

**2023 Bulletin for  
Subspecialty Certification  
in  
Complex Family Planning  
for  
Senior Candidates**



**This bulletin, issued in March of 2022, represents the official statement of the requirements for subspecialty certification for obstetrician-gynecologists in Complex Family Planning (CFP) for the 2023 examinations. It applies only to those obstetrician-gynecologists who qualify as senior candidates.**

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. Applications will open in January of 2023 for the July 2023 examination. **The last day to apply 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.

## SPECIFIC INFORMATION FOR SENIOR CANDIDATES

1. A “senior candidate” is a physician who is applying for the Senior Candidate Examination in CFP on the basis of experience and clinical practice.
2. Candidates who complete fellowship training by September 30, 2022, are considered senior candidates and must meet the [requirements](#) listed in this Bulletin.
3. Candidates who entered a two-year fellowship in CFP approved by ACGME on July 1, 2021, and thereafter are not eligible to apply as senior candidates and must fulfill all requirements listed in the CFP Bulletin.
4. Certification for senior candidates requires passing a written certifying examination.
5. All senior candidates must have passed both the qualifying and certifying specialty examinations. They must be current, active ABOG Diplomates at the time of application for the CFP Senior Candidate Examination and must remain so at the time of the written examination.
6. The Senior Candidate Examination will be given in July 2022, July 2023, and July 2024.

7. The eligibility of senior candidates to become ABOG CFP-certified expires after the 2024 examination. No application will be accepted for certification based on “senior” status after that date, regardless of experience or training.

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## THE DIVISION OF COMPLEX FAMILY PLANNING (CFP)

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

### SENIOR CANDIDATE (WRITTEN) EXAMINATION

#### 2023 Senior Candidate Examination Application Process

1. If you wish to apply and the application is not available on your ABOG portal, please contact [Exams@abog.org](mailto:Exams@abog.org) for assistance.
2. Senior candidates who have completed a CFP fellowship before September 30, 2022, and have not practiced for 3 years must have a fellowship affidavit form signed by either the current Fellowship Program Director or the Chair of the Department of Obstetrics and Gynecology. This form serves to document satisfactory completion of training. A form, if required, will be available for printing during the application process.
3. During the application process, a completed Verification of Hospital Privileges Form will be required. This form must be printed from the candidate's ABOG portal and must be signed and uploaded using the task on the candidate's ABOG portal dashboard. If a candidate does not have hospital privileges, the candidate should contact ABOG at [Exams@abog.org](mailto:Exams@abog.org).
4. 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.
5. 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.
6. Each year ABOG notifies the American College of Obstetricians and Gynecologists (ACOG), the Society for Family Planning (SFP), the American Board of Medical Specialties (ABMS), the American Medical Association (AMA), and the American Journal of Obstetrics and Gynecology of the names and addresses of the Diplomates who have been certified in the course of that year. ABOG also provides de-identified data to fellowship programs and to the ACGME about fellowship program pass rates to be used as a criterion to evaluate the effectiveness of program training. ABOG, SFP, ACOG, AMA, and ABMS, on request, also make this information available to the public, including, but not limited to, hospitals, agencies of government, insurers, and laypersons. ABOG may use the results of certification examinations for research purposes and may publish the results of the research.
7. As a condition for acceptance as a candidate for certification as a Diplomate in the CFP subspecialty, each candidate, at the time of the Senior Candidate Examination, is required to sign an irrevocable waiver authorizing the dissemination of the candidate's certification status without limitation or condition.

## 2023 Senior Candidate Examination Deadlines and Fees

The following table lists the deadlines and fees for the Senior Candidate 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 Senior Candidate Examination the following year. If there is a change in the fee, the candidate will be responsible for the difference.

### Senior Candidate 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	Senior Candidate Examination at testing centers

### Senior Candidate Examination: Fees

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

## 2023 Senior Candidate Examination Requirements

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

1. **Training and Practice** In order to qualify as a CFP senior candidate, a physician must meet one of the following 2 criteria:

**The physician must have been practicing CFP for a minimum of 3 years post-residency training.** During the most recent 3 years, a minimum of 30% of the physician's total outpatient and inpatient practice must consist of patients related to the area of CFP.

**OR**

**Completion of a CFP fellowship by September 30, 2022, but not practicing for a minimum of 3 years.** These physicians must submit an affidavit signed by the fellowship Program Director that attests to their successful completion of the training program.

2. ***Diplomate Status*** A senior candidate must be a diplomate of ABOG and hold an Active Certificate in Obstetrics and Gynecology.
3. ***Unrestricted License*** A senior candidate must hold an unrestricted license to practice medicine in all states or territories of the United States or Canada in which the candidate holds a medical license. Licenses that have been revoked, suspended, are on probation, or are subject to conditions of any type, are considered to be restricted.
4. ***Unrestricted Hospital Privileges*** While full, unrestricted privileges to perform all CFP procedures are preferred, at a minimum, these privileges must allow the candidate to perform an in-hospital consultation on patients who have been admitted. The candidate's privileges must remain in effect at the time of the Senior Candidate Examination and may not be suspended or revoked, and the candidate must not be under investigation for patient care issues. Privileges are required as follows:
  - a. CFP Fellowship graduates completing training between July 1, 2021, and September 30, 2022, are required to have hospital privileges at the time of the examination. May collect cases from either fellowship and/or practice.
  - b. All other senior candidates must have hospital privileges at the time of application and must collect cases from practice.

If a candidate does not have hospital privileges, the candidate should contact ABOG at [Exams@abog.org](mailto:Exams@abog.org).

5. ***Resignation of Hospital Privileges*** A senior candidate must not have resigned hospital privileges or membership in any medical organization (e.g., ACOG) while under investigation. If the candidate is under investigation or on probation, the application will not be approved. The candidate must reapply and pay a new application fee once the probation and/or restrictions have been resolved. However, resolution of these matters does not guarantee that the candidate's application will be approved.
6. ***CFP Practice Focus*** A minimum of 30% of the physician's practice (including inpatient and outpatient) must be limited to patients with CFP diagnoses.
7. ***Six-Month Case Log*** All senior candidates—including those who have not practiced independently for a minimum of 3 years—will be required to submit a 6-month case log documenting a practice that demonstrates sufficient depth and breadth of practice in the subspecialty of CFP. The case log must be completed at the time of application on the form(s) provided with the online applications. (See [Appendix D](#)).
8. ***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.

9. **Falsification of Information** Falsification of any information or failure to disclose any adverse action will result in revocation of a candidate's eligibility to sit for the Senior Candidate Examination.
10. **International Practice** A candidate who practices outside of the United States, its territories, or Canada, must submit, with the application, a letter(s) from a senior responsible officer in the hospital(s) where the candidate practices, verifying the candidate's responsibility for independent, unsupervised care of CFP patients.

Physicians who have made major contributions to the field of CFP but are no longer in full-time practice and cannot submit an adequate case log may request special consideration of the Division of CFP. Such physicians should write a detailed letter of request to the Executive Director of ABOG. The letter must include a summary of their contributions to the field and a copy of their CV. If the request is granted, that physician will be allowed to sit for the CFP Senior Candidate Examination. Once certified, they must enroll in the CFP MOC process.

Physicians who complete an ACGME-accredited CFP fellowship after September 30, 2022, must pass both a qualifying (written) and certifying (oral) examination.

Physicians who finish training in a non-ACGME-accredited fellowship after September 30, 2022, will not be eligible for certification in CFP by ABOG.

## Blueprint for the Senior Candidate Examination

The content of the Senior Candidate 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 the 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 Senior Candidate Examination

The Senior Candidate 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 Senior Candidate 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 Senior Candidate Examination, each candidate will be required to agree to the following. No candidate will be allowed to sit for the Senior Candidate 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 Senior Candidate 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 Senior Candidate Examination for a minimum of three (3) years.
3. I understand that I may not record any portion of the Senior Candidate 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 Senior Candidate 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. If I graduated from a CFP fellowship program, 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 Senior Candidate Examination must complete a new online application to be considered for the next scheduled Senior Candidate Examination. Each new application must be accompanied by a new application fee. The last such exam will be given in July 2024.

## Applicants Ruled Not Admissible

If a decision is made by ABOG that a senior candidate has not met the requirements for admission to the Senior Candidate 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 Senior Candidate Examination, the candidate will be scheduled for the next available Senior Candidate 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.

## Case Logs

1. A Case Log must be completed as part of the application process. The form must be completed and submitted online. An example of the proposed form is shown in [Appendix D](#).
2. The deadline for submission of all application materials, including the case log, is March 3, 2023.
3. The numbers reported in the case log may be from any consecutive 6-month period between January 1, 2020, and December 31, 2022.
4. The candidate is not required to perform every procedure included in the case log to be eligible for certification. The candidate should include the total numbers of each procedure for the collection period, and the case log will be used to verify the candidate's practice has sufficient breadth and depth to be eligible for certification in Complex Family Planning.

## Results of the Examination

The results of the Senior Candidate Examination will be reported online to each candidate by October 27, 2023. If the candidate is required to verify training, ABOG must receive the Fellowship Training Affidavit verifying completion of training completed by the current Program Director in order to release the result.

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 Senior Candidate 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.

## CERTIFYING (ORAL) EXAMINATION

There is no oral examination requirement for senior candidates.

## LENGTH OF CERTIFICATION

All certificates issued by ABOG after 2008 are time-limited. The certification of a Diplomate who successfully passes the Complex Family Planning Senior Candidate Examination in July 2023 will expire on December 31, 2024, unless all of the 2024 MOC assignments have been successfully completed. Applications for the 2024 MOC process will be available online beginning in January 2024.

## 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 Senior Candidate Examination will only be considered with appropriate documentation. ABOG shall not exclude any candidate from the Senior Candidate 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.

### **Senior Candidate Examination**

For the Senior Candidate 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**

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: CASE LOG**

Candidates for the CFP Senior Candidate Examination must submit a case log. The log must document that a minimum of 30% of the physician's practice involves Complex Family Planning. A draft example of the case log follows. The actual case log may differ from this example. Candidates should use the case log given at the time of application. Candidates will be asked to submit the case log at the time of application and attest that 30% or more of their practice involves caring for patients with complex family planning problems.



## Six-Month Case Log for Senior CFP Candidates

**[SAMPLE: DO NOT use the list below. The actual case log will open at the time of application and may contain different categories and/or minimum numbers of cases from those shown in this appendix.]**

Please complete the following form listing all patients you have treated during the 6-month period of time you indicate below.

Name: \_\_\_\_\_ ABOG ID#: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

End Date: \_\_\_\_\_

### A. Outpatient Visits – New/Consult Patients only

Enter the total number of new patients seen by you in your practice during the six-month period shown above.

<b>All contraceptive visits</b>	
<b>Contraceptive complications</b>	
<b>Contraceptives in medically complex patients</b>	

### B. Abortion/Pregnancy Termination

<b>New patient for abortion counseling</b>	
<b>Medication Abortion</b>	
<b>First Trimester Procedural Abortion</b>	
<b>Second Trimester Procedural Abortion</b>	
<b>Management of Abortion Complications</b>	

### C. Other Procedures

(Include both inpatients and outpatients.)

<b>Transvaginal Ultrasound</b>	
<b>Contraceptive placements</b>	
<b>Contraceptive removals</b>	

## APPENDIX E: CFP SENIOR CANDIDATE 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 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)