application will be reviewed. ABOG may defer a decision for entry into the examination to gain further information.

If the candidate has a license(s) to practice medicine in any US state or Canadian province, that license(s) may not be restricted, suspended, revoked, or on probation. Any restrictions or conditions placed on a license, regardless of whether the limits deal specifically with patient care, will disqualify the physician from entry to the Qualifying Examination. Such restrictions and conditions include any provisions requiring the physician to complete additional training and/or practice in a specified manner.

Falsification of any of the submitted data or evidence of other egregious ethical, moral, or professional misbehavior may result in a deferral of a candidate's application for at least three years. The candidate must then meet all eligibility requirements in effect at the end of the deferred period.

When the Board rules an applicant not admissible to the Qualifying Examination, a new application and application fee must be submitted after the cause of the inadmissibility has been resolved.

### Residency Training Affidavit

The candidate ruled admissible to the examination must have a Residency Training Affidavit completed by the Program Director. This affidavit may be downloaded by the Residency Program Manager on the residency Program Home Page under "Residency Tracking" 31 days before the residency completion date. The Residency Program Director must verify that the candidate:

1. will complete or has completed all local requirements,
2. will complete a minimum of 48 months of training,
3. is of good moral and ethical character,
4. has not taken leaves of absence and vacation exceeding the limits described in the *Bulletin*,
5. has completed a satisfactory resident experience log,

6. can provide competent clinical care in obstetrics and gynecology and women's health, and
7. is trained in the following list of procedures and evaluations:
  - a. major abdominal and vaginal surgical procedures on the female reproductive organs and related structures;
  - b. major surgical procedures for female urinary and fecal incontinence and other forms of pelvic dysfunction (reconstructive pelvic surgery);
  - c. spontaneous and operative obstetric deliveries;
  - d. surgical exploration of the abdomen;
  - e. pelvic, abdominal and hysteroscopic endoscopic procedures;
  - f. diagnostic evaluations including electronic fetal monitoring, ultrasonography, colposcopy, office cystometry, and urodynamic testing; and
  - g. the diagnosis and treatment of complications of the above.

The affidavit must be completed and returned to the Board office. Results of the examination will not be released until the completed affidavit is received by the Board.

A new affidavit is not necessary for those candidates who have completed their residency training and sat for the Qualifying Examination in a prior year if an affidavit has been previously received at ABOG.

## **Skills & Knowledge Required for the Qualifying Examination**

The candidate will be expected to demonstrate skills necessary to apply the appropriate knowledge to the management of clinical problems. These skills include:

1. obtaining needed information;
2. interpretation and use of data obtained;
3. selection, instituting and implementing appropriate care;
4. management of complications; and
5. follow-up and continuing care.

## **Examination Question Types**

The examination consists of single-best answer, multiple-choice questions. Many of the questions are constructed to be thought-provoking and problem-solving. For most questions, all possible answers may be plausible, but only one answer is the most correct. The Qualifying Examination will only be given in English.

## **Blueprint for the Specialty Qualifying Examination**

Approximately 30% of the questions on the test will be in the area of Obstetrics, 30% in Gynecology, 30% in Office Practice and Women's Health, and 10% in Cross Content. The approximate percentage of questions in subcategories is shown below.

### Obstetrics

- Preconception/Prenatal/Antenatal Care (3%)
- Evaluation/Diagnosis of Antenatal Conditions (7%)
- Intrapartum Care, Complications, and Obstetrical Procedures (18%)
- Postpartum Care (2%)

### Gynecology

- Preoperative Evaluation (3%)
- Perioperative Care (2%)
- Postoperative Care (3%)
- Surgical Complications (6%)
- Evaluation/Diagnosis/Management of Gynecologic Conditions (7%)
- Surgical Procedures (5%)
- Neoplasia (4%)

### Office Practice

- Well-Woman Preventive Care (7%)
- Office Management – Medical Problems (4%)
- Office Management – Gynecology (15%)
- Office Procedures (4%)

### Cross Content

- Communication (2.5%)
- Ethics and Professionalism (2.5%)
- Basic Science (5%)

The specific topics covered in these areas can be found in [Appendix C](#).

## **Administration of the Qualifying Examination**

The Qualifying Examination is scheduled to last approximately 3 hours and 45 minutes. Candidates who finish before the full time has elapsed may leave the Pearson VUE Testing Center early, but if they do so, may not return. Candidates will receive information after registering on the [Pearson VUE Testing Center](#) website concerning the location of their examination, as well as the time they must arrive.

Each candidate must present two forms of identification to be admitted for the Qualifying Examination at the Pearson VUE Testing Center. 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, court-ordered name change, etc.

Candidates may not take 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 Testing Center. Please carefully review the Pearson VUE policy for the complete listing of personal items not allowed in the examination area. Personal items include scarves, hats, headbands wider than 2 inches, jewelry wider than a quarter-inch, and other items. If you arrive with any of the items mentioned in the personal items policy, you may be asked to remove the item from your person before walking into the testing area, unless the item is being worn for religious beliefs/purposes. A candidate who refuses to submit to any screening procedure will not be allowed to take the examination, and no portion of the fee will be refunded.

Candidates are not allowed to possess or access recording devices, cellular phones, paging devices, other electronic communication and/or recording devices, and writing instruments at any time during the Qualifying Examination or while taking a break. Candidates may not wear any device that can access the internet. These devices include Apple Watch, FitBit, and similar devices. 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 Qualifying Examination, and all fees will be forfeit. The only exceptions are medically required devices such as an insulin pump.

There is no scheduled break during the examination. Candidates may take unscheduled breaks to use the restroom facilities. Unscheduled breaks should not exceed ten minutes in length. During such breaks, a candidate may not talk with any individual or access any electronic device. Candidates are not allowed to leave the Pearson VUE 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 Qualifying Examination, and all fees will be forfeit.

If special accommodations are required, those requests must be received at the ABOG office no later than December 18, 2019. It may not be possible to accommodate requests received after that date. See [Appendix A](#) for information for disabilities. See [Appendix B](#) for information for lactating candidates.

## **Test Security**

At the time of application for the Qualifying 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 Qualifying 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 Qualifying 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 Qualifying Examination for a minimum of three years.

3. I understand that I may not record any portion of the Qualifying 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 Qualifying Examination for the purpose of transmitting such material to any individual, organization, or business.
5. I agree that de-identified results of my examination may be used for research purposes by ABOG.
6. I agree that the results of my examination will be given to my Residency Program Director.

Additional information about test integrity and security can be found under the “Policies” tab on the ABOG website.

## **Results of the Examination**

The results of the Qualifying Examination will be reported online to each candidate by September 15, 2020, unless ABOG has not received a Residency Training Affidavit completed by the current Program Director. ABOG will not provide the candidate with their actual test score but rather a result of “pass” or “fail.” Each candidate, regardless of whether they pass or fail, will be provided with the percent scored in each of the major topic areas. The cut-point for passing the Qualifying Examination is determined each year after psychometric evaluation of the results.

As part of the application process the applicant will be required to irrevocably agree that the results of the applicant’s Qualifying Examination may be made available to the Program Director of any residency program in which the applicant may have participated or in which the applicant is currently involved, and/or the American Council of Graduate Medical Education (ACGME) for any and all purposes. Furthermore, the applicant will be required to release and agree to indemnify and hold the ABOG and its officers, directors, and employees harmless of and from any and all claims the applicant may have with regard to the effect or impact upon the applicant of the release of the applicant’s examination results to the applicant’s Program Director or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

A passing result on the Qualifying Examination does not ensure a candidate’s admissibility to the Certifying Examination, nor does it allow the use of the term “Board Eligible.”

## **Requests for Re-Examination**

Candidates who are scheduled to take the Qualifying Examination but do not do so, as well as candidates who do not pass the examination and who wish to repeat the examination, must complete a new application on the ABOG website and pay a new fee. It is necessary for each applicant to meet the requirements in effect the year the application is submitted.

These requirements can be found in the *Bulletin* for the year the application is submitted. The re-applicant must complete the application process before the applicable deadline.

### **Qualifying Examination Appeal Process**

ABOG will not accept appeals from candidates who seek to challenge the content of the examination, the sufficiency or accuracy of the answers to examination questions, the scoring of the examination, or the cut score used to determine the passing grade for the examination. A complaint concerning any other matter of the Qualifying Examination should be addressed to the ABOG Executive Director or the Associate Executive Director in charge of examinations.

## APPENDIX A: 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 by the close of the application period (December 18, 2019). 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. The 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 provides 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 at the time of application. The documentation must specify the requirements or accommodations determined to be necessary to overcome or compensate for the disability. In addition, 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 at the time of application 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 B: LACTATION ACCOMMODATIONS

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than December 18, 2019, and schedule at a Pearson VUE Testing Center by the same date. Most Pearson VUE Testing Centers have only one room that is available for breast pumping, so candidates are encouraged to make their reservations as soon as they receive approval for the test as these rooms will be assigned on a first-come, first-served basis. If a candidate requests extra time for lactation, ***they must schedule their testing site through the Pearson VUE accommodations department after contacting ABOG. If no seat is available at the closest center, and they have requested extra time, they will have to travel to an available location to sit for the examination.*** As Pearson VUE testing centers have limited lactation facilities, ABOG cannot guarantee that the candidate will be able to schedule at their preferred testing center.

## APPENDIX C: SPECIALTY QUALIFYING EXAMINATION TOPICS

### Obstetrics

- I. Provide preconception, prenatal, and antenatal care:
  - a. Provide management, counseling, and testing for routine prenatal care
  - b. Evaluate, diagnose, and provide initial management of co-existent medical diseases (e.g., cardiovascular, chronic hypertension, pulmonary, renal, gastrointestinal including liver disease, hematologic, endocrine including thyroid, psychiatric disorders, autoimmune including DM, neoplastic, dermatologic, neurologic, obesity) during pregnancy
  - c. Provide patient counseling regarding options, risks and benefits of genetic testing
- II. Evaluate, diagnose, and manage the following preconception/antenatal conditions:
  - a. Select, perform and/or interpret antepartum fetal assessment and manage associated abnormalities (e.g., biophysical profile, contraction stress test, nonstress test, vibroacoustic stimulation)
  - b. Apply knowledge of female anatomy and pathophysiology to improve patient outcomes
  - c. Patients at risk for preterm delivery
  - d. Common antepartum complications (e.g., hyperemesis, first trimester bleeding)
  - e. Medical disorders unique to pregnancy (e.g., preeclampsia, eclampsia, hyperemesis, gestational diabetes, cholestasis, acute fatty liver, peripartum cardiomyopathy, PUPPS, herpes gestationalis)
  - f. Infectious diseases in pregnancy (e.g., HIV, Group A Streptococcus, varicella, pyelonephritis, CMV, toxoplasmosis, parvovirus)
  - g. Surgical conditions (e.g., acute abdomen, adnexal masses) during pregnancy
  - h. Abnormal fetal presentation (e.g., external cephalic version)
  - i. Manage multifetal gestation
  - j. Fetal growth abnormalities (e.g., fetal growth restriction, macrosomia)
  - k. Post-term pregnancies
  - l. Thrombophilia
  - m. Fetal assessment/prenatal diagnosis (e.g., fetal anomalies, abnormal AFV, ultrasound assessment - infectious disease exposure, isoimmunization, non-immune hydrops)
  - n. Evaluate, diagnose, and provide co-management of non-obstetric emergencies during pregnancy (e.g., trauma, intimate partner violence, sexual assault)
- III. Provide general intrapartum care:
  - a. Evaluate, diagnose, and provide operative vaginal delivery (e.g., forceps, vacuum)
  - b. Evaluate, diagnose, and provide operative delivery (e.g., cesarean delivery)
  - c. Evaluate, diagnose and repair obstetric lacerations and associated complications
  - d. Counsel patients on analgesia options and manage intrapartum pain
  - e. Evaluate and diagnose infants in need of resuscitation and perform initial management
  - f. Manage induction and augmentation of labor including cervical ripening
  - g. Prevention and management of thrombosis
- IV. Evaluate, diagnose, and manage the following intrapartum conditions:

- a. Labor abnormalities (e.g., preterm labor, dystocia, PROM, cord problems, abnormal presentation)
  - b. Obstetric hemorrhage
  - c. Medical disorders
  - d. Infectious diseases
  - e. Placental abruption
  - f. Abnormal placentation
  - g. Uterine rupture
  - h. Uterine inversion
  - i. Placental abnormalities (e.g., placenta previa and vasa previa)
  - j. Acute maternal decompensation (e.g., amniotic fluid embolism, septic shock)
  - k. Fetal heart rate abnormalities
  - l. Previous cesarean delivery (e.g., TOLAC, VBAC)
  - m. Infectious complications
  - n. Perform the following obstetrical procedures:
  - o. Amniocentesis for fetal lung maturation and genetic testing
  - p. 1st-, 2nd-, and 3rd-degree vaginal laceration repair
  - q. 4th-degree vaginal laceration repair
  - r. Debridement and repair of perineal dehiscence
  - s. Cervical laceration repair
  - t. Breech vaginal delivery
  - u. Vaginal delivery of twin gestation
- V. Internal version and extraction
- a. Operative vaginal delivery (low forceps, vacuum)
  - b. Shoulder dystocia maneuvers
  - c. Cesarean delivery
  - d. Peripartum hysterectomy
  - e. Management of abnormal placental location (e.g., placenta previa)
  - f. Management of abnormal placentation (e.g., placenta accreta)
  - g. Surgical management of uterine atony
  - h. Management of hysterotomy extension
  - i. Management of cystotomy
  - j. Management of enterotomy
  - k. Neonatal circumcision
  - l. Cervical cerclage
  - m. Postpartum uterine curettage
  - n. Amnioinfusion
- VI. Provide general postpartum care:
- a. Provide routine care (e.g. breastfeeding, contraception, pain management)
  - b. Evaluate, diagnose, and manage postpartum complications (e.g., vulvar and vaginal hematoma, endometritis, mastitis)
  - c. Evaluate and manage common medical and obstetric complications or conditions (e.g., gestational diabetes, hypertension, depression, thyroid disorders, psychiatric disorders)
  - d. Evaluate, diagnose and manage lactation and breastfeeding complications
  - e. Evaluate, diagnose, and manage postpartum hemorrhage

- f. Evaluate, diagnose, and manage postpartum hypertensive disorders

## **Gynecology**

- I. Evaluate, diagnose, and surgically manage:
  - a. Acute pelvic pain
  - b. Pelvic inflammatory disease/TOA
  - c. Vulvar disorders
  - d. Gynecologic trauma
  - e. Adnexal torsion
  - f. Ectopic pregnancy and pregnancies of unknown location
- II. Provide general preoperative evaluation:
  - a. Counsel patient about risks, benefits and alternative treatment options
  - b. Determine appropriate surgical intervention
  - c. Evaluate, diagnose, and manage co-existing medical conditions
  - d. Obtain informed consent
- III. Perform the following perioperative care:
  - a. Provide interventions to reduce perioperative infection
  - b. Provide interventions to reduce venous thromboembolism
  - c. Communicate with interdisciplinary team members to reduce surgical error (e.g., timeouts, counts, fire hazard risk)
  - d. Communicate with interdisciplinary team members to provide appropriate anesthesia and positioning
- IV. Provide general intraoperative care:
  - a. Apply knowledge of female pelvic anatomy to reduce intraoperative complications
  - b. Evaluate, diagnose, and manage intraoperative hemorrhage
  - c. Evaluate, diagnose, and initially manage small / large bowel injury
  - d. Evaluate, diagnose, and initially manage urinary tract injury
- V. Evaluate, diagnose, and manage postoperative care:
  - a. A hemodynamically unstable patient
  - b. Nerve injuries
  - c. Wound complications
  - d. Postoperative venous thromboembolism
  - e. Nausea and vomiting and/or diarrhea
  - f. Fever and infections
  - g. Urinary tract complications
  - h. Altered mental status
  - i. Small/large bowel injury
- VI. Perform minimally invasive surgical procedures:
  - a. Diagnostic hysteroscopy
  - b. Diagnostic laparoscopy
  - c. Operative hysteroscopy (e.g., endometrial ablation, myomectomy, polypectomy, septoplasty)
  - d. Laparoscopic ablation and excision of endometriosis
  - e. Laparoscopic hysterectomy (e.g., LAVH, supracervical, TLH)
  - f. Operative laparoscopy (e.g., LOA, ovarian cystectomy, salpingectomy, salpingo-oophorectomy, salpingostomy)

- g. Laparoscopic myomectomy
  - h. Laparoscopic sterilization
  - i. Lysis of intrauterine adhesions
  - j. Proximal fallopian tube cannulation (chromopertubation)
- VII. Perform gynecologic surgical procedures for benign disorders
- a. Abdominal hysterectomy
  - b. Abdominal myomectomy
  - c. Bartholin gland duct cystectomy
  - d. Bartholin gland duct marsupialization
  - e. Bilateral tubal ligation
  - f. Cervical conization
  - g. Cherney incision
  - h. Cornual wedge resection
  - i. Dilatation and sharp curettage
  - j. Dilatation and suction curettage
  - k. Exploratory laparotomy
  - l. Hymenectomy
  - m. Labia minora reduction
  - n. Lysis of adhesions
  - o. Maylard incision
  - p. Midline vertical incision
  - q. Oophorectomy
  - r. Ovarian cystectomy
  - s. Pfannenstiel incision
  - t. Salpingectomy
  - u. Salpingo-oophorectomy
  - v. Salpingostomy
  - w. Trachelectomy
  - x. Vaginal hysterectomy
  - y. Vaginal septum excision
  - z. Vestibulectomy
  - aa. Vulvar abscess or hematoma drainage
  - bb. Wound debridement and secondary closure
- VIII. Perform surgeries for pelvic floor disorders (e.g., prolapse, incontinence):
- a. Diagnostic and operative cystoscopy and urethroscopy
  - b. Surgical repair of urinary incontinence (e.g., Burch colposuspension, tension-free vaginal tape, transobturator tape sling)
  - c. Vesicovaginal fistula repair
  - d. Vaginal prolapse repair (e.g., anterior colporrhaphy, posterior colporrhaphy, perineorrhaphy)
  - e. Vaginal apical suspension (e.g., uterosacral ligament suspension, sacrospinous ligament fixation, McCall culdoplasty)
  - f. Colpocleisis
- IX. Provide general neoplasia care:
- a. Evaluate, diagnose and manage intraoperative findings consistent with neoplasia
  - b. Evaluate and diagnose genetic risks of neoplasia

- c. Evaluate, diagnose and manage gestational trophoblastic disease

## Office Practice

- I. Provide routine care:
  - a. Perform age-appropriate preventive health screening
  - b. Provide appropriate immunizations
  - c. Evaluate and manage at-risk patients and recommend genetic screening and cancer preventive measures
  - d. Counsel and promote wellness (e.g., weight management, diet, smoking cessation, exercise)
  - e. Family planning (Individual reproductive priorities, contraception, optimize fertility, and pre-pregnancy health)
  - f. Risks and benefits of ovarian preservation
- II. Evaluate and initiate management of primary care problems:
  - a. Breast disorders
  - b. Hypertension
  - c. Hyperlipidemia
  - d. Gastrointestinal disease
  - e. Diabetes mellitus
  - f. Thyroid disease
  - g. Osteopenia/osteoporosis
  - h. Obesity
  - i. Depression and anxiety
  - j. Acne and dermatological conditions
  - k. Low back pain
  - l. Headaches
- III. Perform general office gynecology care:
  - a. Evaluate, diagnose and initiate management of infertility disorders
  - b. Evaluate, diagnose and manage disorders of menopause (e.g., vasomotor, genitourinary syndrome of menopause)
  - c. Evaluate, diagnose and initiate management for sexual development disorders (e.g., structural, chromosomal)
  - d. Provide cervical cancer screening and manage abnormal results
  - e. Evaluate, diagnose and manage adnexal abnormalities (e.g., simple and complex masses)
  - f. Evaluate, diagnose and manage pelvic pain disorders and endometriosis
  - g. Evaluate, diagnose and provide gynecologic care for women with HIV
  - h. Evaluate, diagnose and provide gynecologic care for women with Hepatitis B/C
  - i. Evaluate, diagnose and manage urinary tract infections
- IV. Evaluate, diagnose, and manage endocrine disorders:
  - a. Polycystic ovary syndrome (PCOS)
  - b. Galactorrhea
  - c. Hirsutism
  - d. Disorders of puberty
- V. Evaluate, diagnose, and manage disorders of menstruation:
  - a. Primary amenorrhea

- b. Secondary amenorrhea
  - c. Abnormal uterine bleeding
  - d. Premenstrual dysphoric disorder
  - e. Dysmenorrhea
- VI. Evaluate, diagnose, and manage vulvovaginal conditions:
- a. Benign conditions (e.g., infections, dermatoses, cysts)
  - b. Vulvar intraepithelial neoplasia / Vaginal intraepithelial neoplasia
  - c. Chronic pain/vulvodynia
  - d. Pediatric (e.g., labial adhesions)
- VII. Evaluate, diagnose, and manage structural uterine abnormalities:
- a. Leiomyomata
  - b. Polyps
  - c. Hyperplasia
  - d. Adenomyosis
- VIII. Evaluate, diagnose, and initiate management of incontinence / pelvic floor disorders:
- a. Urinary incontinence
  - b. Accidental bowel leakage
  - c. Pelvic organ prolapse
- IX. Evaluate and manage early pregnancy disorders:
- a. Abortion (e.g., spontaneous, incomplete, missed)
  - b. Recurrent pregnancy loss
  - c. Pregnancy of unknown location
  - d. Ectopic
- X. Evaluate, diagnose, and initiate management for reproductive tract cancer:
- a. Vulva
  - b. Cervix
  - c. Uterus
  - d. Ovary
  - e. Fallopian Tubes
- XI. Evaluate, diagnose and manage sexually transmitted infections
- a. Chlamydia
  - b. Syphilis
  - c. Gonorrhea
  - d. HPV
  - e. Herpes Simplex Virus
  - f. Trichomonas
  - g. Rare STIs (Lymphogranuloma venereum, Chancroid, Molluscum contagiosum)
  - h. Partner treatment
  - i. Prophylaxis including PrEP
- XII. Perform office-based procedures:
- a. Diagnostic hysteroscopy
  - b. Endometrial ablation
  - c. Induced abortion
  - d. First-trimester uterine aspiration
  - e. Loop electrosurgical excision procedure (LEEP)
  - f. Biopsies



- g. Colposcopy (e.g., cervical, vaginal, vulvar)
  - h. Placement and removal of an intrauterine device
  - i. Placement and removal of long-acting reversible contraception
  - j. Pessary fitting
  - k. Incision and drainage of vulvovaginal cyst, abscess, and hematoma
  - l. Treatment of condyloma
  - m. Wound care
- XIII. Provide care for patients with unique obstetric or gynecologic needs including:
- a. Geriatric patients
  - b. Pediatric (<12 years) patients and Adolescent (<21 years) patients
  - c. LGBTQIA patients
  - d. Substance and alcohol abuse
  - e. Sexual health and dysfunction
  - f. Intimate partner violence and sexual assault
  - g. Psychiatric disorders
  - h. Reproductive tract congenital anomalies

## Cross Content

- I. Communicate effectively and professionally with patients and/or family members about the following situations:
- a. Unexpected outcomes (e.g., fetal demise, stillbirth, cancer, surgical complications)
  - b. Crisis situations (e.g., substance abuse, intimate partner violence)
  - c. Disclosure of adverse outcomes
  - d. Disclosure of medical errors
- II. Evaluating and managing the following ethical situations, personally or with colleagues:
- a. Boundary violations (sexual)
  - b. Signs of excess stress and burnout
  - c. Unprofessional behavior (e.g., dishonesty, verbal abuse, disruptive behavior)
  - d. Impaired physicians (e.g., alcohol abuse, substance abuse, psychiatric disorders)
  - e. Personal and team member wellness
  - f. Counsel patients on ethically complex cases
- III. Act ethically and professionally:
- a. Provide care with multi-disciplinary teams (Systems-based practice)
  - b. Participate in continuous quality improvement (Practice-based learning and improvement)
  - c. Participate in hospital, department or office-based patient safety initiatives (Patient safety)
- IV. Basic and applied science
- a. Physiology
  - b. Anatomy
  - c. Pathology
  - d. Microbiology
  - e. Immunology
  - f. Embryology
  - g. Pharmacology
  - h. Epidemiology & Evidence-based medicine