

**2019 Bulletin**  
for  
**Subspecialty Certification**  
in  
**Female Pelvic Medicine**  
and  
**Reconstructive Surgery**  
The American Board of  
**Obstetrics and Gynecology, Inc.**

**ABO+G**

2915 Vine St., Dallas, TX 75204

*First in Women's Health*

**This Bulletin, issued in January of 2018, represents the official statement of the requirements for subspecialty certification for gynecologists in Female Pelvic Medicine and Reconstructive Surgery (FPMRS) for the 2019 examinations. It applies only to those gynecologists who have completed an ACGME-approved 3-year fellowship. Urologists applying for subspecialty certification in FPMRS should contact the American Board of Urology.**

## Important Information for all Candidates

1. Beginning in calendar year 2020, all physicians who have completed an ACGME fellowship in Female Pelvic Medicine and Reconstructive Surgery must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician no longer will be eligible to apply for either the Qualifying or Certifying Subspecialty Examination unless an additional 6 months of subspecialty training is completed. Physicians who have completed subspecialty training in calendar year 2012 or earlier must be subspecialty certified by 2020 or will be required to complete an additional 6 months of training before regaining eligibility to apply for certification.
2. The preparation of case lists for the Certifying Examination has changed. Candidates will no longer submit paper case lists. Rather, submission will be electronic. Candidates **MUST** use the electronic Female Pelvic Medicine and Reconstructive Surgery case list forms that will be posted on their ABOG Personal Page in early 2018.
3. Fellows may take up to 8 weeks off each of the fellowship years. The total time off may not exceed 15 weeks over the three years.
4. All fees must be paid by credit card through the ABOG website ([www.abog.org](http://www.abog.org)) and are payable in US Dollars only.
5. It is the responsibility of each candidate to be aware of the current requirements for certification as an ABOG subspecialist. ABOG does not assume responsibility for notifying a candidate of changing requirements for admissibility to any examination or pending loss of eligibility. Candidates must meet the requirements published in the *FPMRS Subspecialty Bulletin* for the year in which they are to take an examination.
6. Subspecialty certification is time-limited. Each subspecialty Diplomate must enter the subspecialty Maintenance of Certification (MOC) program in January following successful certification, and must also successfully complete each year's MOC assignments to maintain certification.
7. Candidates should be familiar with the material under the "Policies" tab on the ABOG website.

# Table of Contents

<b>Important Information for all Candidates</b>	<b>2</b>
<b>Qualifying Examination</b>	<b>4</b>
<b>Application Process</b>	<b>4</b>
<b>Requirements</b>	<b>5</b>
<b>Content of the Examination</b>	<b>6</b>
<b>Conduct of the Examination</b>	<b>7</b>
<b>Test Integrity</b>	<b>8</b>
<b>Fees and Deadlines</b>	<b>8</b>
<b>Limitation of Eligibility</b>	<b>9</b>
<b>Results of Examination</b>	<b>10</b>
<b>Certifying Examination</b>	<b>10</b>
<b>Application Process</b>	<b>10</b>
<b>Requirements</b>	<b>11</b>
<b>Content of the Examination</b>	<b>13</b>
<b>Conduct of the Examination</b>	<b>13</b>
<b>Test Integrity</b>	<b>14</b>
<b>Fees and Deadlines</b>	<b>14</b>
<b>Limitations</b>	<b>16</b>
<b>Case Lists</b>	<b>16</b>
<b>Length of Certification</b>	<b>19</b>
<b>Appendices</b>	<b>20</b>
<b>Appendix A: FPMRS Division</b>	<b>21</b>
<b>Appendix B: Candidate Disability</b>	<b>22</b>
<b>Appendix C: Thesis</b>	<b>24</b>
<b>Appendix D: De-Identification of Case Lists</b>	<b>28</b>
<b>Appendix E: Approved Abbreviations</b>	<b>29</b>

# The Division of Female Pelvic Medicine and Reconstructive Surgery (FPMRS)

The process of certification in FPMRS is voluntary. ABOG will not contact potential candidates. Each potential candidate for subspecialty certification is responsible for completing the application on-line at [www.abog.org](http://www.abog.org), for submitting all materials to ABOG at the time they are requested, and meeting all deadlines. ABOG will make the final decision concerning the applicant's eligibility for admission to the examination.

The members of the Division of Female Pelvic Medicine and Reconstructive Surgery are listed in Appendix A.

## Qualifying (Written) Examination

### **June 21, 2019 Qualifying Examination: Application Process**

1. Applications will be accepted online at [www.abog.org](http://www.abog.org) beginning September 17, 2018. Late fees will apply for applications received after October 19, 2018. The final day applications will be accepted is December 14, 2018.
2. The total fee (application and examination) must be paid by credit card through the ABOG website at the time of application. If an applicant is found to be ineligible to take the examination, the examination portion of the fee will be refunded. The application portion of the fee is not refundable nor will it be credited toward a subsequent application.
3. The applicant must supply ABOG with an email address as part of the application process and notify ABOG of any change in this email address.
4. Following submission of the on-line 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.
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 March 22, 2019, 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. If special accommodations are needed for a disability, those requests must be received at the ABOG office no later than March 22, 2019. (See Appendix B for more information about accommodations for disabilities.)
7. 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 22, 2019, and schedule at a Pearson VUE test center by the same date. After March 22, ABOG cannot guarantee that it will be possible to schedule an extended test at the candidate's preferred testing center. Most Pearson VUE test centers have only one room that is available for breast pumping so candidates are encouraged to make their reservations as soon as they receive approval for the test as these rooms will be assigned on a "first come, first served" basis.

## June 21, 2019 Qualifying Examination: Requirements

Each of the following is a requirement for a Fellow in Female Pelvic Medicine and Reconstructive Surgery to sit for the subspecialty Qualifying Examination. The Fellow must meet all of the requirements in effect during the year for which admission to the Qualifying Examination is requested.

1. **OB GYN Qualifying Examination** A candidate may not apply for the Female Pelvic Medicine and Reconstructive Surgery Qualifying Examination unless they have previously passed the 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 32 of 36 months of training, or will have completed training in an ABOG-accredited fellowship program in Female Pelvic Medicine and Reconstructive Surgery no later than September 30 of the same year the Qualifying Examination is taken.
3. **Allocation of Time** In order to take the Qualifying Examination the candidate must have had the following experiences during fellowship:
  - a. 18 months of clinical Female Pelvic Medicine and Reconstructive Surgery
  - b. 12 months of protected research
    - i. Conducted research leading to a thesis meeting ABOG certification requirements (Appendix C)
    - ii. Completed written thesis and presented work before FPMRS Division and Program Director by completion of fellowship
    - iii. Blocks must be no 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

4. **Curriculum** The candidate must have a diverse experience in the management of a wide variety of clinical problems effecting the development, function, and aging of the female reproductive and urinary tract. Additionally, the candidate must have experience in the management of anal incontinence.

The candidate must have experience in medical disorders, surgical techniques, and office procedures to be able to manage complex pelvic floor and urinary conditions.

5. **Leaves of Absence** Leaves of absence and vacation may be granted to Fellows by their Program Director in accordance with local policy. The total leaves of absence, including vacation, must not exceed either 8 weeks in any year or a total of 15 weeks over the entire three years of fellowship.

If a fellow's leave exceeds either the yearly maximum or the program maximum, the fellowship must be extended for the duration of time the individual was absent in excess of the maximum. The number of days that equals a "week" is a local issue that is determined by the Program Director, not ABOG.

Fellows are expected to take allotted vacation time. Foregoing vacation time or necessary sick leave to shorten the 36-month requirement of training is not permitted.

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.

## June 21, 2019 Qualifying Examination: Content

The content of the Qualifying Examination will include advanced knowledge on the subjects outlined in the *Guide to Learning in Female Pelvic Medicine and Reconstructive Surgery*. The questions will be in a multiple-choice, one best answer format.

## Conduct 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, may not return. Candidates will receive information after registering on the Pearson VUE website concerning the location of their examination, as well as the time they must arrive.

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

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

Candidates are not allowed to access recording devices, cellular phones, paging devices, smart watches, other electronic communication and/or recording devices, and 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.

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 90 days prior to the test, and schedule at a Pearson VUE Testing Center by the same date. After 90 days ABOG cannot guarantee that it will be possible to schedule an extended test. Most Pearson VUE Testing Centers have only one room that is available for breast pumping, so candidates are encouraged to make their reservations as soon as they receive approval for the test as these rooms will be assigned on a "first come, first served" basis.

## Test Integrity

At the time of application for the examination, and again at the time the test is taken, each candidate will be required to agree to the following. No candidate will be allowed to sit for the Qualifying Examination unless they agree to these terms:

1. I understand that all ABOG test materials are copyrighted, and that it is illegal to disclose the content of the examination in whole or in part to any individual, organization or business. Furthermore, I understand that if I provide the information to any such entity I may be prosecuted under the US Copyright laws.
2. I understand that if I divulge the content of the Qualifying Examination in whole or in part to any individual, organization or business, my test result, if any, will be negated and I will not be allowed to re-apply for the examination for a minimum of three years. Furthermore, if I had been awarded Diplomate status, such status will be withdrawn.
3. I understand that I may not record any portion of the 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.

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

## *June 21, 2019 Qualifying Examination Fees and Deadlines*

<b>Sept 17, 2018 to Oct 19, 2018</b>	<b>\$1945</b>
<b>Oct 20, 2018 to Nov 16, 2018</b>	<b>\$1945 + \$320 late fee = \$2265</b>
<b>Nov 17, 2018 to Dec 14, 2018</b>	<b>\$1945 + \$815 late fee = \$2760</b>

The final deadline to complete the on-line application and pay the applicable fees is December 14, 2018. No application will be accepted after this date.

After approval, if the candidate experiences an event that prevents sitting for the examination, the Board should be notified immediately. If the request to withdraw is made prior to March 15, 2019, and if the review committee agrees that the request is due to circumstances beyond the control of the candidate, the examination portion of the fee (\$870) may be refunded. However, the application fee is not refundable. In addition, the review committee will not consider any request that is based primarily on non-emergency matters.



## **Re-Application**

A candidate who postpones or fails the Qualifying Examination must complete a new on-line 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 Executive Director. Such appeals will be forwarded to the appropriate ABOG Committee for reconsideration. If the appeal is successful, no late fees will apply. If the successful decision occurs after the date of the 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 re-application. Documentation that the cause for the initial disapproval has been cleared must be submitted with the application.

## **Limitation of Eligibility**

Beginning in calendar year 2020, all physicians who have completed an ACGME-accredited fellowship in Female Pelvic Medicine and Reconstructive Surgery must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician no longer will be eligible to apply for either the qualifying or certifying subspecialty examination unless an additional 6 months of subspecialty training is completed.

This means that physicians who have completed subspecialty training in calendar year 2012 or earlier must be subspecialty certified by 2020 or will be required to complete an additional 6 months of training before regaining eligibility to apply for certification.

If a physician fails to achieve subspecialty certification within 8 years of completion of an accredited Female Pelvic Medicine and Reconstructive Surgery fellowship program and successfully completes an additional 6 months of training, they must achieve subspecialty certification within 4 years of the completion of the additional training. If a physician is unable to achieve certification within 4 years, they must complete a full three year ACGME-approved fellowship in Female Pelvic Medicine and Reconstructive Surgery in order to be eligible for certification.

## Results of the Examination

The results of the Qualifying Examination will be reported online to each candidate by September 14, 2019.

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 of any fellowship program in which the Applicant may have participated or in which the Applicant is currently involved, and/or the Accreditation Council of Graduate Medical Education (ACGME) for any and all purposes. Furthermore, the applicant will be required to release and agree to indemnify and hold the ABOG and its officers, directors, and employees harmless of and from any and all claims the applicant may have with regard to the effect or impact upon the applicant of the release of the applicant's examination results to the applicant's Program Director or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

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

## CERTIFYING (ORAL) EXAMINATION

### April 8-11, 2019 Certifying Examination: Application Process

1. Applications will be accepted on-line at [www.abog.org](http://www.abog.org) beginning May 1, 2018. Late fees will apply for applications received after May 31, 2018.
2. The final day applications will be accepted is June 29, 2018. Applications received after this deadline will not be processed.
3. The application fee must be paid by credit card through the ABOG website at the time of application. The application fee is not refundable.
4. The applicant must supply an email address as part of the application process. It is the candidate's responsibility to notify ABOG of any change in this address as the approval (or not) to sit for the examination will be sent to the applicant at the email address provided.
5. During the application process, a completed Verification of Hospital Privileges Form will be required. This form can be printed from the candidate's ABOG Personal Page and must be signed and either emailed to ABOG at [GenCert@abog.org](mailto:GenCert@abog.org) or faxed to the ABOG office.
6. Following submission of the on-line application form, payment of the appropriate fee, and receipt of the Verification of Hospital Privileges Form, the candidate's application will be considered in accordance with the requirements in effect for that year.

7. If the candidate's application is approved, an email will be sent with instructions for submitting the case lists and thesis. The examination fee must be paid at this time. The case list will not be accepted unless the examination fee is paid in full by credit card on the ABOG website by the deadline.
8. If full payment of the examination fee has not been received by September 28, 2018, for the 2019 examination, the candidate will not be scheduled, and no fees will be refunded.
9. Once all materials have been received by ABOG and the appropriate fees paid, the candidate will receive an Authorization for Admission Form posted on the candidate's ABOG Personal Page at least one month prior to the date of the examination. This form will indicate the date of the candidate's examination, the time and place to report, and hotel information.
10. After applying, candidates should log in to their ABOG Personal Page to begin case list collection by clicking on the Case List Entry button under the Certifying Examination box. They should also click on the Thesis Affidavit Form to print the acceptable affidavit form.
11. Each year the ABOG notifies the American College of Obstetricians and Gynecologists (ACOG), the American Urogynecologic Society (AUGS), the American Board of Medical Specialties (ABMS), the American Medical Association (AMA) and the American Journal of Obstetrics and Gynecology of the names and addresses of the Diplomates who have been certified in the course of that year. The ABOG 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. The ABOG, AUGS, ACOG, AMA and ABMS, on request, also make this information available to the public, including, but not limited to, hospitals, agencies of government, insurers and lay persons. The ABOG may use the results of certification examinations for research purposes and may publish the results of the research.
12. As a condition for acceptance as a candidate for certification as a Diplomate of the ABOG, each candidate, at the time of the Certifying Examination, is required to sign an irrevocable waiver authorizing the dissemination of the candidate's certification status without limitation or condition.

## **April 8-11, 2019 Certifying Examination: Requirements**

Each candidate must meet the following requirements:

1. **Must be a Diplomate** of the ABOG and hold an Active Certificate in Obstetrics and Gynecology.
2. **Must have passed** the Female Pelvic Medicine and Reconstructive Surgery Qualifying Examination.

3. **Have successfully completed** 36 months of training in an ACGME-accredited Female Pelvic Medicine and Reconstructive Surgery fellowship.
4. **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 or are on probation, or are subject to conditions of any type are considered to be restricted.
5. **Hold full and unrestricted privileges** to practice in FPMRS in each hospital, surgical center, and/or medical center in which the candidate has privileges.
6. **Be of good moral and ethical character** and have shown appropriate professionalism in all interactions with patients, peers, and other medical personnel. A felony conviction, even if unrelated to the practice of medicine, will be considered evidence of failure to meet this standard.
7. **Have not resigned hospital privileges or membership in any medical organization** (e.g., ACOG) while under investigation. If the candidate is under investigation or on probation, the application will not be approved. The candidate must re-apply and pay a new application fee once the probation and/or restrictions have been resolved. However, resolution of these matters does not guarantee that the candidate's application will be approved.
8. **Have completed at least 12 months of independent practice and have hospital privileges by January 1, 2018**, to practice as a subspecialist in FPMRS in a center or centers providing or having ready access to the essential diagnostic and therapeutic facilities for the practice of FPMRS and to retain such practice until the date of the candidate's examination.
9. **Submit an electronic case list** that documents a practice that demonstrates sufficient depth and breadth of practice in the subspecialty of Female Pelvic Medicine and Reconstructive Surgery to permit the evaluation of the candidate's ability to function in the subspecialty. The case lists must be appropriately de-identified. (See Appendix D.)
10. **Submit a thesis** that meets the minimal standards of the Division of Female Pelvic Medicine and Reconstructive Surgery. Each submitted thesis will be reviewed for acceptability. Prior publication in a peer-reviewed journal does not guarantee acceptance. (See Appendix C for information about thesis content.)
11. **Have not failed to disclose any adverse action.** If a non-disclosed falsification or adverse action is identified by ABOG, it will result in a deferral of a candidate's eligibility to sit for the Certifying 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.

## **Certifying Examination: Content**

The Certifying Examination of the candidate will include critical review and discussion of the submitted thesis, questions related to principles of biostatistics and clinical trial design, review of the submitted case lists, hypothetical cases, discussion of surgical techniques, structured cases, and may include interpretation of operative videos and computer-generated images (imaging techniques, intraoperative photographs, etc.), and questions related to the content of the *Guide to Learning in FPMRS*.

## **Conduct of the Certifying Examination**

The candidates for the examination will be informed of the time and place of the registration process when they receive information concerning their assigned examination date. Candidates who are late for registration will not be allowed to sit for the examination. Following registration, an orientation to the examination will be provided. After the orientation, the candidates will be taken to the ABOG testing center.

Each candidate will be assigned an examination room, and will remain in that room for the 3 hours of the examination. The candidate will be informed of the names of the 6 examiners who will conduct their examination. If the candidate believes that one or more examiners would be inappropriate to provide them with a fair test, an alternate examiner will be provided.

Candidates may not take any electronic devices into the examination. This includes, but is not limited to, cellular phones and all devices that can record, including the Apple Watch and similar devices. If a candidate is found to have an electronic device in an examination room, the test will be halted immediately and the candidate will receive no grade for the examination. In addition, all fees will be forfeit.

Starting in 2018 there are no longer paper case lists submitted for the examination. The examiners will have copies of the candidate's case list and will select which cases to display on the examination room computer screen. Candidates will not be allowed to bring paper copies of their case lists into the examination.

Candidates with documented disabilities should review Appendix B, and notification of the need for special testing circumstances must be submitted in writing to the ABOG by a candidate at least 180 days prior to the date of the examination. This deadline is necessary in order to allow the Board to request the required documentation, to review the records and to verify the disability, if necessary.

Candidates who will be lactating at the time of the examination should notify ABOG 90 days prior to their examination date. They will be scheduled to use one of the lactation rooms on a "first come, first served" basis. If there are more candidates than available rooms, candidates will be scheduled for other accommodations.

The candidates will be examined by two examiners in each area. Each pair of examiners will award a section grade in their area, but the final grade will be decided by members of the ABOG Board of Directors after reviewing all of the information from the examination. The examination will be conducted in English.

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

## Test Integrity

At the time of application for the examination, and again at the time the exam is taken, each candidate will be required to agree to the following. No candidate will be allowed to sit for the Certifying 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 Certifying Examination in whole or in part to any individual, organization or business, my test result, if any, will be negated and I will not be allowed to re-apply for the examination for a minimum of three years. Furthermore, if I had been awarded Diplomate status, such status will be withdrawn.
3. I understand that I may not record any portion of the Certifying Examination by any means in whole or in part, and a violation will be treated as outlined in numbers 1 and 2 above.
4. I understand that I may not memorize or attempt to memorize any portion of the Certifying Examination for the purpose of transmitting such material to any individual, organization or business.

Additional information about test security can be found on the ABOG website under "Policies."

## April 8-11, 2019 Certifying Examination: Fees and Deadlines

### *Application Fee and Deadlines*

<b>May 1, 2018 to May 31, 2018</b>	<b>\$1080</b>
<b>June 1, 2018 to June 15, 2018</b>	<b>\$1080 + \$310 late fee = \$1390</b>
<b>June 16, 2018 to June 29, 2018</b>	<b>\$1080 + \$780 late fee = \$1860</b>

The final deadline to complete the on-line application and pay the applicable fees is June 29, 2018. No application will be accepted after this date. Application fees are non-refundable, nor will they be credited toward a future application.

## ***Examination Fee and Deadline***

If the candidate's application is accepted, a notice of acceptance will be emailed to the candidate in September 2018. The email will explain the process of submitting the thesis and case lists. An examination fee must be paid on or before September 28, 2018.

**September 1, 2018 to September 28, 2018      \$1210**

September 28, 2018, is the final deadline for receipt of the Examination Fee. No late payments will be accepted. If the candidate must withdraw from the examination on or before February 1, 2019, due to a medical or other documented emergency, a portion of the examination fee may be refunded.

## ***Thesis Deadline***

**September 28, 2018**

September 28, 2018, is the final deadline for receipt of 4 copies of the thesis in the ABOG office. One copy of the completed Thesis Affidavit form must be submitted with the thesis. Theses must be mailed; electronic submissions are not accepted. Theses received after this date will not be accepted. Candidates must submit a thesis that adheres to the requirements listed in Appendix C. Candidates should submit their theses using a service with tracking.

Candidates who have previously submitted a thesis and were unsuccessful in passing the examination must resubmit 4 copies of the thesis. The same thesis may be submitted. However, thesis requirements change frequently. The thesis must fulfill the requirements for the year of the exam. Prior acceptance of a thesis does not assure re-acceptance.

## ***Case List Deadline***

**February 1, 2019**

February 1, 2019, is the final deadline for receipt of the case lists. Case lists must be submitted electronically using the forms available on each candidate's web page. Candidates must submit the case list in the proper format and include the appropriate number of cases.

## **Applicants Ruled Not Admissible**

If a decision is made by ABOG that a candidate has not met the requirements for admission to the Certifying Examination, the candidate may appeal the decision by writing to the ABOG Executive Director. Such appeals will be forwarded to the appropriate ABOG Committee for reconsideration. If the appeal is successful, no late fees will apply. If the successful decision occurs after the date of the Certifying Examination, the candidate will be scheduled for the next

available Certifying Examination in the subspecialty and no additional application fee will apply. However, the examination fee must be paid before the deadline.

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

## **Re-Application**

A candidate who fails the Certifying Examination must complete a new on-line application and pay a new application fee. Following notification of approval to retake the Certifying Examination, the candidate must submit a new case list, thesis (either the same or new) and pay the examination fee on or before the established deadlines.

## **Limitations**

The duration of Active Candidate status is limited.

Beginning in calendar year 2020, all physicians who have completed an ACGME fellowship in Female Pelvic Medicine and Reconstructive Surgery must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician no longer will be eligible to apply for either the Qualifying or Certifying Subspecialty Examination unless an additional 6 months of subspecialty training is completed. Physicians who have completed subspecialty training in calendar year 2012 or earlier must be subspecialty certified by 2020 or will be required to complete an additional 6 months of training before regaining eligibility to apply for certification.

## **Case Lists**

### ***Preparation of the Case Lists***

**The candidate must:**

1. Submit the case list electronically by the published deadline.
2. Use the electronic forms that can be found on their ABOG Personal Page. The use of any other form or format is not allowed. A paper case list is not acceptable.
3. Submit the summary sheet by the published deadline. The summary sheets should reflect the combined totals from all health care sites.



4. Collect cases between January 1 and December 31, 2018. If enough cases cannot be collected in a one year period of time, the collection of cases can be extended to 18 months or 2 years. However, it may not include cases collected during fellowship.
5. Not include any case previously used on a prior case list for a Specialty or Subspecialty Certifying Examination.
6. Have the case list certified by the appropriate personnel of the institution(s) in which the care was given.
7. De-identify the case list in accordance with the requirements of Section 164.514(a)(b) and (b)(2)(i)&(ii) of the Final Privacy Rule. (See Appendix D.)
8. Use standard English language nomenclature. Common abbreviations are acceptable. (See Appendix E.)
9. List the patient only once. If the patient is admitted more than once you should provide information regarding the additional admissions in the appropriate boxes.

For physicians who are in group practice where responsibility for patients is shared, the decision whether to list a particular patient should be based on which physician had primary responsibility for the inpatient care. However, when asked to perform a consult on an inpatient on another physician's service, that patient may be listed.

The case lists must include sufficient numbers as well as sufficient breadth and depth of clinical difficulty to demonstrate that the candidate is practicing the full spectrum of FPMRS.

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

### ***Case Lists: Content***

Two types of cases must be submitted: (1) surgical cases, and (2) office practice cases. No patient may be listed more than once, and no patient may be included on both case lists. That is, patients who are evaluated in the office and subsequently have surgery should only be listed on the surgical case list. Patients that are admitted multiple times or have multiple surgeries may only be listed once.

#### ***Surgical Case List***

The surgical case list must include ALL surgical patients from ALL sites for which the candidate had primary responsibility during the case collection period. It **MUST** include a minimum of 50 FPMRS surgical cases. The surgical list must contain a minimum of 25 prolapse cases and a minimum of 25 urinary incontinence cases. No patient can be listed more than once on the surgical case list.

#### ***Office Practice Case List***

You must submit 40 patients – no more, no fewer – who received non-surgical, office management. A patient may be listed only once. Do **NOT** include any patients who are on the surgical case list. At least 1, but no more than 10 patients must be listed in each of the

following 5 categories:

1. Pelvic Organ Prolapse
2. Urinary Incontinence
3. Urinary Tract Symptoms: Urgency, Frequency, Nocturia, Voiding Dysfunction, Urinary Retention, Sensory Disorders
4. Urinary Tract Disorders, Fistulae, Diverticula, Infections
5. Pelvic Floor Disorders: Defection Disorders, Fecal Incontinence, Anorectal Disorders, Rectovaginal Fistulae, Sexual Dysfunction, Vaginal Pain

## **Certifying Examination Appeals**

At the completion of the Certifying Examination, if a candidate believes the examination has not been conducted in a fair and unprejudiced manner, a second examination may be requested. The request must be made within one hour of the completion of the examination. To do so, a candidate must telephone the Board office (214-871-1619).

If the request is granted:

1. no final grade will be assigned and section grades will be discarded;
2. a second examination will be provided approximately one year later at the next regularly scheduled annual FPMRS Certifying Examinations at no additional charge;
3. the candidate must prepare a new case list in accordance with the requirements listed in the *Bulletin* for the year in which the appeal test occurs;
4. the repeat examination will be conducted by a different team of examiners, who will not be informed that this examination is being conducted as a result of an appeal;
5. neither the questions nor the candidate's answers on the first examination will be known to or taken into account by the second group of examiners; and,
6. the decision of the examiners conducting the second examination will be used by the Board to record the final results of the candidate's Certifying Examination.

Appeals based on the composition of the Certifying Examination team will not be considered if the candidate was informed before the start of the examination of the identity of each member of the team and did not object to the participation of any member in time for an acceptable substitute to be provided.

Appeals based on the content of the examination, the sufficiency or accuracy of the answers given, or the final grade will not be considered.

## Length of Certification

All certificates issued by ABOG after 2008 are time-limited. The certification of a Diplomate who successfully passes the Female Pelvic Medicine and Reconstructive Surgery Certifying Examination in April 2019 will expire on December 31, 2020, unless all of the 2020 MOC assignments have been successfully completed. Applications for the 2020 MOC process will be available on-line beginning in January 2020.

# Appendices

## Appendix A: ABOG Division of Female Pelvic Medicine and Reconstructive Surgery

Linda Brubaker, MD	University of California, San Diego	<b>Division Chair</b>
Marlene Corton, MD	University of Texas, Southwestern Medical Center	
Charles Nager, MD	University of California, San Diego	
Karen Noblett, MD	University of California, Irvine School of Medicine	
Rebecca Rogers, MD	University of Texas at Austin, Dell Medical School	
Paul Tulikangas, MD	University of Connecticut	

## 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 the ABOG is provided with notice of the disability in time to permit the ABOG to make such adjustments in the examination as are reasonably necessary to accommodate the disability.

For the Qualifying Examination, the candidate must provide sufficient documentation to permit the ABOG to verify the existence, nature, and extent of the disability no fewer than 90 days prior to the date of the examination. The documentation must specify the requirements or accommodations determined to be necessary to overcome or compensate for the disability. In addition, the candidate must supply any additional information the ABOG may subsequently request in a timely manner.

If any of the requirements cannot reasonably be provided, ABOG will notify the candidate and will indicate those alternative accommodations which the ABOG determines to be appropriate in consideration of the disability claimed and documented, and the integrity of the examination. If the candidate fails to notify ABOG of a disability 90 days before the examination and fails to achieve a passing grade, that candidate may not appeal the results of the examination, but shall be entitled to sit for the next regularly scheduled 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.

For the Certifying Examination, notification of the need for special testing circumstances must be submitted in writing to the ABOG by a candidate at least 180 days prior to the date of the examination. This deadline is necessary in order to allow the ABOG to request the required documentation, to review the records and to verify the disability, if necessary.

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

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

## Appendix C: Thesis

A thesis is required by the Division of Female Pelvic Medicine and Reconstructive Surgery and must be submitted by the date listed in this *Bulletin* and according to the guidelines for preparation listed below. The Division will review the thesis and make a decision 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.

One copy of the completed Thesis Affidavit Form must be submitted with 4 copies of the thesis.

### Preparation

1. **Format:** The format of the thesis must comply with the instructions for authors for a major peer-reviewed print journal in a field related to Female Pelvic Medicine and Reconstructive Surgery except as noted below. The name of the journal must be identified clearly on the cover page of the manuscript. Theses that are not in the proper journal format will be rejected.

The cover page of the thesis should only show the thesis title, the name of the candidate, the hypothesis, and the journal format.

The thesis must be type-written in 12 point type, single-spaced, and double-sided on standard 8 1/2 x 11" paper.

Reprints of published manuscripts are not acceptable.

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

2. **Hypothesis:** The thesis must clearly state the hypothesis to be tested and must be in the form of a simple declarative sentence. The hypothesis must be included 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." Conversely, the null hypothesis may be stated. The hypothesis must appear in the body of the thesis and on the cover page
3. **De-identification and Authorship:** The candidate must remove all wording in all areas of the thesis that would allow an examiner to be able to identify the institution where the study was performed and any co-authors.

The cover page should only list the title of the thesis, the candidate's name (no co-authors), the hypothesis, and the journal format.

Acknowledgements are not allowed.

4. **Subject Matter:** The subject matter must clearly relate to the area of Female Pelvic Medicine and Reconstructive Surgery
5. **Research:** The thesis must be based on clinical or basic research performed during the fellowship period. A review of work performed by others is not acceptable.



6. **IRB Approval:** All research involving humans and animals must be reviewed and approved by the human or animal institutional review boards (IRBs) of the sponsoring institution. **If the research is considered to be exempt from IRB approval, a statement from the IRB to that effect must be included with the thesis.**
7. **Unacceptable Papers:** The following are not acceptable for a Fellow's thesis:
  - a. book chapters
  - b. case reports
  - c. case series
8. **Potentially Acceptable Papers:** Any thesis submitted must be the product of a significantly thoughtful and robust research effort. The following types of clinical research would be considered acceptable for a thesis (see below). Any submitted study must have a clearly designated hypothesis stated in the body of the thesis. 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.

Work performed in a laboratory setting with a clear hypothesis would also be considered appropriate.

- a. **Randomized Controlled Trial:** The report must represent subject matter that is of significant importance to the field, and must adhere to the CONSORT guidelines.
- b. **Meta-analysis and Systemic Review:** The report must represent subject matter that is of significant importance to the field, and must adhere to the PRISMA or MOOSE guidelines.
- c. **Cost-effective analysis:** The study must represent subject matter that is of significant importance to the field, and must conform with the principles set forth in the "WHO guide to Cost-Effective Analysis."
- d. **Case-control study:** If there is a well-defined objective with a specific hypothesis to be tested, and if the subject matter is of significant importance to the field, the thesis will be reviewed by the subspecialty division for possible acceptance. The submitted thesis must conform to the STROBE guidelines for observational studies.
- e. **Cohort study:** The subspecialty division will review the thesis for possible acceptability if (a) the candidate developed the cohort [ie, data-mining of established datasets is rarely acceptable], (b) there is a well-defined hypothesis to be tested, and (c) the subject matter is of significant importance to the field. The submitted thesis must conform to the STROBE guidelines for observational studies.
- f. **Survey-collected data:** The subspecialty division will review the thesis for possible acceptability if (a) the candidate developed the questionnaire or used a previously validated questionnaire, (b) the subject matter is of significant importance to the field, (c) there is a well-defined hypothesis to be tested, (d) the recipients of the questionnaire are selected to avoid bias, and (e) there is at least 50% return and completion of the

questionnaire. The submitted thesis must conform to the STROBE guidelines for observational studies.

9. **Thesis Defense:** During the Certifying Examination, the candidate may be asked one or all of the following questions. Additional questions may be asked which are not listed in this outline.
- a. Hypothesis
    - 1) What were the study objectives?
    - 2) What was the population studied?
    - 3) What was the population to which the investigators intended to apply their findings?
  - b. Design of the investigation
    - 1) Was the study an experiment, case-control study, randomized clinical trial, planned observations, or a retrospective analysis of records?
    - 2) Were there possible sources of sample selection bias?
    - 3) How comparable was the control group?
    - 4) What was the statistical power of the study?
    - 5) Was the design of the study appropriate for the hypothesis to be tested?
  - c. Observations
    - 1) Were there clear definitions of the terms used (i.e., diagnostic criteria, inclusion criteria, measurements made and outcome variables)?
    - 2) Were the observations reliable and reproducible?
    - 3) What were the sensitivity, specificity and predictive values of the methods?
  - d. Presentation of findings
    - 1) Were the findings presented clearly, objectively, and in sufficient detail?
    - 2) Were the findings internally consistent (i.e., did the numbers add up properly and could the different tables be reconciled, etc.)?
  - e. Analysis of the results
    - 1) Were the data worthy of statistical analysis? If so, were the methods of analysis appropriate to the source and nature of the data?
    - 2) Were the analyses correctly performed and interpreted?
    - 3) Were there analyses sufficient to ascertain whether "significant differences" might, in fact, have been due to a lack of comparability of the groups (e.g., age, clinical characteristics, or other relevant variables)?
    - 4) Were the statistical analytic techniques, and the significance level described?

5) Was there use of measured sensitivity without specificity?

f. Conclusions or summary

1) Which conclusions were justified by the findings?

2) Were the conclusions relevant to the hypothesis?

g. Redesign of the study

If the study could be repeated, how could the experimental design be revised to provide better reliability and validity of the conclusions?

h. Knowledge of the breadth and depth of subject matter

A candidate may be asked about specific references cited in the thesis. The candidate will be judged on their knowledge of the literature related to the subject of the thesis.

## Appendix D: De-Identification of Case Lists

### General

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Secretary of the DHHS issued a Final Privacy Rule (HIPAA Privacy Rule) governing the terms and conditions by which health care providers can make available individually identifiable health information. The HIPAA Privacy Rule permits the release of patient information if the information does not permit the patient to be individually identified. Therefore, candidates must exclude from the case lists submitted to the Board such information as could permit the identification of an individual patient.

The HIPAA Privacy Rule specifically enumerates the categories of information which must be removed from patient case lists in order for such case lists to be de-identified and thereby become available for submission to the Board.

Section 164.514(b) provides that a physician/candidate may determine that health information is not individually identifiable health information only if the following identifiers are removed:

1. Names
2. Geographic subdivisions smaller than a State
3. Date of Birth, admission date, discharge date, date of death; and all ages over 89 except that such ages and elements may be aggregated into a single category of age 90 or older
4. Telephone numbers, fax numbers, email addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate and/or license numbers
5. Biometric identifiers, including finger and voice prints
6. Full face photographic images and any comparable images
7. Any other unique identifying number, characteristic, or codes.

The de-identification of patient case lists does not allow the omission of any cases involving patients under the candidate's care which are otherwise required to be reported. Any effort to use the HIPAA rule to avoid listing patients will disqualify the candidate from the examination and additional disciplinary action as appropriate. The completeness of the candidate's case list is subject to audit by the Board.

## Appendix E: Approved Abbreviations

A&P Repair-Anterior and posterior colporrhaphy  
AB Abortion  
AIDS Acquired immuno deficiency syndrome  
ASCUS Atypical cells of undetermined significance  
BMI Body Mass Index  
BSO Bilateral salpingo-oophorectomy  
BTL Bilateral tubal ligation  
CBC Complete blood count  
CD Cesarean delivery  
CIN Cervical intraepithelial neoplasia  
Cm Centimeter  
CT Computerized tomography  
D&C Dilatation and curettage  
D&E Dilatation and evacuation  
DEXA Dual-energy x-ray absorptiometry  
DHEAS Dihydroepiandrosterone sulfate  
DM Diabetes mellitus  
DVT Deep vein thrombosis  
E2 Estradiol  
EBL Estimated blood loss  
ECC Endocervical curettage  
EFW Estimated fetal weight  
EGA Estimated gestational age  
EKG/ECG Electrocardiogram  
FGR Fetal growth restriction  
FSH Follicle-stimulating hormone  
FHR Feta heart rate  
GDM Gestational diabetes mellitus  
gm Gram  
HIV Human immunodeficiency virus  
HCG Human chorionic gonadotropin  
HPV Human papillomavirus  
HRT Hormone replacement therapy  
HSV Herpes simplex virus  
IM Intramuscular  
IV Intravenous  
IUD Intrauterine device  
IUFD Intrauterine fetal death  
IUGR Intrauterine growth restriction  
IUP Intrauterine pregnancy

kg Kilogram  
LAVH Laparoscopic-assisted vaginal hysterectomy  
LEEP Loop electrosurgical procedure  
LGA Large for gestational age  
LH Luteinizing hormone or laparoscopic hysterectomy  
LMP Last menstrual period  
MIS Minimally invasive surgery  
MRI Magnetic resonance imaging  
NST Non-stress test  
OA, OP, OT Occiput positions. May be preceded by R (right) or L (left)  
PAP Papanicolaou smear  
PCOS Polycystic ovarian syndrome  
PIH Pregnancy-induced hypertension  
PP Postpartum  
PPH Postpartum hemorrhage  
PROM Premature rupture of membranes  
PTL Preterm labor  
SAB Spontaneous abortion  
S/D (ratio) Systolic/diastolic ratio  
SGA Small for gestational age  
SROM Spontaneous rupture of membranes  
STD/STI Sexually transmitted disease/infection  
SUI Stress urinary incontinence  
SVD Spontaneous vaginal delivery  
TAH Total abdominal hysterectomy  
TSH Thyroid - stimulating hormone  
TVH Total vaginal hysterectomy  
US Ultrasonography  
VBAC Vaginal birth after cesarean delivery