

2021 Subspecialty Certifying Exam

Webinar held on December 18, 2020

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WL– Dr. Wilma Larsen

CA – Cariel Apodaca

GW – Dr. George Wendel

CA: It is five o'clock, so in the interest of time, Dr. Larsen, ready to get started? Okay, good evening, everyone. I'm Cariel Apodaca. I'm the Exams Manager here at ABOG. First, we'd like to thank each of you for joining us today for our town hall webinar regarding the April 2021 Subspecialty Certifying Exams.

Quickly, I wanted to share a few event protocols before we get started. Everyone's microphones are muted, chat functionality is disabled, questions emailed to us prior to today will be answered first. After those questions have been answered, attendees can submit questions using the Q&A tool. We will respond to each question as they come in, and you may choose to submit your question anonymously if you prefer. Please keep your questions general in nature. If you have a question about a specific situation, please email details and your question to exams@abog.org, and one of our staff members can assist you. Like all of our webinars, this event is being recorded. The link to access that will be emailed as soon as possible.

Our panelist today is Dr. Wilma Larsen, the Associate Executive Director of Examinations. She will begin with an overview slide deck, and then we will begin with the questions that were emailed in advance. Dr. Larsen, I'll turn it over to you.

WL: Hopefully, all of you can see the screen that I'm sharing. We just wanted to go over what's happening as far as the Subspecialty examination. We did send out an email this week. Unfortunately, I'm not going to be able to give you a final answer as far as how we're going to administer the exam because we are still working towards making that decision.

Right now, we are preparing and planning for an in-person exam in Dallas. However, we're well aware of what's going on with COVID-19, and we are closely monitoring both what's going on today, as well as what's projected on all the different modeling sites. The final decision on how the exam will be administered will be announced no later than the 11th of January of next year.

We've had to make a lot of decisions regarding our exams during the COVID pandemic. As some of you are well aware, the 2020 candidates, basically the pandemic hit just before our April exams were scheduled, and we had to delay those examinations.

These are the guiding principles that we've kept top of mind as we've gone through this year and as we've made changes to our examinations. As you can see, safety of the stakeholders is number one on our list, but there are a number of other things that we've kept in mind. Throughout this time, we have not operated in a vacuum. We've had a national working group that's helped us to go through all the different options and make decisions, bringing up things to make sure that we don't miss anything as we're evaluating how we move forward.

There will only be one format for the exam that will be administered. Either they'll all be in-person, or they will all be virtual. The reason for that is because it's psychometric and security is extremely important in this exam and trying to administer exams in different ways would not be fair or reliable to the candidates. Regardless of the format that is selected, the exams will be administered on the dates that we've put out. The dates that are currently scheduled for MFM and REI, that will be April 12th through 15th, and for FPMRS and Gyn Oncology, that will be April 19th through 21st.

If a candidate elects to defer their exam to 2022, there will not be a penalty, regardless of how the exam is administered. The fees and the case list will be moved to 2022. If a candidate prefers to receive a refund, that is an option as well. The candidate still must apply and re-upload their thesis, but they can use the same thesis that was admitted for this exam. They must meet the requirements as outlined in the 2022 bulletin, which as you some of you may be aware, is not yet published. It will be published in January of next year.

Hopefully you all received our letter on the 15th of this month, which outlined our two-year eligibility extension for all active candidates. The reason for this is because we know that COVID has affected everyone greatly throughout this pandemic, and there are candidates who, either by choice or by situation, are not able to take their exams, and we don't feel that they should be penalized as far as the total eligibility time. That will be applied to every candidate at the end of this month without the candidates having to do anything.

At this time, I'm going to unshare my screen, and we're going to go ahead and answer the questions first that were sent to us ahead of time.

If the exam is determined to be in-person only, will there be an option to opt out/defer the exam until next cycle without penalty? There may still be institutional travel restrictions that may not be lifted by April, even though vaccination will be in progress. This uncertainty may not be determined until a much closer time to April, which would add additional stress to the examinees.

WL: Even though I was answering this question during the initial slides, we felt it was important to keep it in here because it's such an important issue, so thank you for whoever submitted this. There is an option to defer and to take the exam in 2022 without penalty, and again, we have also extended everyone's eligibility, which eliminates the penalty of not becoming certified in the eight-year time frame.

Both virtual and in-person oral exams are potential options that have been mentioned. Why is a written exam not an option? Since it was an option for the general OB GYN boards, it seems like it would be a feasible and safe option for the subspecialty exams as well.

WL: There are a couple of different things that have played into this decision. The first is that the Certifying Exam is intended to evaluate a candidate's knowledge, judgment, and skills not only by just the knowledge, but also specifically in the case of the subspecialty, the thesis and the research that has been done. This is all a critical part of the exam, and if all possible, we want to make sure that it's included in the Certifying Exam assessment.

Even though the Specialty Exam does have the case list component, it does not have the thesis component, but more importantly, we were not able to overcome the extensive technical preparation needed to administer the Specialty Exam virtually in a reliable, secure, and fair manner, which is what caused us to move to a computer-based in Pearson VUE Certifying Exam

for the specialty. We have been working since the start of the pandemic to allow a virtual option, and we do believe that we will be able to give a virtual option in April, which will allow us to test all aspects of the candidates care, both their case lists, the structured cases, and then the thesis.

Will the COVID-19 vaccine be required for in-person examinations?

WL: Thank you for this question. This is a very good question. It's something that we've certainly been thinking about since the recent emergency authorization for the vaccines. We have definitely been considering this. The availability of the vaccines, of course, are weighing heavily into our discussions, because having people vaccinated is very helpful obviously as far as starting that herd immunity process. We have not made a decision on this yet, but I do believe that there is a very high chance that if we do give the examinations in-person, we will require all candidates to have received the vaccination prior to coming in, as well as all examiners prior to coming in for the examinations. That will help help safeguard and protect everyone in an in-person setting. There are also other precautions that we take similar to the precautions that we take during influenza season.

If exams are in person, how could you assure that no examiner or examinee would contract COVID as a result of traveling and/or test taking? Dr. Fauci himself says travel shouldn't occur until more than 70 percent of the population has been vaccinated and not just some small number of physicians.

WL: Again, an excellent question. Obviously, we cannot completely guarantee that candidates and examiners would not be exposed to COVID through travel or through the in-person test taking process. Because our priority is the safety and well-being of everyone involved, we are looking at this very very carefully before we make a decision on whether or not we'll give the exams in-person or virtually. As I mentioned I believe during the introduction, we have a national committee that's been helping us throughout our time as we've gone through all of our decisions in regards to COVID. Members of this committee include people from the CDC, as well as candidates and other stakeholders, and that helps us to look at all the different aspects and sides of the question. Again though, if we decide that an in-person exam is how we are going to proceed and any candidate that does not feel comfortable with that, they may defer to the 2022 cycle without any penalty, and the exam fees can be rolled to 2022 or refunded as a candidate prefers.

If virtual, how could you ensure nothing similar to the general surgery virtual exams would occur, which were hacked identities stolen, technical issues, etc.?

WL: As far as the security aspects of taking a virtual exam, we're working closely with our testing partner to have a virtual exam experience that will be secure and reliable. That's why we've held off offering the virtual option because we want to be thorough and diligent in our preparation. The American Board of Surgery situation, there's a couple of things about that. First of all, that was not a virtual oral examination, that was a remote proctored written or computer-based exam. Initially, when the exam failed, there was or there were rumors that there had been hacking and identity theft. Those were actually found not to be true. However, that exam did fail in a technical fashion. Since then, the American Board of Surgery has given more virtual oral exams than any other board. Their exam is very different from ours, and it was much simpler to convert to a virtual platform. However, they have given I believe over 500 exams without any problems as far as security or other issues. Their technical failure rate has been very low. We collaborate with all of the boards, including the few boards who have given virtual options to make sure we're implementing all best practices and making sure that we can minimize any possible technical issues with our exam.

If the exam is to be held in-person, what plans has ABOG made to allow for appropriate social distancing in the waiting rooms, on the bus, and in the exam rooms?

WL: Thank you for that question. That's a very legitimate concern. We definitely are continuing to put the safety of our volunteers, candidates, and staff at the forefront. We've been working with our travel partners to include those that provide our transportation services to make sure that we can implement anything that we need to, and as I mentioned previously, we've been putting in place a number of different safety measures because our exams are given during influenza season every year. That being said, if we feel like it is not safe to administer the exams in person because of restrictions as far as social distancing or limitations on the number of people who can be in a particular area, then we will certainly not give the exams in person and make the decision to proceed with the virtual administration.

Since virtual options for oral boards have been made available to other specialties, what is the benefit to holding the exam in person, given the unnecessary additional risk it poses with additional travel when over 3,000 Americans are dying daily from this disease at this time?

WL: Thank you for that question. As I've mentioned, it is true that other specialties have successfully delivered virtual exams during this year. That is one of the many reasons why we've been working diligently to prepare a virtual option. If after considering all the factors, particularly the the priority of safety, if we don't deem it to be safe to have an in-person option, we will proceed with a virtual option.

If an examinee contracts COVID in the two weeks leading up to the exam, will there be a virtual option available? As you know, this exam takes many months to prepare for, so a contingency plan for those individuals is necessary, given these unprecedented times.

WL: As I mentioned during the introduction, there will only be one method of administration, either in-person or virtual. If it is an in-person administration and someone is unable to come and take the examination due to COVID or any other reason, they will need to defer until 2022.

Many of us are first in line to receive the vaccine but it could still be months before we even get the first shot in this series. It will be even longer for those not in academic institutions. Will a virtual option be made available for individuals who don't yet have access to the vaccine?

WL: No.

If we get the second vaccine in the series around the time of the exam and have a febrile response, should we travel anyway or will there be a virtual option available?

WL: Again, there will not be a virtual option. Whether you travel or not will be up to you and your best judgment.

I am very worried about exposure to COVID by traveling to Dallas. Even in the setting of receiving the vaccine, it is such a new treatment with only a few studies. Additionally, Texas is obviously one of the worst places for COVID infection. It does not seem like there's enough evidence to ensure my safety, and I am extremely worried that I would be putting myself, my family, and my patients at risk.

WL: Thank you for expressing your concerns. As I've mentioned, we're putting the safety of the volunteers, candidates, and staff first as we make decisions. We will continue to assess the situation not only in Dallas, but throughout the country before we make a final decision on how we administer the exam, and of course as I've mentioned, if anyone does not feel comfortable, if we do determine that an in-person exam is feasible, they can defer to 2022.

The virtual examination seems much more appropriate; however, I am concerned about the security of a virtual exam. My understanding is that other specialties had issues come up over the last year.

WL: Thank you. As I noted previously, there are subspecialties that are administering oral Certifying Exams. So far, there are three. In no case has there been any loss of PII for candidates

or examiners, and the one exam that had the concern of PII was not a virtual oral exam, it was a computer-based exam that was remotely proctored, and there was actually no PII breach after investigation. We are concerned, of course, about security, not just the security of the candidates and examiner's information, but security of the exam itself, and we are putting measures in place to try to make the exam as fair, reliable, and secure as possible.

I am also concerned about the uncertainty of the format and adequately studying and preparing for that format. This year has obviously been overwhelming with challenges for all of us beyond what we could have imagined, however there have been many months now that the board could have made adjustments or plans for this examination. It seems fairly obvious that the world will be in a similar situation in April as it has been the last few months, if not worse given that the general population is still far from being vaccinated. It is disappointing that given the significant amount of money and effort I am expected to invest into this test, a more definitive plan was not put into place sooner.

WL: Thank you for your comments. Since March, ABOG has been meeting regularly and working to ensure that we're doing everything possible to allow candidates to become certified in a safe manner. As I mentioned, we have a national working group with experts from the CDC, candidates that are in the process, and other stakeholders to make sure we're thinking of every option. The development of a virtual option is complex, and it is particularly complex for the Subspecialty CE because of the thesis as well as the case lists, and that's why we've been working with our administration partner since the beginning of the pandemic to try to get the ability to administer a virtual exam in place. If a virtual exam is given rather than in-person, the format will be the same as the in-person examination. There will be really no difference in format other than potentially slight differences in time with breaks in between sessions due to changing rooms and those sorts of things, but the format will otherwise be the same.

Has ABOG considered what the general surgery boards did with case list submission due to COVID?

WL: So general surgery is one of the boards that is providing a virtual oral exam and it is the same format as their in-person oral examination, so we have been collaborating with them, but they didn't do anything different. They don't have a case list for their boards. They have cases that are required, but they don't submit a case list.

I was told that ABOG's primary concern is financial related to investment in its physical structure for in-person examination and the implication for location of testing for future years. Can you address this please?

WL: I'm not exactly sure what you mean by that, however we have made every effort in order to not charge anyone anything more than they have been charged for the examinations. As we make decisions to not give in-person exams, it certainly does cause us to pay penalties for hotel contracts because those contracts are made years in advance. As far as the implication for location of testing for future years, I'm not exactly sure what you mean by that question. If you could clarify that a little further, then I can certainly try to answer it. Although of course we are concerned about the financial implications of cancelling contracts, that is not our primary concern.

Is there any consideration for extending the deadline for submitting the case list as clinic volume was impacted by COVID-19?

WL: We did extend deadlines for submitting case lists throughout the time of COVID. We can only extend deadlines to a certain point however, because we have to be able to provide the test at the time that it's scheduled, so that does make things difficult. I'm sorry, I misinterpreted what you're asking, and I just reread it, and so yes, we are willing to extend deadlines. The only thing that we can't allow is for someone to use cases that they've used on a previous exam or use cases from their fellowship, but if you're having difficulty collecting enough cases, please contact the Exams Department at exams@abog.org.

It is exceedingly clear that travel over the next six months is unwise. Why is ABOG so adamant about keeping with the in-person exam? Why not go ahead and commit to a virtual exam and make plans accordingly?

WL: Thank you for that question. I don't believe we're being adamant, we're simply trying to assess all of the factors that go into making the decision. A virtual exam is not a simple process. There are always concerns when we move from one type of process to another. We want to make sure that the exam is fair and reliable and that every candidate has the ability to pass based solely on their own performance, and so when we are trying to decide whether or not we should transition from one process to another, we want it to go well. We want it to be fair and so we're making the decision judiciously.

Is there any chance the exam will be canceled and rescheduled for 2022, or will it certainly be administered in one way or the other? Can you guarantee an exam administration in April?

WL: I don't think I can ever guarantee anything, that you know had you asked me in March if I thought we would still be wearing masks and being restricted in travel in December of 2020, I would have guessed very poorly. I cannot make a guarantee. What I can guarantee, which I just said I can't guarantee anything, but what I can tell you is that we are making every effort to

administer the exams in April and we will do everything possible within our power to make that happen.

My hospital does not allow me to be in the first wave of vaccines. In this scenario, if the exam is only offered in-person, can I still take the exam if I choose to take the risk? I have already had to defer once.

WL: The only way that we would say no would be if we made the decision to require people to have had the vaccine before they took the exam, so if we made that a requirement, then we would not allow people who hadn't received the vaccine to take it.

If you do decide to require the COVID vaccine for in-person exams, what accommodations will be made for those who are unable to receive it?

WL: Essentially, that would be the same answer as the as the previous question. If we made the decision that you had to have the vaccine, we would not allow candidates or examiners to participate without it, but that decision has not made at this point.

There was a petition letter sent that was signed by a majority of us, more than 105 candidates and rising. No confirmation or acknowledgement of this by ABOG has been made. We do not agree with your decision of an in-person or virtual examination and we feel we should be passed if reasonable case lists and thesis reviews after everything we have been through already. It truly feels the lives of the candidates for which ABOG exists does not play into decision making. Please discuss.

WL: We are aware of the petition. What I will say is that we will not simply review the case lists and pass people based on a review of the case lists. We feel very strongly that certification is a process that is extremely important and that every effort should be made to maintain the fidelity of that certification. A virtual exam, if necessary, is a safe process where you're going to stay where you are, and the examiners will stay where they are. There is no risk to anyone in that scenario from as far as COVID is concerned. So, if we're not able to give an in-person exam and we're able to give a virtual exam that does maintain the integrity of the examination process.

If this and all the years of training we have done along with general OB GYN certification is not deemed adequate, why should we submit the case list and thesis at all?

WL: The case list and thesis are a very active part of the examination process. They make up four of the six sessions during the exam, and so the testing of those is very important to determining whether or not a candidate is able to become certified.

What are the benefits of giving the exam in-person?

WL: The benefits would be that the process is basically honed and we know it's fair and reliable. We know there aren't, or very minimal, technical issues with giving an in-person examination. We've been doing it for many years that way. If we're transitioning to a virtual exam, then obviously we're bringing on a new process that we haven't done before. We are very concerned in making sure that the exam is as close to an in-person exam as possible. If we give it virtually, obviously there are technical challenges involved anytime you bring in ZOOM or other platforms, and so those are the benefits to an in-person.

If there is a virtual exam, will the format of the exam itself be different from an in-person exam in any way?

WL: Other than the fact that you won't be in the same room as the examiners, the structured cases will be displayed on screen, the case lists will be displayed on screen. Those would be the differences, but they but the format will not be different.

How close to the examination date do we have to notify the board of our decision to postpone until 2022?

WL: We would ask that if you make that decision, you notify us as soon as possible. However, we don't have a specific line in the sand if you will, so we would just ask that you notify us as soon as possible so we can adjust our schedules.

If we defer, do we use the same case list that we've already uploaded?

WL: Yes, you would be able to use the same case list that you've already uploaded.

If the exam is done virtually, will it be administered at a Pearson test center?

WL: Unfortunately, currently Pearson does not have the capability of supporting an examination administration for an oral exam in their testing centers. That is something that we've discussed actually with both Pearson VUE and Prometric, and neither one of them are

able to support that at this time. The candidates and examiners will need to find a place that meets the internet requirements, as well as privacy, and a quiet area to take the exam.

When will a decision be made on whether the exam will be provided virtually or in-person?

WL: No later than the 11th of January.

What metrics are being evaluated to determine that an in-person exam will be safe? Vaccination is unlikely to be widespread enough by April to facilitate travel for examinees, even if we have all received the vaccine. I'm uncertain what the board is waiting for. Seems like we should be focusing all of the efforts on developing a safe, reliable, and fair virtual exam.

WL: Thank you for that comment. We're evaluating all of the different modeling, IHME, as well as the Johns Hopkins website, as well as following how the vaccines are being distributed and what the prevalence of the vaccinations are. We have committed to definitely providing a three-month decision for all the candidates and examiners, but that is the current situation.

Has a shorter or less complicated format been considered for this test, with one set of examiners, in order to reduce the likelihood of scheduling issues or difficulty switching between sessions?

WL: I would say that no, we are not considering that. All of the virtual oral exams that have been given are similar to ours in that they all have multiple sessions across examiners, and no one has had technical issues with that at this point. If we are going to give a virtual exam, it will be very similar in format.

If a virtual option cannot be solidified and an in-person option is not deemed safe, is it possible that the exam would be postponed for all? WL:

I can't say that anything is not possible, but our goal and our focus is to make sure we can give an exam in April.

Has ABOG considered the approach that ortho used?

WL: We did discuss it, we discussed it with the Board of Directors. We did consider it and we made the decision that we will not use the approach that orthopedics used. For those on the call that aren't aware of it, that would be simply reviewing the case list and certifying if the case

list met a set of criteria, which those criteria are actually not published, so we're not sure what criteria orthopedics used.

Is ABOG considering virtual examination format as the definitive subspecialty certificate format for future exams, for example 2022?

WL: At the current time, we are not considering the virtual exam as being the future of examination processes.

Will ABOG adjust the number of cases required in the case list? COVID has interrupted the normal flow of patient care.

WL: We are aware that COVID has interrupted the flow of normal patient care, that's why we've extended the amount of time that a candidate can have in order to collect cases, and we've extended that fairly dramatically. Again, you cannot use cases that were used on a prior exam or cases collected during fellowship, however, we are being very agreeable to extensions in the time for case list collection. This is also part of why we extended eligibility for all candidates for two years because we know that some candidates simply won't be able to meet the requirements and sit for the exam at the current time.

If we're mandated to present in-person, as many of us have multiple incentives to become board certified so deferral may not be reasonable, will we be penalized if we opt to wear a full PPE, including half-face respirators, which may make communication more challenging?

WL: If candidates chose to wear full PPE during the exams, they would not be penalized.

Can you please tell us when our thesis may be accepted or not? There has been no feedback to date.

WL: We are actively working on the thesis acceptance at the current time, and people should start hearing a thesis approval in the very near future.

None of us have any experience with a virtual format. Will we get training for how to do a stressful exam in a new virtual format?

WL: If we are giving a virtual exam, there will be opportunities for the candidates to receive training to include manuals, videos, and other opportunities, such as webinars, to learn how to go through the virtual process, yes.

Have you considered other options besides a virtual exam since that sounds like a complicated process?

WL: We did consider other options, including considering a computer-based exam, but again, we would like to keep the exam format as close to the in-person exams possible because the Board of Directors does believe, and we do it ABOG believe, that this is a reliable and fair way to evaluate a candidate's practice.

I'm still not sure why ABOG will not consider a multiple-choice exam like they did for the generalist oral boards. I understand that we have a thesis that we must defend, but all of us presented and defended our thesis while in fellowship. In this global pandemic, it seems reasonable that adjustments should be made to ensure the safety of examiners and examinees. It does not appear that ABOG is prioritizing our safety.

WL: Again, if giving the exam in-person is not safe, a virtual exam is, and therefore giving the exam virtually would be a very safe option that would allow the case list and theses to be tested.

Can you collect cases beyond the December 31st cutoff date?

WL: If you have a specific question on your case list collection, please contact exams@abog.org and so that we can go through your specific situation.

I'm concerned about the three-hour duration of the exam with exposure with two examiners for 60 minutes each when due to COVID-19, the duration of exposure with other individuals should be minimized, especially if you don't know their COVID-19 status.

WL: Again, if we do give an in-person exam, we will take measures to ensure that the examiners and candidates are safe. If we don't believe we can do it safely in the way that we've done an in-person exam in the past, we will not be giving an in-person examination.

Can the thesis be reviewed or scored using peer review, as is normally done for any scientific work? This would maybe allow for the possibility of a written exam.

WL: The thesis is peer-reviewed by the division members first to make sure that it's acceptable and then by the examiner, so the peer review process is in place for the thesis. That's part of the thesis defense, and again, would be part of the virtual oral exam.

If ABOG holds this exam in-person and requires vaccination, will ABOG be providing vaccines to the candidates?

WL: No, we will not be providing vaccines to the candidates. ABOG does not have access to vaccines to provide.

If I had COVID and almost died, would it still be a requirement to get the vaccine to attend the exam?

WL: If you had COVID and had antibodies and are not being required to get the vaccine by your hospital, again that's a specific situation. Please contest, if we're giving the exam in-person and require the vaccine, please contact us with your specific situation at exams@about.org.

If there is an in-person examination, there will be a tremendous incentive for candidates to lie about exposures and symptoms so as not to invalidate months or years of effort. How can you be sure that requirements are being followed?

WL: If we feel like we are able to give an in-person examination, we will require documentation of vaccination and likely negative COVID test prior to reporting for the exam.

Given everything we have been through, will the examination still be scored to the same degree as it would be if we were not in a COVID season, or will ABOG be more lenient to pass more candidates?

WL: ABOG itself obviously is not the one that does the examining or does the scoring. The new scoring system that would have been instituted in 2020 and will now be instituted in 2021 is a very fair and reliable scoring system that allows the candidates to be judged only on their own ability, taking away any examiner level of difficulty or item level of difficulty, so examiner level of severity and item level of difficulty. ABOG will not be instructing the examiners to be more or less lenient. The exam is a peer review process and a self-regulation process, and the examiners will evaluate the candidates just like they always do. But with the new method, it is a more fair method with taking out any examiner severity or item difficulty differences in between exams.

I appreciate the requirement for vaccination to protect examiners and examinees, but we will all return to our practices to care for patients who are immunocompromised and likely not yet vaccinated. Pfizer has been clear that they have not accumulated adequate data to determine if vaccinated individuals are still capable of acquiring coronavirus infection and transmitting it

to non-vaccinated individuals. Please address this. Our obligations to our patients are paramount to why we're here.

WL: Again, safety of everyone involved is the primary priority of ABOG, and if we feel that there's a risk from having an in-person examination, we will not have an in-person exam.

Please elaborate on how a virtual exam would be administered. Would examinees take the exam from home?

WL: Examinees would need to find a place that had good internet, was quiet without any distractions. It would be up to the candidate themselves to make the decision on where they would take the exam. Examiners will be asked by ABOG to take the exam from an office location, again where it's quiet and they have good internet to allow to prevent technical difficulties.

Many of the candidates are women who may be pregnant or lactating and may hesitate to travel or get vaccinated due to limited data. However, many of us have already been made to defer twice due to COVID-19. What accommodations will be made for pregnant or lactating candidates if the examination is offered in-person only?

WL: Unfortunately, if the examination is offered in-person only, candidates will have to come and take an in-person exam in order to be certified in this year. We will not be offering a hybrid of in-person exams and virtual exams. If we feel it's not safe for anyone to take the exam, including pregnant or lactating women, we will not be giving the exam in person, we will be giving it virtually.

We have trained more years and taken more tests than the generalists, and yet there seems to be no care for what we've done in the past. We have already defended our thesis with our fellowships. Why is this not sufficient?

WL: Although certainly ABOG appreciates that you've defended your thesis with your fellowship, the entire process, including the thesis, the case list, and the structured cases, is what determines certification. It is not simply the thesis, it is not simply the the clinical care that you provided that is demonstrated on your case list, and it's not simply the structured cases. All of those are combined to make the decision on certification. The Board of Directors feels strongly that our process is fair, reliable, and valid, and we are going to make every effort to continue with that process.

What are the chances that the exam will be virtual? Can you give us a percentage?

WL: Well unfortunately, I don't have a crystal ball. I wish I did because if I had, I would have had a much better idea of what was going to happen in 2020. Certainly, things are not looking up as far as COVID is concerned right now, so do I think that there's a high likelihood that we may be giving a virtual exam? Yes, I do. Can I give you a percentage? No, I can't.

If the test is virtual, will we be asked to download spyware? If we have to download anything on our personal computers, will ABOG be responsible for any data breaches?

WL: If the test is virtual, we will not ask you to download spyware. You will be going to a platform and looking at things over a similar process to Zoom.

There are FPMRS board-certified physicians who have never had to take an oral exam during the years to "grandmother" in. We have already met those standards with the written exam taken after fellowship. Why has that standard not be considered adequate in this pandemic time frame?

WL: Again, the process when a new subspecialty... Actually, this is not again. I'm going to add some additional information. The process when a new subspecialty is added is that people who have been in practice are given the opportunity to take a written exam and become certified. After a certain number of years, it's normally three, then those people do not have the opportunity to become certified unless they go back and complete another fellowship, so anyone who is not able to pass that exam cannot become certified or does not take it during that time frame. As of the certain cut off, candidates, or excuse me physicians, who have trained in fellowship are required to take both a written and oral examination. Those are the current ABOG standards for certification that have been approved by the Board of Directors and the American Board of Medical Specialties.

What is going to change within the next two weeks for us to be able to find out the exact status of the test?

WL: The situation with COVID. It will continue to develop, we will continue to look at it. We have a meeting with our working group on Monday to continue to assess the situation. The 11th of January is a no later than date. If we determine that we cannot at this point give, if on any day we make the determination that we won't be able to give an in-person examination safely in April, then we will announce it sooner than the 11th of January. That's a no later than date.

If ABOG decides to proceed with in-person examinations, can you provide COVID-19 testing the day prior to the exam as we are very worried about contracting COVID-19 as we have to travel to a state with high numbers of COVID-19 infection.

WL: So if we determine that we are going to give an in-person exam, we will be setting different criteria to include COVID testing. It would be very likely that we would require candidates to take the COVID test two or three days prior to coming to Dallas and then providing a COVID test potentially while the candidate is in Dallas the day before the exam. Again, we haven't made those determinations because we haven't made the decision, but we will be doing everything possible to protect the safety of the candidates and the examiners, as well as our staff.

Thank you for the opportunity to speak with you virtually this evening. Can you please speak to whether candidates initially slated to test in 2020 will be scored using the same rubric as candidates slated to test in 2021?

WL: Yes, all candidates will be scored using the same rubric. I mentioned the new grading system that would have been in effect for the exam that would have been administered in April of 2020, and we'll be using that same grading system and rubric for 2021, whether the exam is given in person or virtually.

Assuming the decision is made to administer the exam virtually on or before January 11th, what steps will be taken to prevent candidates from having open books and stickers on their desktops while taking the exam?

WL: If we are giving the exam virtually, we will be asking candidates to show the room that they're taking the exam in to ensure that there aren't any stickers, any cameras in the background, any books, any of those sorts of things. The other boards who've already given test administrations have protocols that are also available to us that we are adopting.

We would then also ask candidates to remain in view during the testing process so that they wouldn't be able to open anything or bring anything into the exam that we hadn't seen previously.

Has ABOG not considered that subspecialty oral exams are not needed and has been abandoned long ago by other fields, like internal medicine? It is completely antiquated and understood to be a money scheme by ABOG. Seems like an excellent time for ABOG to get with the times and abandon the unnecessary test.

WL: Thank you for your comment. ABOG discusses our testing structure and our testing administration on a regular basis. The Board of Directors, which is made up of physicians

throughout the country that are at the top of the field, contribute to those discussions, and at the current time, not only ABOG, but all of the procedural and surgical boards believe that a two-part exam is the best way to ensure the candidates have the knowledge, skills, and abilities needed to practice. You are correct that Internal Medicine has differences, but they also don't give an oral examination, so it is a very different specialty.

If the boards are canceled for some unforeseeable reason for a third time for the 2020 candidates, is ABOG going to take that into special consideration for this group? Those candidates would have taken prep courses twice and would be two years from the date that they originally met all criteria to become board certified.

WL: That would be a very discouraging and terrible thing if that happened again, and I'm sure that ABOG would sit down and determine what we wanted to do as far as the situation for those candidates. Obviously, we're doing everything possible to ensure that we can give an exam, be it in person or virtually, and our definite intent is not to have that happen, but if something unforeseen happens, I'm sure we will sit down and thoroughly consider the situation.

GW: I was just going to make a comment about being cautious about the value of review courses. There is not evidence that review courses help pass rates for subspecialty certification by the American Board of Obstetrics and Gynecology. I'm not saying that review courses are not worth doing, but I would be cautious about attributing any value to them in helping people pass the exam in preparation for our certification processes.

What are some of the options considered if we encounter internet signaling problems during a virtual exam?

WL: If we are giving a virtual exam, we will have a process to test your personal internet, your personal computer, and the technology that you have ahead of time to make sure it meets all of the criteria needed in order to take the exam successfully. We will also have time slots during later in the week for those people that take the exam and have a technical failure. Initially, when boards started giving virtual exams, it was felt that the technical failure was going to be between five and ten percent, however, as the process has gone on, that technical failure rate with testing ahead of time has been very minimal. In fact, the American Board of Surgery has had no technical failures the last few times they've administered the exams, so we will be doing everything ahead of time to ensure that you have the technical capabilities you need in order to take the exam successfully.

I was under the impression the case list was due on February 1st, not December 31st. Can you confirm the deadline for case list submission?

CA: The answer to that question is that case collection ends December 31st, so no further cases can be collected after December 31st, but they are not due to ABOG until February 1st, so you have time to make your edits to your case list. That's the difference between those two dates.

What makes you believe that an in-person exam in April could possibly be safe?

WL: The IHME website shows a dramatic decrease in cases throughout the country by the end of February, the beginning of March for almost everywhere in the country. I haven't looked at it today, but that's certainly what it has been showing as far as its predictive models. Again, we are taking into account all the modeling and all of the information to include those experts that are working with us on the national committee. We will not give the exam if we do not feel it can be given safely. We will not give it in person.

Will you require a COVID test prior to an in-person exam?

WL: Again, because we haven't made that decision, we haven't come up with exactly what the requirements will be. That's a great question. I think that's a very reasonable consideration.

GW: I would just say that the issue of requiring a COVID-19 vaccine is a more complex issue than it seems, and as this is a voluntary process, there may be some issues that are legal that we have to work through about whether we could require a vaccine, but we certainly will do our best to assure that there's no risk if we're going to do it in person. If there isn't the ability to assure that there's no risks, then we would not offer the exam in person as Dr. Larsen has explained.

Has it been decided if all candidates should get a vaccine or not yet? Do we need to show positive serology in the setting of a previous COVID infection?

CA: The answer is we have not made a formal decision on that yet. It will be announced if we do.

GW: As you say the concept of the immunity passports is something that people are talking about and we're relying on our national experts as we'll be meeting with them, as Dr. Larsen

has said next week again. This is a continually evolving issue and it's hard to answer questions on which there really aren't firm answers at this point.

If COVID testing is required, who would absorb that financial risk?

WL: Again, there's not been a decision made on that. It is possible that we would provide COVID testing if we required it. That has not been decided, and certainly not been logistically analyzed yet.

If my exam date was moved from 2020 to 2021, can I defer to 2022?

WL: Yes you can, and again, part of the reason that we made the decision to extend everyone's eligibility for two years was so that anyone who had to defer because of COVID wouldn't be impacted in the amount of time that they had to become certified.

WL: Any question that we were not able to address live because of time constraints will be addressed in writing. All of the questions and answers will be published to our website, as well as a copy of the recording once it's been edited, and it will be published, and we will send out a notification to all candidates that those are available.

CA: I'd like to thank everyone again for their time. We know it was a last minute add on your calendar, but we really appreciate you giving us the opportunity to answer some of your questions in a virtual format. If you have any further questions, please email those to exams@abog.org. We're happy to include those in our list of questions, as well as these that were not answered tonight. Thank you all very much for joining us and have a great rest of your night and a good weekend.