

# 2023 Bulletin for Subspecialty Certification in Complex Family Planning



**This bulletin, issued in March of 2022, represents the official statement of the requirements for subspecialty certification in Complex Family Planning (CFP) for the 2023 examinations. It applies only to those obstetrician-gynecologists who have completed an ACGME-approved 2-year fellowship. Obstetrician-gynecologists that are applying as Senior Candidates should refer to the CFP Bulletin for "Senior Candidates" that can be found on the ABOG web page.**

Revised December 12, 2022

## GENDER LANGUAGE DISCLAIMER

The American Board of Obstetrics and Gynecology (ABOG) recognizes that patients have diverse gender identities and is striving to use gender-inclusive language in its publications, literature, and other printed and digital materials. In some instances, ABOG uses the word “woman” (and the pronouns “she” and “her”) to describe patients or individuals whose sex assigned at birth was female, whether they identify as female, male, or non-binary. As gender language continues to evolve in the scientific and medical communities, ABOG will periodically reassess this usage and will make appropriate adjustments as necessary. When describing or referencing study populations used in research, ABOG will use the gender terminology reported by the study investigators.

## IMPORTANT INFORMATION FOR ALL CANDIDATES

1. There has been a change to the application periods for the examinations. Please review these dates and deadlines to ensure an accurate understanding. Qualifying Examination applications will open in January of 2023 for the July 2023 examination. **The last day to apply for the Qualifying Examination without a late fee is February 16, 2023. The application period will close on March 3, 2023.** No applications will be accepted after that date.
2. Candidates should be familiar with the material in the “Policies” section found under “About ABOG” on the ABOG website.
3. The process of certification in CFP is voluntary. Each potential candidate for subspecialty certification is responsible for completing the application online at [www.abog.org](http://www.abog.org), submitting all materials to ABOG at the time they are requested, and meeting all deadlines. ABOG will make the final decision concerning the applicant’s eligibility for admission to the examination. Candidates must meet the requirements published in the CFP Subspecialty Bulletin for the year in which they are to take an examination.
4. All physicians who have completed an ABOG or ACGME fellowship in Complex Family Planning (CFP) must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician will no longer be eligible to apply for either the Qualifying or Certifying Subspecialty Examination unless an additional 6 months of supervised subspecialty practice is completed. See policy on [Regaining Eligibility for Subspecialty Certification](#) for more information.

## TABLE OF CONTENTS

GENDER LANGUAGE DISCLAIMER	2
IMPORTANT INFORMATION FOR ALL CANDIDATES	2
THE DIVISION OF COMPLEX FAMILY PLANNING (CFP)	4
QUALIFYING (WRITTEN) EXAMINATION	4
2023 Qualifying Examination Application Process	4
2023 Qualifying Examination Deadlines and Fees	4
Qualifying Examination: Deadlines	5
Qualifying Examination: Fees	5
2023 Qualifying Examination Requirements	5
Blueprint for the Qualifying Examination	7
Administration of the Qualifying Examination	9
Test Security	10
Reapplication	10
Applicants Ruled Not Admissible	10
Results of the Examination	11
CERTIFYING (ORAL) EXAMINATION	12
2025 Certifying Examination	12
2025 Certifying Examination Thesis	12
APPENDIX A: ABOG DIVISION OF COMPLEX FAMILY PLANNING	13
APPENDIX B: CANDIDATE DISABILITY	14
Qualifying Examination	14
APPENDIX C: LACTATION ACCOMMODATIONS	15
Qualifying Examination	15
APPENDIX D: THESIS	16
Preparation Instructions	16
APPENDIX E: CFP QUALIFYING AND CERTIFYING EXAMINATION TOPICS	18
Contraception	18
Early Pregnancy Evaluation and Management	19
Abortion/Pregnancy Termination	20
Research, Health Policy, and Advocacy	22
Core Competencies and Cross Content	23

## THE DIVISION OF COMPLEX FAMILY PLANNING (CFP)

The members of the Division of Complex Family Planning are listed in [Appendix A](#).

### QUALIFYING (WRITTEN) EXAMINATION

#### 2023 Qualifying Examination Application Process

1. The applicant must supply ABOG with an email address as part of the application process and notify ABOG of any change in this email address.
2. Following submission of the online application form and payment of the appropriate fee, the candidate's application will be considered in accordance with the requirements in effect for that year (see below). The candidate will be notified of admissibility to the Qualifying Examination.
3. After the approval email from ABOG is received, the candidate must contact Pearson VUE to obtain a seat for the examination. Candidates are urged to obtain a seat as soon as possible after notification of eligibility to avoid long-distance travel to a site with an available seat. On April 26, 2023, the ABOG reserved seats held at the Pearson VUE centers will be released. After that date, it will be harder for candidates to reserve a seat at their preferred site. Seats in individual cities are limited and are assigned on a first-come, first-served basis. ABOG will not refund any portion of the test fee if a candidate is not able to reserve a seat at their preferred testing center.

#### 2023 Qualifying Examination Deadlines and Fees

The following table lists the deadlines and fees for the Qualifying Examination. Deadlines cannot be extended. All applications and fees must be submitted on the candidate's ABOG portal prior to midnight Central time on their due date. The system will prevent submission once the deadline has passed. If you fail to submit by the deadline, please email the Exam Department at [Exams@abog.org](mailto:Exams@abog.org). The total fee (application and examination) must be paid by credit card through the candidate's ABOG portal and is payable in US Dollars only.

After approval, if the candidate experiences an event that prevents sitting for the examination, the Board should be notified immediately. If the review committee agrees that the request is due to circumstances beyond the control of the candidate, the examination portion of the fee (\$870) may be refunded. However, the application fee is not refundable. The candidate may request to have both fees applied towards the Qualifying Examination the following year. If there is a change in the fee, the candidate will be responsible for the difference.

### Qualifying Examination: Deadlines

January 2, 2023	Applications available online
February 16, 2023	Last day to apply without late fee penalty
March 3, 2023	Final deadline
January 2023 to March 2023	Candidates will be notified of approval to take the examination and to make a Pearson VUE Testing Center reservation
April 26, 2023	Last day to reserve a seat at Pearson VUE prior to seat block release
July 24, 2023	Qualifying Examination at testing centers

### Qualifying Examination: Fees

January 2, 2023, to February 16, 2023	\$2045
February 17, 2023, to March 3, 2023	\$2045 + \$320 late fee = \$2365

## 2023 Qualifying Examination Requirements

Each of the following is a requirement for a candidate in CFP to sit for the subspecialty Qualifying Examination. The candidate must meet all of the requirements in effect during the year for which admission to the Qualifying Examination is requested.

1. **Specialty Qualifying Examination** A candidate may not apply for the CFP Qualifying Examination unless they have previously passed the Specialty Qualifying Examination for Certification in Obstetrics and Gynecology.
2. **Length of Training** The candidate must have been registered with ABOG and have completed a minimum of 20 of 24 months of training and will have completed training in an ACGME-accredited fellowship program in CFP no later than September 30 of the same year the Qualifying Examination is taken. Additionally, the candidate must have completed and presented their thesis to their Program Director and division before the completion of their fellowship. If a candidate's situation changes, and they do not successfully complete their fellowship and their thesis presentation by September 30, they will not be eligible to take the Qualifying Examination in that year. Any candidate who takes the Qualifying Exam without successfully completing fellowship and completing and presenting their thesis by September 30 of the year of the examination will have their results voided, and they will not receive a refund.
3. **Allocation of Time** In order to take the Qualifying Examination, the candidate must have had the following experiences during fellowship:

- a. 12 months of clinical Complex Family Planning
  - b. 6 months of protected research
    - i. Conducted research leading to a thesis that meets ABOG certification requirements ([Appendix D](#))
    - ii. Completed written thesis and presented work before CFP Division and Program Director by completion of fellowship
    - iii. Research time must be scheduled in blocks of not less than one-month duration, and while in a research block, no more than 10% (4 hours) of the fellow's time in any week may be spent in clinical duties
  - c. 6 months of electives
    - i. Focused on specific clinical and/or research areas
    - ii. Selected at the discretion of the Program Director and fellow
  - d. Fellows may participate in non-subspecialty clinical activity or practice up to 10% of a workweek (Monday-Friday) or ½ day (4 hours) per workweek averaged over a 4-week period during all rotations.
    - i. These allowances do not apply to moonlighting, weekends, or call.
    - ii. Fellows may not be assigned to weeks, months, or blocks of clinical assignments or rotations to meet this allowance.
    - iii. Fellows may not be assigned to night float rotations to meet this allowance.
    - iv. Fellows may not aggregate this allowance to complete training early or make up extensions in training for any reason.
4. **Curriculum** The candidate must gain a diverse experience in the management of a wide variety of complex family planning patients. The candidate must have experience in the provision of contraceptives, including consultation with other physicians. Additionally, the candidate must have experience in office procedures related to family planning.

The candidate must have experience in procedural and medical abortions and in the management of abortion complications.

5. **Leaves of Absence** Leaves of absence and vacation may be granted at the discretion of the Program Director consistent with local institutional policy and applicable laws. The number of days that equals a “week” is a local issue that is determined by the institution and Program Director, not ABOG. Vacation weeks may be taken as part of approved leave or in addition to approved leave.

Yearly leave: The total of vacation and leaves for any reason—including, but not limited to, vacation, medical, maternity or paternal, caregiver, or personal leave—may not exceed 12 weeks in any of the years of fellowship. If the maximum weeks of leave per academic year are exceeded, the fellowship must be extended for the duration of time the individual was absent in excess of 12 weeks in any fellowship year.

Total leave: In addition to the yearly leave limits, a fellow must not take a total of more than 16 weeks (four months) of leave over the two years of fellowship.

If this limit is exceeded, the fellowship must be extended for at least the duration of time that the individual was absent in excess of 16 weeks. Such extensions of training must have an educational plan outlined for the continued training with specific educational and clinical experience goals and objectives to be achieved. This educational plan must include a description of what training was missed, how the missed training is being attained, and a block diagram that covers the entire length of training. This plan must be submitted to ABOG for approval at [fellowship@abog.org](mailto:fellowship@abog.org).

Unaccrued personal time may not be used to reduce the actual time spent in a fellowship, nor to “make up” for time lost due to medical or other leave. Time missed for educational conferences does not count toward the leave thresholds.

Regardless of the amount of leave taken, fellows must complete the 12 months of CFP clinical core training and 6 months of research as outlined in section 3 above. For more information on leave, please review the [ABOG Fellowship Leave Policy](#).

*Examples:*

*A fellow takes six weeks of leave in F1 and eight weeks in F2. This is a total of 14 weeks. There is no required extension of the fellowship.*

*A fellow takes 12 weeks of leave in F1 and 6 weeks in F2. This is a total of 18 weeks. The fellowship must be extended by at least two weeks, with an educational plan submitted and approved by ABOG.*

6. **Moral and Ethical Behavior** The candidate must have demonstrated good moral and ethical behavior in the practice of medicine and in interactions with peers, other medical personnel, and patients. A felony conviction, even if unrelated to the practice of medicine, will be considered evidence of failure to meet this standard.
7. **Falsification of Information** Falsification of any information or failure to disclose any adverse action will result in a deferral of a candidate’s eligibility to sit for the Qualifying Examination for a period of at least 3 years. If the candidate is allowed to sit for the examination at the end of the deferral period, the candidate must meet all requirements in effect at that time.
8. **Completion and Presentation of Thesis** The candidate must have completed and presented their thesis to their Program Director and division by the final date of their fellowship. If their fellowship is extended, the candidate will have until the extended final date of their fellowship to complete and present their thesis. A candidate’s fellowship that is extended beyond September 30 of the year of the Qualifying Examination is not eligible to take the Qualifying Examination in that year.

## Blueprint for the Qualifying Examination

The content of the Qualifying Examination will be based on the blueprint for Complex Family Planning. The major categories and subcategories are shown below, including the percentages of the categories. For a full list of topic areas, see [Appendix E](#). The questions will be in a multiple-choice, one-best answer format.

### Contraception (35%)

Provide contraceptive counseling, provision, and surveillance to patients and contraceptive consultation to other health care providers

Demonstrate advanced knowledge of pharmacology (mechanism of action, dosing, route of administration/absorption, contraindications, metabolism, excretion), effectiveness, potential side effects, and complications of all contraceptive methods

Provide care for patients with specialized contraceptive needs (e.g., limited access or medical considerations)

Provide contraceptive counseling, provision, and surveillance for patients with pre-existing medical or anatomical conditions

Evaluate and manage side effects related to contraception

Evaluate and manage complications related to contraception

Evaluate and manage complicated contraceptive removals including malpositioned or broken devices, with use of imaging if needed

### Early Pregnancy Evaluation and Management (15%)

Evaluate early pregnancy

Manage early pregnancy

Manage and surveil gestational trophoblastic disease with other subspecialties

### Abortion / Pregnancy Termination (40%)

Provide comprehensive counseling to patients about abortion and consultation to other health care providers

Provide abortion counseling for patients with special reproductive needs

Perform a pre-abortion evaluation

Provide medication abortion

Perform procedural abortion

Evaluate, diagnose, and manage abortion complications

### Research, Health Policy, and Advocacy (5%)

Research

Public Health and Reproductive Health Policy

Advocacy

### Core Competencies and Cross Content (5%)

Ethics and Professionalism

Patient Safety

Interpersonal and Communication Skills

Systems-based Practice



Practice-based Learning and Improvement  
Evidence-based Medicine

## 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 early, but if they do so, they 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 2 forms of identification to be admitted to the examination. One document must include both a photograph of the candidate and the candidate's signature. The second document must include the candidate's signature. If a candidate has had a name change between application and the day of the exam, they must bring a copy of an official document that verifies the name change. Examples could include but are not limited to a marriage certificate, divorce decree, or a court-ordered name change.

Candidates may not take any electronic devices into the examination area and must also submit to a screening process that may include any or all of the following: fingerprinting, palm vein scanning, wand or walkthrough scanning for metallic objects, or any other screening that may be in place at the Pearson VUE center. A candidate who refuses to submit to any screening procedure will not be allowed to sit for the examination, and no portion of the fee will be refunded.

Candidates are not allowed to access recording devices, cellular phones, paging devices, smartwatches, other electronic communication and/or recording devices, or writing instruments during the Qualifying Examination. If such a device is discovered on the candidate's person at any time during the examination, or if the candidate accesses any such device for any reason, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit. 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 10 minutes in length. During such breaks, a candidate may not talk with any other individual or access any electronic device. Candidates are not allowed to leave the testing center for any reason before completing the test. If a candidate violates any of these regulations, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit.

Candidates with documented disabilities should review [Appendix B](#) and must call the ABOG office before making a reservation at Pearson VUE for information on how to schedule a test site.

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than March 3, 2023, 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 C](#) for more information on lactation accommodations.)

## Test Security

At the time of application for the Qualifying Examination, 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 reapply for the Qualifying Examination for a minimum of three (3) 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 Fellowship Program Director.

Additional information about test integrity and security can be found on the [ABOG website](#).

## Reapplication

A candidate who postpones or fails the Qualifying Examination must complete a new online application to be considered for the next scheduled Qualifying Examination. Each new application must be accompanied by a new application fee.

## Applicants Ruled Not Admissible

If a decision is made by ABOG that a candidate has not met the requirements for admission to the Qualifying Examination, the candidate may appeal the decision by writing to the ABOG Associate Executive Director of Examinations. Such appeals will be forwarded to the appropriate ABOG Committee for reconsideration. If the appeal is successful, no late fees will apply. If the successful decision occurs after the date of the Qualifying Examination, the candidate will be scheduled for the next available Qualifying Examination in the subspecialty, and no additional application fee will apply. However, the examination portion of the fee (\$870) must be paid before the deadline.

If the candidate's appeal is not successful or the candidate does not appeal the inadmissibility decision, the candidate may reapply by submitting a new application, paying the appropriate fee, and meeting the requirements applicable at the time of the reapplication. Documentation that the cause for the initial disapproval has been cleared must be submitted with the application.

## Results of the Examination

The results of the Qualifying Examination will be reported online to each candidate by October 27, 2023. In order to release a result, ABOG must receive the Fellowship Training Affidavit verifying completion of training completed by the current Program Director. Additionally, if ABOG does not receive notification of fellowship completion from the Program Director by January 1, 2024, the results of the examination will be voided.

ABOG will provide the candidate their scaled test score in addition to the 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 the 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 examination may be made available to the Program Director(s) of any fellowship program(s) 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. The candidate will also be given the opportunity to release their scaled score on the examination to their current Program Director. Furthermore, the applicant will be required to release and agree to indemnify and hold 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.

Since ABOG utilizes many quality control procedures to ensure exams are scored accurately and there is no record of incorrect scoring at ABOG with the Qualifying Examinations, ABOG does not accept rescore requests. This includes, but is not limited to, rescoring of the exam, review of exam content, reconsideration of a correct response, reconsideration of the passing standard, and/or consideration of the acceptability of testing conditions.

A passing grade on the Qualifying Examination does not ensure a candidate’s admissibility to the Certifying Examination.

## **CERTIFYING (ORAL) EXAMINATION**

### **2025 Certifying Examination**

Please see future CFP bulletins for dates and specific information about the certifying examinations. The first CFP Certifying Examination for non-senior candidates will be held in April 2025.

### **2025 Certifying Examination Thesis**

A thesis is required by the Division of Complex Family Planning. Candidates will be required to submit a thesis that adheres to the requirements listed in [Appendix D](#).

## APPENDIX A: ABOG DIVISION OF COMPLEX FAMILY PLANNING

Courtney Schreiber, MD, MPH, <b>Division Chair</b>	Perelman School of Medicine at University of Pennsylvania
Amy (Meg) Autry, MD	University of California, San Francisco, School of Medicine
Eve Espey, MD, MPH	University of New Mexico School of Medicine
Sadia Haider, MD, MPH	Rush Medical College of Rush University
Biftu Mengesha, MD, MAS	University of California, San Francisco, School of Medicine
Gretchen Stuart, MD, MPH	University of North Carolina School of Medicine
Stephanie Teal, MD, MPH	Case Western Reserve University School of Medicine-University Hospitals

## **APPENDIX B: CANDIDATE DISABILITY**

The American Board of Obstetrics & Gynecology, Inc. (ABOG) 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.

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.

Accommodations for the Qualifying and Certifying Examination will only be considered with appropriate documentation. ABOG shall not exclude any candidate from the Qualifying or Certifying Examination solely because of a disability if ABOG is provided with notice of the disability in time to permit ABOG to make such adjustments in the examination as are reasonably necessary to accommodate the disability.

### **Qualifying Examination**

For the Qualifying Examination, the candidate must provide sufficient documentation no later than the close of the application period to permit 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. In addition, the candidate must supply any additional information ABOG may subsequently request in a timely manner.

If any of the requirements or accommodations cannot reasonably be provided, ABOG will notify the candidate and will indicate those alternative accommodations which 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 during the application period 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 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 examination but must pay a new application and examination fee.

## **APPENDIX C: LACTATION ACCOMMODATIONS**

### **Qualifying Examination**

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than March 3, 2023, and schedule at a Pearson VUE Testing Center by the same date. Most Pearson VUE Testing Centers have only one room 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 D: THESIS

A thesis is required by the Division of Complex Family Planning and must be submitted by the date listed in the bulletin and according to the guidelines for preparation listed below. The Division will review the thesis and decide concerning acceptability. Prior publication of a thesis by a refereed journal does not guarantee acceptance of the thesis for the Certifying Examination. It is not necessary for the thesis to have been published.

### Preparation Instructions

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

The cover page of the thesis should only show the:

- a. thesis title,
- b. name of the candidate,
- c. hypothesis (or purpose for research not testing a hypothesis),
- d. name of the journal format.

The thesis must be type-written in double-spaced 12-point type and include page numbers and line numbers.

Electronic copies or reprints of published manuscripts are not acceptable.

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

2. **Hypothesis or Purpose:** The thesis must clearly state the hypothesis to be tested in the form of a simple declarative sentence. The hypothesis must be included on the cover page and in the body of the paper, not just in the Abstract.

Whenever possible, the hypothesis should include a statement such as, "Our hypothesis is that XXX is statistically significantly different from YYY." It may be useful to follow PICOT criteria (population, intervention [for intervention studies], comparison group, outcome of interest, and time) in composing the hypothesis. Conversely, the null hypothesis may be stated.

If the research does not involve hypothesis testing, the thesis must clearly state a purpose in the form of a simple declarative sentence. The purpose statement should convey the goal or overall aim of the inquiry. The purpose statement must be included on the cover page and in the body of the document, not just in the Abstract.

3. **Authorship:** The cover page should only list the title of the thesis, the candidate's name (without any co-authors), the hypothesis or purpose, and the name of the journal format.

Acknowledgments are not allowed.

4. **Subject Matter:** The subject matter must clearly relate to the area of Complex Family Planning and be important to the field.
5. **Research:** The thesis must be based on clinical or laboratory research performed during the fellowship period. A review of work performed by others is not acceptable.



6. IRB Approval: All research must be reviewed and approved by the human or animal institutional review boards (IRBs) of the sponsoring institution. If the institutional IRB does not review studies that do not include humans and/or animals, there must be a statement from the IRB to that effect.
7. Unacceptable Papers: The following are not acceptable for a fellow's thesis:
  - a. Book chapters
  - b. Case reports
  - c. Case series
8. Potentially Acceptable Theses: Any thesis submitted must be the product of a significantly thoughtful and robust research effort and will be reviewed by the subspecialty division for acceptability. Reports of the results of treatment of patients from a practice or department are not acceptable as these are considered to be a case series.

The research must be important to the field of the subspecialty. The following types of research conducted during a fellowship may qualify as an acceptable thesis for examination for certification:

- a. Laboratory, Translational, and Animal research.
- b. Randomized Controlled Trial: The study must adhere to the CONSORT standards.
- c. Meta-Analysis and Systemic Review: The report must adhere to the PRISMA or MOOSE guidelines.
- d. Cost-Effective Analysis: The report must conform to the recommendations of the Second Panel on Cost-Effectiveness in Health and Medicine for reporting CEA results.
- e. Case-Control Study: The study must conform to the STROBE guidelines for observational studies.
- f. Cohort Study: The candidate must have developed the cohort. The study must conform to the STROBE guidelines for observational studies.
- g. Survey Research: The candidate must have developed the questionnaire or used a previously validated questionnaire, and there should be a 50% return and completion of the questionnaire. The thesis must conform to the STROBE guidelines for observational studies and CHERRIEs guidelines for Web-based surveys.
- h. Epidemiology Research: The study must conform to the STROBE guidelines for Epidemiological Studies.
- i. Mechanistic Trials: The study should meet NIH criteria for a clinical trial.
- j. Modeling and Simulation-based Research (SBR): A prediction model thesis must follow the TRIPOD statement. An SBR thesis must adhere to the SBR extensions to the CONSORT and STROBE statements.
- k. Quality Improvement: The thesis must adhere to the SQUIRE 2.0 guidelines.
- l. Qualitative Research: The thesis must adhere to the COREQ or SRQR guidelines.
- m. Artificial Intelligence and Machine Learning Research: The thesis must adhere to the SPIRIT-AI Extension or the CONSORT-AI Extension statements.
- n. Implementation Science: The thesis must conform to the StaRI guidelines.

## APPENDIX E: CFP QUALIFYING AND CERTIFYING EXAMINATION TOPICS

### Contraception

1. Provide contraceptive counseling, provision, and surveillance to patients and contraceptive consultation to other health care providers
  - a. Engage in person-centered counseling to identify reproductive life goals
  - b. Screen patients for contraceptive coercion
  - c. Implement practices to improve access to contraception (e.g., same-day IUD insertion, quick start)
2. Demonstrate advanced knowledge of pharmacology (mechanism of action, dosing, route of administration/absorption, contraindications, metabolism, excretion), effectiveness, potential side effects, and complications of all contraceptive methods
  - a. Coitally-dependent
  - b. Short-acting
  - c. Long-acting
  - d. Permanent
  - e. Emergency contraception
3. Provide care for patients with specialized contraceptive needs (e.g., limited access or medical considerations)
  - a. Adolescent patients
  - b. Perimenopausal patients
  - c. LGBTQIA patients
  - d. Patients with substance and alcohol use disorder
  - e. Patients with disabilities
  - f. Patients experiencing intimate partner violence and sexual assault
  - g. Patients who are incarcerated
  - h. Postpartum or post-abortal patients (including immediate LARC)
4. Provide contraceptive counseling, provision, and surveillance for patients with pre-existing medical or anatomical conditions
  - a. Evaluate and manage interactions between contraception and medications
  - b. Evaluate and manage interaction between medical conditions and contraception (e.g., HIV infection, renal disease, hepatic disease, hematologic disorders, thromboembolic disorders, cardiac disease, mental health disorders, connective tissue disorders, STIs, PID)

- c. Provide care for patients with reproductive tract anomalies (e.g., uterine anomalies, leiomyomata)
  - d. Perform complex placement of contraceptive devices [e.g., patients with anatomic challenges (e.g., stenotic cervix, leiomyomata, reproductive tract anomalies) or physical or mental conditions impacting insertion (e.g., contractures, developmental delay)]
  - e. Utilize contraception for non-contraceptive benefits (e.g., management of uterine bleeding, catamenial seizures, perimenopausal)
5. Evaluate and manage side effects related to contraception
    - a. Evaluate reported side effect(s) with respect for patient autonomy (e.g., modeling non-coercive practice)
    - b. Counsel patients about alternative methods of contraception based on side effect history
    - c. Offer management options for method side effects
  6. Evaluate and manage complications related to contraception
    - a. Identify severe adverse complications and refer for management (e.g., stroke, DVT, myocardial infarction)
    - b. Evaluate and manage if intrauterine pregnancy occurs with contraceptive methods
  7. Evaluate and manage complicated contraceptive removals, including malpositioned or broken devices, with use of imaging if needed
    - a. IUD (e.g., missing strings, embedded, uterine perforation)
    - b. Implants (e.g., nonpalpable implants, broken devices)
    - c. Use of hysteroscopy and laparoscopy for removal of devices
    - d. Determine when additional expertise and/or facilities are needed (e.g., interventional radiology, other surgical specialties, and specialty laboratories)

## **Early Pregnancy Evaluation and Management**

1. Evaluate early pregnancy
  - a. Determine pregnancy location (e.g., intrauterine, extrauterine, cesarean scar, cervical, cornual)
  - b. Evaluate intrauterine pregnancy (e.g., evolution of ultrasonographic landmarks, gestational age, etc.)
  - c. Demonstrate knowledge of ectopic risk factors (e.g., IUD in situ, prior tubal ligation, prior ectopic)
2. Manage early pregnancy
  - a. Provide pregnancy options counseling
  - b. Provide counseling about options for management of pregnancy of unknown location (PUL), early pregnancy loss (EPL), and ectopic pregnancy (e.g., intrasac injections, laparoscopy, uterine aspiration, multi-modal approach)

- c. Use uterine aspiration for diagnosis and treatment of PUL and EPL
  - d. Use of mifepristone and/or misoprostol for PUL
  - e. Use of mifepristone and/or misoprostol for EPL
3. Manage and surveil gestational trophoblastic disease with other subspecialties
    - a. Procedurally manage gestational trophoblastic disease (e.g., second-trimester uterine evacuation)
    - b. Identify the consequences of gestational trophoblastic disease (e.g., thyroid storm and hypertension)
    - c. Provide counseling for and manage contraception after treatment of gestational trophoblastic disease
    - d. Diagnose gestational trophoblastic disease and refer patients

## **Abortion/Pregnancy Termination**

1. Provide comprehensive counseling to patients about abortion and consultation to other health care providers
  - a. Provide comprehensive options counseling to patients
  - b. Screen patients for interpersonal reproductive coercion
  - c. Facilitate identification of patient-led reproductive goals (e.g., post-abortion contraception, general contraception, reproductive life planning)
  - d. Incorporate comprehensive knowledge of local laws and regulations into counseling
  - e. Describe methods of abortion to patients (e.g., medication, procedure, induction, feticidal injection, third-trimester options)
2. Provide abortion counseling for patients with special reproductive needs
  - a. Adolescent patients
  - b. LGBTQIA patients
  - c. Patients with substance and/or alcohol use disorder
  - d. Patients experiencing intimate partner violence and/or sexual assault
  - e. Patients who are incarcerated
  - f. Patients with disabilities
3. Perform a pre-abortion evaluation
  - a. Identify patients at risk for abortion complications (e.g., prior uterine surgery, uterine anomalies, cervical anomalies)
  - b. Identify comorbidities that influence abortion care (e.g., cardiac disease, seizure disorders, renal disorders, coagulopathies, fetal demise)
  - c. Evaluate the results of laboratory studies (e.g., Rh typing, CBC, CMP)

- d. Perform ultrasound as needed (e.g., to determine pregnancy location, determine gestational age, diagnose uterine anomalies, diagnose multiple gestations, identify placental location, and recognize signs of abnormal placentation)
  - e. Determine the need for additional imaging studies (e.g., MRI, CT scan, ultrasound)
  - f. Determine the need for consultations from other health care specialties (e.g., hematology, cardiology, anesthesiology)
  - g. Determine an appropriate location for completion of abortion (e.g., at home, free-standing clinic, hospital-based clinic, operating room) based on patient risk factors (e.g., gestational age, comorbidities, fetal demise)
  - h. Determine options for abortion method including feticidal injections
  - i. Counsel patients on available genetic testing options
  - j. Determine need for peri-abortal medications (e.g., Rh immunoglobulin, antibiotics, antiemetics, uterotonics)
  - k. Provide a multi-modal plan for pain management during and after an abortion
4. Provide medication abortion
- a. Demonstrate advanced knowledge of pharmacology (mechanism of action, dosing, route of administration/absorption, contraindications, metabolism, excretion) for medication abortion at various gestational ages (e.g., mifepristone, misoprostol, methotrexate, oxytocin)
  - b. Counsel regarding risks and benefits of treatment regimen for medication abortion at any gestational age
  - c. Determine medication regimen based on patient factors (e.g., gestational age, prior uterine scar)
  - d. Surveil patients to assess abortion completion (e.g., laboratory, ultrasound, clinical)
  - e. Provide complex labor inductions for second and/or third-trimester abortion (e.g., history of cesarean deliveries, leiomyomatous uterus, prolonged induction)
5. Perform procedural abortion
- a. Perform abortions for patients with comorbidities (e.g., prior surgery, fibroids, vascular malformations, multi-gestation, emergent uterine evacuation)
  - b. Provide cervical preparation to patients, including those with comorbidities (e.g., cervical anomalies, previous uterine surgery, advanced gestational age, urgent uterine evacuation)
  - c. Provide pain management and/or anesthesia (e.g., paracervical block, sedation, non-pharmacological pain management)
  - d. Utilize ultrasound guidance during procedural abortion
  - e. Perform abortion via electric or manual uterine aspiration
  - f. Perform abortion via dilation and evacuation
  - g. Perform abortion via dilation and extraction

- h. Assess for abortion completion (e.g., tissue examination, laboratory studies, ultrasound)
- 6. Evaluate, diagnose, and manage abortion complications
  - a. Hemorrhage
  - b. Retained products of conception
  - c. Hematometra
  - d. Uterine perforation and initial management of resulting injuries (e.g., genitourinary, gastrointestinal, vascular)
  - e. Cervical lacerations
  - f. Amniotic fluid embolism (AFE)
  - g. Thrombotic event
  - h. Anesthesia complications
  - i. Undiagnosed placenta site abnormalities
  - j. Infection
  - k. Septic abortion
  - l. Heterotopic pregnancy (initially manage)
  - m. Vasovagal response
  - n. Continuing pregnancy after abortion
  - o. Unplanned delivery prior to scheduled procedure
  - p. Disseminated intravascular coagulopathy
  - q. Uterine rupture

## **Research, Health Policy, and Advocacy**

- 1. Research
  - a. Demonstrate knowledge of basic research methodology (e.g., study design, sample size)
  - b. Critically analyze published studies
  - c. Determine the proper biostatistical test based on data type and study questions
  - d. Demonstrate knowledge of research ethics (e.g., informed consent, vulnerable populations)
- 2. Public Health and Reproductive Health Policy
  - a. Understand how reproductive health impacts public health and health policy
  - b. Identify disparities in reproductive health, including access, care quality, patient experience, and outcomes
  - c. Identify professional organizations that advocate for and influence policy in reproductive health

- d. Demonstrate knowledge of social and structural determinants that create reproductive health inequities in marginalized groups
3. Advocacy
    - a. Engage with stakeholders (e.g., public, other healthcare providers, policymakers) about the role of family planning in public health and health policy
    - b. Engage with the work of professional organizations that advocate for health policy in contraception and abortion
    - c. Demonstrate the knowledge and skills to advocate for equitable access to reproductive health services

## **Core Competencies and Cross Content**

1. Ethics and Professionalism
  - a. Systematically engage in practice review to identify health disparities
  - b. When engaged in shared clinical decision making, incorporate patient, family, and cultural considerations in making treatment recommendations
  - c. When providing care for patients, consider psychological, sexual, and social implications of various treatment options
2. Patient Safety
  - a. Systematically analyze the practice for safety improvements (e.g., root cause analysis)
  - b. Systematically engage in practice reviews for safety improvements (e.g., root cause analysis)
  - c. Incorporate the standard use of procedural briefings, “time outs,” and debriefings in clinical practice
  - d. Participate in the review of sentinel events, reportable events, and near misses
  - e. Implement universal protocols (e.g., bundles, checklists) to help ensure patient safety
3. Interpersonal and Communication Skills
  - a. Communicate to patient and family regarding adverse outcomes and medical errors
  - b. Demonstrate sensitivity and responsiveness when communicating with a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - c. Provide comprehensive information when referring patients to other professionals
4. Systems-based Practice
  - a. Incorporate considerations of cost awareness and risk-benefit analysis in patient care
  - b. Provide care with multidisciplinary teams to promote patient safety and optimize patient outcomes
5. Practice-based Learning and Improvement
  - a. Design or participate in practice or hospital quality improvement activities

## 6. Evidence-based Medicine

- a. Incorporate evidence-based practices and national guidelines to improve practice patterns and outcomes
- b. Implement evidence-based protocols to enhance recovery after surgery (ERAS)