

Complex Family Planning and the ABOG Bulletin

Webinar held on September 14, 2021 at 6 p.m. CT

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GW– Dr. George Wendel

WL– Dr. Wilma Larsen

CA – Cariel Apodaca

CA: I would like to begin by thanking all of you for your time tonight. We do appreciate very much you allowing us the opportunity to answer some questions and to kind of give you an introduction to the background and the process. I am Cariel Apodaca. I'm the Exam Manager here at ABOG. Tonight, I'm joined by Dr. George Wendel, the Executive Director, Dr. Wilma Larsen, our Associate Executive Director in charge of exams, and Amanda Novak, our Certifications and Standards Manager. I will begin by turning it over to Dr. Wendel.

GW: Good evening. Thank you for joining us this evening. We're very excited to begin to launch the certification process for our newest subspecialty, Complex Family Planning, and we hope to take this opportunity to clarify information and help you understand the application process for those that are interested in the senior candidate pathway.

Having said that, I'd like to pause before we begin to reiterate our support to all of our diplomates in OB GYN, as well as those of you that are going to be seeking Complex Family Planning subspecialty certification. We are in an unprecedented situation now across the country and particularly in the state of Texas, and I want you all to know on behalf of our staff and our Board of Directors how much we support women's reproductive health rights and access to the care they need, they want, and that you choose to deliver. Our commitment has never been firmer than it is now as we move forward with our newest subspecialty. I want to thank you all for everything that you're doing in these times, particularly those of you that practice in the state of Texas. So having said that, can I have the first slide?

What we hope to do is we have educational objectives to go over a little bit about the background of what the approval process was for Complex Family Planning, what it means to be a new subspecialty, and what the role of ABOG as an organization is, and what the role of the Complex Family Planning division is in the process to move ahead with certification.

So as Cariel said, I'm George Wendel. I'm the Executive Director. I'm joined by Dr. Wilma Larsen, who is our Associate Executive Director of Exams, and Amanda Novak, who's in charge of our subspecialties and manages them. These are names that you'll be quite familiar with over the next few weeks and months as we move ahead, and I'll go ahead and move to the next slide.

Just as a little bit of review. We're going to go over, as I said, the certification process, the roles and responsibilities of our division, talk a little bit about the standards for both senior candidates and those that complete fellowships, then Dr. Larsen will review some of the content in the subspecialty bulletin, particularly for the senior candidates and introduce you to the concept of what are blueprints that will be serving as the content of the examination. Can I have the next slide?

It's important to understand that there are two standard setting organizations in graduate medical education. The ACGME sets requirements for programs that must be met to be accredited and train the fellows, and then the boards, in our case ABOG, sets requirements that must be met for qualified graduates so that they can gain certification after completion of an accredited fellowship. Can I have the next slide?

You may not realize what the structure of ABOG is, but we are a peer organization. We have elected directors. We have a president, vice president, treasurer. We have three full-time physicians that work here. We have committees, and then each subspecialty has its own division and its own chair that serves on the Board of Directors. So we're the assessment organization, but we're actually your partner to help you achieve the certification that you seek, and I hope that we can communicate that partnership with you as we go forward. Subspecialties are very important to us and to the women you serve and to you, and we want to help you seek the certification and gain the certification that you want in Complex Family Planning. Can I have the next slide?

Our Complex Family Planning division members are listed here. These names are well known to you; Courtney Schreiber serves as chair, Meg Autry, Eve Espey, Sadia Haider, Gretchen Stuart, and Stephanie Teal make up of the Division of Complex Family Planning. Can I have the next slide?

You may wonder a little bit about do we really know what we're doing in Complex Family Planning because to some extent, we're a new name and face to you, but we've been accrediting our subspecialties since the 1970s, and we transitioned all of the accreditation to the ACGME in 2017 for our three original subspecialties, and then they have accredited our Female Pelvic Medicine and Reconstructive Surgery fellowship since 2013. And then Complex Family Planning will be based completely with the ACGME for accreditation. Can I have the next slide?

We also certify a good number of subspecialists every year, and you can see since in the early 70s, there's been a gradual increase in the number of subspecialists, and in fact, we certify between 200 and 300 new subspecialists every year. As you know, there was no subspecialty certification in 2020, and we delayed that to 2021 and had double the number of subspecialists certified. The subspecialty Complex Family Planning will be our smallest subspecialty with about 25 to 30 programs at the current time. Can I have the next slide?

So ABOG is not an independent organization as you might think. We are part of the American Board of Medical Specialties, and we have to get approval for our certification processes from them, and we also have to follow their standards. So we were granted approval to name a new subspecialty in 2018 and to begin to offer certification for qualified diplomates in that year. Complex Family Planning is not a co-sponsored subspecialty, so we're only allowed to offer subspecialty certification to people who are OB GYNs who've achieved certification by ABOG.

In the approval of a new subspecialty, there's also an interval of time to offer certification for people who may have trained before their formal subspecialty fellowships, as well as those that have achieved expertise through focus of their practice. We were also allowed that approval. And then lastly, the ACGME recognized the new subspecialty and delegated accreditation authority to the OB GYN RRC recently, and they are the group that will accredit programs going forward. We are only allowed to offer certification to people graduating from fellowships in the future who graduate from ACGME accredited programs. Can I have the next slide?

So what does the Division of Complex Family Planning do? Well, first and foremost, they set the certification standards. They also recently had to develop the senior candidate qualifications to achieve the senior pathway certification involving scope of practice, time in practice, and then they developed the examination content itself through a series of meetings about writing questions, such that we hope the first examination administration will be in 2022. When this is all completed, their focus of practice, I mean their focus of their efforts, will be on developing the Qualifying and Certifying Exams for the future and developing relevant Maintenance of Certification activities. Can I have the next slide?

Another important concept for you to understand is that the content of the standards is evidence-based, and it's based on what's called a Job Task Analysis that then guides a blueprint. Dr. Larsen will talk a little bit about this at the end of the presentation today, but it's important you know that the content of the exam, the knowledge judgments, and skills, are evidence-based, and they are not just the opinion of ABOG as an organization or the people on our committees. These are standard psychometric standards that an assessment organization has to meet to make sure that our exams are both relevant and have high quality, and I hope that you'll appreciate that when Dr. Larsen goes through that detail. Can I have the next slide?

Much of what I'm going to go over is outlined in the subspecialty certification bulletin, and I hope everybody has located that on our website and has had a chance to look at that. We just released that recently. Can I have the next slide?

So the standards for certification are as follows. You have to complete a two-year fellowship in an ACGME-accredited program. The months of training are outlined there: 12 months of core clinical, six months of research, and then six months of either electives or further research.

You also have to be board-certified by ABOG in order to become a subspecialist. The reason for that is the ABMS policy is you can't become a subspecialist before you're a specialist, and so that's the reason for that.

Then you have to meet professionalism and professional standing requirements. You have to have an unrestricted medical license, and for those that have medical staff membership and clinical privileges, they have to be free from any adverse actions or disciplinary actions that might impose restrictions or conditions, and I'll go over that in more detail in a second. Can I have the next slide?

As I mentioned, we're allowed to offer certification for what are called senior candidates for several years, and ours was approved to be offered through 2024. The division came up with training and practice requirements according to the ABMS standards, and that was three years after completion of an OB GYN residency. 30 percent of the focus of your practice needs to be on Complex Family Planning, and we also need to have you submit a practice case log demonstrating the breadth and depth of your personal practice in Complex Family Planning. And again, you have to be an OB GYN specialist before you can become a subspecialist.

In addition, the ABMS requires that all candidates for certification or subspecialty certification meet medical professionalism and professional standing requirements. These are standards that you already meet as an OB GYN participating in Maintenance of Certification. You have to have an unrestricted medical license, and for those that have hospital privileges, they have to be unrestricted. What that means is they can't have adverse actions, like being suspended, being revoked, being probationary, or being restricted in any way at the institution.

You also have to meet our moral and ethical behavior standards in practice and personal conduct that are simply lack of being a felon, lack of having a criminal record, and things like that. It's important you know that you meet these standards right now if you're participating in MOC. These are not in addition to the standard you're already meeting. Can I have the next slide?

So how did we come up with the 30 percent threshold? Well, it's evidence-based again. In our Job Task Analysis, we asked people in the family planning community how much of your practice involves working directly with family planning on a day-to-day basis, and we felt that the threshold of 30 percent would allow us to get approximately 90 percent of the people who are practicing in the community is reflected in this survey that was sent out as part of the Job Task Analysis. Can I have the next slide?

So again, what does it mean? There has been some misperception about what it means when our application is asking about professional standing. And what we mean by that is we're looking for peer-reviewed actions that lead to a loss of hospital staff membership or restrictions of privileges. This is not the same as you deciding on your own not to seek hospital staff membership or privileges because your employment doesn't need it or require it, or you just choose to have an outpatient practice. You have that exception now when you participate in Maintenance Certification.

So what we're focusing on is looking to make sure there are not adverse actions, such as restrictions, limitations, conditions on your privileges, suspensions, revocations denials of privileges, or medical staff membership, or that somebody in the past has resigned or let their medical staff membership expire while under investigation to avoid adverse action. Again, I hope that you understand that most of you already are meeting the standard now because you're certified and participating in Maintenance of Certification. Can I have the next slide?

So the question also has come up is who is eligible, and when does our transition occur? Well the easiest way to look at it is if you finished your fellowship before the academic year 2021, all of that time will count towards a three-year practice standard, and you're eligible to take the senior candidate pathway. The last year of graduates from fellowships would be the academic year 2021-2022, and those folks, as long as you finish your fellowship by the end of September, you'll be eligible for the senior candidate pathway. In addition, you don't have to meet the three-year practice requirement. However, you do need to become board certified again before you can become a subspecialist.

For all those in fellowships that will graduate in academic year 2022-2023 and beyond, you'll be eligible for the approved CFP certification process that will be similar to our other subspecialties in which you'll have to first take a Qualifying Exam followed by a practice exam after a year in practice. Can I get the next slide?

This is just a graph going over that. You can see here depending on when you start, when you finish, assuming it's a two-year fellowship, it just goes over the same threshold of the transition of the dates of when you would qualify as a senior candidate and when you would begin to qualify as a candidate that would need to take the Qualifying Exam and then the Certifying Exam. It's important that you understand the certification is of equal value and considered the same by credentialers no matter which way you end up getting certified. Can I have the next slide?

There's been a lot of questions about the case list, or case log I guess is the better term to say, that we'll be asking you to submit. We do have three groups, outpatient visits, they can be new patients or consultations. Dr. Larsen will be going over the details of this, so I won't go over this in great detail. Can I have the next slide?

Abortion and pregnancy termination is the next category of patients. Dr. Larsen will go over the details of this with you in the application section, and then can I have the next slide?

And the third one will be other procedures, inpatient and outpatient, and you'll be asked to submit the number of patients that you had in your practice in each of these three categories. Can I have the next slide?

It's important that you understand that this is not like the case list. We're just trying to get a measure of the focus of your practice, and it's a case log of the estimate of the volume of patients or procedures, not an individual case list, so you can give a best estimate based on your practice time and effort. You can go into your computer logs and pull these by CPT codes and other codes, or you can estimate what they would have been based on three and a half days a week of practice during the period or one and a half days a week.

For this particular estimate, in addition, when you're asked to come up with the 30 percent of your practice, please include a broad definition of a 30 percent effort, which would include both clinical care consultations, teaching and supervision of undergraduate students, graduate students in residencies and fellowships, administration, advocacy, policy, and even research in Complex Family Planning. Our goal is that you meet that threshold, and if you have any challenges in thinking you may or may not meet that, please contact our examination department for support. Can I have the next slide?

For those physicians who may have made major contributions to the field but may not be as clinically active or not clinically active anymore, they may feel that they can't submit a case log with any patients on it. In that case, please send a letter to the Executive Director here and a brief summary outlining your contributions to the field and a copy of your CV. The division will review those requests, and then if approved, you'll be allowed to take the examination as a senior candidate.

It is important that once you get certified though, even if you have a non-time limited certificate, you will be asked to participate in Maintenance of Certification in Complex Family Planning if you wish to continue to be certified. Can I have the next slide?

So I know I went over a lot of material very quickly. I'm going to turn this over to Dr. Larsen. Wilma is our Associate Executive Director, and she will go into more details and clarifications about some of the standards in the application process. Thank you.

WL: So this is just the timeline and fees for the application. The application opens this week, so it will be available on the portal. Now very importantly, if you go on your portal and you don't see the application, please contact us to let us know. We've tried to figure out as many people as possible that would be interested in a number of different ways, but there will be people who don't have the application on their portal. You just need to let us know.

As you can see there, there are late fees, so the best thing to do is apply as soon as possible. And then the last day to submit an application is the 17th of December. The tests will be given at Pearson VUE testing centers throughout the country, and the best thing to do is to secure your seat as soon as possible because there are always a number of people competing for seats on any given day in a Pearson VUE center. And so in order to get your preferred center, please, as soon as you're approved and find that out, which we will tell you once you're approved, then go ahead and secure your seat. But the the seat block that we secure with Pearson VUE will be released on the 26th of April, and at that point, it will be much harder to to get a seat. And then July 25th is the date of the first Senior Candidate Exam. Next slide, please.

As I said, please contact us if you don't have an application. That's exams@abog.org. When you go into the application, you'll be asked to answer the questions that Dr. Wendel went through, scope and time in practice, there will also be a hospital privileging verification, a case log, which he's also gone over, and then the verification of training if you've been in practice for less than three years.

Now I'm going to go into the hospital privileges issue and the case log issue a little bit more. Next slide, please.

So hospital privileges are an ABMS standard, and they're required for all ABOG certifying examinations. They're a surrogate to confirm peer review of professionalism, however, that being said, exceptions will be considered. We just need you to email us at exams@abog.org. We understand that many people in CFP will not have hospital privileges because of their practice, and that's fine. We just will need to look at your information and confirm that you

don't have hospital privileges on a voluntary basis, by having your hospital privileges revoked or suspended and that's why you don't have hospital privileges, so we simply need you to let us know that. Once we've confirmed that information, then we will go into your portal, and we will mark that you do not need hospital privileges. That will show up on your portal once we've confirmed that. So again, please email us your information at exams@abog.org. Let us know who you are where you work, your ABOG ID, and we will take care of the rest of it.

The case logs can be from any consecutive six-month period starting January 1st of 2019, so they don't have to be the most recent six months. Any period of time since January of 2019 is fine. And Dr. Wendel went over there's going to be an attestation that 30 percent of your practice is CFP, and why we made that determination, or why the division made that determination.

In the case log, you do not have to perform every procedure in order to be eligible, so there are a number of procedures listed. Dr. Wendel will show those to you. You don't have to have a number in every single procedure in order to be eligible to take the examination. We just need to see that you are practicing Complex Family Planning across the breadth and depth, and no, there won't be any auto denials of applications based on your case log count.

So once you submit your case logs, those will go in automatically, and they'll be reviewed, and so as long as 30 percent of your practice is CFP and you're doing CFP procedures, that should not be something that you should worry about. As Dr. Wendel said, it's not a case list. We don't need individual patient information. We simply need numbers. Next, please.

This is the case log in just a little bit of a different way of presenting it. The outpatient visits, which include the contraceptive visits, complications of contraception, and then contraceptives in medically-complex patients. The abortion or pregnancy termination categories, and then as you can see, the other categories. So again, we just need the numbers that you perform during a six month period in those different categories to be submitted, and we do not need any patient information. Next, please.

Now Dr. Wendel talked about the Job Task Analysis and the development of the blueprint, and the reason that we do this for the specialty as well as all the subspecialties is because this is the gold standard for examining in a particular area. And so once the blueprint is developed, then we can determine the areas of Complex Family Planning that we are going to examine here.

So as you can see here, this is the percent of the examination that will be in the different areas of your subspecialty when you take the senior exam. This information is in the blueprint as well, and then I'm going to go into just a little bit more.

But where this comes from is it's based on what people who practice Complex Family Planning across the United States are doing on a daily basis. So when you perform a Job Task Analysis, it's a multiple part process that involves throughout the process subject matter experts from Complex Family Planning that were nominated from different organizations, like Division Members and SFP, and then there's an organization that's completely outside of ABOG. We don't have any input into the process whatsoever. There's an organization that runs it, and they develop a survey that asks people practicing Complex Family Planning what they do as far as how often they perform different procedures and how important it is for them to know how to manage certain things in order to be certified, and that's where the blueprint ends up coming from. So we sent that survey out to as many people that we could identify as performing Complex Family Planning, and then that data is analyzed and a blueprint is created. Next, please.

So the blueprint is really an internal document, and this is a small part of yours. CFP.1 is contraception. CFP.1.2, so primary category is contraception and then you can see two of the subcategories there. And we have it in a certain format for our internal use, but we based on ABMS and certification standards. It's very important that we provide the information to you on what we're going to test you on, so all the information on exactly what is going to be on the test, not down to the exact percentage of every task statement, but down to the task statements is in the bulletin.

So if you look on page, it starts on page 19 of the CFP bulletin on our website, you will see the examination topics all listed there, and even though the format is a little bit different than the blueprint, it's different for just ease of reading. You'll see that it's the exact same information, and so you'll be able to go in and you'll be able to see down to the specific topic, such as engaged in person-centered counseling to identify reproductive life goals. That is a what we call a task statement. That will be examined during the examination process, and so everything that we do is as far as what we're going to examine you in is there. You simply have to look in the blueprint, and you'll be able to find it. Next, please.

That's all my slides. Now I believe we're going to go ahead and answer questions, starting with the questions that were submitted previously and then the questions that those of you on the webinar are submitting as we go.

Why is ABOG requiring hospital privileges to be eligible for CFP senior candidacy, especially when CFP is primarily outpatient? In many states, complex care is provided nearly entirely in the outpatient setting.

GW: I'll make a first stab at that one. One of the questions also addresses, it's not really an index of professionalism, although we may have said that. It's an index of professional standing in which there are national standards, usually JCo standards about peer review, that ends with a process that grants you hospital or institutional staff membership and then gives you hospital privileges. In general, most institutions have OPPE and FPPE that are processes that are ongoing quality measures to make sure that the care that you give meets the local standards that are expected of you by your colleagues, your patients, and the public, so it's really an index of professional standing and that's part of what we do for OB GYN, it's what we do for all of our subspecialties.

And I hope we haven't miscommunicated that to you, but everybody meets that already who is in MOC. Those of you that may have non-time limited or lifetime certification statuses probably haven't had to meet that standard, but if you are interested in becoming a CFP subspecialist, you have to become a participant in Maintenance of Certification and meet all those standards. I'm old enough that I was certified in OB GYN before Maternal-Fetal Medicine became a subspecialty, so my lifetime or non-time limited certification ended and then both my OB GYN and my MFM certification became time limited. I hope that answers the question. Wilma, is there anything to add?

WL: No, I think that that's a good summary. And again, if you do not have inpatient hospital privileges, you just simply need to email us at exams@abog.org so that we can assure your professional standing, and then you'll be approved.

What happens if we have hospital privileges but we practice our abortion care in a free sending clinic?

WL: That's fine. We want the verification of those hospital privileges when you apply, but the fact that you practice your abortion care elsewhere is not an issue.

Would privileges at a Planned Parenthood affiliate be considered hospital privileges?

WL: No, they are not the same as hospital privileges, although Planned Parenthood does have some similar processes. But again, you just simply need to let us know that so that we can go through the process.

GW: You might wonder why we accept institutional or hospital privileges but not outpatient facility privileges as equivalent. That's a really good question. Part of the issue has to do with ownership of the institutions and a concern that sometimes the providers have conflicts of interest that they may be part owners of the facility that would be granting them privileges, and so one might wonder whether there is actually fair review of the outcomes to continue to grant privileges. And that occurs more in freestanding outpatient clinics that are owned by either third parties or sometimes the providers that practice there, so that's why in general, the ABMS uses the standard of hospital privileges because they have to meet JCo standards in their peer review and membership and privileging.

How does ABOG define Complex Family Planning for the purpose of determining whether 30 percent of one's practice meets the threshold? Many abortion providers and other OB GYN generalists who provide routine abortion and contraception care are concerned that the existence of this credential could be used in the future to exclude them from providing abortions, and thus are intending to sit for the exam despite no advanced training and complexity planning. Is the expectation that most current OB GYN abortion providers will be eligible and should pursue the certification, or is the intent for only those who have completed family planning fellowships or otherwise acquired advanced training and skills and complex care to sit for this exam and get the certification?

GW: I think it's important that you understand that Complex Family Planning is a subspecialty in OB GYN. It's not just contraception, it's not just abortion, it's not just advocacy, it's not just policy. It's a combination of all of those, and it's up to you whether you think that your background and training is such that you would like to seek this certification. You can still practice everything you do with or without the certification.

There is a really important question raised about what's the future of this credential and could it be used to, if you will, restrict people who perform Complex Family Planning or abortions or contraception, and that's a tougher question to address. Privileging is a local issue, and each state gets to make their own laws. But right now, any OB GYN who's completed an accredited residency program has had training, the knowledge, skills, and abilities in basic family planning, some complicated family planning, and some abortions.

Anybody who's certified by ABOG also has that knowledge, skills, and abilities from our evidence-based blueprints and our assessment processes, and we will stand fully behind anybody that wants to try to restrict the provision of abortions to just Complex Family Planning specialists that that's not appropriate. Any OB GYN who's certified has the ability to perform abortions and provide family planning services to most patients. The Complex Family Planning subspecialty is a consultant. They're a subspecialist. They take care of the cases that others can't take care of.

Maternal-Fetal Medicine didn't destroy obstetrics. There are cases in OB that should be referred to a Maternal-Fetal Medicine subspecialist, and there will be patients and procedures that should be done by a Complex Family Planning subspecialist, and those will evolve over time, and I hope that sort of addresses things.

By not releasing the final case log categories until less than six months before the deadline to submit materials, it would be impossible to collect cases prospectively for the 2022 exam. Is there any consideration of maintaining the current application deadline but extending the deadline for submission of all materials until at least six months after the final case categories are posted to facilitate prospective and more accurate collection of cases? This could still be required by April, which would give plenty of time before sitting the exam in July.

WL: Although the bulletin says that the form is not exactly the same, the categories that are there are the categories that you will need the case log in. So it's not a matter that we're changing what has to be submitted. Those are the categories, the ones that Dr. Wendel showed you, I showed you, and the ones that are in the bulletin. It's just that the form will look a little bit different because it's an online application, and therefore, we're not asking you to fill that out and fax that in. We're asking you to fill it out online, so the form will look a little bit different.

But the categories won't be any different, so you have those categories, so I'm not sure why additional time would be needed to submit that. If you have a specific situation that you know you specifically need additional time, you certainly can contact us and we're very willing to make exceptions on a case-by-case basis. But because it's not a case list, you don't need individual patients. It's a just the number of procedures you did. It really shouldn't take very long in order to complete that task.

GW: I would say the other important thing is we will not be pulling a number of these case logs to verify their accuracy. We trust your estimates of these volumes, and we will make the judgments based on what you submit.

For some providers regarding breadth of practice, it's limited by state laws or outpatient policies that limit gestational age or other medical complications. What guidance do you have for candidates who may not have second trimester abortion experience on their case logs?

GW: Put that down.

WL: There doesn't have to be numbers in every category, so we're not expecting you to have that. We're not expecting every person who applies to have that.

Will you publicly list me as a CFP-certified diplomate?

GW: That's a great question, and we had never considered that as a potential piece of information that people would not want to have displayed, because one of our roles is to be the primary source of verification for certification, and indeed we are obligated to transfer the information about certificates to the ABMS so that credentialers can know if Wilma Larsen says she's a CFP-certified subspecialist that indeed she really is. And so part of our role is to provide the verification of what people attest to, and sadly, sometimes people attest to certifications that they really don't have.

So we actually are having conversations with our legal counsel and the ABMS about what might be a future path for this particular certification. I know that's a vague answer because I don't think we really have ever had this question. I don't think ABMS has ever had a certification that

somebody didn't want disclosed. In some way, we are we're going down a new path that no one else has before. If anybody has any suggestions, we would welcome them.

Please provide the contact information for the Executive Director of ABOG and how a letter should be sent.

GW: Sure. You can send it to exams@abog.org and just address the email or the letter to the Executive Director, and then outline why you're requesting this, what contributions you made, and then just attach a copy of your CV. It doesn't have to be a paper letter. And something like that, we want to make this easy for you, and I would suspect that most of the applications will be approved, and then a thank you note will be sent to you for all the contributions you've made to move the field forward and for everything you've done for everybody that's going to follow you.

When should the letter be sent? Can a senior candidate apply when the portal opens and then send the letter, or does approval have to be given based on the letter prior to application?

WL: The senior candidate can go ahead and apply and send the letter, just obviously your case log won't be populated, but once we get that letter, then we can go in and do what we need to do on our end. We wouldn't want you to wait and then have issues or difficulties.

If somebody's graduating in 2022 or 2021 and they're not going to be able to get you know the case log as a function of current clinical practice, can they still use case logs from their fellowships to sit for the exam?

WL: The graduates that are graduating in 2022 don't have a choice. They're going to have to use fellowship cases. They won't have any. They wouldn't even have hospital privileges in in most cases because it takes a while for that to happen, so we wouldn't expect them to be out in an individual practice. 2021 is it would if they have if they have been in practice and they have cases from their case log from their own practice, great, and if not, then fellowship cases are fine.

GW: I want to make it real clear. We want to help you get board certified. I know the administrative steps and things sound like obstacles, but they're administrative steps that we go through all the time, and they're probably less complex than they seem at reading, and we make exceptions when we can. We make accommodations when we can. If you have any questions at all about this, please contact us. We don't want our administrative requirements to hold back people from applying. The demonstration of your knowledge, skills, and abilities should be on our examination, not on excessively difficult administrative application requirements, and we've tried to make this as simple as we can, although I'm going to guess none of you think that. But, this is relatively straightforward from our perspective to make it easy to approve you and move you along in the process.

CA: So I'm going to jump in just to put a button on this. I apologize. So any time in the last three years, so from January 2019 to the end of 2021, you can use cases at any point during that time, whether it's fellowship or current practice. Either way, you're welcome to use your case logs

WL: Consecutive six months. It could have started in January of 2019 and went to June of 2019. You could have started in June of 2019 and on to December of 2019. Anytime in there in that time frame is fine for the case log. It doesn't have to be prospective log where you would start now and go for six months. We're asking you to go back during that last period of time.

Will the exam be held in Texas?

WL: Pearson VUE centers are all across the United States, and actually across the world if someone is you know deployed in the military and wants to take the exam, we certainly make accommodations with Pearson VUE to give the exams at centers all throughout the United States and throughout the world. I understand the angst that has to do with Texas, but this exam is going to be in Pearson VUE centers, and they will be in Texas as well.

Is this exam going to be more like a Maintenance of Certification exam or more like a Qualifying Exam?

WL: It's more like a Qualifying Exam. It will be the exact same number of questions as all the other subspecialty Qualifying Exams, so it'll be 230 questions given over three hours and 45 minutes. It's actually four hours, but 15 minutes of that we count towards doing the you know

logging onto the computer stuff, so it's not a Maintenance of Certification exam, it's a it's a certification exam.

Is July 25th the only date to take the exam in 2022? I'm already scheduled to be out of the country on that date?

WL: Yes, but if you contact us like I just mentioned, we could work with Pearson VUE on wherever you're going to be to try to allow you to take the exam in another country if necessary.

Will there be things like sample questions? Will prologues or other study tools be created, and when can they be expected if so?

GW: As an assessment organization, we can't provide preparation material for our assessments because we might sell them to make extra money and then charge you to take the test too, so we're in an awkward spot in trying to help you get prepared. That's why we spent a lot of time, effort, and resources to put together the Job Task Analysis and a blueprint that actually outlines in great detail the information that will be part of the exam.

I want to make my next words very careful. There are a host of third-party review companies that will probably begin to offer review courses and products that will allegedly help you prepare for our exam. I would have a healthy degree of skepticism about whether that is money well spent. I think standard textbooks are probably the best thing that you can do. I think perhaps the SFP might be able to help put together some sort of process to help people review in the general field of Complex Family Planning that might help you also. That's what happens in the other subs. Wilma, anything to say on that?

WL: That would definitely be what I would say. Hopefully SFP will make a decision to put out educational materials, but unfortunately, we're prohibited from that.

GW: I would just urge caution in spending a lot of money on these commercial review products, and we're not able to say any more than that. I'm sorry.

CA: We do hope the blueprint is also really helpful as a study tool as well.

If a senior candidate is clinically active one to two days per month, would you advise providing case logs or seeking an exemption? Not sure from the presentation how clinically active would be sufficient given that there is no lower threshold for a number of cases to be considered eligible?

WL: Yeah, over the course of the six months that if you're doing nothing but CFP, that will probably give you a case log that will be acceptable.

Will I be refunded if my case log is not deemed adequate?

WL: That's a good question. The chances that that will occur are very small. Can I put it that way: I can never make any guarantees on a recorded webinar, but the chances are very small.

We're not trying to keep people out. I think that's an important point that Dr. Wendel is trying to make, is our goal isn't to keep you from taking the exam. Our goal is to allow you to take the exam.

GW: It might give you pause to think about whether you are well qualified to take the exam if you really don't have any cases when you don't care take care of patients.

I can say based on our experience with Female Pelvic Medicine and Reconstructive Surgery, we had a similar case log requirement, and there was somewhat of a correlation between the low volume and the ultimate passing of the senior candidate certification exam. Some of it is to give us some correlation, that is there a relationship between your clinical practice volume and your knowledge, skills, and abilities, although again, it's non-verifiable, so it may not be really very accurate.

What is name of the group under the CFP chair? All of these members appear to work in academic settings. Can we reserve a position in this group for a community-based specialist?

GW: It's a good point, that if you look at it from that perspective, one might think they all have an academic affiliation, and as a new subspecialty, having to work with setting standards and that kind of thing, that's important. Underlying that was a Job Task Analysis team of volunteers that had a good representation of people from the family planning community who were not based at academic centers and were community-based physicians, and I think many of the people at the academic centers would say that they are practicing in their communities, it's just in a different fashion.

But, if you're interested please, let Dr. Schreiber know that you're interested in potentially being nominated to be on the committee, or perhaps you better it would be better to send it to anovak@abog.org, and let us know of your interest, and then when we do have an opening on the committee, we can look into whether you might have the qualifications that they're seeking for the new membership. We are very cognizant of the fact that we don't want to have just people in if you will an ivory tower setting, but again, if you recall, Complex Family Planning is an expert who has knowledge, skills, and abilities beyond what an OB GYN specialist has, and if you look at the applications for this, a lot of it has a setting to do with they are consultants to other OB GYNs, and many of them will be practicing in advanced settings.

If a person is not sure whether they want to pursue certification and would not want to sit for the exam in 2022, do they still have to apply by October 18th, or can they apply next year?"

WL: No, they would apply next year. Please don't apply this year if you don't want to take the exam. That would not be a good thing to do. Wait until next year.

GW: And if COVID gets worse and you decide you don't have adequate time to prepare either personally or professionally or in your community, we'll be happy to roll your application to the following year.

WL: Yes, and someone had a question about COVID and the exams. If COVID affects the Pearson VUE's ability to give the exams, we do come up with contingency planning to make sure that the exam can be taken on that date.

Why is it so high? Is it an annual fee, and is it comparable to other subspecialties?

WL: I'm happy to answer that. So it is not an annual fee. It is a one-time fee associated with becoming certified. Maintenance of Certification is a much smaller fee, and your first year of Maintenance, it's actually you get a buy on what the year you become certified in CPF, you won't have to do Maintenance of Certification if you don't want to, so that that's a little positive there.

The reason the cost is basically, it's a very expensive process to produce an exam, particularly for a small number of individuals. We've done extensive studies looking at how much it actually does cost, and I'm not denying that's a lot of money. It does not cover the cost of producing your examination unfortunately, and so we try to keep our fees down as much as we possibly can, but it's a very expensive process. It costs about four thousand dollars a question, and for a small subspecialty, we don't recruit that kind of money that it actually costs to produce the exam.

As far as it is the same for all subspecialties. Yours is not different. It's the same the cost.

GW: The expenses to put on a certification process for 30 people a year is vastly greater than the revenue that comes in from the exam fees and application fees. It applies to almost all of our subspecialties. Small subspecialties are something that have to be underwritten through other sources in the organization, and we are happy to do so for this new subspecialty. It's an important one. It's one that we've been working on for many years to see move forward, and we're thrilled that ABMS and ACGME approved it in the last two years, but we are firmly committed to this and the cost is not going to be a factor that determines what we do or not do. This is important to you, it's important to the patients you serve, and it's important to the public.

Again, feel free to reach out to any of us. Our emails our names at abog.org. Feel free to reach out to us at any time. We really want this to work. We want it to be smooth. We want to help you get to be the subspecialist that you want to be.