

Subspecialty Certification Standards During COVID-19 Pandemic Q&A

Webinar held on April 7, 2020

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Read FAQs [here](#).

GW – Dr. George Wendel

WL – Dr. Wilma Larsen

GW: I'm George Wendel and I'm the Executive Director of ABOG, and I direct the standards for certification in OB GYN and our five subspecialties. I'm joined today by Dr. Wilma Larsen, our Associate Executive Director of Examinations, and Cariel Apodaca, our manager of subspecialty divisions and external stakeholder relations. We're proud to be able talk to you today to help clarify subspecialty certification standards and examinations during the COVID-19 pandemic emergency response.

First, we thank you all for the incredible work you're doing in caring for your patients, your colleagues, your families, and the communities in which you serve. You're at the front lines at a crucial time for our country, and your example is an inspiration for us. There are important implications for the changes in practice, education, research, operations, and training that you and your fellows may be facing now and in the next few months.

We want you to be assured that your participation and your local COVID-19 response should be your primary priority. ABOG will work with fellows and programs affected by the local crisis to help your fellows complete their training, help you assure that the fellows are competent to practice their subspecialty without supervision, and that they will be eligible to seek ABOG certification.

We recently released temporary accommodations to the standards for both OB GYN and subspecialty certification. In addition, we released a set of Frequently Asked Questions

regarding subspecialty certification standards and requirements. We hope to answer additional questions or address any concerns that you have about these policies today.

In addition, the ACGME has released statements and guidance regarding fellowship program requirements and accreditation. We will not be commenting on these policies today, other than referring you to those documents posted online on their website. We can assure you that we're in communication with their executive director and the chair of the RRC for OB GYN frequently to work collaboratively on policy standards and accommodations for your programs and fellows. Please feel free to reach out to either the RRC or ABOG staff offices with any questions or concerns about either organization standards that you may have.

Unfortunately, as you know, the 2020 Certifying Examinations for subspecialties for the CEs had to be cancelled in April, and we are now in the process of establishing an alternate date in the fall to offer the oral examinations. We hope to have an announcement about these dates soon, and Dr. Larsen will have some comments about that in just a moment.

In addition, we hope to offer the 2020 Subspecialty Qualifying Examinations, or the QEs, in late June as scheduled. Unfortunately, Pearson VUE testing centers are closed through April 30 currently, and we are closely monitoring this situation. Our application data indicate that most fellows have reserved their site of testing for the June 26 examinations already.

We'd also like to welcome each of the five subspecialty division chairs who are on the call too: Dr. Marlene Corton, Dr. Jeanne Sheffield, Dr. Cori Schreiber, Dr. Michael Thomas, and Dr. Fidel Valea are also present for this session. In addition, I'd like to thank Rachel Crawford, Sandra Hodgson, Kirk Diepenbrock, and all their teams at ABOG for setting up the support and technical assistance for this. As you can imagine, this is our first attempt at this, and we really appreciate all the work that they've done.

We'll begin the session now by answering some questions submitted in preparation for the meeting. We will then open up the session for your additional questions. In advance, thank you for your participation and commitment to women's healthcare.

WL: I just want to let everybody know that since we had to cancel the subspecialty Certifying Exam, we've been working on a time to reschedule. Our goal was to make sure that we could give examiners and candidates at least ideally six months in order to give them time to schedule the ability for examiners to participate and candidates to schedule time away from practice.

We are very close to being able to announce the new date. I think that announcement will come out next week. Please keep tuned for that. We will be sending that announcement to each of the candidates, as well as each of the examiners individually. We really do thank all of you that are on this call that are examiners for the subspecialty for participating in that process. We certainly could not certify our subspecialists without you.

We have fellows who are sidelined because of COVID-19. They've already registered for and paid for the oral OB GYN board exam to be taken this fall or winter. They're worried about not having enough cases for the boards. Will you be extending the case collection deadline for the OB GYN Certifying Exam?

WL: We are making a lot of changes and accommodations for the Specialty CE that we hope will help every candidate to be able to sit for the exam this year that wants to. We are extending the application deadline, as well as the case list submission deadline. We're doing away with late fees. We're also changing the minimum criteria for your case lists, and we're increasing ways that you can add cases to the case list that we have not used in the past.

All of that will come out in a communication, as well as a new revision to the 2020 Certifying Specialty Bulletin. Those will come out hopefully before Friday of this week, if not very early next week. Please look for those changes. We want to do everything we can to make sure COVID-19 doesn't prevent people from taking the Specialty Certifying Exam that want to.

Currently, MFM fellows are required to do Labor and Delivery in a one-month block. With our fellows having to take one or more shifts on L&D during the pandemic, are we able to count that as time toward their required Labor and Delivery standard?

GW: The answer is yes. The requirement is to have those in blocks, but for this period, we will allow some flexibility in meeting that requirement. It can either be in blocks or the equivalent experience, however you're able to craft that together for fellows. The important point is to get some experience in Labor and Delivery in a supervisory capacity, and if that can be done in another fashion, then that will certainly meet that requirement.

One thing that we noted in the Frequently Asked Questions was that we had asked for Program Directors to submit requests for approval for alternative experiences that would meet Core Clinical requirements. As the pandemic response has evolved, it's become clear that that would create an enormous administrative burden on you to do, so we will be changing how that will be administered, and it will become part of the Verification of Training statement at the end of training that the fellows either met those requirements or the equivalent of that through longitudinal experience during their fellowship training so that you don't have to submit individual requests for exceptions for that. I hope that meets everyone's needs and will be well received and allow you to focus on more pressing issues.

In regards to the request for equivalent experience exceptions, what's the best time to make the request: at the beginning of the affected rotation, at the end of it, or the end of the academic year?

GW: We hope that we can relieve the administrative burden on you all by making that part of the Verification of Training at the end of completion of fellowship. We will leave that up to the discretion of the Program Director and the fellow about how that is met. We hope that those decisions are made with the best intent, that the fellow is not completing their training with inadequate knowledge, judgement, or skills, and that in the alternate experience, they've acquired the information and the abilities you had hoped during the alternative equivalent experience.

If time spent by fellows in in mandated COVID-19 quarantine, social distancing, or working from home will be considered clinical experience, does an equivalent experience exception request need to be made?

WL: This really goes right along with the ones that Dr. Wendel's been answering. We want to make this as easy on you as possible. There is no need to submit an equivalent experience exception for those reasons. Again, Program Directors will attest at the end of the training that the fellow has met the standard that needs to be met.

GW: It may be important to mention here that our comments are regarding ABOG certification eligibility standards, and there may be other requirements that the ACGME makes in their guidance and their comments, and if you are required to notify them of experiential changes and rotations with certain thresholds, please know that you still need to meet those requests. But for us, our comments are regarding your training and your fellow's eligibility for certification. I hope that distinction is not unclear.

In the event that a fellow feels they need to change their thesis project due to the impact of COVID-19 and is uncertain if the new concept will meet ABOG eligibility criteria, can we submit that idea for review? Will there be a rapid turnaround? And to whom should we submit that?

GW: It's clear that there's been a disruption in everything in training, clinical and research, and research is a vital part of our fellowship training. There are projects that are going to be completed on time, there are going to be some that are completed late, and some that are going to need to be abandoned and reconsidered. We will do everything we can to turnaround our questions if you have them about whether a thesis seems like it meets the ABOG eligibility requirements. However, you're not required to submit those before you switch a project.

The divisions monitor the theses project to provide formative feedback to help make sure that fellows are on the right track to completing their research requirement and the thesis for completion of the fellowship and to be eligible for certification. You're free to turn those

around, and if you do submit them to us, we will turn them around rapidly. We will have a lot of flexibility in our criteria about what we'll accept during these unprecedented times. If you do have questions, please email those to fellowship@abog.org, and we will take care of those.

Do the possible exceptions for extending time to complete research past graduation date and changing thesis topics apply to third years only or also to first and second years?

WL: We are hopeful that the majority of the changes that have to be implemented will apply to fellows completing in 2020. That being said, no one knows what's going to happen with COVID-19, how long it's going to last, or how it's going to affect us six weeks or six months from now. So, with that being said, we are planning for flexibility and the exceptions apply to everyone. We'll be reevaluating everything as we go forward in the future to make sure that we provide the maximum flexibility for people as they deal with the pandemic.

In the unfortunate event that one of the fellows passes away or is permanently incapacitated after COVID-19 infection, would ABOG grant board certification posthumously or to that fellow if they're unable to complete their training and certification?

GW: This is clearly an event that we hope doesn't happen, but it may. We would work with any fellow and any program and any family to help them through this situation. We have had fellows who have had disabilities in the past who have much wanted to achieve certification, and we've also had fellows that have passed away during training, and we would be happy to make any exception that was requested for a situation like this. Again, I hope this doesn't happen, and if there are any questions, please feel free to contact us.

Currently the fellows are required to do L&D in a one-month block. Our fellows are required to one or more shifts in the pandemic. Will we be able to count whatever they do in L&D towards the requirement?

GW: The answer is yes. We will count that and that would meet the L&D requirement. I think that was very close to one of the other ones asked before.

Will the written subspecialty board be delayed as well?

WL: We are really hopeful as George mentioned that the Qualifying Exams for both subspecialty and specialty will not be delayed. We still have the time booked with Pearson VUE. Although they are closed now, their plan is to open back up at the end of April. Our hope is that we will be able to give our exams on time.

We would ask that anyone who has applied for those not cancel or withdraw at this time because you can literally cancel right before the exam if you need to without penalty. If you were to cancel now, then you would lose your seat with Pearson VUE and it might be very difficult to get it rescheduled if the exam goes on as we hope it will. Our hope is definitely that the written boards will take place at the end of June as scheduled.

GW: This is a very fluid situation and clearly dependent on how the epidemic unfolds across the country. If it is such that some of the Pearson VUE centers are open but not all of them, or that all of them remain closed, we will seek an alternative means to offer that test, either later this year or allow people to defer until next year without penalty. I think we can say that we'll be very responsive and accountable to the people needing to take this test and we'll do our best to make it such that whatever disruption COVID-19 has had on their personal and professional lives that we can hope that ABOG will be of service to help them move expeditiously forward when they feel prepared to take those exams.

Will this webinar be available for listening to again on the ABOG website?

GW: It's being recorded, and it will be available. Clearly, this is the first time we've done this, so I have no idea how it's going to happen, but I'm very confident that it'll be out there, so those who couldn't see and hear it today will be able to do so.

I'm assuming we can consider March and April as two separate one-month research blocks for fellows who have not been deployed into an alternative clinical assignment to meet ABOG certification requirements?

GW: The answer to that is yes. Although most of our comments and questions that came in before were about time off and counting toward clinical rotations, it would also count for research rotations too and to meeting that standard. We will be revising that policy to expand that to make that clear to everybody.

If you're out, whether you're furloughed or you're at home in quarantine or you're social distancing or whatever, if it's due to COVID-19, we will allow you to count it for whatever you need in order to help your fellows meet the requirements for eligibility for certification. Again, I can't comment on the ACGME requirements, although I think that in general, as long as this doesn't last many months, they will be significantly close to what we say.

If an equivalent experience plan is approved by the Program Director and has been submitted in the Verification of Training statement, will it count toward the candidate's ability to graduate and sit for boards, and do we need to wait for ABOG to approve the Verification of Training?

GW: The answer is no. We will take your professionalism and your best judgement as the gold standard here. If you think your fellows are ready to complete their training, and have met the standards that the ACGME sets, that they're able to practice their subspecialty independently without supervision, we will have a broad statement about meeting our requirements for certification that will suffice.

If you don't feel that you can sign that or have questions, please feel free to contact us and we can work with you on that. I hope that's answering the question. We will not require a separate approval. You signing it in our mind is verification that you believe the fellow is competent to practice independently and has met certification requirements.

What should fellows include in their yearly research summary about any impact on their research?

GW: We were talking about that earlier this week, about what to expect in the research summaries. We will probably have to get those submitted on time in July because the divisions are meeting in August, and we've already got commitments for those meeting dates, although those may change depending on how things go. I would just say, whatever you can submit that is reasonable, please put in there. We are not going to micromanage the progress of the theses this year. Whatever you can do to help the fellows meet the requirements and be ready for eligibility for certification will suffice.

For first year fellows in research lab, many lab projects will not be complete by July 1 when they transition to clinical. Moreover, many labs may not ever open back due to lack of finances. How do fellows submit incomplete projects?

GW: That's an important one that we've been asked several times now. I would say that it's tough to have to spend a year in the lab and not have a project or something that could end up being your thesis. In that regard, I would say the best would be to contact us and see what we can do to help that fellow. Our goal is to not have fellows prolong their training for an event like that, but our other goal is to make sure that they're ready for eligibility for certification.

If there's any possibility at all of their participation in other research, we would probably increase our flexibility in what we would allow them to participate in. We have had theses that were submitted in the past that were not as robust or as complete as one had hoped, and people have defended those with some success. I think this is probably something that probably needs to be handled on an individual basis. I would say, if you're in that situation, please contact us and let's work together and see what we can come up with for that fellow.

Our fellow was hoping the subspecialty QE would be delayed, not cancelled, to allow her to assist in increased clinic load. She would like to take it in September. Has there been any discussion of delaying the QE for subspecialty boards?

WL: There are some significant issues with splitting our exams or giving the exams at more than one time. We're hoping, as I mentioned earlier, that the exams will be able to be administered at the end of June as scheduled. We're currently hoping not to have to delay them because then of course we'll be competing with other boards that normally have their exams later in the year and trying to schedule times to allow our candidates to take them. At this time, we're not planning to delay them. We hope not to have to delay them, and that's the current situation.

GW: Again, this is a fluid situation, and it's highly dependent on how the pandemic either continues, grows, or resolves across the country. The information we're getting from the candidates is they, as much as possible, would like to take it in June. That's our intent to try and offer it then, but if it gets to the point where a considerable number don't feel like they can adequately prepare for the exam, we will be looking into alternatives.

One of the challenges is if you offer the same exam several times a year, the people that take it second will have an unfair advantage by hearing from the people that took it first, what was the material on it, which challenges a certification organization to make decisions based on those exams.

We will be looking at alternatives that we could be able to put together in the event that there's a good number of people that would rather take the exam later in the year. I can promise you that we'll continue to be in touch with you on that because I think that is a sentiment that may change as we see how the next few weeks go.

If a thesis project is affected by COVID-19, how do we let ABOG know? Do they put an asterisk on the thesis submitted for board certification and describe what happened or send an email explanation?

GW: I'm not sure we have an answer for that yet. I'm wondering if you're asking about that in the Annual Report or this is when they're submitting it for the board examination for the oral exams for next year. We'll have to come up with an answer for that. It's a challenging issue because if we label someone's thesis as such, it could potentially bias the examiners either pro or against that candidate. It may be that we'll probably have to talk with our divisions about how we would handle that.

I can't give you a great answer for that now, but it's a great question, and we'll look into that and figure out how to best approach that for the candidates to give them the best chance of being certified. Thanks for bringing that up. That's not something we've talked about.

If fellows on research blocks are needed to cover clinical service, extending their clinical coverage to more than four hours in the research week, would that be acceptable during the crisis?

GW: I think the answer to that is clearly yes. The priority for everybody across the country is to do whatever's necessary to help take care of patients with COVID-19 or to help others so that they can take care of those patients. We will waive the requirements and the restrictions on practicing your specialty or other essential non-OB GYN clinical practice during this time.

Will Maintenance of Certification (MOC) be deferred for oral board candidates this year?

GW: Actually, anybody who passes their boards gets MOC the next year free. That's an ABOG gift to them for all the work to enter into the voluntary process of certification and to continue hopefully with us as your continuing certification partner for the rest of your career.

Dr. Sue Ramin has announced several accommodations that are rolling out for MOC to reduce the administrative burden on folks during these temporary months of response. We've tried to make MOC easier for people to meet going forward. Our hope is that these accommodations will be sufficient in most settings. Our goal is that nobody should lose their certification because

they're unable to meet MOC requirements due to professional or personal extenuating circumstances due to COVID-19.

I would say we're working on that and continuing to do that on an ongoing basis. Some of the things she's going to be implementing is incentivizing some of the articles this year so that we will be able to double count reading an article and answering the questions, which will in essence reduce the amount of work you have to do to meet the Part II requirement.

We've also extended some other deadlines for the MOC exams and re-entry exams that typically don't affect subspecialists. Sue Ramin and her team are working on those kinds of things on a daily basis. If there are unique individual situations, please just call us and we'll be happy to talk to you.

Programs will have lower procedure numbers than normal. How do we indicate that in our Annual Report or in the individual fellow's numbers?

GW: The ACGME has sent out some guidance on their case log tracking of procedures and entry of procedures by trainees. It's important that our Annual Report of the fellows is an estimate of their experience and I would just say to continue to estimate as best you can. Clearly, this year will be an anomaly, and the next fellows in the next year and the following year may have a lower than expected clinical experience, and that's something we'll just have to follow.

Does the pandemic experience change your opinion about requiring 12 one-month research blocks during fellowship, rather than incorporating research into the daily workweek, similarly to what a fellow's experience might be as a junior and/or senior faculty? In many fellowship director's opinions, surgical subspecialties increasingly require more than 24 months of clinical activity to develop competencies in surgical skill sets for graduation as an independent subspecialist.

GW: One of the things we've talked about is that this experience has shown us the fragility of a complex fellowship program and requirements that involve both clinical and research requirements. This would be certainly something to bring up at division meetings this summer.

It is a challenge on a variety of levels to do scheduling and to be able to set standards that will help programs know how to get funding for physicians, allow the ACGME to monitor program compliance with standards, and allow fellows ample clinical and research time to meet the goals and standards for certification. This is an issue that's brought up almost every year at our subspecialty divisions and the Board has felt strongly that the block diagram, if you will, or the block model, is the most appropriate one.

But certainly again, this issue has brought to bear that having a model like that on some levels makes things very efficient and easily understood and easy for scheduling. On other fronts, it makes it complex when there are aberrations and disruptions like this. Is this going to make us think about this? The answer is yes, and we'll talk about it, but I don't know at this point that there's any movement to make any changes.

Will this verification just be for this year's graduating fellows, or will this include the first and second year fellows?

GW: I think it'll probably something that we will probably be changing our Verification of Training to allow this for the next two years. We're going day-by-day and month-by-month right now. But, I think if it probably applies to the graduates for the next two years, the language will be flexible and in the verification and how we interpret the standards for the next two years. That's a good point.

Will the ABOG Annual Report deadline still be July 15?

GW: I would say that, as I said before, as the division meetings are already scheduled for August, the deadline will probably remain the same. If you are unable to submit the

information and can't meet that deadline, I would just tell us that when you submit it and we'll deal with that that you don't have full information or you're unable to meet it due to operational issues and challenges within your department and your program.

Again, our goal is to help you through this, not makes things worse. We don't want to create an emergency where you're scrambling for data that nobody can get you because they're taking care of more pressing issues. We'll be very lenient about the Annual Reports this year.

Have the MOC articles already been posted on the ABOG website?

GW: The answer is yes. Many of the articles are already out. The January release is out. There are some MOC articles in there. Our SMEs both in the subspecialties and in general OB GYN are writing articles now. The May articles will be released within a very short period of time. They're going through the final steps of editing and being loaded into the computer.

As you can imagine, we are very much an office-based organization. Our question loader is physically part of the network on-site here and it's going to be replaced in the next few months with some IT enhancements, but for right now, the item loader is here and people have to come in and enter those questions after they're submitted by your colleagues on a division. We are working as hard as we can to get those ready and out so that you'll have those in very short order.

Closing remarks:

GW: I would say one of the important things during crisis management is to have a central communication pathway and a consistent message. It's important that if you have individual situations regarding individual fellows, please contact us fellowship@abog.org. We will then contact the division chair and the division if necessary to get an answer for you.

If it's an administrative issue, we can handle those centrally, and then we'll be able to populate that fellow's records with that question and exception or accommodation so that you don't have to worry about that going forward. You're free to contact the division chairs, but I would urge you to please contact us and let us contact them rather than the other way around so that we'll have a record of it, rather than recreate a conversation that you may have had with someone that we don't have a record of.

WL: We appreciate all of the fellowship directors' time and willingness to participate in this today. We hope we've answered your questions. If you have any additional questions, please don't hesitate to reach out to us at fellowship@abog.org. Or, if you have specific exam questions, exams@abog.org. We're definitely happy to work with you to try to make this smooth as possible.

GW: If fellows have individual issues, please have them contact us, and it would be good if they copied you on the emails so that we can make sure everybody's in the loop on the discussions and requests. Our goal is to be of service to you and your trainees to help everybody complete their training on-time as much as possible.

If you make a decision to have somebody extend their training, we look forward to working with you and them to help make sure that that can be completed so they can meet eligibility requirements in the best way possible.

I will just say one thing in closing, there has been a question that I just got submitted about the announcement on one of the PD group calls that there was a request to move the start date for fellowships from anytime between July 7-15.

All I can say is that has not been publicly released by that organization and that discussion may have been a bit premature. I don't have much else to say about that. It is important that you know that you can start your fellowships on any day you want. The day you start determines the day they end in a great majority of cases. In our fellowships, it's either going to be two years or three years later.

I anticipate the next time we have a conference call, it's going to be about people can't start their fellowships by July 1, what does that mean for our training programs? As you begin to have those discussions, we'd appreciate you letting us know so that we can be prepared to come up with a reasonable accommodation for folks.

If you're going to start training late due to COVID-19, we would hope that we could make an accommodation and exception so that would not prolong training for somebody about to start a fellowship. But there may be some important nuances about whether they're actually starting their fellowship then or if it's just a delay to later in the month that we would appreciate hearing about so that we can help make a reasonable accommodation for folks going forward.

And with that, I want to thank everybody for your time and attention to this. It has been a really productive time for us to get some feedback about how things are going. If we left things out, please feel free to contact us. If we got something wrong, which I'm going to guess we will because things are going to change, please contact us too.

For your colleagues who were unable to make this, it will be recorded, and it will be available on our website in the near future. I hope that this met some of your needs and addressed some of your concerns. Thank you very much and be safe and have a good afternoon.