

2024 Bulletin for Subspecialty Certification

Including:

Complex Family Planning (ACGME-Trained Candidates)

Gynecologic Oncology

Maternal-Fetal Medicine

Reproductive Endocrinology and Infertility

Urogynecology and Reconstructive Pelvic Surgery*

ABOG

American Board of Obstetrics & Gynecology

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This *Bulletin*, issued in May of 2023, represents the official statement of the requirements for the 2024 subspecialty certification examinations.

Revised January 2, 2024

Obstetrician-gynecologists that are applying as Complex Family Planning Senior Candidates should refer to the CFP Bulletin for "Senior Candidates" that can be found on the ABOG web page.

*Formerly known as Female Pelvic Medicine and Reconstructive Surgery (FPMRS)

GENDER LANGUAGE DISCLAIMER

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

IMPORTANT INFORMATION FOR ALL CANDIDATES

1. There has been a change to the application periods for the examinations. Please review these dates and deadlines to ensure an accurate understanding. Qualifying Examination applications will open in January of 2024 for the July 2024 examination. **The last day to apply for the Qualifying Examination without a late fee is February 16, 2024. The application period will close on March 1, 2024.** No applications will be accepted after that date.
2. Candidates should be familiar with the material in the “Policies” section found under “About ABOG” on the ABOG website.
3. The process of certification in any of the subspecialties is voluntary. Each potential candidate for subspecialty certification is responsible for completing the application online at www.abog.org, submitting all materials to ABOG at the time they are requested, and meeting all deadlines. ABOG will make the final decision concerning the applicant’s eligibility for admission to the examination. Candidates must meet the requirements published in the Subspecialty Bulletin for the year in which they are to take an examination.
4. Beginning in calendar year 2020, all physicians who have completed an ABOG or ACGME fellowship in Complex Family Planning, Gynecologic Oncology, Maternal-Fetal Medicine, Reproductive Endocrinology and Infertility, or Urogynecology and Reconstructive Pelvic Surgery/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 will no longer be eligible to apply for either the Qualifying or Certifying Subspecialty Examination unless an additional 6 months of supervised subspecialty practice is completed. Physicians who have completed subspecialty training in the calendar year 2016 must be subspecialty certified by 2024 or will be required to complete an additional 6 months of supervised practice before regaining eligibility to apply for certification. See policy on [Regaining Eligibility for Subspecialty Certification](#) for more information.

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QUALIFYING (WRITTEN) EXAMINATION

2024 Qualifying Examination Application Process

1. The applicant must supply ABOG with an email address as part of the application process and notify ABOG of any change in this email address.
2. Following submission of the online application form and payment of the appropriate fee, the candidate's application will be considered in accordance with the requirements in effect for that year (see below). The candidate will be notified of admissibility to the Qualifying Examination.
3. After the approval email from ABOG is received, the candidate must contact Pearson VUE to obtain a seat for the examination. Candidates are urged to obtain a seat as soon as possible after notification of eligibility to avoid long-distance travel to a site with an available seat. On April 26, 2024, the ABOG reserved seats held at the Pearson VUE Testing 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.

2024 Qualifying Examination Deadlines and Fees

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

After approval, if the candidate experiences an event that prevents sitting for the examination, the Board should be notified immediately. If the review committee agrees that the request is due to circumstances beyond the control of the candidate, the examination portion of the fee (\$870) may be refunded. However, the application fee is not refundable.

Qualifying Examination: Deadlines

January 3, 2024	Applications available online
February 16, 2024	Last day to apply without late fee penalty
March 1, 2024	Final deadline
January 2024 to March 2024	Candidates will be notified of approval to take the examination and to make a Pearson VUE Testing Center reservation
April 26, 2024	Last day to reserve a seat at Pearson VUE prior to seat block release
July 22, 2024	Qualifying Examination at testing centers

Qualifying Examination: Fees

January 3, 2024, to February 16, 2024	\$2145
February 17, 2024, to March 1, 2024	\$2145 + \$320 late fee = \$2465

2024 Qualifying Examination Requirements

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

1. **Specialty Qualifying Examination** A candidate may not apply for the Subspecialty Qualifying Examination unless they have previously passed the Specialty Qualifying Examination for Certification in Obstetrics and Gynecology.
2. **Length of Training** The candidate must have been registered with ABOG and have completed a minimum of 32 of 36 months of training and will have completed training in an ACGME-accredited fellowship program in their subspecialty no later than September 30 of the same year the Qualifying Examination is taken. Additionally, the candidate must have completed and presented their thesis to their Program Director and division before the completion of their fellowship. If a candidate's situation changes, and they do not successfully complete their fellowship and their thesis presentation by September 30, they will not be eligible to take the Qualifying Examination in that year. Any candidate who takes the Qualifying Exam without successfully completing fellowship and completing and presenting their thesis by September 30 of the year of the examination will have their results voided, and they will not receive a refund.
3. **Allocation of Time and Curriculum** In order to take the Qualifying Examination, the candidate must have completed the required experiences during fellowship and meet the curriculum requirements for their subspecialty. See the required experiences lists and curriculum in the section for your subspecialty.
4. **Leaves of Absence** Leaves of absence and vacation may be granted at the discretion of the Program Director consistent with local institutional policy and applicable laws. The number of days that equals a "week" is a local issue that is determined by the institution and Program Director, not ABOG. Vacation weeks may be taken as part of approved leave or in addition to approved leave.

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

Total leave: In addition to the yearly leave limits, a fellow must not take a total of more than 20 weeks (five months) of leave over the three years of fellowship.

If this limit is exceeded, the fellowship must be extended for at least the duration of time that the individual was absent in excess of 20 weeks. Such extensions of training must have an

educational plan outlined for the continued training with specific educational and clinical experience goals and objectives to be achieved. This educational plan must include a description of what training was missed, how the missed training is being attained, and a block diagram that covers the entire length of training. This plan must be submitted to ABOG for approval at fellowship@abog.org.

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

Regardless of the amount of leave taken, fellows must complete the required allocation of time and curriculum as outlined for their subspecialty in this Bulletin. For more information on leave, please review the [ABOG Fellowship Leave Policy](#).

Examples:

A fellow takes six weeks of leave in F1 and F2 and eight weeks in F3. This is a total of 20 weeks. There is no required extension of the fellowship.

A fellow takes 12 weeks of leave in F1, 4 weeks in F2, 12 weeks in F3. This is a total of 28 weeks. The fellowship must be extended by at least eight weeks, with an educational plan submitted and approved by ABOG.

5. **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.
6. **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 three 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.
7. **Completion and Presentation of Thesis** The candidate must have completed and presented their thesis to their Program Director and division by the final date of their fellowship. If their fellowship is extended, the candidate will have until the extended final date of their fellowship to complete and present their thesis. A candidate’s fellowship that is extended beyond September 30 of the year of the Qualifying Examination is not eligible to take the Qualifying Examination in that year.

Administration of the Qualifying Examination

The Qualifying Examination is scheduled to last approximately 3 hours and 45 minutes. Candidates who finish before the full time has elapsed may leave early, but if they do so, they may not return. Candidates will receive information after registering on the [Pearson VUE Testing Center](#) website concerning the location of their examination, as well as the time they must arrive. Candidates will be required to schedule their examination seat reservation with an 8:00 am start time in their time zone and at a Pearson VUE location in the United States or Canada. Requests to take the examination at a Pearson VUE location outside of the US or Canada will be considered if the reason for the request is out of the control of the candidate (e.g., military deployment).

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

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

Candidates are not allowed to access recording devices, cellular phones, paging devices, smartwatches, other electronic communication and/or recording devices, or writing instruments during the Qualifying Examination. If such a device is discovered on the candidate's person at any time during the examination, or if the candidate accesses any such device for any reason, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit. The only exceptions are medically required devices, such as an insulin pump.

There is no scheduled break during the examination. Candidates may take unscheduled breaks to use the restroom facilities. Unscheduled breaks should not exceed 10 minutes in length. During such breaks, a candidate may not talk with any other individual or access any electronic device. Candidates are not allowed to leave the testing center for any reason before completing the test. If a candidate violates any of these regulations, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit.

Candidates with documented disabilities should review the information in the Accommodations Section and must call the ABOG office before making a reservation at Pearson VUE for information on how to schedule a test site.

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than March 1, 2024, and schedule at a Pearson VUE Testing Center by the same date. Pearson VUE Centers have limited lactation facilities which are scheduled on a first-come, first-served basis. **If a candidate requests extra time for lactation, they will have to schedule their testing site through the Pearson VUE accommodations department after contacting ABOG. If no seat is available at the closest center, and they have requested extra time, they will have to travel to an available location to sit for the examination.** (See the Examination Accommodation Request Section in this Bulletin for more information on lactation accommodations.)

Test Security

At the time of application for the Qualifying Examination, each candidate will be required to agree to the following. No candidate will be allowed to sit for the Qualifying Examination unless they agree to these terms:

1. I understand that all ABOG test materials are copyrighted and that it is illegal to disclose the content of the examination in whole or in part to any individual, organization, or business. Furthermore, I understand that if I provide the information to any such entity, I may be prosecuted under the US Copyright laws.

2. I understand that if I divulge the content of the Qualifying Examination in whole or in part to any individual, organization, or business, my test result, if any, will be negated, and I will not be allowed to reapply for the Qualifying Examination for a minimum of three (3) years.
3. I understand that I may not record any portion of the Qualifying Examination by any means in whole or in part, and a violation will be treated as outlined in numbers 1 and 2 above.
4. I understand that I may not memorize or attempt to memorize any portion of the Qualifying Examination for the purpose of transmitting such material to any individual, organization, or business.
5. I agree that de-identified results of my examination may be used for research purposes by ABOG.
6. I agree that the results of my examination will be given to my Fellowship Program Director.

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

Reapplication

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

Applicants Ruled Not Admissible

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

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

Results of the Examination

The results of the Qualifying Examination will be reported online to each candidate by October 25, 2024. In order to release a result, ABOG must receive the Fellowship Training Affidavit verifying completion of training completed by the current Program Director. Additionally, if ABOG does not receive notification of fellowship completion from the Program Director by January 1, 2025, the results of the examination will be voided.

ABOG will provide the candidate their scaled test score in addition to the result of "pass" or "fail." Each candidate, regardless of whether they pass or fail, will be provided with the percent scored in each of the major topic areas. The cut-point for passing the Qualifying Examination is determined each year after the psychometric evaluation of the results.

As part of the application process, the applicant will be required to irrevocably agree that the results of the applicant's examination may be made available to the Program Director(s) of any fellowship program(s) in which the applicant may have participated or in which the applicant is

currently involved, and/or the American Council of Graduate Medical Education (ACGME) for any and all purposes. The candidate will also be given the opportunity to release their scaled score on the examination to their current Program Director. Furthermore, the applicant will be required to release and agree to indemnify and hold ABOG and its officers, directors, and employees harmless of and from any and all claims the applicant may have with regard to the effect or impact upon the applicant of the release of the applicant's examination results to the applicant's Program Director or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

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

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

CERTIFYING (ORAL) EXAMINATION

2024 Certifying Examination Application Process

1. The candidate 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.
2. During the application process, a completed Verification of Hospital Privileges Form will be required. This form must be printed from the candidate's ABOG portal and must be signed and uploaded using the task on the candidate's ABOG portal dashboard.
3. 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 lists will not be accepted unless the examination fee is paid in full by credit card on the candidate's ABOG portal by the deadline.
4. If full payment of the examination fee has not been received by September 29, 2023, for the 2024 examination, the candidate will not be scheduled, and no fees will be refunded.
5. Once all materials have been received by ABOG and the appropriate fees paid, the candidate will receive an Examination Date Notification posted on the candidate's ABOG portal at least one month prior to the date of the examination.
6. Each year ABOG notifies the American College of Obstetricians and Gynecologists (ACOG), the American Board of Medical Specialties (ABMS), the American Medical Association (AMA), the American Journal of Obstetrics and Gynecology (AJOG), American Society for Reproductive Medicine (ASRM), American Urogynecologic Society (AUGS), Society for Gynecologic Oncology (SGO), Society for Maternal-Fetal Medicine (SMFM) and the Society for Family Planning (SFP) of the names and addresses of the Diplomates who have been certified in the course of that year. ABOG also provides de-identified data to fellowship programs and to the ACGME about fellowship program pass rates to be used as a criterion to evaluate the effectiveness of program training. ABOG, ACOG, AMA, ABMS, ASRM,

AUGS, SGO, SMFM, and SFP on request, also make this information available to the public, including, but not limited to, hospitals, agencies of government, insurers, and laypersons. ABOG may use the results of certification examinations for research purposes and may publish the results of the research.

7. As a condition for acceptance as a candidate for certification as a Subspecialty Diplomate, 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.

2024 Certifying Examination Deadlines and Fees

The following table lists the deadlines and fees for the Certifying Examination. Deadlines cannot be extended. Case lists, thesis, and all fees must be submitted on the candidate's ABOG portal prior to midnight Central time on their due date. The system will prevent submission once the deadline has passed. If you fail to submit by the deadline, please email the Certification Standards Department at applications@abog.org. The application fee must be paid by credit card through the candidate's ABOG portal at the time of application. The examination fee must be paid by credit card through the candidate's ABOG portal at the time of notification of acceptance to the examination.

Certifying Examination: Deadlines

May 22, 2023	Applications available online
July 21, 2023	No applications accepted after this date
September 2023	Candidates will be notified to submit case lists, thesis, and a photograph and to pay the examination fee
September 29, 2023	Last day for receipt of thesis, photograph, and examination fee
February 1, 2024	Last day for receipt of case lists
April 15-18 2024	Certifying Exam

Certifying Examination: Application Fees

May 22, 2023, to July 6, 2023	\$1180
July 7, 2023, to July 21, 2023	\$1180 + \$310 late fee = \$1490

Certifying Examination: Examination Fees

September 29, 2023	\$1410
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Application Deadline and Fee

The final deadline to complete the online application and pay the application fee is July 21, 2023. Application fees are not refundable.

Examination Deadline and Fee

If the candidate's application is accepted, a notice of acceptance will be emailed to the candidate in September 2023. The email will explain the process of submitting the thesis and case lists. The examination fee must be paid on or before September 29, 2023. If the candidate must withdraw from the examination due to a medical or other documented emergency, a portion of the examination fee may be refunded.

Thesis Deadline

The final deadline for uploading a PDF copy of the thesis and current Thesis Affidavit in the candidate's ABOG portal is September 29, 2023. See the Thesis Submission section for the preparation and submission information.

Case List Deadline

The final deadline for receipt of the case lists is February 1, 2024. Case lists must be submitted electronically using the ABOG case list program located on the candidate's ABOG portal. The completed Case List Affidavit must first be uploaded in the case list program in order to submit the case list. Candidates must submit the case lists in the proper format and include the appropriate number of cases.

2024 Certifying Examination Requirements

Each candidate must meet the following requirements:

1. **Must be a Diplomate** of ABOG and hold an Active Certificate in Obstetrics and Gynecology.
2. **Must have passed** the Qualifying Examination in their subspecialty on their most recent attempt. The one exception to this rule is that candidates who will lose their certification eligibility in 2024 may apply for the Certifying Examination prior to the release of the Qualifying Examination results.
3. **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.
4. **Have privileges at one or more acute care hospitals.** While full, unrestricted privileges to perform all procedures associated with their subspecialty are preferred, at a minimum, these privileges must allow the candidate to perform an in-hospital consultation on patients who have been admitted. The latest date a candidate can have privileges in effect is June 19, 2023. If a candidate holds hospital privileges in more than one hospital, they can give up privileges voluntarily as long as they still hold unrestricted hospital privileges in another hospital. Privileges that are resigned or dropped in lieu of an investigation or adverse action are not considered to be given up voluntarily and must be reported. The candidate's privileges must remain in effect at the time of the Certifying Examination and may not be suspended or revoked, and the candidate must not be under investigation for patient care issues.

5. **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.
6. **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 reapply and pay a new application fee once the probation and/or restrictions have been resolved. However, resolution of these matters does not guarantee that the candidate's application will be approved.
7. **Have had an independent practice as a subspecialist** in their subspecialty field and have privileges in a center or centers providing or having ready access to the essential diagnostic and therapeutic facilities for the practice in their subspecialty field, and to retain such practice until the date of the candidate's examination. Practice may include locum tenens work.
8. **Submit electronic case lists** that document a practice that demonstrates sufficient depth and breadth of practice in their subspecialty field to permit the evaluation of the candidate's ability to function in the subspecialty. The case lists must be appropriately de-identified.
9. **Submit a thesis** that meets the standards of their subspecialties' requirements, as noted in this bulletin. Each submitted thesis will be reviewed for acceptability. Prior publication in a peer-reviewed journal does not guarantee acceptance.
10. **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.
11. **A candidate who practices outside of the United States, its territories, or Canada** must submit, with the application, a letter(s) from a senior responsible officer in the hospital(s) where the candidate practices, verifying the candidate's responsibility for independent, unsupervised care of patients.

Administration 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 may not be allowed to sit for the examination. Following registration, the candidates will be provided an orientation. After the orientation, candidates will be escorted to their testing room. Each candidate will be assigned an examination room and will remain in that room for the three hours of the examination. The candidate will be informed of the names of the six examiners who will conduct their examination. If the candidate believes that one or more examiners would be unable to provide them with an unbiased exam, this will be discussed with an ABOG executive physician. If the decision is made that a conflict exists, an alternate examiner will be provided.

The Certifying Examination is three hours in length equally divided into the following areas for each subspecialty:

Gynecologic Oncology

- Structured Cases and Ovarian, Peritoneal, and Fallopian Tube Cancer (include chemotherapy cases) Case List
- Structured Cases and Uterine Malignancies: Endometrial Cancer, Sarcoma, GTD, Other Case List
- Structured Cases and Cervical, Vulvar, and Vaginal Cancer and Radiation Therapy Case List

Maternal-Fetal Medicine

- Structured Cases and Medical Complications of Pregnancy Case List
- Structured Cases and Genetics/Fetal Disorders/Fetal Anomalies Case List
- Structured Cases and Obstetrical and Surgical Complications Case List

Reproductive Endocrinology and Infertility

- Structured Cases and Infertility/IVF Case List
- Structured Cases and Reproductive Endocrinology Case List
- Structured Cases and Reproductive Surgery Case List

Urogynecology and Reconstructive Pelvic Surgery

- Structured Cases and Office Case List
- Structured Cases and Prolapse & Reconstructive Surgical Cases Case List
- Structured Cases and Urinary & Fecal Incontinence Surgical Cases Case List

Communication, ethics, and patient safety questions may be included in each of the three major areas. Each hour will be divided into two sections of approximately 30 minutes in length. The structured cases are used to elicit the candidate's responses to specific clinical situations. A list of the topics that may be covered in the examination can be found in the Qualifying and Certifying Examination Topics Section for your subspecialty.

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 smartwatches 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.

Candidates will also not be permitted to bring their thesis or case lists into the examination room.

All theses and completed Thesis Affidavit Forms must be in PDF format and uploaded on the candidate's ABOG portal.

Candidates with documented disabilities should review the Examination Accommodation Requests Section. Candidates in need of special testing circumstances must notify ABOG in writing of their request at the time of application. This deadline is necessary in order to allow the Board to request the required documentation, to review the records, and verify the disability, if necessary.

Candidates who will be lactating at the time of the examination should notify ABOG as soon as possible. Lactation rooms will be scheduled on a first-come, first-served basis. If all the lactation rooms are full, the candidate will be given an alternate location at the ABOG Testing Center. See Examination Accommodation Requests Section for additional information on lactation.

All examinations will be conducted in English and will be administered by two examiners per section. Each examiner will grade the candidate on all the topics covered within each section. The final grade will be determined analytically following the examination and will be released no later than six weeks following the examination.

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

Test Security

A week before the Certifying Examination, a task will be added to each candidate's portal to sign the following Terms of Agreement. If a candidate refuses to sign the agreement, they will not be allowed to take the Certifying Examination.

1. I agree and understand that all of the test materials used in ABOG examinations are copyrighted intellectual property of ABOG and will, at all times, remain confidential.
2. I agree and understand that I may not provide any information before, during, or after the examination concerning the content of the examination including, but not limited to, test items and cases, to anyone, for any reason, including, but not limited to, (i) anyone who is scheduled to take the examination or may be eligible to take the examination, (ii) any formal or informal test preparation group, service, or company, or (iii) any person representing a company or other entity that provides courses, practice tests, or other study material for the examination.
3. I agree and understand that I may not reproduce, transmit, publish, disclose, and/or distribute any examination materials by any means, including memorization, recording, internet, or other methods that would allow any other individual, company, or organization to recreate, in whole or in part, any test questions or material.
4. I agree and understand that during any ABOG examination, I will not have in my possession any notes, papers, study materials, formulas, pens, pencils, cellular telephones, smartwatches, photographic equipment, recording devices, or other similar contraband. I will not have any type of electronic device that could provide information that could be used to answer questions on the examination. I further agree that if I am discovered to have any such device in my possession during the examination, the test will be halted immediately, and I will not receive a grade for the examination.
5. I agree and understand that if anyone observes any action of mine that may be interpreted as violating or potentially violating test administration rules, the test will be halted immediately, and I will receive no grade for the examination.
6. I agree and understand that if I violate any part of this agreement, (i) my test results will be canceled, (ii) I may be subject to further sanctions and/or legal action, and (iii) I will not be allowed to reapply for the examination for a minimum of three years.
7. I agree and understand that if ABOG discovers I have violated any terms or conditions of this agreement after I have been awarded Diplomate status, such status will be revoked.

8. I agree and understand that, if requested by ABOG, I will fully participate in the investigation of any suspected violation of the terms and conditions of this agreement by any candidate.
9. I attest that since the date of my application and to the day of my examination, I have had no (i) limitation or suspension of hospital privileges, (ii) substance abuse offenses, or (iii) suspension, revocation, or restriction placed on my license to practice medicine in any state or country.
10. I agree and understand ABOG is authorized to make my name and business address available on request to the public, including, but not limited to, hospitals, insurers, agencies of government, specialty societies, laypersons, my Program Director(s), and/or the Accreditation Council of Graduate Medical Education (ACGME).
11. I agree and understand that de-identified results of my examination may be used for research purposes by ABOG or other parties requesting the same.
12. I agree and understand that my results may be released to my Program Director(s) by name.
13. I agree and understand that if I am certified as a Diplomate, ABOG is authorized to provide my professional personal identifiable information to other entities for a proper purpose. Some of these professional medical organizations include Obstetrics & Gynecology, The American Journal of Obstetrics and Gynecology, the American Board of Medical Specialties (ABMS), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Society for Reproductive Medicine (ASRM), American Urogynecologic Society (AUGS), Society for Gynecologic Oncology (SGO), Society for Maternal-Fetal Medicine (SMFM), and the Society for Family Planning (SFP).
14. I agree and understand that I may not appeal the results of the examination based on the format of the examination, the sufficiency or accuracy of the answers to examination questions, the scoring of the examination, or the cut score used to determine the passing grade for the examination.
15. I agree to indemnify, defend, and hold ABOG harmless against any losses, liabilities, damages, claims, and expenses (including attorneys' fees and court costs) arising out of any claims or suits, whatever their nature and however arising, in whole or in part, which may be brought or made against ABOG in connection with: (i) any claims which are caused, directly or indirectly by any negligent act, omission, illegal or willful misconduct by me; (ii) my misuse of certification; or (iii) my use or misuse of ABOG's proprietary and/or confidential information.
16. Under no circumstances will ABOG be liable for any consequential, special, incidental, exemplary, or indirect damages arising from or relating to this agreement, even if ABOG has been advised of the possibility of such damages.
17. The failure to enforce or the waiver by ABOG of a default or breach of this agreement shall not be considered a waiver of any subsequent default or breach.
18. This agreement is governed by the laws of the State of Texas. The exclusive jurisdiction of any suit arising out of, relating to, or in any way connected with this agreement shall be in the state or federal courts, as applicable, located in Dallas, Texas.
19. Provisions that survive termination or expiration of this agreement include those pertaining to limitation of liability, indemnification, nondisclosure, and others that by their nature are intended to survive.

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 Chief of Assessments. 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 reapplication. Documentation that the cause for the initial disapproval has been cleared must be submitted with the application.

Reapplication

A candidate who fails the Certifying Examination must complete a new online application and pay a new application fee. Following notification of approval to retake the Certifying Examination, the candidate must submit a new case list, submit their thesis, and pay the examination fee on or before the established deadlines. Candidates may submit a previously submitted thesis or another work that was completed during fellowship.

THESIS

A thesis is required by all subspecialties and must be submitted by the date listed in the bulletin and according to the guidelines for preparation listed below. The subspecialty's division will review the thesis and decide acceptability. Prior publication of a thesis by a refereed journal does not guarantee acceptance of the thesis for the Certifying Examination. It is not necessary for the thesis to have been published.

Preparation Instructions

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

The cover page of the thesis should only show the:

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

Electronic copies or reprints of published manuscripts are acceptable.

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

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

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

3. Authorship: The cover page should only list the title of the thesis, the candidate’s name, the hypothesis or purpose, and the name of the journal format. You do not need to list the co-authors on the cover page if submitting a published copy.

Acknowledgments are not allowed.

4. Subject Matter: The subject matter must be clearly related to the area of the subspecialty and be important to the field.
5. Research: The thesis must be based on clinical or laboratory research performed during the fellowship period. A review of work performed by others is not acceptable.
6. IRB Approval: All research must be reviewed and approved by the human or animal institutional review boards (IRBs) of the sponsoring institution. If the institutional IRB does not review studies that do not include humans and/or animals, there must be a statement from the IRB to that effect.
7. Unacceptable Papers: The following are not acceptable for a fellow’s thesis:
 - a. Book chapters
 - b. Case reports
 - c. Case series
8. Potentially Acceptable Theses: Any thesis submitted must be the product of a significantly thoughtful and robust research effort and will be reviewed by the subspecialty division for acceptability. Reports of the results of treatment of patients from a practice or department are not acceptable as these are considered to be a case series.

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

- a. Laboratory, Translational, and Animal research.
- b. Randomized Controlled Trial: The study must adhere to the CONSORT standards.
- c. Meta-Analysis and Systemic Review: The report must adhere to the PRISMA or MOOSE guidelines.
- d. Cost-Effective Analysis: The report must conform to the recommendations of the Second Panel on Cost-Effectiveness in Health and Medicine for reporting CEA results.
- e. Case-Control Study: The study must conform to the STROBE guidelines for observational studies
- f. Cohort Study: The candidate must have developed the cohort. The study must conform to the STROBE guidelines for observational studies.

- g. Survey Research: The candidate must have developed the questionnaire or used a previously validated questionnaire, and there should be a 50% return and completion of the questionnaire. The thesis must conform to the STROBE guidelines for observational studies and CHERRIEs guidelines for Web-based surveys.
- h. Epidemiology Research: The study must conform to the STROBE guidelines for Epidemiological Studies.
- i. Mechanistic Trials: The study should meet NIH criteria for a clinical trial.
- j. Modeling and Simulation-based Research (SBR): A prediction model thesis must follow the TRIPOD statement. An SBR thesis must adhere to the SBR extensions to the CONSORT and STROBE statements.
- k. Quality Improvement: The thesis must adhere to the SQUIRE 2.0 guidelines.
- l. Qualitative Research: The thesis must adhere to the COREQ or SRQR guidelines.
- m. Artificial Intelligence and Machine Learning Research: The thesis must adhere to the SPIRIT-AI Extension or the CONSORT-AI Extension statements.
- n. Implementation Science: The thesis must conform to the StaRI guidelines.

Submission Instructions

A copy of the completed thesis and 2024 Thesis Affidavit Form in PDF format must be uploaded on the candidate's ABOG portal under the assigned tasks that will be made available upon approval of application for the certifying examination.

The thesis file must be saved as a PDF with the appropriate following naming convention:

ABOG ID #-last name-REI-thesis ABOG ID #-last name-MFM-thesis

ABOG ID #-last name-GO-thesis ABOG ID #-last name-URPS-thesis

Example: 9999999-Smith-REI-thesis

The 2024 Thesis Affidavit Form must be saved as a PDF with the appropriate following naming convention:

ABOG ID #-last name-REI-TA ABOG ID #-last name-MFM-TA

ABOG ID #-last name-GO-TA ABOG ID #-last name-URPS-TA

Example: 9999999-Smith-REI-TA

Candidates must submit a thesis that adheres to the requirements listed in Thesis Submission Section of this Bulletin.

Candidates who have previously submitted a thesis and were unsuccessful in passing the examination must upload a PDF copy of the thesis using the naming convention above. Candidates may submit a previously submitted thesis or another work that was completed during fellowship. 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. The thesis affidavit for a previously submitted thesis does not need to be resubmitted.

CASE LISTS

Case List Entry

All information for the case lists for the 2024 Subspecialty Certifying Examination must be entered online. To enter a case, a candidate must access their ABOG portal and click on Case List Entry. The Case List Entry system will become available to candidates by February 1. The entry process is simple, and common abbreviations are acceptable (see Approved Abbreviations). If a problem is encountered, there is a frequently asked questions (FAQ) button where most questions will be answered. However, if the problem is not resolved, the candidate should call the ABOG Assessment Department or email Exams@abog.org.

The case list information can be entered through any device with an internet connection, including smartphones, laptops, tablets, and desktop computers.

Candidates will be asked to enter patient-identifying information in the Case List Entry System (i.e., Hospital, Patient Initial, and Patient ID fields). This patient identification will only be used on the patient lists for verification by hospital medical records staff. The electronic copy of the case list that is submitted to ABOG will be electronically de-identified and will not contain the patient-identifying information. The case description fields in the Case List Entry System should not contain any patient identifying information.

Case List Preparation

The candidate must:

1. Submit the case lists electronically by the published deadline.
2. Use the online Case List Entry that can be found on their ABOG portal. The use of any other form or format is not allowed. A paper case list is not acceptable.
3. Collect cases between January 1 and December 31, 2023. 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.
4. Not include any case previously used on a prior case list for a Specialty or Subspecialty Certifying Examination.
5. Have the case lists certified by the appropriate personnel of the institution(s) in which the care was given.
6. De-identify the case lists in accordance with the requirements of Section 164.514(a)(b) and (b)(2)(i)&(ii) of the Final Privacy Rule. (See De-Identification of Case Lists in this Bulletin)
7. Use standard English language nomenclature. The list of acceptable abbreviations can be found under Approved Abbreviations list in this Bulletin.
8. **List the patient only once.** If the patient is admitted more than once, provide information regarding the additional admissions in the appropriate boxes. (If a patient has several admissions or is seen in the outpatient setting and subsequently becomes a surgical patient, that patient may only be listed once.)

For physicians who are in a group practice where responsibility for patients is shared, the decision of 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 their subspecialty.

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

De-Identification of Case Lists

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 that 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 voiceprints
6. Full face photographic images and any comparable images
7. Any other unique identifying number, characteristic, or codes

The submission of any patient information in the case description fields of the Case Lists is strictly prohibited and can result in disapproval for the Certifying Examination. The de-identification of patient case lists does not allow the omission of any cases involving patients under the candidate's care that 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 lists is subject to audit by the Board.

Submission of Case List

The candidate must submit their case list to ABOG electronically. The candidate must enter their cases and upload their case list affidavit(s) using the Case List Entry system located on their ABOG portal. List patients that were cared for primarily by the candidate between January 1 and December 31, 2023, that meet the category requirements as listed in the following Case Lists Content section for their subspecialty.

Any case list that fails to provide the required information, includes an insufficient number of patients, is inadequately or incompletely prepared, is not appropriately de-identified, or fails to provide sufficient breadth and depth of clinical problems may disqualify the candidate from admission to the Certifying Examination. The candidate is personally responsible for the proper

preparation, de-identified accuracy, and completeness of their case list.

The completeness and accuracy of all submitted case lists are subject to audit by ABOG. All audits will be conducted in accordance with the provisions of the HIPAA Privacy Rule. Permission to conduct on-site audits will be required of each candidate prior to final approval to take the Certifying Examination.

Falsification of information in the case list may result in ineligibility to apply for the Certifying Examination for a minimum of three years. The candidate must then meet all requirements in effect at the end of the deferred period. If the falsification is discovered after the candidate has successfully completed the Certifying Examination, the results of the test will be voided, and the candidate's certification will be revoked.

Certifying Examination Appeals

At the completion of the Certifying Examination, if a candidate believes the examination has not been conducted in a fair and unbiased manner, a second examination may be requested. The request must be made within 24 hours 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 all grades will be discarded;
2. A second examination will be provided approximately one year later at the next regularly scheduled annual Certifying Examinations at no additional charge;
3. The candidate must prepare new case lists 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.

Results of the Examination

The results of the Certifying Examination will be reported online to each candidate no later than six weeks following their examination week.

As part of the application process, the candidate will be required to irrevocably agree that the results of the candidate's examination may be made available to the Program Director(s) of any fellowship program(s) in which the candidate may have participated or in which the candidate is currently involved, and/or the American Council of Graduate Medical Education (ACGME) for

any and all purposes. Furthermore, the candidate will be required to release and agree to indemnify and hold ABOG and its officers, directors, and employees harmless of and from any and all claims the candidate may have with regard to the effect or impact upon the candidate of the release of the candidate's examination results to the candidate's Program Director(s) or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

Length of Certification

All certificates issued by ABOG after 2008 are time-limited. The certification of a Diplomate who successfully passes the 2024 Subspecialty Certifying Examination in April 2024 will expire on December 31, 2025, unless all of the 2025 MOC assignments have been successfully completed. Applications for the 2025 MOC process will be available online beginning in January 2025.

EXAMINATION ACCOMMODATION REQUESTS

Candidate Disability

The American Board of Obstetrics & Gynecology, Inc. (ABOG) provides reasonable accommodations in accordance with The Americans with Disabilities Act (ADA) as amended by the ADA Amendments Act of 2013 (ADAAA) (collectively the ADA) and, therefore, will provide or allow the use of necessary auxiliary aids, services, or testing conditions that do not fundamentally alter the measurement of the skills or knowledge the Board assessment program and examination is intended to test. Candidates must indicate through the examination application if special testing accommodations under the ADA are needed.

The ADA defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, standing, seeing, hearing, eating, sleeping, speaking, breathing, learning, reading, concentrating, thinking, communicating, or working.

The purpose of accommodations is to provide equal access to ABOG examinations for all individuals. Accommodations offset the identified functional limitation so that the impact of impairment is minimized by means of an auxiliary aid or an adjustment to the testing procedure. Functional limitation refers to the aspects of a disability that interfere with an individual's ability to function in some capacity on a regular and continuing basis.

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

Qualifying Examination

For the Qualifying Examination, the candidate must provide sufficient documentation no later than the close of the application period to permit ABOG to verify the existence, nature, and extent of the disability. The documentation must specify the requirements or accommodations determined to be necessary to overcome or compensate for the disability. In addition, the

candidate must supply any additional information ABOG may subsequently request in a timely manner.

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

If a candidate claims that their examination results were adversely affected by illness, injury, or other temporary physical impairment at the time of the examination, that candidate may not appeal the results of the examination. However, if the candidate provides sufficient evidence of such illness, injury, or impairment, they shall be entitled to sit for the next regularly scheduled examination but must pay a new application and examination fee.

Certifying Examination

For the Certifying Examination, notification of the need for special testing circumstances must be submitted in writing to ABOG by a candidate at the time of application. This deadline is necessary in order to allow ABOG time to request the required documentation, to review the records, and 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 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.

Lactation Accommodations

Qualifying Examination

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than March 1, 2024, and schedule at a Pearson VUE Testing Center by the same date. Most Pearson VUE Testing Centers have only one room available for breast pumping, so candidates are encouraged to make their reservations as soon as they receive approval for the test as these rooms will be assigned on a first-come, first-served basis. If a candidate requests extra time for lactation, they must schedule their testing site through the Pearson VUE accommodations department after contacting ABOG. If no seat is available at the closest center, and they have requested extra time, they will have to travel to an available location to sit for the examination. As Pearson VUE Testing Centers have limited lactation facilities, ABOG cannot guarantee that the candidate will be able to schedule at their preferred testing center.

Certifying Examination

Candidates who are lactating will be given an opportunity to use a pump prior to their examination. Please notify ABOG as soon as you know you will need the lactation facilities. At the time of notification, a lactation room will be reserved for the candidate. The rooms are booked on a first-come, first-served basis. If all the lactation rooms are full, the candidate will be given an alternate location at the ABOG Testing Center. Candidates must bring their own breast pump with them to the testing center.

APPROVED ABBREVIATIONS FOR EXAMINATIONS & CASE LIST SUBMISSIONS

2D	2-dimensional
3D	3-dimensional
17-OHP	17-hydroxyprogesterone
aCGH	Array comparative genomic hybridization
ACTH	Adrenocorticotrophic hormone
AFI	Amniotic fluid index
AFP	Alpha-fetoprotein
AGC	Atypical glandular cells
AIS	Adenocarcinoma in situ
ALT	Alanine aminotransaminase
AMA	Advanced maternal age
AMH	Antimullerian hormone
ANC	Absolute neutrophil count
APS	Antiphospholipid antibody syndrome
ARDS	Acute respiratory distress syndrome
AROM	Artificial rupture of membranes
ART	Antiretroviral therapy or Assisted reproductive technology
ASA score	American Society of Anesthesiologists score
ASC	Abdominal sacrocolpopexy
ASCUS	Atypical cells of undetermined significance
ASRM	American Society for Reproductive Medicine
AST	Aspartate aminotransaminase
ATFP	Arcus tendineus fascia pelvis
AUB	Abnormal uterine bleeding
AZF	Azoospermia factor
BEP	Bleomycin, etoposide, cisplatin

BSO	Bilateral salpingo-oophorectomy
BTL	Bilateral tubal ligation
BMI	Body mass index
BUN	Blood urea nitrogen
Cm	Centimeter
CA125	Cancer antigen 125
CBAVD	Congenital bilateral absence of the vas deferens
CBC	Complete blood count
CD4	Cluster of differentiation 4
CEA	Carcinoembryonic antigen
CI	Confidence interval
CIN	Cervical intraepithelial neoplasia
CMV	Cytomegalovirus
CNS	Central nervous system
COC	Combined oral contraceptive
CPR	Cardiopulmonary resuscitation
CT	Computerized tomography
CTA	Computerized tomography angiography
CTLA-4	Cytotoxic T lymphocyte-associated antigen 4
CVS	Chorionic villus sampling
dMMR	Deficient mismatch repair
D & C	Dilatation and curettage
D & E	Dilatation and evacuation
DEXA	Dual-energy x-ray absorptiometry
DHEA	Dehydroepiandrosterone
DHEAS	Dehydroepiandrosterone sulfate
DIC	Disseminated intravascular coagulopathy
DKA	Diabetic ketoacidosis
DM	Diabetes mellitus
DMSO	Dimethyl sulfoxide
DNA	Deoxyribonucleic acid
DSD	Differences of sexual development
DVP	Deepest vertical pocket
DVT	Deep vein thrombosis
EAS	External anal sphincter

EBL	Estimated blood loss
ECC	Endocervical curettage
ECMO	Extracorporeal membrane oxygenation
EGA	Estimated gestational age
EIN	Endometrial intraepithelial neoplasia
ELISA	Enzyme-linked immunosorbent assay
EKG/ECG	Electrocardiogram
EMA-CO	Etoposide, methotrexate, actinomycin D-cyclophosphamide, Oncovin®
EMB	Endometrial biopsy
EFW	Estimated fetal weight
ER	Estrogen receptor
ERAS	Enhanced recovery after surgery
ESHRE	European Society of Human Reproduction and Embryology
FDA	Food and Drug Administration
FENa	Fractional excretion of sodium
FFP	Fresh frozen plasma
FGR	Fetal growth restriction
FHR	Fetal heart rate
FHT	Fetal heart tones
FIGO	International Federation of Gynecology and Obstetrics
FISH	Fluorescence in situ hybridization
FSH	Follicle-stimulating hormone
g	Gram
GBS	Group B streptococcus
G-CSF	Granulocyte colony-stimulating factor
GDM	Gestational diabetes mellitus
GIFT	Gamete intrafallopian transfer
GnRH	Gonadotropin-releasing hormone
GOG	Gynecologic Oncology Group
GTD	Gestational trophoblastic disease
GTN	Gestational trophoblastic neoplasia
HbA1c	Hemoglobin A1c
HELLP	<u>H</u> emolysis, <u>e</u> levated <u>l</u> iver function tests, <u>l</u> ow <u>p</u> latelet count
HCG	Human chorionic gonadotropin
HIV	Human immunodeficiency virus

hMG	Human menopausal gonadotropin
HNPCC	Hereditary nonpolyposis colorectal cancer
HPO	Hypothalamic-pituitary-ovarian
HPV	Human papillomavirus
HRT	Hormone replacement therapy
HSG	Hysterosalpingogram
HSIL	High-grade squamous intraepithelial lesion
HSV	Herpes simplex virus
IAS	Internal anal sphincter
IC/BPS	Interstitial cystitis/Bladder pain syndrome
ICSI	Intracytoplasmic sperm injection
ICU	Intensive care unit
IgG	Immunoglobulin G
IgM	Immunoglobulin M
IM	Intramuscular
INR	International normalized ratio
IPG	Implantable pulse generator
IUD	Intrauterine device
IUFD	Intrauterine fetal death
IUI	Intrauterine insemination
IUP	Intrauterine pregnancy
IV	Intravenous
IVF	In vitro fertilization
IVIG	Intravenous immunoglobulin
kg	Kilogram
KUB	Kidney, ureter, bladder
L & D	Labor and delivery
LARC	Long-acting reversible contraception
LAVH	Laparoscopic-assisted vaginal hysterectomy
LDH	Lactate dehydrogenase
LEEP	Loop electrosurgical excision procedure
LGA	Large for gestational age
LGBTQIA	Lesbian gay bisexual transgender queer intersex asexual
LFT	Liver function test
LH	Luteinizing hormone

LMP	Last menstrual period
LMWH	Low-molecular-weight heparin
LSIL	Low-grade squamous intraepithelial lesion
LVSI	Lymphovascular space invasion
mL	Milliliter
mTOR	Mammalian target of rapamycin
MCA	Middle cerebral artery
MESA	Microsurgical epididymal sperm aspiration
MIS	Minimally invasive surgery
MRI	Magnetic resonance imaging
MRKH	Mayer-Rokitansky-Küster-Hauser
MSAFP	Maternal serum alpha-fetoprotein
MSI-H, -L	Microsatellite instability-high, -low
MTP	Massive transfusion protocol
MURCS	Müllerian duct aplasia, renal aplasia, cervicothoracic somite dysplasia
NAAT	Nucleic-acid amplification test
NGS	Next-generation sequencing
NICU	Neonatal intensive care unit
NIPT	Noninvasive prenatal testing
NPO	Nil per os
NSAID	Nonsteroidal anti-inflammatory drug
OAB	Overactive bladder
OASIS	Obstetric anal sphincter injuries
OHSS	Ovarian hyperstimulation syndrome
OHVIRA	Obstructed hemivagina ipsilateral renal agenesis
PACU	Postanesthesia care unit
PALND	Para-aortic lymph node dissection
PAP	Papanicolaou smear
PARP	Poly adenosine diphosphate-ribose polymerase
PCOS	Polycystic ovarian syndrome
PCR	Polymerase chain reaction
PD-1	Programmed cell death protein 1
PD-L1	Programmed cell death ligand 1
PESA	Percutaneous epididymal sperm aspiration
PET	Positron emission tomography

PFMT	Pelvic floor muscle therapy
PFPT	Pelvic floor physical therapy
PGT-A	Preimplantation genetic testing for aneuploidy
PGT-M	Preimplantation genetic testing for monogenic disorder
PGT-SR	Preimplantation genetic testing for structural rearrangements
PLND	Pelvic lymph node dissection
PNE	Peripheral nerve evaluation
POP	Pelvic organ prolapse
POP-Q	Pelvic organ prolapse quantification system
PPH	Postpartum hemorrhage
PR	Progesterone receptor
PROM	Premature rupture of membranes
PT	Prothrombin time
PTT	Partial thromboplastin time
PPROM	Preterm premature rupture of membranes
PTNS	Posterior tibial nerve stimulation
PUBS	Percutaneous umbilical blood sampling
PUPPP	Pruritic urticarial papules and plaques of pregnancy
PVR	Postvoid residual
RAIR	Rectoanal inhibitory reflex
RBC	Red blood cell
RCT	Randomized controlled trial
RNA	Ribonucleic acid
RPL	Recurrent pregnancy loss
RPR	Rapid plasma reagin
SBO	Small bowel obstruction
S/D (ratio)	Systolic/diastolic ratio
SGA	Small for gestational age
SHBG	Sex hormone-binding globulin
SLND	Sentinel lymph node dissection
SNM	Sacral neuromodulation
SNP	Single-nucleotide polymorphism
SO	Salpingo-oophorectomy: preceded by R (right) or L (left) or unilateral (U)
SROM	Spontaneous rupture of membranes
SSLF	Sacrospinous ligament fixation

STI	Sexually transmitted infection
SUI	Stress urinary incontinence
SS-A, SS-B	Sjogren syndrome A, Sjogren syndrome B
SVD	Spontaneous vaginal delivery
T1DM	Type I diabetes mellitus
T2DM	Type II diabetes mellitus
TAH	Total abdominal hysterectomy
TCGA	The Cancer Genome Atlas
TESA	Testicular sperm aspiration
TESE	Testicular sperm extraction
TLH	Total laparoscopic hysterectomy
TNF	Tumor necrosis factor
TOLAC	Trial of labor after cesarean
TOT	Transobturator tape
TSH	Thyroid-stimulating hormone
TRALI	Transfusion-related acute lung injury
TTTS	Twin-twin transfusion syndrome
TUNEL	Terminal deoxynucleotidyl transferase-mediated deoxyuridine triphosphate-nick end labelling
TVH	Total vaginal hysterectomy
TVS	Transvaginal sonography
TVT	Tension-free vaginal tape
UAE	Uterine artery embolization
USLF	Uterosacral ligament fixation
UTI	Urinary tract infection
VAC	Vincristine, actinomycin-D, cyclophosphamide
VAIN	Vaginal intraepithelial neoplasia
VBAC	Vaginal birth after cesarean delivery
VCUG	Voiding cystourethrography
VDRL	Venereal disease research laboratory
VEGF	Vascular endothelial growth factor
VIN	Vulvar intraepithelial neoplasia
VLPP	Valsalva leak point pressure
V/Q	Ventilation/Perfusion
VTE	Venous thromboembolism
VVF	Vesicovaginal fistula

WBC	White blood cell
WES	Whole exome sequencing
WHO	World Health Organization
ZIFT	Zygote intrafallopian transfer

COMPLEX FAMILY PLANNING

Allocation of Time and Curriculum for CFP Fellowship Training

Allocation of Time In order to take the Qualifying Examination, the candidate must have had the following experiences during fellowship:

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

Curriculum The candidate must gain a diverse experience in the management of a wide variety of complex family planning patients. The candidate must have experience in the provision of contraceptives, including consultation with other physicians. Additionally, the candidate must have experience in office procedures related to family planning.

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

CFP Qualifying and Certifying Examination Topics

The content of the Qualifying and Certifying Examinations will be based on the blueprint for Complex Family Planning. The major categories and subcategories are shown below, including the percentages of the categories.

Contraception (35%)

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

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

Early Pregnancy Evaluation and Management (15%)

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

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

Abortion/Pregnancy Termination (40%)

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

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

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

Research, Health Policy, and Advocacy (5%)

1. Research
 - a. Demonstrate knowledge of basic research methodology (e.g., study design, sample size)
 - b. Critically analyze published studies
 - c. Determine the proper biostatistical test based on data type and study questions
 - d. Demonstrate knowledge of research ethics (e.g., informed consent, vulnerable populations)
2. Public Health and Reproductive Health Policy
 - a. Understand how reproductive health impacts public health and health policy
 - b. Identify disparities in reproductive health, including access, care quality, patient experience, and outcomes
 - c. Identify professional organizations that advocate for and influence policy in reproductive health
 - d. Demonstrate knowledge of social and structural determinants that create reproductive health inequities in marginalized groups
3. Advocacy
 - a. Engage with stakeholders (e.g., public, other healthcare providers, policymakers) about the role of family planning in public health and health policy

- b. Engage with the work of professional organizations that advocate for health policy in contraception and abortion
- c. Demonstrate the knowledge and skills to advocate for equitable access to reproductive health services

Core Competencies and Cross Content (5%)

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

CFP Certifying (Oral) Examination

2025 Certifying Examination

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

2025 Certifying Examination Thesis

A thesis is required by the Division of Complex Family Planning. Candidates will be required to submit a thesis that adheres to the requirements listed in Thesis section of this Bulletin.

ABOG Division of Complex Family Planning

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Stephanie Teal, MD, MPH

Case Western Reserve University School of
Medicine-University Hospitals

GYNECOLOGIC ONCOLOGY

Allocation of Time and Curriculum for GYN/ONC Fellowship Training

Allocation of Time The duration of training is a minimum of 36 months, and rotations must be in a minimum of one-month blocks. A program must ensure the training for each fellow is allocated as follows:

- a. 24 months of clinical training
- b. 12 months of protected research
 - i. Conducted research leading to a thesis that meets ABOG certification requirements
 - ii. Research time must be scheduled in blocks of not less than one-month duration, and while in a research block, no more than 10% (4 hours) of the fellow's time in any week may be spent in clinical duties
 - iii. Completed written thesis and presented work before GYN ONC Division and Program Director by completion of fellowship
- c. Fellows may participate in non-subspecialty clinical activity or practice up to 10% of a workweek (Monday-Friday) or ½ day (4 hours) per workweek averaged over a 4-week period during all rotations.

- i. These allowances do not apply to moonlighting, weekends, or call.
- ii. Fellows may not be assigned to weeks, months, or blocks of clinical assignments or rotations to meet this allowance.
- iii. Fellows may not be assigned to night float rotations to meet this allowance.
- iv. Fellows may not aggregate this allowance to complete training early or make up extensions in training for any reason.

Curriculum A fellow must be instructed in the following clinical areas: General, Colorectal, Vascular, and Urologic Surgery, as well as Medical Oncology and Radiotherapy.

Fellows must receive experience in the management of gynecologic cancer and its complications to include minimally invasive approaches.

Fellows must be provided formal instruction in the methods and techniques of radiation therapy as well as a full understanding of the principles of radiobiology and radiation physics.

Fellows must be provided the opportunity to acquire basic and clinical knowledge of the indications for chemotherapy as well as practical experience in the administration of chemotherapeutic drugs and care of complications.

Fellows must receive palliative and critical care experience.

The facility must have an active tumor registry.

Gynecologic Oncology Qualifying and Certifying Examination Topics

The content of the Qualifying and Certifying Examinations will be based on the blueprint for Gynecologic Oncology. The major categories and subcategories are shown below, including the percentages of the categories for the qualifying examination and the certifying examination. The percentages across both exams are weighted the same for the categories.

Consultation and Pre/Perioperative Assessment (10%)

1. Obtain a history including pertinent oncologic history to generate a differential diagnosis and obtain and interpret laboratory evaluations, imaging studies, and other diagnostics
2. Determine if surgical or non-surgical intervention is indicated
3. Complete a preoperative surgical fitness assessment through the identification of relevant medical comorbidities and clinical findings; and complete preoperative medical consultation to optimize patient outcome
4. Determine the indicated surgical intervention and approach
5. Identify alternatives to surgery and counsel patient about risks, benefits, and alternative interventions
6. Identify and counsel patient regarding fertility-sparing options
7. Use prophylaxis and preventive measures to reduce perioperative morbidity

Intraoperative Management (10%)

1. Apply knowledge of anatomy and physiology required for surgery
2. Apply knowledge of operative instruments

3. Apply knowledge of the indications for surgical staging and perform the appropriate surgical intervention
4. Perform the appropriate surgical intervention
5. Surgically manage gynecologic malignancies
6. Surgically manage complex nonmalignant conditions
7. Surgically manage gestational trophoblastic disease (GTD)
8. Surgically manage abnormal placentation
9. Perform intraoperative surgical consultation
10. Identify and manage intraoperative complications
11. Revise operative plan based on intraoperative findings and patient condition

Postoperative Management (10%)

1. Implement strategies to reduce postoperative complications
2. Evaluate, identify, and manage surgical postoperative complications
3. Evaluate, identify, and manage medical postoperative complications
4. Apply postoperative strategies, including nutritional requirements and the use of supplements, pain management, and IV fluids
5. Identify and manage the critically ill postoperative patient (e.g., hemodynamic monitoring, ventilatory support)
6. Communicate operative findings, results and complications with patient and family
7. Coordinate postoperative transition of care

Non-Surgical Management and Treatment (15%)

1. Understanding the Pharmacology, Mechanism of Action, and Toxicities Associated with Non-Surgical Management
 - a. Chemotherapy
 - b. Endocrine therapy
 - c. Immunotherapy
 - d. Molecularly-targeted therapy
 - e. Identify, counsel, and manage acute and delayed radiation-related toxicities
2. Applying Knowledge of Non-Surgical Management to Patient Care
 - a. Apply knowledge of indications, contraindications, and goals of treatment for primary gynecologic cancers and their precursors in order to establish a timeline for initiation and completion of non-surgical therapy
 - b. Apply knowledge of indications, contraindications, and goals of treatment for recurrent gynecologic cancers and their precursors in order to establish a timeline for initiation and completion of non-surgical therapy
 - c. Incorporate prognosis in treatment discussions with patient

- d. Apply knowledge of radiation therapy in the treatment of gynecologic cancers
- e. Identify indications for treatment using brachytherapy devices
- f. Counsel patients on gynecologic cancer clinical trial availability, eligibility, and participation
- g. Manage or co-manage oncologic emergencies related to cancer progression or therapies
- h. Coordinate postoperative care of GTD and choriocarcinoma

Genetics and Genomics (10%)

1. Counsel patients and perform comprehensive family history after identifying relevant genetic risk factors and indications for genetic testing.
2. Identify the indications for genetic testing and counseling
3. Apply knowledge of hereditary cancer syndromes to patient care
4. Collaborate with specialists in genetics to manage patient care
5. Counsel patient on prognosis and treatment based on genetic testing results
6. Counsel patient regarding indications for risk-reducing interventions
7. Counsel patient on treatment options based on molecular testing results

Survivorship and Surveillance (5%)

1. Manage long-term effects of surgical and medical cancer treatment
2. Develop and implement an evidence-based surveillance plan for gynecologic cancer patient, including collaborations with other disciplines
3. Collaborate with other disciplines to provide survivorship and surveillance care
4. Perform evaluation for suspected disease recurrence

Supportive and End-of-Life Care (5%)

1. Counsel patient on advanced care planning
2. Implement multi-disciplinary palliative care in management of gynecologic cancer patient
3. Counsel patient and family regarding timing and role of hospice and end of life care
4. Manage cancer-related symptoms such as pain, anorexia, fatigue, nausea, etc.
5. Counsel patient on the role of palliative procedures and interventions
6. Incorporate nutritional assessment and intervention in supportive and end-of-life patient care

Diagnostic and Surgical Procedures (10%)

1. Surgical Procedures
 - a. Simple vaginal hysterectomy
 - b. Total hysterectomy plus or minus BSO
 - c. Modified radical or radical abdominal hysterectomy

- d. Laparoscopic hysterectomy, laparoscopic-assisted vaginal hysterectomy, and robotic abdominal hysterectomy
 - e. Modified radical or radical laparoscopic hysterectomy and radical robotic abdominal hysterectomy
 - f. Radical cytoreduction
 - g. Lymphadenectomy and sentinel lymph node mapping (e.g., inguinal, femoral, pelvic, para-aortic area)
 - h. Simple and radical vaginectomy
 - i. Vulvectomy (e.g., skinning, simple, partial, radical)
 - j. Pelvic exenteration (e.g., anterior, posterior, total)
 - k. Omentectomy
 - l. Placement of feeding jejunostomy/gastrostomy
 - m. Resection and re-anastomosis of small bowel
 - n. Bypass procedures of small and large bowel
 - o. Mucous fistula formation of small and large bowel
 - p. Ileostomy and colostomy
 - q. Repair of fistula, vesicovaginal fistula with primary closure, and vesicovaginal fistula with secondary closure using interposition of autologous tissue(s)
 - r. Resection and re-anastomosis of large bowel, including low anterior resection and re-anastomosis
 - s. Splenectomy
 - t. Liver biopsy
 - u. Diaphragmatic resection
 - v. Partial and total cystectomy
 - w. Ureteroneocystostomy, including bladder flap or psoas fixation
 - x. Ureteral surgery
 - y. Urinary tract conduit (e.g., ileum, colon)
 - z. Incision and drainage of abdominal or perineal abscess
 - aa. Neovagina (e.g., split thickness skin graft, pedicle graft, myocutaneous graft)
 - bb. Pelvic floor reconstruction (e.g., omental pedicle graft, transposition of myocutaneous grafts)
 - cc. Insertion of intracavity and interstitial radiation application
 - dd. Laser ablation
 - ee. Dilation and curettage for GTD
2. Diagnostic Procedures

- a. Cystoscopy
- b. Laparoscopy
- c. Colposcopy and cone/LEEP excision
- d. Sigmoidoscopy

Application of Basic Science to Patient Care (15%)

1. Cancer genetics
2. Biologic properties of cancer cells and molecular processes involved in carcinogenesis and aging on cancer biology and cancer genetics
3. Gynecologic cancer disease burden and risk factors
4. The role of histopathology and special testing (e.g., immunohistochemistry, molecular studies)
5. Pharmacogenomics, pharmacodynamics, and mechanism of action of relevant agents
6. Fundamentals of radiobiology and radiation physics
7. Immunology in the prevention, diagnosis, and treatment of gynecologic cancers

Core Competencies and Cross Content (10%)

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

4. Systems-based Practice
 - a. Incorporate considerations of cost awareness and risk-benefit analysis in patient care
 - b. Provide care with multidisciplinary teams to promote patient safety and optimize patient outcomes
5. Practice-based Learning and Improvement
 - a. Design or participate in practice or hospital quality improvement activities
6. Evidence-based Medicine
 - a. Incorporate evidence-based practices and national guidelines to improve practice patterns and outcomes
 - b. Implement evidence-based protocols to enhance recovery after surgery (ERAS)

In the Certifying Examination, evaluation of the candidate will include questions related to principles of biostatistics, clinical trial and/or basic science study design and hypothetical cases. It will also include a review of the submitted case lists, a discussion of structured cases and surgical techniques. It may include interpretation of operative, radiologic, and computer-generated images and videos, and simulations (gross and microscopic pathology, imaging studies, intraoperative photographs, etc.) The candidate should demonstrate the capability of managing complex problems relating to Gynecologic Oncology. The candidate should have the scientific methodologic training to advance knowledge in this subspecialty and to be able to interpret and evaluate new concepts and their supporting data.

Case List Content for GYN ONC Certification

The listed patients must be only those for whom the candidate has had personal responsibility for the management and care during the indicated period of hospitalization. The lists may not include those women seen only in consultation or for administrative reasons only. For example, if the patient had surgery or a radium application, the candidate must have performed a major part of the procedure in order for the patient to be included in the case list.

A preoperative diagnosis should be recorded for each surgical procedure. For patients having several hospital admissions during the time period of the report, the patient should be listed only once, with each hospitalization listed in chronological sequence. For non-surgical conditions, the admission diagnosis should be recorded. In cases without tissue for histological diagnosis, the final clinical diagnosis should be listed.

The case lists must have sufficient numbers as well sufficient breadth and depth of clinical difficulty to demonstrate that the candidate is practicing the full spectrum of Gynecologic Oncology. Cases listed must be entered into one of the three categories listed below. In total, a minimum of 50 patients with invasive or borderline cancer must be listed, regardless of category. The lists must include patients having radical surgical procedures, insertions of radioactive isotopes, and chemotherapy. For patients with cancer, both grade and stage must be listed.

Case lists will be separated into the following categories:

1. Ovarian, peritoneal, and fallopian tube cancer (include chemotherapy cases)
2. Uterine malignancies: endometrial cancer, sarcoma, GTD, other
3. Cervical, vulvar, and vaginal cancer and radiation therapy

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

ABOG Division of Gynecologic Oncology

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MATERNAL-FETAL MEDICINE

Allocation of Time and Curriculum for MFM Fellowship Training

Allocation of Time In order to take the Qualifying Examination, the candidate must have had the following experiences during fellowship:

- a. 18 months of MFM Core Clinical Experience, including at least:
 - i. 3 months of ultrasonography
 - ii. 2 months of outpatient Maternal-Fetal Medicine
 - iii. 2 months of Genetics and Genomics
 - i. Ultrasonography, Genetics and Genomics, and outpatient requirements can be fulfilled by block time (e.g., one-month blocks) or by the cumulative experience of shorter experiences (e.g., half- or full-day clinics over time)
 - iv. 2 months in a supervisory position on a Labor and Delivery unit
 - i. Minimum block is 2 weeks
 - ii. Night and weekend call performed throughout the fellowship does not apply towards this time requirement
 - v. 1 month in a medical or surgical intensive care unit
 - i. Must participate in patient care
 - ii. No MFM or OB GYN duties, including night and weekend call
- b. 12 months of protected research in one-month blocks
 - i. Conducted research leading to a thesis that meets ABOG certification requirements
 - ii. Completed written thesis and presented work before MFM Division and Program Director by completion of fellowship
 - iii. Research time must be scheduled in blocks of not less than one-month duration, and while in a research block, no more than 10% (4 hours) of the fellow's time in any week may be spent in clinical duties
- c. 6 months of electives
 - i. Focused on specific clinical and/or research areas
 - ii. Selected at the discretion of the Program Director and fellow

- d. Fellows may participate in non-subspecialty clinical activity or practice up to 10% of a workweek (Monday-Friday) or ½ day (4 hours) per workweek averaged over a 4-week period during all rotations
 - i. These allowances do not apply to moonlighting, weekends, or call.
 - ii. Fellows may not be assigned to weeks, months, or blocks of clinical assignments or rotations to meet this allowance.
 - iii. Fellows may not be assigned to night float rotations to meet this allowance.
 - iv. Fellows may not aggregate this allowance to complete training early or make up extensions in training for any reason.

Curriculum The candidate must gain expertise in the comprehensive care of maternal and fetal disorders to include high-risk pregnancy, fetal evaluation and intervention, genetics, ultrasound and prenatal diagnosis, pathology, and obstetrical anesthesia. Specifically, the candidate must be trained in the following areas:

Maternal-Fetal-Neonatal Physiology
Genetics/Genomics/Tetralogy
Obstetrical Critical Care
Infection Diseases

MFM Qualifying and Certifying Examination Topics

The content of the Qualifying and Certifying Examinations will be based on the blueprint for Maternal-Fetal Medicine. The major categories and subcategories are shown below, including the percentages of the categories for the qualifying examination and the certifying examination.

Medical Complications of Pregnancy (30% Qualifying Examination; 30% Certifying Examination)

1. Medical Disorders
 - a. Evaluate, diagnose, and manage medical disorders
 - b. Provide preconception, post-delivery counseling (including contraception) for patients with medical disorders
 - c. Counsel patients about maternal physiology, fetal and neonatal implications of their medical condition(s)
 - d. Counsel patients on impact of medical disorders on delivery timing
 - e. Counsel patients with medical disorders regarding drugs and biologics
 - f. Manage antenatal care for patients with medical disorders
 - g. Manage intrapartum and postpartum care for patients with medical disorders
2. Critical Care
 - a. Evaluate and diagnose critical care conditions
 - b. Manage critical care conditions and interpret hemodynamic monitoring
 - c. Identify critically ill patients and facilitate transfer to higher level of care

- d. Manage antenatal care and delivery timing for critically ill patients
- e. Manage intrapartum and postpartum care for critically ill patients
- f. Counsel critically ill patients regarding drugs and biologics
- g. Manage massive obstetric hemorrhage
- h. Manage obstetric coagulopathy

Obstetric Complications (30% Qualifying Examination; 30% Certifying Examination)

1. Preterm Labor and Preterm Premature Rupture of Membranes (PPROM)
 - a. Identify risk factors for preterm birth
 - b. Counsel patients on risk-reduction strategies for preterm birth
 - c. Counsel patients on limits of viability, prognosis, and management
 - d. Manage PPRM
 - e. Manage preterm labor and delivery
 - f. Manage cervical insufficiency
2. Hypertensive Disorders
 - a. Manage hypertensive disease in pregnancy
 - b. Manage preeclampsia
 - c. Manage eclampsia
3. Multiple Gestation
 - a. Counsel and manage patients on associated complications and pregnancy outcomes based on chorionicity for twin gestations
 - b. Counsel and manage high-order multiple gestations
 - c. Counsel patients on indications and risks associated with fetal reduction
4. Fetal Demise
 - a. Provide preconception counseling for recurrent pregnancy loss
 - b. Evaluate and manage patients with a fetal demise and/or recurrent pregnancy loss
 - c. Evaluate and manage patient for bereavement and/or postpartum depression
5. Procedures Relating to Obstetrical Complications
 - a. Amniocentesis and amnioreduction for fetal lung maturation
 - b. External cephalic version
 - c. Peripartum hysterectomy
 - d. Cervical cerclage
 - e. Chorionic villus sampling
 - f. Cordocentesis and fetal transfusion

6. Obstetric Anesthesia

- a. Counsel medically complicated patients regarding the different anesthetic options including benefits, risks, and contraindications (e.g., systemic analgesia and sedation, general anesthesia, regional anesthesia); for example, cardiac arrest, respiratory arrest, aspiration pneumonitis, hypotension, high spinal or total spinal, convulsions, neuropathy, headaches, hypothermia
- b. Identify, diagnose, and co-manage anesthetic complications (e.g., cardiac arrest, respiratory arrest, aspiration pneumonitis, hypotension, high spinal or total spinal, convulsions, neuropathy, headaches, hypothermia)

7. Management of Obstetrical Complications

- a. Amniotic fluid embolism (AFE)
- b. Acute fatty liver of pregnancy (AFLP)
- c. Placental abruption
- d. Abnormal placentation (e.g., accreta, increta, percreta, vasa previa, and placenta previa)
- e. Gestational trophoblastic disease
- f. Ruptured uterus
- g. Cholestasis of pregnancy
- h. Uterine anomalies
- i. Ovarian masses
- j. Dermatologic conditions (e.g., PUPPS, herpes gestationis)
- k. Fetomaternal hemorrhage
- l. Trauma
- m. Abnormally implanted pregnancies (abdominal, cervical, and c-section scar)

Fetal Complications and Prenatal Diagnosis (25% Qualifying Examination; 20% Certifying Examination)

1. Ultrasound

- a. Perform and interpret 1st trimester ultrasound for singleton and multiple gestations
- b. Perform and interpret 2nd and 3rd trimester ultrasound
- c. Recognize normal and abnormal maternal, fetal, and placental anatomy
- d. Apply knowledge of the limitations of ultrasound to determine need for additional imaging modalities
- e. Determine indication for and perform Doppler studies (umbilical artery and MCA, color, m-mode)
- f. Determine indication for and perform 3D and 4D ultrasound
- g. Perform and interpret cervical length assessment
- h. Manage disorders of amniotic fluid volume

- i. Perform and interpret fetal echocardiography
 - j. Perform ultrasound assessment of chorionicity
2. Evaluation, Management, and Diagnosis of Fetal Complications
- a. Fetal structural abnormalities
 - b. Fetal growth restriction
 - c. Genetic disorders (e.g., chromosomal abnormalities, DiGeorge's, skeletal dysplasia, syndromes)
 - d. Fetal hydrops
 - e. Isoimmunization
 - f. Alloimmune thrombocytopenia
 - g. Fetal infections

Genetics and Genomics (10% Qualifying Examination; 10% Certifying Examination)

- a. Obtain a genetic history and perform a three-generation pedigree, perform preconception genetic counseling, and counsel patients on Mendelian patterns of inheritance (e.g., autosomal dominant, autosomal recessive, co-dominant, X-linked recessive, X-linked dominant) and non-Mendelian patterns of inheritance (e.g., trinucleotide repeat disorders, imprinting, uniparental disomy, mitochondrial inheritance, germline mosaicism, multifactorial and polygenic inheritance)
- b. Counsel patients on benefits and limitations of PGS/ PGD (preimplantation genetic diagnosis)
- c. Counsel patients on and perform expanded and ethnicity-based carrier screening
- d. Counsel patients on different methods of aneuploidy screening and interpret results
- e. Counsel patients on prenatal testing (e.g., fetal karyotype, chromosomal microarray, biochemical and molecular tests, whole exome sequencing)

Core Competencies and Cross Content (5% Qualifying Examination; 10% Certifying Examination)

1. Ethics and Professionalism
- a. Systematically engage in practice review to identify health disparities
 - b. When engaged in shared clinical decision making, incorporate patient, family, and cultural considerations in making treatment recommendations
 - c. When providing care for patients, consider psychological, sexual, and social implications of various treatment options
2. Patient Safety
- a. Systematically analyze the practice for safety improvements (e.g., root cause analysis)
 - b. Systematically engage in practice reviews for safety improvements (e.g., root cause analysis)

- c. Incorporate the standard use of procedural briefings, “time outs,” and debriefings in clinical practice
 - d. Participate in the review of sentinel events, reportable events, and near misses
 - e. Implement universal protocols (e.g., bundles, checklists) to help ensure patient safety
3. Interpersonal and Communication Skills
- a. Communicate to patient and family regarding adverse outcomes and medical errors
 - b. Demonstrate sensitivity and responsiveness when communicating with a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
 - c. Provide comprehensive information when referring patients to other professionals
4. Systems-based Practice
- a. Incorporate considerations of cost awareness and risk-benefit analysis in patient care
 - b. Provide care with multidisciplinary teams to promote patient safety and optimize patient outcomes
5. Practice-based Learning and Improvement
- a. Design or participate in practice or hospital quality improvement activities
6. Evidence-based Medicine
- a. Incorporate evidence-based practices and national guidelines to improve practice patterns and outcomes
 - b. Implement evidence-based protocols to enhance recovery after surgery (ERAS)

In the Certifying Examination, evaluation of the candidate will include questions related to principles of biostatistics, clinical trial and/or basic science study design, and hypothetical cases. It will also include a review of the submitted case lists, a discussion of structured cases, and surgical techniques. It may include interpretation of operative, radiologic, and computer-generated images and videos, and simulations (radiologic studies, intraoperative photographs, etc.) The candidate should demonstrate the capability of managing complex problems relating to Maternal-Fetal Medicine. The candidate should have the scientific methodologic training to advance knowledge in this subspecialty and to be able to interpret and evaluate new concepts and their supporting data.

Case List Content for MFM Certification

Medical Complications of Pregnancy

A list of 30 patients (no more or fewer) from the candidate's practice with medical complications of pregnancy must be submitted online. Individual patients who presented with any of the following problems should be listed. The required number of patients in each category is listed below. Do not list more than the required number of cases, and a patient may be listed only once.

Cardiac, cardiovascular (chronic hypertension) and pulmonary (asthma, pneumonia)	5 cases
Endocrine, including pregestational diabetes mellitus and thyroid disorders	5 cases
Gastrointestinal, including inflammatory bowel disease and gastric bypass surgery	2 cases
Hematologic and oncologic, including hypercoagulable disorders and thrombophilias, hemoglobinopathies, and thrombophlebitis	5 cases
Immunological, including autoimmune disorders (collagen vascular disease) and transplants	3 cases
Infectious disease (HIV, pyelonephritis, hepatitis)	5 cases
Neurological and psychiatric, including drug or alcohol abuse	2 cases
Renal disease	3 cases

Obstetrical and Surgical Complications

A list of 30 patients (no more or fewer) from the candidate's practice with obstetrical and surgical complications must be submitted online. Individual patients who presented with any of the following problems should be listed. The required number of patients in each category is listed below. Do not list more than the required number of cases, and a patient may be listed only once.

Multiple gestations and complications, including twin-twin transfusion syndrome	5 cases
Placental abnormalities, including previa, abruption, and accreta	3 cases
Hypertension, preeclampsia, and eclampsia	5 cases
Preterm labor and preterm cervical dilation or shortening	5 cases
Preterm premature rupture of membranes (PPROM)	5 cases
Recurrent pregnancy loss, cervical insufficiency, uterine anomalies, fetal demise	2 cases
Surgical (non-obstetric surgery, burns, trauma)	2 cases

Antepartum and peripartum intensive care, including mechanical ventilation or invasive hemodynamic monitoring, massive hemorrhage, pulmonary edema, acute renal failure, septic shock, anesthesia complications, ARDS	3 cases
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Genetics/Fetal Disorders/Fetal Anomalies

A list of 30 patients (no more or fewer) from the candidate's practice with genetics/fetal disorders/fetal anomalies must be submitted online. Individual patients who presented with any of the following problems should be listed. The required number of patients in each category is listed below. Do not list more than the required number of cases, and each patient may be listed only once.

Alloimmunization (Rh, thrombocytopenia), immune and non-immune hydrops	3 cases
Fetal anatomic malformations	8 cases
Fetal chromosomal and genetic abnormalities	8 cases
Fetal growth restriction	8 cases
Fetal infections (CMV, parvovirus, toxoplasmosis)	3 cases

ABOG Division of Maternal-Fetal Medicine

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REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

Allocation of Time and Curriculum for REI Fellowship Training

Allocation of Time In order to take the Qualifying Examination, the candidate must have had the following experiences during fellowship:

- a. 12 months of clinical Reproductive Endocrinology and Infertility
- b. 18 months of protected research in one-month blocks
 - i. Conducted research leading to a thesis that meets ABOG certification requirements ([Appendix D](#))
 - ii. Research time must be scheduled in blocks of not less than one-month duration, and while in a research block, no more than 10% (4 hours) of the fellow's time in any week may be spent in clinical duties
 - iii. Completed written thesis and presented work before REI Division and Program Director by completion of fellowship
- c. 6 months of electives
 - i. Focused on specific clinical and/or research areas
 - ii. Selected at the discretion of the Program Director and fellow
- d. Fellows may participate in non-subspecialty clinical activity or practice up to 10% of a workweek (Monday-Friday) or ½ day (4 hours) per workweek averaged over a 4-week period during all rotations.
 - i. These allowances do not apply to moonlighting, weekends, or call.
 - ii. Fellows may not be assigned to weeks, months, or blocks of clinical assignments or rotations to meet this allowance.
 - iii. Fellows may not be assigned to night float rotations to meet this allowance.
 - iv. Fellows may not aggregate this allowance to complete training early or make up extensions in training for any reason.

Note: For fellows beginning training July 1, 2022, or later, required allocation of training is 18 months clinical REI, 12 months research, and 6 months electives. All other requirements in this section will apply.

Curriculum The candidate must gain a diverse experience in the management of a wide variety of clinical problems affecting the development, function, and aging of the human reproductive system to include disorders of both men and women. Specifically, the candidate must be trained in the following areas:

- Medical disorders
- Surgical Techniques
- Ultrasound
- Laboratory procedures

REI Qualifying and Certifying Examination Topics

The content of the Qualifying and Certifying Examinations will be based on the blueprint for Reproductive Endocrinology and Infertility. The major categories and subcategories are shown below, including the percentages of the categories for the qualifying examination and the certifying examination.

Basic Science, Physiology, and Pathophysiology (15% Qualifying Examination; 5% Certifying Examination)

1. Hormone structure, mechanisms of action, and signaling pathways
2. Clinical pharmacology
3. Laboratory assays
4. Pathology of normal and abnormal reproductive organs and tissues
5. Immunology of the reproductive endocrine system, implantation biology, and early pregnancy
6. Embryogenesis of male and female reproductive systems
7. Gamete biology
8. Pre-implantation embryo development

Diagnostic Techniques and Interpretation for the Management of Reproductive Disorders (10% Qualifying Examination; 10% Certifying Examination)

1. Molecular biology (e.g., immunohistochemistry, PCR, endocrine assays)
2. Imaging (e.g., HSG, ultrasound, MRI, Saline-infusion sonography)
3. Provocative testing (e.g., ACTH stimulation, dexamethasone suppression, clomiphene challenge)
4. Andrology including methods of evaluating semen quality and fertilizing capabilities (e.g., semen analysis, post-coital test, DNA fragmentation)

Evaluation, Diagnosis, and Management of Reproductive Endocrine Function and Disease (15% Qualifying Examination; 15% Certifying Examination)

1. Normal and abnormal puberty (e.g., delayed puberty, precocious puberty)
2. Menopause
3. Neuroendocrine disorders (e.g., panhypopituitarism, Sheehan Syndrome, Kallmann Syndrome)
4. Gonad (ovary, testes, ovotestes) disorders (e.g., disorders of sexual development)
5. Thyroid disorders
6. Adrenal disorders
7. Metabolic dysfunction (e.g., obesity)
8. Endocrinology of pregnancy
9. Abnormal uterine bleeding
10. Amenorrhea

11. Androgen disorders (e.g., polycystic ovary syndrome, idiopathic hirsutism)

12. Gender-affirming hormone therapy

Female Fertility, Female Infertility, and PCOS (5% Qualifying Examination; 7% Certifying Examination)

1. Contraception, Preconception Counseling, and Infertility
 - a. Perform comprehensive medical history and physical examination
 - b. Counsel patient about contraception options
 - c. Provide preconception counseling
 - d. Obtain and interpret the results of diagnostic testing (e.g., ovarian reserve testing, ovulatory function, hysterosalpingography, pelvic ultrasound, hysterosonography, laparoscopy)
 - e. Counsel women on fertility treatment options, side effects, and complications (e.g., ovulation induction, controlled ovarian hyperstimulation, intrauterine insemination, ART)
2. Evaluation, Diagnosis, and Management of Fertility Treatment Complications, Special Populations, and Early Pregnancy Loss
 - a. Complications of fertility treatment (e.g., pregnancy of unknown location/ectopic/heterotopic/ovarian hyperstimulation, multifetal gestation)
 - b. Third-party reproduction
 - c. LGBTQIA family building considerations and care
 - d. Early pregnancy loss
3. Specific Considerations for Polycystic Ovarian Syndrome (PCOS)
 - a. Evaluate, diagnose, manage, and counsel patients regarding health consequences of PCOS (e.g., anovulation and infertility, hirsutism, abnormal uterine bleeding, metabolic disturbances, endometrial hyperplasia/cancer)
 - b. Counsel and manage ovulation induction and fertility treatment for PCOS
 - c. Counsel women on treatment options for hirsutism in PCOS

Male Infertility (3% Qualifying Examination; 5% Certifying Examination)

1. Evaluation and Counseling for Male Infertility
 - a. Perform comprehensive medical history (e.g., sexual development history including testicular descent, chronic disease, surgical history, medication use, infections, exposure to radiation, environmental exposures, family history, steroid use, drug and alcohol use, sexual history including libido, frequency of intercourse and prior fertility)
 - b. Obtain and interpret results of diagnostic testing for male infertility (e.g., semen analysis, post-void semen analysis, hormonal testing, genetic testing including karyotype, genetic carrier testing, y-microdeletion testing, transrectal and scrotal ultrasound) and counsel patients on the results

- c. Diagnose and differentiate types of male infertility (e.g., endocrine and systemic disorders, primary testicular defects in spermatogenesis, sperm transport disorders, idiopathic male infertility)
 - d. Counsel patients regarding application, efficacy, risks, and benefits of non-surgical treatments for oligospermia (e.g., clomiphene citrate, human chorionic gonadotropin, letrozole)
 - e. Counsel patients on the use of donor sperm, including discussion of regulatory issues involving donor sperm
2. Counseling Patients Regarding Surgical Management of Male Infertility and Intracytoplasmic Sperm Injection (ICSI)
 - a. Testicular sperm extraction, including microsurgical epididymal sperm aspiration
 - b. Vasectomy reversal
 - c. Varicocele repair
 - d. Intracytoplasmic sperm injection

Recurrent Pregnancy Loss (2% Qualifying Examination; 3% Certifying Examination)

1. Evaluate, diagnose, and manage recurrent pregnancy loss (RPL), including causes of euploid and aneuploid pregnancy loss (e.g., contribution of endocrine factors, immunologic factors, anatomic factors, and genetic factors and relative incidence of each) and counsel patients regarding prognosis and causes of RPL
2. Counsel patients on advantages and limitations of pre-implantation genetic diagnosis for abnormal parental karyotypes and unexplained RPL
3. Counsel patients on the indications for supplemental progesterone, thyroid hormone supplementation, aspirin, heparin, and other available medical therapies
4. Provide and counsel patients (including advantages and limitations) on genetic analysis of aborted fetal tissue

Fertility Preservation (5% Qualifying Examination; 5% Certifying Examination)

1. Evaluation, Diagnosis, and Management of Fertility Preservation
 - a. Recognize indications and counsel patients for fertility preservation (e.g., elective cryopreservation, gonadotoxic therapies, genetic conditions)
 - b. Obtain and interpret results of diagnostic testing (e.g., ultrasound, ovarian reserve markers), and counsel patients regarding fertility preservation
 - c. Counsel patients on the options and expectations for fertility preservation
 - d. Perform ART procedures for oocyte and embryo cryopreservation
2. Specific Considerations for Patients Receiving Gonadotoxic Therapies
 - a. Understand and implement modifications to conventional ART protocols for cancer patients (e.g., use of aromatase inhibitor to suppress estrogen levels, random start protocols to minimize delay)
 - b. Counsel patients on ovarian transposition if pelvic irradiation is anticipated

- c. Counsel patients on fertility-sparing gynecologic surgery
- d. Counsel patients on the use of ovarian suppression with GnRH agonists for fertility preservation
- e. Counsel patients on experimental options for fertility preservation (e.g., ovarian tissue cryopreservation and transplantation)

Assisted Reproductive Technology (ART) Techniques (10% Qualifying Examination; 10% Certifying Examination)

- 1. Transvaginal ultrasound-guided oocyte retrieval
- 2. Transabdominal ultrasound-guided oocyte retrieval
- 3. Ultrasound-guided embryo transfer
- 4. Gamete and zygote intrafallopian transfer
- 5. Ultrasound-guided ovarian cyst aspiration
- 6. Paracentesis/culdocentesis

Evaluation, Diagnosis, and Management of Complex Reproductive Disorders (10% Qualifying Examination; 10% Certifying Examination)

- 1. Pelvic pain (e.g., adhesive disease)
- 2. Endometriosis
- 3. Ambiguous genitalia
- 4. Müllerian anomalies
- 5. Asherman syndrome
- 6. Leiomyomata

Complex Reproductive Surgical Procedures (5% Qualifying Examination; 10% Certifying Examination)

- 1. Diagnostic and operative hysteroscopic procedures
- 2. Diagnostic and operative laparoscopic procedures
- 3. Tubal surgeries for fertility restoration add tubal reversal and tuboplasty
- 4. Abdominal myomectomy
- 5. Laparotomy procedures
- 6. Surgical management of müllerian anomalies
- 7. Abdominal salpingo-oophorectomy
- 8. Abdominal salpingostomy
- 9. Vaginal septum excision

Genetics (10% Qualifying Examination; 10% Certifying Examination)

- 1. Understanding of Genetic Testing and Screening
 - a. The basic science of genetics, epigenetics, and genetic testing

- b. Inheritance patterns of genetic disorders
 - c. Pre-implantation genetic screening and testing
 - d. Antenatal genetic testing
2. Application of Genetic Testing and Screening to Patient Care
- a. Obtain and interpret preconception female and male screening as it relates to female and male infertility diagnosis
 - b. Obtain and interpret genetic testing as it relates to female and male infertility diagnosis
 - c. Counsel patients on prognosis and treatment based on genetic testing results

Core Competencies and Cross Content (10% Qualifying Examination; 10% Certifying Examination)

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

6. Evidence-based Medicine

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

In the Certifying Examination, evaluation of the candidate will include questions related to principles of biostatistics, clinical trial and/or basic science study design, and hypothetical cases. It will also include a review of the submitted case lists, a discussion of structured cases, and surgical techniques. It may include interpretation of operative, radiologic, and computer-generated images and videos, and simulations (radiologic studies, intraoperative photographs, etc.) The candidate should demonstrate the capability of managing complex problems relating to Reproductive Endocrinology and Infertility. The candidate should have the scientific methodologic training to advance knowledge in this subspecialty and to be able to interpret and evaluate new concepts and their supporting data.

Case List Content for REI Certification

Reproductive Endocrinology Patients

The case lists must be submitted online and must include 25 reproductive endocrinology patients (no more or fewer) from the candidate's office practice who presented with any of the following. Do not list more than 3 patients from any category. (List patients with PCOS under hirsutism and hyperandrogenism.)

1. Contraception
2. Genetic counseling
3. Primary and secondary amenorrhea
4. Hirsutism and hyperandrogenism
5. Hyperprolactinemia
6. Endometriosis
7. Perimenopausal and menopausal care/premature ovarian failure
8. Abnormal uterine bleeding
9. Pediatric Endocrinology including disorders of sexual differentiation
10. Abnormalities of pubertal development
11. Premenstrual syndrome
12. Diabetes mellitus
13. Thyroid disorders
14. Adrenal Disease
15. Hypothalamic and Pituitary disorders
16. Endocrinology of Pregnancy
17. Fertility Preservation

Reproductive Surgery

A list of 25 reproductive uncomplicated surgical patients (no more or fewer) from the candidate's surgical practice must be submitted online. Individual patients who presented with any of the following problems should be listed. At least 5 of the categories below must be included. **List ALL reproductive surgery complications separately in addition to the 25 uncomplicated cases. These should be listed under the Complications category.**

1. Laparotomy
2. Operative laparoscopy
3. Operative hysteroscopy
4. Uterine myomas
5. Asherman syndrome
6. Endometriosis
7. Tubal reversal/tuboplasty
8. Ectopic pregnancy
9. Operative management of pelvic pain
10. Congenital abnormalities of the reproductive tract
11. Adnexal problems excluding ectopic pregnancy
12. Complications

Infertility/IVF

A list of 25 uncomplicated infertility/IVF patients (no more or fewer) from the candidate's office practice must be submitted online. Individual patients who presented with any of the following problems should be listed. **List ALL complications from IVF/infertility treatment separately and in addition to the 25 uncomplicated cases. These should be listed under the Complications category.**

1. Female infertility
2. Male infertility
3. Recurrent pregnancy loss
4. ART
5. Complications

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UROGYNECOLOGY AND RECONSTRUCTIVE PELVIC SURGERY

Allocation of Time and Curriculum for URPS/FPMRS Fellowship Training

Allocation of Time In order to take the Qualifying Examination, the candidate must have had the following experiences during fellowship:

- a. 24 months of clinical Urogynecology and Reconstructive Pelvic Surgery
- b. 12 months of protected research
 - i. Conducted research leading to a thesis that meets ABOG certification requirements
 - ii. Completed written thesis and presented work before URPS Division and Program Director by completion of fellowship
 - iii. Research time must be scheduled in blocks of not less than one-month duration, and while in a research block, no more than 10% (4 hours) of the fellow's time in any week may be spent in clinical duties
- c. Fellows may participate in non-subspecialty clinical activity or practice up to 10% of a workweek (Monday-Friday) or ½ day (4 hours) per workweek averaged over a 4-week period during all rotations.
 - i. These allowances do not apply to moonlighting, weekends, or call.
 - ii. Fellows may not be assigned to weeks, months, or blocks of clinical assignments or rotations to meet this allowance.
 - iii. Fellows may not be assigned to night float rotations to meet this allowance.
 - iv. Fellows may not aggregate this allowance to complete training early or make up extensions in training for any reason.

Curriculum The candidate must gain a diverse experience in the management of a wide variety of clinical problems affecting 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.

URPS Qualifying and Certifying Examination Topics

The content of the Qualifying and Certifying Examinations will be based on the blueprint for Urogynecology and Reconstructive Pelvic Surgery. The major categories and subcategories are shown below, including the percentages of the categories for the qualifying examination and the certifying examination.

Urinary Incontinence and Lower Urinary Tract Symptoms: Frequency, Urgency, Nocturia, and Bladder Pain (21% Qualifying Examination; 18% Certifying Examination)

1. Diagnosis and Exam
 - a. Diagnose and differentiate types of lower urinary tract dysfunction

- b. Perform comprehensive history and physical exam (e.g., POP-Q; myofascial pelvic exam; pelvic muscle tone, strength, and coordination; pelvic muscle spasm and trigger points)
 - c. Select, perform, and interpret results of initial diagnostic testing (e.g., pad test; post-void residual; urinalysis, culture & sensitivities; cough stress test)
 - d. Perform and interpret results of advanced diagnostic testing (e.g., urodynamics, cystoscopy)
 - e. Obtain and interpret results of voiding diary tests
 - f. Obtain and utilize results of sleep study tests
 - g. Perform interventions to address lower urinary tract dysfunction
 - h. Counsel patients on lower urinary tract dysfunction pathophysiology and diagnostic testing
2. Counseling on Efficacy, Risks, and Benefits of Non-Surgical Treatments
 - a. Pelvic floor physical therapy
 - b. Pharmacologic therapy
 - c. Urethral bulking
 - d. Onabotulinum toxin A injection
 - e. Neuromodulation (Posterior Tibial Nerve Stimulation, PTNS)
 - f. Pessaries
3. Non-Surgical Treatments
 - a. Urethral bulking
 - b. Onabotulinum toxin A injection
 - c. Neuromodulation (Posterior Tibial Nerve Stimulation, PTNS)
 - d. Pessaries
4. Post-Procedural Management of Non-Surgical Treatments
 - a. Monitor therapeutic effects and adjust treatment
 - b. Manage complications or side effects of non-surgical treatment
5. Counseling on Efficacy, Risks, and Benefits of Surgical Treatments
 - a. Retropubic suspension
 - b. Midurethral sling
 - c. Autologous fascial sling
 - d. Neuromodulation (Sacral Neurostimulation)
6. Surgical Treatments
 - a. Retropubic suspension
 - b. Midurethral sling

- c. Autologous fascial sling
- d. Neuromodulation (Sacral Neurostimulation)
- e. Manage complications of surgical treatment

Lower Urinary Tract Injury (8% Qualifying Examination; 12% Certifying Examination)

1. Diagnosis of Bladder Injury
 - a. Cystoscopy
 - b. CT urogram
 - c. Retrograde pyelogram
 - d. Voiding cystourethrogram
 - e. Evaluate for complex fistula
2. Treatment of Bladder Injury
 - a. Cystotomy repair
 - b. Vesicovaginal fistula repair (vaginal)
 - c. Vesicovaginal fistula repair (minimally invasive)
 - d. Vesicovaginal fistula repair (abdominal)
 - e. Treatment of uterovaginal fistula repair
 - f. Treatment of colovesical fistula
 - g. Interpositional graft
3. Diagnosis of Ureteral Injury
 - a. Cystoscopy
 - b. CT urogram
 - c. Retrograde pyelogram
 - d. Ureterolysis
 - e. Ureteral catheter / stent
4. Treatment of Ureteral Injury
 - a. Stent
 - b. Ureteroneocystostomy
 - c. Ureteroureterostomy
 - d. Percutaneous nephrostomy tube
 - e. Boari flap
 - f. Psoas hitch
 - g. Interpositional graft
5. Diagnosis of Urethral Injury

- a. Cystoscopy
 - b. Voiding cystourethrogram
6. Treatment of Urethral Injury
- a. Urethrovaginal fistula repair
 - b. Martius flap

Pelvic Organ Prolapse (18% Qualifying Examination; 20% Certifying Examination)

1. Diagnosis and Exam
 - a. Diagnose and differentiate types of pelvic organ prolapse
 - b. Perform and interpret results of post-void residual tests
 - c. Perform and interpret results of urinalysis, culture, and sensitivities tests
 - d. Counsel patients on pathophysiology and indications and results of additional testing
2. Non-Surgical Treatments
 - a. Counsel patients regarding efficacy, risks, and benefits of pelvic floor physical therapy
 - b. Counsel patients regarding efficacy, risks, and benefits of pessaries
 - c. Perform pessary fitting
 - d. Counsel patient on management of pessary care
 - e. Manage complications or side effects of non-surgical treatment
3. Counseling on Efficacy, Risks, and Benefits of Surgical Treatments
 - a. Vaginal hysterectomy
 - b. Minimally invasive (Laparoscopic) hysterectomy
 - c. Abdominal hysterectomy
 - d. Anterior compartment native tissue repairs
 - e. Posterior compartment native tissue repairs
 - f. Vaginal mesh and graft augmented repairs
 - g. Open abdominal sacrocolpopexy
 - h. Minimally invasive (Laparoscopic) sacrocolpopexy
 - i. Vaginal native tissue apical suspensions
 - j. Minimally invasive (Laparoscopic) native tissue apical suspensions
 - k. Hysteropexy
 - l. Rectopexy
 - m. Obliterative procedures
4. Surgical Treatments
 - a. Vaginal hysterectomy

- b. Minimally invasive (Laparoscopic) hysterectomy
 - c. Abdominal hysterectomy
 - d. Anterior compartment native tissue repairs
 - e. Posterior compartment native tissue repairs
 - f. Vaginal mesh or graft augmented repairs
 - g. Open abdominal sacrocolpopexy
 - h. Minimally invasive (Laparoscopic) sacrocolpopexy
 - i. Vaginal native tissue apical suspensions
 - j. Minimally invasive (Laparoscopic) native tissue apical suspensions
 - k. Hysteropexy
 - l. Rectopexy
 - m. Obliterative procedures
5. Complications of Surgical Treatments
6. Augmentation of Surgical Materials
- a. Counsel patients regarding different types of mesh and graft materials (e.g., allograft, autograft, xenograft, synthetic)
 - b. Identify and manage complications of mesh and graft materials
 - c. Counsel patients regarding alternatives, risks, benefits, and complications associated with mesh and graft materials

Fecal Incontinence and Defecation Disorders (9% Qualifying Examination; 7% Certifying Examination)

1. Diagnosis and Exam
- a. Diagnose and differentiate types of fecal incontinence and defecation disorders
 - b. Perform and interpret results of endoanal ultrasound tests
 - c. Perform and interpret results of pelvic floor ultrasound tests
 - d. Perform and interpret results of anorectal manometry tests
 - e. Obtain and interpret results of defecography tests
 - f. Obtain and utilize results of colonoscopy tests
 - g. Obtain and interpret results of motility studies
 - h. Obtain and interpret results of fistulogram tests
 - i. Obtain and interpret results of CT tests
 - j. Counsel patients on pathophysiology and diagnostic testing of fecal incontinence and defecation disorders
2. Counseling on Efficacy, Risks, and Benefits of Non-Surgical Treatments

- a. Pelvic floor physical therapy
 - b. Pharmacologic therapy
 - c. Bulking
 - d. Neuromodulation (Posterior Tibial Nerve Stimulation, PTNS)
 - e. Pessaries
3. Non-Surgical Treatments
- a. Bulking
 - b. Neuromodulation (Posterior Tibial Nerve Stimulation, PTNS)
 - c. Pessary fitting and placement
4. Post-Procedural Management of Non-Surgical Treatments
- a. Monitor therapeutic effects and adjust treatment
 - b. Manage complications or side effects of non-surgical treatment
5. Surgical Treatments
- a. Counsel patients regarding efficacy, risks, and benefits of the surgical treatment: Neuromodulation (Sacral neurostimulation)
 - b. Counsel patients regarding efficacy, risks, and benefits of the surgical treatment: Rectovaginal fistula repair
 - c. Counsel patients regarding efficacy, risks, and benefits of the surgical treatment: Anal sphincteroplasty
 - d. Perform neuromodulation (Sacral neurostimulation)
 - e. Perform rectovaginal fistula repair
 - f. Perform anal sphincteroplasty
 - g. Manage complications or adverse effects of surgical treatment

Congenital Anomalies of the Urogenital Tract (7% Qualifying Examination; 4% Certifying Examination)

- 1. Diagnosis and Exam
 - a. Diagnose and differentiate types of congenital anomalies
 - b. Obtain and interpret results of diagnostic testing (e.g., ultrasound, MRI, karyotype, hormone testing, hysteroscopy)
 - c. Counsel patients on urogenital anomalies including pathophysiology and diagnostic testing
- 2. Non-Surgical Treatments
 - a. Counsel patients regarding timing, efficacy, risks, and benefits of non-surgical treatments (e.g., expectant management, vaginal dilation)
- 3. Counseling on Timing, Efficacy, Risks, and Benefits of Neovagina Surgical Procedures

- a. McIndoe
 - b. Laparoscopic Vecchietti
 - c. Laparoscopic Davydov
 - d. Resection of septum
4. Neovagina Surgical Procedures
 - a. McIndoe
 - b. Laparoscopic Vecchietti
 - c. Laparoscopic Davydov
 - d. Resection of septum
 5. Complications or Adverse Effects of Neovagina Surgical Procedures
 - a. Manage complications or adverse effects of neovagina surgical procedures

Urethral Mass (3% Qualifying Examination; 6% Certifying Examination)

1. Diagnosis and Exam for Urethral Mass
 - a. Diagnose and differentiate types of urethral masses
 - b. Perform and interpret results of pelvic floor ultrasound
 - c. Perform and interpret results of cystoscopy diagnostic testing
 - d. Obtain and interpret MRI results
 - e. Counsel patients on urethral mass pathophysiology and diagnostic testing
 - f. Manage complications or adverse effects of treatment
2. Counseling on Efficacy, Risks, and Benefits on Treatment Options for Urethral Mass
 - a. Observation
 - b. Drainage
 - c. Excision
 - d. Urethral reconstruction
 - e. Concomitant anti-incontinence procedure
3. Treatment Options for Urethral Mass
 - a. Observation
 - b. Drainage
 - c. Excision
 - d. Urethral reconstruction
 - e. Concomitant anti-incontinence procedure

Urinary Tract Infection (UTI) and Hematuria (8% Qualifying Examination; 5% Certifying Examination)

1. Urinary Tract Infection (UTI)

- a. Evaluate and diagnose UTIs
 - b. Manage acute, chronic, and complicated UTIs
 - c. Diagnose and treat urogenital atrophy
2. Hematuria
- a. Obtain and interpret results of initial diagnostic testing (e.g., post-void residual; urinalysis, culture & sensitivities; cystoscopy and biopsy)
 - b. Obtain and interpret results of advanced diagnostic testing (e.g., CT urography, urine cytology, renal ultrasound)
 - c. Counsel patients on hematuria pathophysiology and diagnostic testing

Application of Anatomy to Patient Care (8% Qualifying Examination; 8% Certifying Examination)

- a. Describe and apply knowledge of anatomy to safely perform surgery and avoid complications (e.g., vascular and nerve supply, bladder, urethra, anatomic supports, ureter, anal sphincter, rectum, small bowel, large bowel)
- b. Describe and apply knowledge of central and peripheral nervous system anatomy as it applies to the etiology and treatment of pelvic floor disorders (urinary tract dysfunction, fecal incontinence)

General Perioperative Management (13% Qualifying Examination; 15% Certifying Examination)

- a. Identify and perform preoperative testing depending on patient comorbidities (e.g., immunosuppression, diabetes, cardiovascular disease)
- b. Identify and perform preoperative testing depending on patient population (e.g., geriatric)
- c. Manage perioperative anticoagulation (e.g., prevention of VTE, chronic anticoagulation)
- d. Position patient to decrease adverse outcomes
- e. Utilize intraoperative techniques to minimize vascular, visceral, and urinary tract injuries
- f. Manage intraoperative injuries (e.g., vascular, bowel, urinary tract, and nerve)
- g. Manage postoperative medical and surgical complications
- h. Manage prolonged urinary catheterization

Core Competencies and Cross Content (5% Qualifying Examination; 5% Certifying Examination)

- 1. Ethics and Professionalism
 - a. Systematically engage in practice review to identify health disparities
 - b. When engaged in shared clinical decision making, incorporate patient, family, and cultural considerations in making treatment recommendations
 - c. When providing care for patients, consider psychological, sexual, and social implications of various treatment options
- 2. Patient Safety

- a. Systematically analyze the practice for safety improvements (e.g., root cause analysis)
 - b. Systematically engage in practice reviews for safety improvements (e.g., root cause analysis)
 - c. Incorporate the standard use of procedural briefings, “time outs,” and debriefings in clinical practice
 - d. Participate in the review of sentinel events, reportable events, and near misses
 - e. Implement universal protocols (e.g., bundles, checklists) to help ensure patient safety
3. Interpersonal and Communication Skills
- a. Communicate to patient and family regarding adverse outcomes and medical errors
 - b. Demonstrate sensitivity and responsiveness when communicating with a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
 - c. Provide comprehensive information when referring patients to other professionals
4. Systems-based Practice
- a. Incorporate considerations of cost awareness and risk-benefit analysis in patient care
 - b. Provide care with multidisciplinary teams to promote patient safety and optimize patient outcomes
5. Practice-based Learning and Improvement
- a. Design or participate in practice or hospital quality improvement activities
6. Evidence-based Medicine
- a. Incorporate evidence-based practices and national guidelines to improve practice patterns and outcomes
 - b. Implement evidence-based protocols to enhance recovery after surgery (ERAS)

In the Certifying Examination, evaluation of the candidate will include questions related to principles of biostatistics, clinical trial and/or basic science study design, and hypothetical cases. It will also include a review of the submitted case lists, a discussion of structured cases, and surgical techniques. It may include interpretation of operative, radiologic, and computer-generated images and videos, and simulations (radiology studies, urodynamics, intraoperative photographs, etc.) The candidate should demonstrate the capability of managing complex problems relating to Urogynecology and Reconstructive Pelvic Surgery. The candidate should have the scientific methodologic training to advance knowledge in this subspecialty and to be able to interpret and evaluate new concepts and their supporting data.

Case List Content for URPS Certification

Three types of cases must be submitted: (1) prolapse and reconstructive surgical cases, (2) urinary and fecal incontinence surgical cases, and (3) office practice cases. No patient may be listed more than once, and no patient may be included on more than one case list. Specifically, 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, but all complications and surgeries should be listed.

Surgical Case Lists

The Prolapse and Reconstructive Surgical Cases case list and the Urinary and Fecal Incontinence Surgical Cases case list must include ALL URPS surgical patients from ALL sites for which the candidate had primary responsibility during the case collection period. Each list MUST include a minimum of 25 URPS surgical cases. No patient can be listed more than once on the surgical case lists. Do not list any procedures that occurred in the office.

Prolapse and Reconstructive Surgical Cases

The list must contain a minimum of 25 prolapse and reconstructive surgical cases. Cases should be listed in the following categories:

1. Surgical Treatment of Prolapse – Apical Suspension – Vaginal
2. Surgical Treatment of Prolapse – Apical Suspension – Abdominal/laparoscopic/robotic
3. Surgical Treatment of Prolapse – Obliterative procedures
4. Surgical Treatment of Prolapse – Other Pelvic Organ Prolapse
5. Surgical Reconstructive Surgery
6. Other URPS Procedures – Any prolapse and reconstructive surgical procedure not listed elsewhere

Urinary and Fecal Incontinence Surgical Cases

The list must contain a minimum of 25 urinary and fecal incontinence surgical cases. Surgeries for urinary or bowel fistulas should be listed under “Other URPS Procedures” on the Urinary and Fecal Incontinence case list.

1. Surgical Treatment of Urinary Incontinence – Sling
2. Surgical Treatment of Urinary Incontinence – Other Urinary Incontinence
3. Surgical Treatment of Fecal Incontinence
4. Other URPS Procedures – Sacral Nerve Stimulator
5. Other URPS Procedures – Intravesical Injections (botulinum toxin)
6. Other URPS Procedures – Any urinary and fecal incontinence procedure not listed elsewhere

Office Practice Case List

A list of 40 patients (no more or fewer) who received non-surgical office management must be submitted online. A patient may be listed only once. Do NOT include any patients who are on the surgical case lists. 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, Hematuria

5. Pelvic Floor Disorders: Defection Disorders, Fecal Incontinence, Anorectal Disorders, Rectovaginal Fistulae, Sexual Dysfunction, Vaginal Pain

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