ACGME

New Specialty/Subspecialty Proposal Template

Proposals for new specialties/subspecialties must include an official letter from the requesting society or program director association and approval from the corresponding board. *Proposals must address items A through H, listed below, per ACGME Policies and Procedures.*

Subject: 12.00 Procedures for Designation of Specialties, Subspecialties, and Sub-subspecialties for which Accreditation will be Offered
Section: 12.20 Criteria for Designation of a Subspecialty or Sub-Subspecialty for which Accreditation will be offered

The ACGME accredits programs in subspecialties and sub-subspecialties when it can be demonstrated that the clinical care of patients and their safety will be improved through accreditation of education and training in that discipline.

Proposals for designation of a subspecialty or sub-subspecialty for which accreditation will be offered must provide documentation on the professional and scientific status of the new subspecialty or sub-subspecialty, including at minimum, evidence of the following:

a) the clinical care and safety of patients will be improved through the recognition of the discipline

Elevating Pediatric and Adolescent Gynecology (PAG) to a subspecialty will result in the expansion of providers and raise the stature of the field for patient safety through increased access to an underrepresented population of children and adolescents in need, both at academic centers and community-based settings. PAG subspecialists play a vital role in providing clinical reproductive care for children and adolescents at the intersection of pediatrics and gynecology where neither specialty is completely equipped with adequate knowledge, skill, and safety. One of the main areas of expertise is in the complexity of embryologic development in isolated reproductive tract anomalies, DSD conditions, ARMs, and their comprehensive understanding of the gynecologic needs, provides timely and comprehensive management of their reproductive care, including timing of interventions or treatments in order to maximize opportunities for optimal surgical timing indicated. PAG subspecialists help optimize menstrual suppression and management of obstructive uterine anomalies to best evaluate anatomy.

Besides this unique and complex area, PAG subspecialists have training and expertise in all aspects of pediatric and adolescent reproductive health. These include infectious, dermatologic, endocrinologic and gynecologic conditions; congenital anomalies of the genitalia and reproductive tract; normal and abnormal menstrual management; contraceptive counseling and implementation for public health; fertility preservation due to exposure to oophorotoxic medications, surgical intervention, or radiation; surgical repair of genital reproductive tract injuries or trauma; management of ovarian/adnexal torsion with ovarian

sparing approaches; early recognition and treatment of obstructive müllerian anomalies; management of reproductive tract tumors and use of minimally invasive surgery for gynecologic conditions including early assessment and management for endometriosis.

The complex birth defects represented by müllerian anomalies is a perfect example of a clinical challenge that is inadequately understood and incorrectly treated without the comprehensive understanding of embryology that a PAG subspecialist brings to a multidisciplinary treatment team. Complex müllerian anomalies present a significant challenge to both diagnosis and treatment. They require a deep understanding of embryology, as well as specialized surgical skills. PAG subspecialists are uniquely trained to provide comprehensive care in reproductive health from birth through childhood and adolescence, addressing both medical and surgical needs. The PAG subspecialist advances the science of care of the PAG patient and acts as an advocate who champions the reproductive care of a population not adequately addressed independently by pediatrics or adult gynecology. OB GYNs are not trained to care for patients under 12, and pediatricians, though adept at caring for young patients, are not trained in surgery, nor are they specialized in the unique reproductive health needs of adolescents. The elevation of PAG to a subspecialty will undoubtedly improve the reproductive clinical care and safety of this young population even further.

PAG subspecialty training provides an advanced level of surgical skill to improve the safety and reproductive health outcomes of young women with co-morbid conditions and complex clinical presentations. They have a mastery of surgical techniques that are required to support the patient and other clinical providers who care for these patients. Based on ongoing studies in the field evidenced by surgical management timing as indicated for certain congenital conditions and ovarian conditions, PAG subspecialists offer the optimal and highest level of care regardless of the complexity of the patients' surgical diagnosis. This tenet is incorporated in the learning objectives of the proposed subspecialty.

The pediatric and adolescent gynecologic patient's needs are unique such that reproductive clinical care is best when addressed as the need arises from earlier in the lifespan to adolescence and with the knowledge of when best to intervene associated with long-term follow-up, through childhood. Limited exposure and training in the reproductive needs of young females results in delayed diagnoses, possibly unnecessary or incorrect surgical interventions, and can result in long-term detrimental impacts on their reproductive future. The Pediatric and Adolescent Gynecology (PAG) subspecialty would significantly improve the quality of care for this population, addressing their distinct needs and challenges more effectively through accurate and early diagnosis, correct and appropriately-timed treatment, and optimized transition to adult care.

The transition of care for adolescents with chronic conditions, including those with reproductive anomalies, is a crucial process that aims to improve health outcomes and quality

of life by empowering patients to take control of their care. This transition from child-centered to adult-centered care occurs over several years and requires a comprehensive approach. The PAG subspecialist is the ideal provider to manage this transition, ensuring continuity of care and effective communication between pediatric and adult services, optimizing the care for patients with complex reproductive health needs.[18]

By supporting the recognition of PAG as a subspecialty, we can promote the further unified development of specialized training programs, optimize referral to experts in evaluation and management of these conditions, promote research initiatives, and develop and share clinical guidelines. This will not only benefit our patients but also advance the knowledge in the field of gynecological care for adolescents and young adults.

EVIDENCE SUPPORTING PAG OPTIMIZES PATIENT CARE AND OUTCOMES

1. PAG providers reduce the impact of delays in diagnosis and suboptimal care of endometriosis which can lead to chronic pain, centralized pain, school absences, depression/anxiety and overall poor QOL (quality of life) (Shim and Laufer. JPAG 2019; Shim et. Al. Obstet Gynecology 2024).

2. Unnecessary oophorectomy for benign lesions has been independently associated with provider specialty ($P = .002$: adult gynecologist, 45%; pediatric surgeon, 32%; pediatric gynecologist, 18%). Pediatric surgeons who collaborate with pediatric gynecologists over study protocols have demonstrated a reduction of oophorectomies and increased rates of ovarian retention (Minneci et. Al. JAMA 2023).

3. Oophorectomy of ovarian and adnexal torsion has decreased at institutions where PAG providers have input. One study demonstrated a salvage rate of 95% among 245 patients at a single children's hospital (Adeyemi O et. Al., JPAG. 2018) whereas the salvage rate is 50% in the US among children's hospitals in aggregate according to the Nationwide Readmission Database (Saberi RA, et. Al. J Surg Res 2022), a number which has not changed significantly since a Kid's Inpatient Database (KID) report on oophorectomy rates (58%) in 2010 (Guthrie BD, et. Al, Pediatrics 2010).

4. PAG subspecialists are the foremost experts in managing congenital uterine and vaginal anomalies, utilizing their surgical skills and experience to minimize patient trauma, avoid repeated or unnecessary surgeries, and ultimately reduce harmful interventions that can have both short-term and long-term impacts on reproductive outcomes. Similarly optimizing the process and timing of vaginal dilation in patients with Mayer-Rokitansky Küster-Hauser (MRKH) could mitigate the need for vaginal creation surgery and minimize morbidity and risks for future vaginal stenosis (Dietrich, Millar, Quint. Non-obstructive müllerian anomalies. NASPAG Clinical Guidelines. JPAG

2014; Dietrich, Millar, Quint. Obstructive reproductive tract anomalies. NASPAG Clinical guidelines. JPAG 2014).

5. PAG subspecialists play a crucial role in public health initiatives reducing unintended adolescent pregnancies by educating patients and providing contraception to those under 18. PAG expertise and continued efforts contribute significantly to the prevention of adolescent pregnancies (Hoopes et. Al. Updates to US Medical Eligibility Criteria for Contraceptive Use and Selected Practice Recommendations. JPAG 2017). Additional knowledge and expertise are required in adolescents and young adults with complex health conditions during provision of contraception, and PAG subspecialists are experts in this area (Roos et. Al. FIGIJ and FIGO collaboration. Int J Obstet Gynecol 2022).

6. PAG subspecialists collaborate closely with hematologists, often in specialized adolescent bleeding clinics, to optimize the early diagnosis and management of underlying bleeding disorders in children and adolescents (Haamid, Sass, Dietrich. NASPAG Clinical Document: Heavy menstrual bleeding. JPAG 2017).

7. NASPAG's advocacy committee works closely to optimize the reproductive care of the adolescent through NASPAG advocacy statements, endorsing and supporting statements pertaining to adolescents from Society of Family Planning, ACOG, FIGO, SAHM and AAP (NASPAG advocacy statements: https://www.naspag.org/naspag-advocacy-statements).

8. PAG subspecialists are equipped to navigate confidentiality and assent/consent in the adolescent population (Alderman. JPAG 2017).

9. The transition of care for adolescents with chronic conditions, including those with reproductive anomalies, is a crucial process that aims to improve health outcomes and quality of life by empowering patients and giving them agency for their health care decisions. This critical transition from child-centered to adult-centered care occurs over several years and requires a comprehensive approach. The PAG subspecialist is the optimal provider to manage this transition, ensuring continuity of care and effective communication between pediatric and adult services, optimizing the care for patients with complex reproductive health needs (Hertweck SP, et. Al., JPAG 2019).

10. Late diagnosis in this population has been recently documented in a case series of imperforate hymen in which a retrospective cohort study of 165 patients seen between 2017 and 2023 revealed that 49% of those seen in primary care offices (not by PAG subspecialists) were incorrectly diagnosed and were later diagnosed to be vaginal atresia (32%), microperforate hymen (14%), a müllerian anomaly (11%), normal hymen (14%), and various vulvovaginal conditions in 14%. These late diagnoses can

lead to delays i in correct surgical treatment (Casey S, et. Al. Accuracy of Imperforate Hymen Diagnoses. Abstract NASPAG ACRM 2024).

11. While gaps in clinical and surgical areas of suboptimal care have been studied recently, as outlined above, the desire for PAG subspecialists has also been recognized by other pediatric surgery specialists (Vilanova-Sanchez A, et. Al. J Ped Surg 2019). The *Journal of Pediatric Surgery* in 2019 described a multidisciplinary unit to care for pediatric adolescent patients with colorectal and pelvic malformations. This model utilized PAG subspecialists as an integral part of this team to enhance quality of implementing treatment plans with improved communication among various specialists involved in the patient care decreasing morbidity and improving patient outcomes. Gynecologic anomalies are common in patients with anorectal malformations (ARM) with 17% noted in cases of recto-vestibular fistula and 53-67% of cases of cloaca (Fanjul M, et. Al. J Pediatr Adolesc Gynecol 2019). These anomalies may affect not only menstrual concerns but also sexual and obstetrical counseling, fertility, and delivery mode for the future (Ahmed H, et. Al. J Pediatr Adolesc Gynecol 2023).

Pediatric and adolescent gynecologists play a crucial role in caring for patients with gender dysphoria by providing confidential counseling, coordinating multidisciplinary care with pediatric endocrinologists, adolescent medicine and psychologists. PAG subspecialists also help manage menstrual dysphoria and optimize menstrual suppression and contraception for gender diverse youth. Additionally, these specialists offer guidance and support for fertility preservation options and provide counseling on relevant fertility considerations in conjunction with reproductive endocrinology and infertility specialists. By addressing these various aspects of care, pediatric and adolescent gynecologists are uniquely skilled to collaborate with specialists who provide transgender care and support the overall well-being of their gender diverse youth.

The proposed PAG subspecialty addresses a current gap in care. With their unique expertise and training, PAG subspecialists are well-equipped to cater to the distinctive and intricate needs of their patients. The subspecialty is crucial to improve care for infants, children, adolescents and young adults who currently exist as a vulnerable and underserved population and PAG subspecialists are essential to addressing the accurately-timed medical and surgical needs of this complex patient population. With their unique expertise and training, they are well-equipped to cater to the distinctive and intricate needs of their patients. It was for this reason that the American Board of Medical Specialties (ABMS) approved the Focused Practice Designation application submitted by the American Board of Obstetrics and Gynecology (ABOG). While the Focused Practice Designation served a well-intended purpose, it did not meet the expectations of a medical and surgical well- rounded PAG subspecialist.

Additionally, ACGME (Accreditation Council for Graduate Medical Education) accreditation of the training programs is the next step in ensuring high-quality care across the United States. Given the expansion of programs and the high demand for these subspecialists among

children's hospitals, subspeciality accreditation is the natural step in furthering growth in the field, raising the stature to allow for better care for this underrepresented population of children and adolescents, and increasing access to care via academic and community-based settings.

b) the existence of a body of scientific medical knowledge underlying the subspecialty or sub-subspecialty that is (i) clinically distinct from other areas in which accreditation is already offered, and (ii); sufficient for educating individuals in a clinical field, and not simply in one or more techniques

ACOG supports the need for unique adolescent health care

In 1978 ACOG established a Task Force on Adolescent Pregnancy with members serving from the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and the March of Dimes. Subsequently, recognizing the need for enhanced knowledge for pediatric and adolescent populations, in 1985, the American College of Obstetricians and Gynecologists (ACOG) established an Adolescent Health Care Committee (ADHC). ACOG acknowledged pediatric and adolescent gynecology as a *distinct* and *well-defined patient population* stating that "adolescents are a unique population with specific needs" (ACOG Committee Opinion 783. Adnexal Torsion in Adolescents. 2019). This committee functioned through Spring of 2020 and as such, ACOG published 28 Committee Opinions outlining the following specific PAG population concerns (most recent ACOG affirmation):

- *Number 811: The Initial Reproductive Health Visit (October 2020)*
- *Number 785: Screening and Management of Bleeding Disorders in Adolescents with Heavy Menstrual Bleeding (September 2019)*
- *Number 710: Counseling Adolescents about Contraception (August 2017)*
- *Number 651: Menstruation in Girls and Adolescents: Using the Menstrual Cycle as a Vital Sign (December 2015)*
- *Number 789: Screening and Management of the Hyperandrogenic Adolescent (October 2019)*
- *Number 714: Obesity in Adolescents (September 2017)*
- *Number 758: Promoting Healthy Relationships in Adolescents (November 2018)*
- *Number 708: Mental Health Disorders in Adolescents (July 2017)*
- *Number 686: Breast and Labial Surgery in Adolescents (January 2017)*
- *Number 783: Adnexal Torsion in Adolescents (August 2019)*
- *Number 760: Dysmenorrhea and Endometriosis in the Adolescent (December 2018)*
- *Number 768: Genetic Syndromes and Gynecologic Implications in Adolescents (March 2019)*
- *Number 653: Concerns Regarding Social Media and Health Issues in Adolescents and Young Adults (February 2016)*
- *Number 740: Gynecologic Care for Adolescents and Young Women with Eating Disorders (June 2018)*

- *Number 803: Confidentiality in Adolescent Health Care (April 2020)*
- *Number 665: Guidelines for Adolescent Health Research (June 2016)*
- *Number 747: Gynecologic Issues in Children and Adolescent Cancer Patients and Survivors (August 2018)*
- *Number 817: Options for Prevention and Management of Menstrual Bleeding in Adolescent Patients Undergoing Cancer Treatment (January 2021)*
- *Number 605: Primary Ovarian Insufficiency in Adolescents and Young Women (July 2014)*
- *Number 813: Gynecologic Considerations for Adolescents and Young Women with Cardiac Conditions*
- *Number 735: Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices (May 2018)*
- *Number 806: Gynecologic Management of Adolescents and Young Women with Seizure Disorders (May 2020)*
- *Number 728: Müllerian Agenesis: Diagnosis, Management and Treatment (July 2018)*
- *Number 678: Comprehensive Sexuality Education (November 2016)*
- *Number 780: Diagnosis and Management of Hymenal Variants (June 2019)*
- *Number 779: Management of Acute Obstructive Uterovaginal Anomalies (June 2019)*
- *Number 823: Health Care for Transgender and Gender Diverse Individuals (March 2021)*

In 2019 this committee was discontinued by ACOG during a refocus and reorganization of their committee structure. This transition is similar to the way that ACOG managed other maturing OB GYN subspecialty education and subspecialty committees.

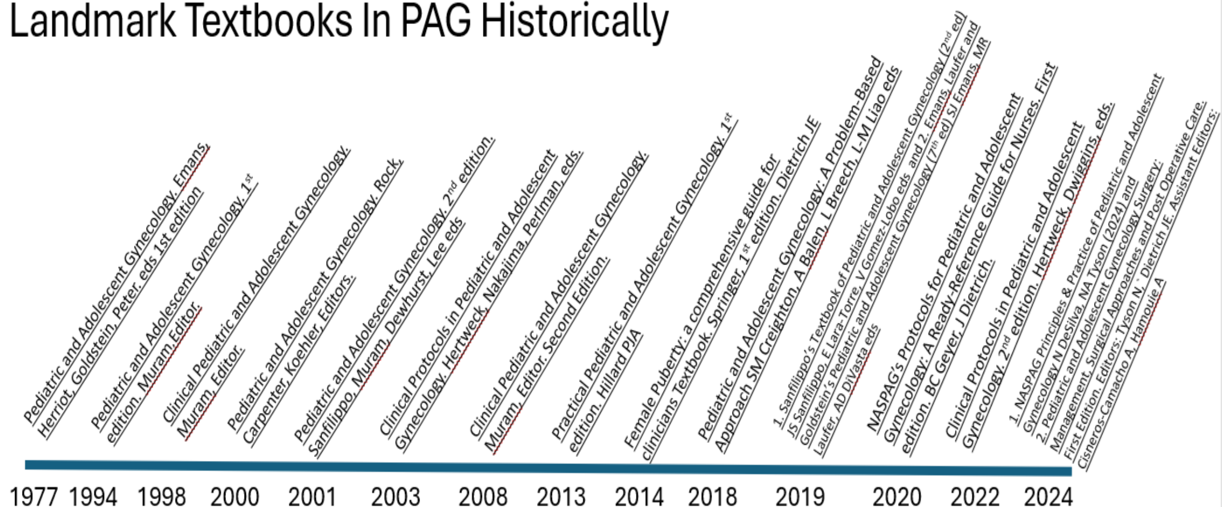
ACOG decided this given the growth of PAG as a clinical area and the recognition that ACOG membership consists of primarily OB GYN specialists. They determined that educational materials would be best developed by a PAG-specific medical society, such as the North American Society for Pediatric and Adolescent Gynecology (NASPAG), and that the medical content should be developed by PAG trained and recognized physicians.

Journal of Pediatric and Adolescent Gynecology (JPAG)

In 1987, the *Journal of Pediatric and Adolescent Gynecology (JPAG)* was established as the Official Journal of NASPAG. JPAG addresses all aspects of clinical and basic science research in pediatric and adolescent gynecology. The journal draws on expertise from various disciplines including pediatrics, obstetrics and gynecology, reproductive endocrinology and infertility, adolescent gynecology, surgery and pediatric endocrinology, genetics, and molecular biology. JPAG features original studies, review articles, clinical recommendations and guidance, qualitative research, book and literature reviews, letters to the editor and communications in brief. It is an essential resource for the libraries of obstetrics and gynecology specialists, pediatricians and primary care physicians. The current impact factor is 1.8 and the journal's cite score is 3.6 and has international readership with access via Science Direct over 300,000 per year.

Pediatric and Adolescent Gynecology Textbooks

Over the past 30-40 years, there has been a significant increase in landmark textbooks regarding PAG since 1977 (see timeline below).



The following textbooks are the current and planned sentinel resources for PAG fellowship training:

- *Practical Pediatric and Adolescent Gynecology. 1st edition. Hillard PJA (2013)*
- *Female Puberty: a comprehensive guide for clinicians Textbook. Springer, 1st edition. Dietrich JE (2014)*
- *Pediatric and Adolescent Gynecology: A Problem-Based Approach SM Creighton, A Balen, L Breech, L-M Liao eds (2018)*
- *Sanfilippo's Textbook of Pediatric and Adolescent Gynecology (2nd ed) JS Sanfilippo, E Lara-Torre, V Gomez-Lobo eds (2019)*
- *Emans, Laufer and Goldstein's Pediatric and Adolescent Gynecology (7th ed) SJ Emans, MR Laufer, AD DiVasta eds (2019)*
- *NASPAG's Protocols for Pediatric and Adolescent Gynecology: A Ready-Reference Guide for Nurses. First edition. BC Geyer, J Dietrich. (2020)*
- *Clinical Protocols in Pediatric and Adolescent Gynecology (2nd ed) SP Hertweck, ML Dwiggins eds (2022) First ed 2003*
- *NASPAG Principles & Practice of Pediatric and Adolescent Gynecology N DeSilva, NA Tyson (2024)*
- *Pediatric and Adolescent Gynecology Surgery: Management, Surgical Approaches and Post Operative Care. First Edition. Editors: Tyson N, Dietrich JE. Assistant Editors: Cisneros-Camacho A, Hamouie A. Elsevier. (2024 In Press).*

Pediatric and Adolescent Gynecology Literature

Over the same 30–40-year time frame (1985-present) a PubMed search reveals the following breadth of articles for the research areas distinguishing specific condition of concern unique to pediatric and adolescent gynecology, indicating a thorough history of this field as a distinct area for clinical investigation. This search reflects articles published from 1985-present:

PUBMED Topic Title	**Articles Found (N)**
Gynecologic Exam Children or Adolescents	179,646
Menstrual cycles/ adolescents	685
Dysmenorrhea / adolescents	157
Adolescent Contraception	2,424
Eating disordered adolescents	2,819
Adolescent Sexuality	8,145
Adolescent or child gender dysphoria	1,958,874
Menstrual suppression in adolescents	38
Precocious puberty	544
Prepubertal vaginal bleeding	107
“Pelvic masses” and pediatric and adolescent	64
Ovarian torsion and pediatric and adolescent	242
Fetal or neonatal ovarian cysts	421,211
Female Genital anomalies	13,826
Imperforate hymen	351
Vaginal septum and pediatric and adolescent	47
OHVIRA (obstructed hemivagina ipsilateral renal agenesis)	153
Uterine anomaly and pediatric and adolescent	268
Vaginal agenesis or MRKH (Mayer-Rokitansky-Küster-Hauser)	4,050
Ambiguous genitalia	40,027
Disorders of Sexual Development	42,871
Breast Disorders pediatric of adolescents	1,044
Gynecologic management disabled children of adolescents	9
Vulvovaginal conditions pediatric	57
Vulvovaginal conditions adolescent	109
Labial adhesions prepubertal	46
Lichen sclerosus prepubertal	43

PUBMED Topic Title	Articles Found (N)
Genital trauma pediatric or adolescent	1,906,783
Sexual abuse pediatric or adolescent	1,907,452
Endometriosis adolescent	2,000
Sexually transmitted infections pediatric	18,539
Sexually transmitted infections adolescent	66,155
Fertility preservation childhood cancers	358
Vaginoscopy pediatric adolescent	50
Laparoscopy pediatric adolescent females	2,540
Hyperandrogenism adolescent females	1,407
Polycystic ovarian syndrome adolescents	3,633

Additionally, the wealth of peer-reviewed original research from JPAG and other sources has continued to grow and mature our understanding of best clinical care for the PAG population and has been disseminated via publication of NASPAG clinical opinions regarding diagnosis and management of multiple conditions (NASPAG Committee Opinion Heavy Menstrual Bleeding, NASPAG Committee Opinion Obstructive Reproductive Tract Anomalies, NASPAG Committee Opinion Non-Obstructive Müllerian Anomalies, NASPAG Committee Opinion Lichen Sclerosis) as well as publication of NASPAG-endorsed position /policy statements (Gender Affirming Care for Minors, 21St Cures Act, Eliminating Period Poverty, COVID-19 Vaccines and Gynecologic Concerns, Wellness, Leaked SCOTUS regarding Mississippi versus Jackson Women's Health, Surgical Management of DSD, Comprehensive Sexuality Education) .and both a short and long PAG curriculum for resident education reaffirmed in 2021 and 2022 respectively (www.naspag.org).

<u>NASPAG Clinical Recommendations Guide Clinical Practice.</u>

NASPAG Clinical Recommendations

Resident education curriculum in pediatric and adolescent gynecology 3.0: Short Curriculum J Pediatr Adolesc Gynecol 2021 June; 34 (3) 291-296.

Resident education curriculum in pediatric and adolescent gynecology 4.0: Short Curriculum J Pediatr Adolesc Gynecol 2024 (in press).

Resident education curriculum in pediatric and adolescent gynecology: Long Curriculum J Pediatr Adolesc Gynecol 2022 June; 35 (3) 249-259.

Vulvovaginitis J Pediatr Adolesc Gynecol 2016 Dec; 29 (6) 673-679.

Diagnosis and Management of Lichen Sclerosis in Pediatric and Adolescent Patients. J Pediatr

Adolesc Gynecol 2022 Apr; 35(2):112-120 https://doi.org.1016/j.jpag.2021.09.008

NASPAG Committee Opinions

Heavy Menstrual Bleeding in Adolescents J Pediatr Adolesc Gynecol 30 (2017): 335-340 http://dx.doi.org/10.106/j.jpag.2017.01.002

Obstructive Reproductive Tract Anomalies J Pediatr Adolesc Gynecol 27 (2014): 396-402 http://dx.doi.org/10.1016/j.jpag,2014.09.001

Non-Obstructive Reproductive Tract Anomalies J Pediatr Adolesc Gynecol 27 (2014): 386-395 https://doi.org/10.1016/j.jpag.2014.07.001

NASPAG Position Statement

Surgical management of DSD J Pediatr Adolesc Gynecol 2018 Feb;31(1):1.

Wellness. J Pediatr Adolesc Gynecol 2020 Oct;33(5):441-442.

Gender Affirming Care for Minors. J Pediatr Adolesc Gynecol 2021 Aug;34 (4): 441.

COVID-9 vaccines and gynecologic concerns in adolescents and young adults. J Pediatr Adolesc Gynecol 2021 Aug;34(4):439-440.

Comprehensive Sexuality Education for Adolescents J Pediatr Adolesc Gynecol 2024 Feb;37(1):7-8.

Collaborative NASPAG/SAHM Statements

The 21st Century Cures Act and Adolescent Confidentiality. J Pediatr Adoles Gyneol 2021 Feb; 34(1):3-5.

Leaked Draft SCOTUS opinion regarding Mississippi V Jackson Women's Health
J Pediatr Adolesc Gynecol 2022 Aug 35 (4) 417-419.

Eliminating Period Poverty in Adolescents and Young Adults Living in North America. J Pediatr Adolesc Gynecol 2022 Dec; 35(6):609-611.

Collaborative Multidisciplinary PAG Research

PAG subspecialists have been involved in multicenter and multispecialty research in collaboration with the Midwest Pediatric Surgical Consortium (MWPSC). The MWPSC was established in 2013 by the Departments of Pediatric Surgery from eleven children's hospitals with the mission of advancing the practice of pediatric surgery through high-quality multi-institutional clinical studies focusing on high impact pediatric surgical diseases with the goals of improving patient outcomes, developing best practices, and reducing health care expenditures.

The MWPSC includes researchers from the following institutions and involves PAG subspecialists (denoted by*) at several of the locations:

- Ann Arbor/ CS Mott Children's Hospital*
- Chicago- Northwestern/ Lurie Children's Hospital
- Chicago-University/ Comer Children's Hospital*
- Cincinnati/ Cincinnati Children's Hospital and Medical Center *
- Columbus / Nationwide Children's Hospital *
- Indianapolis/ Riley Children's Hospital for Children
- Kansas City/ Children's Mercy Hospital*
- Louisville/ Norton Children's Hospital *
- Madison/ American Family Children's Hospital
- Milwaukee/ Children's Hospital of Wisconsin
- St. Louis/ St. Louis Children's Hospital *

Research from this collaboration between PAG and MWPSC has improved the reproductive health care of young women through retrospective cohort data regarding pediatric and adolescent girls undergoing surgery for ovarian tumors. In 2018, current management practices regarding ovarian tumors identified 819 girls undergoing surgery and in whom oophorectomy (removal of entire ovary) was completed in 33% of benign lesions.[19] This prompted a MWPSC study with PAG providers to assess the value of tumor markers to differentiate between malignant and benign lesions and assist in decision making regarding for whom oophorectomy is indicated. In 2019, the group identified the most specific ovarian tumor markers included alpha fetoprotein (AFP), inhibin A and inhibin B (98%, 97% and 92% respectively) and they determined the most sensitive markers were lactate dehydrogenase (LDH) and beta-hCG (95%, 44% respectively).[20] In 2021, the consortium data was used to study ovarian torsion and risk factors for malignancy and noted of 814 girls with ovarian mass, 22% had episode of torsion and that masses greater than 5 cm had twice the rate of torsion. Of the patients that had torsion with a mass, 48% had oophorectomy.[21] Furthermore, the involvement of PAG subspecialists led to a marked decrease in the perception that risk of malignancy was associated with torsion. This development provided increasing evidence supporting the preservation of ovaries during intervention for torsion, benign ovarian neoplasms, emphasizing the significant impact of PAG expertise in such cases, resulting in Pediatric Surgery practice changes, with the acceptance of risk stratification and ovarian sparing surgery with the development of multidisciplinary teams and coordinated care. These retrospective studies which incorporated expert practices from PAG surgeons, provided the foundation for newly published prospective data on the management of ovarian masses with a preoperative algorithm that decreased the rate of unnecessary oophorectomy from 16% to 8%. [22]

<u>PAG –Centers Integrated Research</u>

The involvement of PAG in the MWPSC allowed the formation of The Midwest Pediatric Adolescent Gynecology (MWPAG) research consortium. MWPAG is comprised of eight of the 11 MWPSG groups, established under the auspices of the MWPSG, and is currently researching benign ovarian neoplasms and endometriosis in adolescents.

PAG subspecialists are actively engaged in disseminating the expanding body of PAG knowledge through numerous professional meetings.

Dissemination of PAG Research

The primary forum for presentation of PAG Research takes place at the Annual Clinical Research Meeting of NASPAG. In addition, PAG education has been highlighted at the American Society of Reproductive Medicine (ASRM), the American College of Obstetricians and Gynecologists (ACOG) providing education to the ACOG specialist community about updates in PAG. Similar educational forums regarding PAG are held yearly at the American Society of Reproductive Medicine, American Association for Gynecologic Laparoscopists, and Society of Family Planning meetings and those organizations also have PAG special interest groups for members.

PAG education is expansive and beyond the current scope of OB GYN residency

While residency training in OB GYN prepares a gynecologist for future adult gynecology practice and provides exposure and limited training in PAG, it does not create in depth expertise for meeting the reproductive needs of the pediatric and adolescent population. ACGME requires that a "resident must develop and ultimately demonstrate knowledge of the core and subspecialty content of obstetrics and gynecology and topics related to women's health appropriate for the unsupervised practice of obstetrics and gynecology. "(www.acgme.org) Gynecologic focused routine care, family planning scenarios, ambulatory practices, and gynecologic surgeries differ in the very young patient. Reproductive surgical procedures in the patient younger than 12-years-old vary by many factors including, but not limited to, anesthesia requirements, positioning, anatomic location of reproductive organs, and port placement of laparoscopic instruments. The premier textbook on surgical gynecology, *TeLinde's Operative Gynecology*, 12th edition, highlights the critical distinctions in surgical care required for pediatric and adolescent gynecology patients, as outlined in Chapter 41: Pediatric and Adolescent Gynecologic Surgery. Routine gynecologic practices such as family planning for a young adolescent population is more nuanced than that of an adult with age-appropriate shared decision making, confidential counseling, and frequently an awareness of contraceptive needs in a medically-complex child or adolescent (e.g., patient using a wheelchair with complex seizure disorder).

Similarly, a more detailed understanding of embryologic development and the reproductive anatomic variation is essential for PAG medical and surgical based knowledge to be complete. While most residents may learn basic clinical skills, those who pursue PAG fellowship training

do so to gain advanced clinical and surgical training, skills in research, advocacy, and collaborative skills required to participate in multidisciplinary care required to provide optimal outcomes for PAG patients.

Pediatric Adolescent Gynecology subspecialists are uniquely skilled at addressing medico-legal considerations, such as navigating informed consent and assent from minors, understanding confidentiality and privacy laws, managing potential conflicts between the patient, parents, and healthcare providers, ensuring compliance with healthcare regulations, and recognizing the legal rights of transgender and gender-diverse youth. Pediatric Adolescent Gynecology subspecialists are uniquely positioned to handle these medico-legal implications by staying up-to-date on relevant state and federal laws and standard of care guidelines, thereby communicating effectively with patients and their families, and collaborating with other healthcare providers to ensure comprehensive and ethical care for their patients.

c) the existence of a sufficiently large group of physicians who concentrate their practice in the proposed subspecialty or sub-subspecialty

In 2017, recognizing that standardization of training, research, and health policy was needed to ensure safe reproductive health care of the PAG population while creating new generations of gynecologists dedicated to PAG, NASPAG and the PAG fellowship directors approached the American Board of Obstetrics and Gynecology to consider establishing a Focused Practice in Pediatric and Adolescent Gynecologic designation for gynecologists with expertise in reproductive health care of youth.

A sufficiently large group of physicians across the US focus their OB GYN practice in Pediatric and Adolescent Gynecology (PAG). As such, beginning in 2018, the PAG Focused Practice Designation (FPD) process was available for qualifying American Board of Obstetrician Gynecologist (ABOG) diplomates. The total number of ABOG diplomates having achieved this recognition as of 2023 is 267. The ABOG offers dedicated PAG Part II Lifelong Learning and Self-Assessment reading materials and activities for their continued certification (CC) to help FPD PAG specialists also maintain their certification by reading the latest research and best practices in their chosen area of focus.

Year	PAG FPD Examinees	Achieved PAG FPD Recognition
2018	153	151
2019	30	29
2020	26	26
2021	15	15
2022	22	22
2023	24	23

A 7-question survey was sent by NASPAG and conducted among all PAG surgeons in North America about their current location of practice in February 2022. Among the 306 eligible members, 120 completed the survey for a response rate of 39.2%. Most PAG surgeons were US-based (89.2%) and the majority reported practicing in an academic setting (68.3%). As expected, PAG surgeons increased with higher state and territory or province population numbers.

d) the existence of national medical societies with a principal interest in the proposed subspecialty or sub-subspecialty

The concept of pediatric and adolescent gynecology in the United States had its inception in the early-to-late 1960s and early 1970s when gynecologists working alongside pediatricians and pediatric subspecialists at children's hospitals began to explore presentation and management of gynecologic disorders in children and adolescents and noted a gap in reproductive care between traditional adult gynecology and various pediatric subspecialties such as (pediatric) endocrinology, urology, surgery and genetics.

In 1982, the North American Chapter of the Federation Internationale de Gynecologic Infantile et Juvenile (FIGIJ) was created under the leadership of Drs Alvin Goldfarb and Paul McDonough.

In 1986, the North American physicians organized the first meeting of Federation Internationale de Gynecologie Infantile (FIGIJ) and was held in the US in Washington, DC. It was at that meeting that the North American Society for Pediatric and Adolescent Gynecology (NASPAG) was founded with the mission to improve the reproductive health of youth through evidence-based clinical care, advocacy, and research. This organization is multidisciplinary, consisting of multiple clinical specialties who share knowledge in the reproductive care of young people. The current membership numbers approach 500 and includes physicians and advanced practice practitioners from gynecology, pediatrics, adolescent medicine and psychology. NASPAG holds annual meetings to promote education, dissemination of research, and advocacy in the PAG community.

NASPAG has a long-standing history of committees devoted to education, with the following committees focused on educational advancement: Education Committee, Resident Education Committee, PAG Fellowship Directors Committee. These committees are responsible for developing GME curricula and assisting with member and patient education materials. After a decade of the successful existence of the NASPAG Fellows research consortium with research activities, this concept expanded in 2024. As of 2024, the NASPAG research focus shifted more broadly to become the NASPAG Research Network (NRN) inclusive of not only the PAG trainees, but PAG researchers across the US and Canada. More information about NASPAG is accessible on the NASPAG website (www.naspag.org).

e) the regular presence in academic units and health care organizations of educational programs, research activities, and clinical services such that the subspecialty or sub-subspecialty is broadly available nationally

Educational programming includes educational efforts at the fellowship, resident, and provider level. Currently there is not, and never has been, an accrediting body for the existing PAG fellowship programs. ABOG provides a PAG Focused Practice Designation for OB GYN specialists who may or may not be fellowship trained but meet specified criteria. The current NASPAG PAG fellowship director's committee is advisory, and curriculum focused for fellowship training programs.

Provider Education

PAG subspecialists support PAG Education via education of other providers through ACOG publications and collaborative educational efforts with other medical groups such as American Association of Gynecologic Laparoscopists (AAGL), American Academy of Pediatrics surgical group, American Society for Reproductive Medicine (ASRM), Society for Adolescent Health and Medicine, Association of Professors in Obstetrics and Gynecology (APGO), Council on Resident Education in Obstetrics and Gynecology (CREOG), and other national and international medical groups. There are Pediatric Adolescent Gynecology special interest groups within the ASRM, Society of Family Planning, and AAGL. There is a process to build an Adolescent committee at the International Federation of Gynecology and Obstetrics to create a lasting impact worldwide with consideration for system and cultural differences.

PAG Provider Research

There are numerous research activities in the field of pediatric and adolescent gynecology. Annually, PAG research is presented at the NASPAG meeting as both oral and poster abstracts and research prizes are awarded. There are numerous academic meetings where PAG research is presented including OB GYN and other surgical subspecialty meetings. There are established research networks including NASPAG research network (NRN), the Midwest PAG consortium, and the gyn component of the Pediatric Colorectal and Pelvic Learning consortium. The NIH has an active research component for PAG in their rare disease registry portfolio. Fellowship includes education around research as well as successful completion of a scholarly research project which aligns with expectations for all OB GYN subspecialty fellowship training programs. Fellows are also involved in the NASPAG Research Network for collaborative multi-institutional studies. Although the Journal of Pediatric and Adolescent Gynecology is the premier journal for publishing research in this field, research is also published in other high impact journals. NASPAG is a part of the Women's First Research Coalition through the Association of Professors in Gynecology and Obstetrics (APGO). Many of the prominent PAG providers have also been inducted into American Gynecological and Obstetrical Society (AGOS) of which the American Association of Obstetricians and Gynecologists Foundation (AAOGF) is the founding organization. This allows for access to additional research resources for trainees.

Clinical Services

PAG clinical care is performed in a wide range of settings, such as ambulatory, inpatient and operative settings. The AAP (American Academy of Pediatrics) surgical section recently published the results of a survey in order to better understand the PAG workforce as a first step to address the current gaps in access to PAG care. Most PAG providers work in academic centers and children's hospitals and have practices committed to ambulatory, inpatient, surgical, and multidisciplinary care of infants, children, adolescents and young adults. Most providers are in the more populous states. At the time of the survey publication, 14 states in the US did not have access to PAG providers. Although focused practice designation in PAG initially filled a gap for providers, it has now become clear it does not adequately ensure competency in the full breadth and depth of PAG, specifically in the complex surgical arena. As the field has developed a need to manage more complex anomalies and complex patients PAG accredited fellowship training will be needed to help ensure optimal patient care and safety. Focused practice has provided initial minimum criteria for medical and limited surgical practice, however, with a need for more specialized surgical care, the level now must rise to that of a specialty, requiring surveys of current providers to gauge numbers that adequately meet those criteria.

f) a projected number of programs sufficient to ensure that ACGME accreditation is an effective method for quality evaluation, including current and projected numbers for each participating specialty if the subspecialty is multidisciplinary

As of 2024, there are 18 Pediatric and Adolescent Gynecology Fellowship Training Programs in the United States and Canada with a total of 175 fellows trained to date.

US Programs:

Baylor College of Medicine and Texas Children's Hospital, Houston, TX
Boston Children's Hospital, Boston, MA
Children's Mercy Hospital, Kansas City, MO
Cincinnati Children's Hospital, Cincinnati, OH
DC National Children's Hospital/National Institutes of Health, Washington DC
Ohio State University, Nationwide Children's Hospital, Columbus, OH
Phoenix Children's Hospital, Phoenix, AZ
Stanford University, Lucile Packard Children's Hospital, Palo Alto, CA
Tufts University, Boston, MA
University of Alabama, Birmingham, AL
University of Colorado, Children's Hospital of Colorado, Denver, CO
University of Louisville, Norton Children's Hospital, Louisville, KY
University of Michigan, CS Mott Children's Hospital, Ann Arbor, MI
University of Texas, Austin, Dell Children's Hospitals, Austin, TX
Washington University, St. Louis, MO

Pending US programs:
University of Utah, Salt Lake City, UT
Emory University, Atlanta, GA
Yale University, New Haven, CT
University of North Carolina, Chapel Hill, NC

Canadian Programs:
University of Calgary, Alberta Children's Hospital, Calgary, AB
University of Ottawa, Children's Hospital of Eastern Ontario, Ottawa, ON
University of Toronto, Sick Kids Children's Hospital, Toronto, ON

NASPAG is advising any programs regarding fellowship program launch for readiness, while they also seek institutional approval. Similar to other national medical organizations, the NASPAG PAG fellowship director's committee is advisory and is not an accrediting body.

In 2012, programs began to participate in the NRMP matching service, with >75% participation year over year. Additionally, programs offer positions outside the match as well. Most programs offer 1 position per year, with 3 programs now offering 2 positions per year. No spots were left unfilled following the match process and fellowships had 100% fill rates. Since the initiation of fellowship programs, the number of applicants has consistently exceeded the number of positions available. The table below outlines growth of access to positions with the development of new programs.

Year	Positions Available	Total Programs	Total Positions Filled
2012	7	7	7
2013	9	9	9
2014	8	8	8
2015	10	9	10
2016	11	10	11
2017	12	11	12
2018	12	11	12
2019	12	11	12
2020	14	13	14
2021	16	14	16
2022	13	14	13
2023	16	16	16
2024	18	15	TBD

g) the duration of the subspecialty or sub-subspecialty program is at least one year beyond education in the primary (core) specialty

PAG fellowships are offered for 2 years in the US following successful completion of a 4-year OB GYN residency program or 1 year in Canada after successful completion of a 5-year OB GYN residency training program. This fellowship curriculum includes clinical, education, and research objectives for completion within a 2-year timeframe. Pediatric and Adolescent Gynecology fellows additionally participate in an international journal club (US and Canadian Pediatric and Adolescent Gynecology fellows) every other month and an international lecture series (US and Canada) every month throughout the duration of the fellowship training program. There is an annual clinical research meeting (NASPAG) which affords opportunities for research dissemination in the form of posters and oral abstracts and workshops, as well as a focused educational session for fellows only (Fellow's Bootcamp).

h) the educational program is primarily clinical

PAG fellowship training includes a programmatic structure of 60-80% clinical and educational, 10-30% scholarly activity. In addition, the expectations outlined are noted below. Currently there is not, and never has been, an accrediting body for the existing PAG fellowship programs. ABOG provides focused practice designation for OB GYN specialists who may or may not be fellowship trained but meet specified minimum medical and limited surgical criteria. The current NASPAG PAG fellowship director's committee is advisory and has developed a comprehensive curriculum focused for fellowship training programs.

We propose the following certification requirements for the training program:

1. A minimum of 12, and up to 18, months of clinical PAG experience
2. Protected time for research and scholarly activities (cumulative 6 months)
3. Protected time for electives in additional clinical experience and/ or advocacy health.
4. The fellow must work towards a scholarly product under mentorship and to be completed and defended as eligibility before subspecialty certifying exam.

Contact for questions and proposal submission

Jessalynn Watanabe
312.755.7489
jwatanabe@acgme.org

Submit the proposal and any supporting documentation by email to Jessalynn Watanabe.

Upon receipt of a proposal for designation of a new subspecialty or sub-subspecialty, the proposal will be posted on the ACGME website for a 45-day period of public comment.

If the subspecialty is multidisciplinary, the ACGME Board will designate the Review Committees that will review programs in the subspecialty based on the projected numbers of programs by specialty and in accordance with Section 14.10 of the ACGME Manual of Policies and Procedures. For participating specialties not expected to reach the threshold of five programs within five years, programs must apply for accreditation to one of the designated Review Committees. If at any time in the future, there are five or more programs from a participating specialty that is not a designated Review Committee, that specialty Review Committee may be newly designated to review programs in that subspecialty.

US States	Avg Distance Miles (range)	< 60 miles (population numbers </=21 years of age)	60+ miles (population numbers </=21 years of age)
Total (N=50)	101.6 (0-2465.7)	30,946,760	13,825,773
Alabama	80.7 (0-232.2)	310,610	382,645
Alaska	1567.4 (650.2-2391.8)	0	103,797
Arizona	92.4 (0-256.7)	685,858	298,707
Arkansas	73.2 (0-164.3)	195,072	229,694
California	52.1 (0-267)	4,455,584	863,644
Colorado	86.3 (0-233.9)	591,069	172,348
Connecticut	18.3 (0-44.8)	461,377	0
Delaware	41.9 (0-94.9)	101,799	27,068
DC	10.4 (0-41.8)	232,699	0
Florida	63.8 (0-203.1)	1,671,964	913,984
Georgia	63.3 (0-143.3)	1,083,371	450,317
Hawaii	2380.5 (2314.4-2465.7)	0	178,439
Idaho	242.1 (86.4-349.1)	0	278,993
Illinois	68.1 (0-139.6)	1,301,008	409,625
Indiana	81.6 (3.2-139.4)	210,315	759,646
Iowa	76.4 (0-143.1)	156,740	297,411
Kansas	133.4 (2-262.5)	167,181	262,703
Kentucky	57.7 (0-132.6)	443,378	17,034
Louisiana	156.4 (0-324.1)	72,011	591,663
Maine	166.5 (40.8-356.8)	6,685	148,580
Maryland	37.1 (0-104.5)	785,771	41,235
Massachusetts	20.2 (0-79)	866,414	7,842
Michigan	102.1 (0-305.5)	790,602	545,300
Minnesota	103.3 (0-330.9)	531,420	259,545
Mississippi	141.0 (10.4-274.5)	43,678	381,038
Missouri	81.6 (0-171.1)	497,389	344,114
Montana	421.8 (269.9-600.1)	0	141,111
Nebraska	106.9 (0-259.4)	190,089	101,152

Nevada	189.4 (89.3-316)	0	410,199
New Hampshire	71.0 (24.1-180.1)	121,812	40,717
New Jersey	20.6 (0-61.7)	1,213,893	15
New Mexico	121.8 (0-284.2)	139,924	150,135
New York	55.8 (0-209.3)	2,134,064	422,792
North Carolina	56.1 (0-151.5)	1,058,493	352,032
North Dakota	319.8 (173.3-501.2)	0	112,252
Ohio	43.9 (0-111.6)	1,420,298	171,578
Oklahoma	89.3 (0-249.9)	249,751	324,871
Oregon	115.9 (0-318)	316,022	212,642
Pennsylvania	39.0 (0-100.7)	1,476,605	178,821
Rhode Island	14.3 (0-42.9)	139,924	0
South Carolina	40.8 (0-108.4)	580,274	102,053
South Dakota	151.5 (0-387.2)	57608	24,920
Tennessee	53.6 (0-113.9)	669,166	263,829
Texas	94.2 (0-401.5)	2,934,214	1,472,960
Utah	95.6 (0-267.8)	467,229	103,325
Vermont	127.2 (44.5-198.9)	3,993	72,511
Virginia	45.1 (0-108.2)	908,467	102,521
Washington	91.2 (0-268.7)	702,224	306,499
West Virginia	65.3 (0-114.5)	123,080	98,834
Wisconsin	90.3 (0-214.4)	375,795	409,927
Wyoming	211.4 (48.9-366.5)	2110	77,999

States where PAG is within 60 miles

States where there is no PAG within 60 miles

Exam Application

Exam Security Agreement:

You must read the following security agreement carefully and electronically sign it before you can finalize your application.

You must agree to the following as a condition of eligibility to sit for the exam:

I understand that all of the test materials used in the ABOG certification examinations are copyrighted by the ABOG.

I 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, including but not limited to anyone scheduled to take the examination or who may be eligible to take the examination; to any formal or informal test preparation group; or to any person representing a company or other entity that provides courses, practice tests or other study material for the examination.

I understand that I may not reproduce and/or distribute any examination materials, to anyone by any means including memorization, recording, internet or other method that would allow any other individual, company or organization to recreate, in whole or in part, any test questions.

I understand that it is unlawful for any test preparation service or program to use, disclose, distribute or otherwise provide access to questions or answers from any ABOG examinations and that I may not enroll, participate in, or use any test preparation program or service that distributes, provides access to, or uses ABOG questions or answers, or provides a forum for others to share such information. Doing so will result in forfeiture of my right to take the examination.

I understand that there are no test preparation courses affiliated with or sanctioned by the ABOG.

I agree that when I appear for the written examination that I will adhere to all of the registration procedures, including the biometric verification procedures in place at the time of the examination.

I agree that during the registration process at the examination center I will place in the locker or cubicle that is provided to me all of my personal belongings including cellular telephones, photographic equipment, recording equipment of any type, pagers, personal digital assistants (PDA's), laptop computers, smart phones, or any similar devices.

I agree that during the examination I will not have in my possession any formulas, study materials of any type, notes, papers, or electronic devices that may provide information that could be used to answer questions on the examination.

I understand that there are no scheduled breaks during the written examination. However, I may request a break to use the restroom or drinking fountain facilities from the test center administrator who may require that I wait until another candidate has returned from a break. I understand that breaks should not exceed 10 minutes, and that I may not remove any item from

my locker or cubicle during the break. I may not leave the immediate test area. I may not leave the building.

I agree that if the staff of the test center observe any action of mine that may be interpreted as violating or potentially violating test administration rules, or if I engage in any other form of irregular behavior during the examination, the center staff will not necessarily inform me of their observation at the time of the examination, but will report the action to ABOG. All such reports will be investigated.

I understand that I may not receive any assistance from any person during the examination.
I agree that, if requested, I will fully participate in the investigation of any suspected violation of contract of agreement with any candidate and ABOG.

I understand that if I violate any part of this agreement my application, registration, and/or test results may be canceled, and that I may be subject to further sanctions and legal action.
I understand that if an action violating this agreement is discovered after I have been given a passing grade on this test, the passing grade will be revoked.

Verification of Residency/Fellowship Information

Professional Standing

Have you ever had:

any disciplinary or non-disciplinary action taken by a state medical board including reprimands, restrictions, conditions, suspensions, probations, surrenders or revocations?
Yes No

any misdemeanor or felony indictment, plea, or conviction?
Yes No

any illicit or illegal substance abuse, prescription drug abuse, or alcohol offenses?
Yes No

any limitation, restriction, suspension, revocation, or denial of renewal of hospital privileges?
Yes No

Demographic Data

ABOG collects demographic data in accordance with the U.S. Office of Management and Budget (OMB) standards. The categories of questions and corresponding options are based on OMB social definitions of race and sex. Gender questions and options align with categories collected by the Centers for Disease Control and Prevention (CDC). The purpose of collecting demographic data in your application is to:

- Recognize and understand demographic characteristics of the OB GYN specialty
- Ensure fair and equal opportunity across demographics
- Enforce ABOG policies against discrimination
- Mitigate biases on ABOG certification standards and examinations
- Improve diversity, equity, and inclusion in ABOG volunteer opportunities and leadership

Please select the race or origin with which you identify (select all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latinx, or Spanish Origin
- Native Hawaiian or Other Pacific Islander
- White
- Race Not Listed
- Decline to answer

Please select your sex at birth:
- Male
- Female
- Non-Binary (Intersex, Gender Neutral, Unassigned)
- Decline to answer

Identification Match

The testing facility requires two forms of ID (See ID Requirements and Acceptable forms of ID). The primary identity document must be a current government-issued photo ID and contain your signature. The secondary identity document must contain either your photograph or signature.

Do you have two forms of ID (one with a photo) with your name exactly as:

Do you have a current government-issued photo ID with your name exactly as it is listed above and your signature?
Yes No

Terms of Application

Application

The undersigned hereby makes application to The American Board of Obstetrics & Gynecology, Inc. (_ ABOG _ or _ Board _) for admission to take the [Maintenance of Certification; Annual Board Certification; Written; Oral; Subspecialty Written; Subspecialty Oral] examination in [Obstetrics and Gynecology] of the ABOG, all in accordance with, and subject to, the requirements of the ABOG for such examination, pursuant to the Articles of Incorporation, By-Laws, Rules, Regulations, and other qualifications from time to time required by the ABOG. Funds are being submitted simultaneously with this Application in payment of the application fee and I agree, that if this Application has been accepted by the Credentials Committee of the ABOG, to immediately forward the examination fee upon my receipt of notification that this Application has been accepted by the ABOG. I further agree that neither the application fee nor the examination fee shall be returnable to me in any event and that in either case the cost of processing my Application, and examination, respectively, whether I am permitted to take the examination or not, are of greater value than the fees themselves. I am aware that the ABOG is a Delaware not for profit corporation whose principal place of business is located in Dallas, Texas. I understand that the ABOG is not affiliated with and is not an agency of the U.S. or any state, and that it is a private medical certification board.

Representations of Applicant.

2.1 Applicant hereby represents and warrants that the information and answers to the questions provided on this Application are true, correct, and complete to the best of my knowledge and I agree that any information that is false, misleading or otherwise

misrepresents the true state of facts, or any significant omissions made by me, regardless of whether such information was provided by me in ignorance or in good faith or because of misunderstanding, may disqualify me from having my Application accepted and/or from allowing me to take the examination, and may disqualify me from any entitlement I may have had to previously take such examination.

2.2 Furthermore, if I am permitted to take the Examination, and it is subsequently learned by the ABOG that any information that I furnished in my Application or otherwise which resulted in my being allowed to take the examination proves to be false, misleading, a misrepresentation, or contains significant or material omissions, regardless of whether such information was furnished in ignorance of the true facts, in good faith, or because of any misunderstanding I may have had, then, and in that event:

1) I hereby agree that in addition to being disqualified from the taking of any examination, (if I have not already taken the examination), then, and in that event, I agree that I shall be disqualified from taking the examination (if not already taken); or,

2) If I have received a Diploma of Qualification, I hereby agree to the revocation and forfeiture of such Diploma at any time and agree to return said diploma upon demand, at any time, and from time to time by the ABOG, and at my sole cost and expense.

<u>Conditions for Examination.</u>

I understand that the decision as to whether or not I am given permission to take the Examination for which I am applying, and as to whether my examination qualifies me for, and any entitlement I may have to continue to qualify for, a Certificate or Diploma is based solely and exclusively on the decision of the ABOG and its members and examiners and that such decision is final. I hereby agree to hold the ABOG and its members, examiners, directors, and officers harmless of and from any and all claims, demands or causes of action of whatever kind, nature or character, that I may now or hereafter have by reason of the conduct of and results of any such examination, and any entitlement I may have to continue to qualify for any certification that may be issued to me. I further agree to indemnify, release and hold the ABOG and its members, officers, agents, directors, examiners and any persons with which it is affiliated harmless from any and all travel and other related expenses incurred by me as a result of any examination or the cancellation of any examination by me, or the ABOG.

<u>Understandings, Agreements, Covenants, And Warranties of Applicant.</u>

4.1 I understand and agree that the decision as to whether my grades and other performances on the ABOG's examination qualify me for, and any entitlement I may have to continue to qualify for, a certification of qualification rests solely and exclusively in the ABOG, and that its decision is final.

4.2 I further acknowledge, represent, warrant, and agree that membership in the ABOG is not necessary for me to practice medicine in any jurisdiction in which I am or may become licensed to practice medicine and that any such membership or qualification in or by the ABOG is an honor or privilege, not a right. I further agree, represent, and acknowledge that membership or non-membership in the ABOG generally, or in any specialty or subspecialty group of the ABOG, does not affect my ability to engage in the practice of medicine or interfere with or affect my ability to earn a living and engage in my profession although membership in the ABOG generally or in any specialty or subspecialty group of the ABOG would enhance my standing in the medical community.

4.3 After completing or nearing completion of an ACGME-approved residency program in Obstetrics and Gynecology and meeting all of the requirements of the ABOG for such program, I agree to complete an application to begin the certification process. Upon those conditions I understand, consent to, and irrevocably agree that the results of my examinations may be made available to the Program Director of any residency program in which I have participated or I am currently involved and/or the American Council of Graduate Medical Education (ACGME) for any and all purposes. Furthermore, I hereby release and agree to indemnify and hold the ABOG and its officers, directors, and employees harmless of and from any and all claims I may have with regard to the effect or impact upon me of the release of my examination results to my Program Director or the ACGME and waive any rights I may have, if any, to have the examination results maintained in confidence.

Release And Exoneration of ABOG.

I hereby waive, release, exonerate and agree to indemnify and hold harmless the ABOG and its directors, officers, members, committees, committee members, employees, examiners, and agents from, against, and with respect to, any and all demands, claims, losses, costs, expenses, damages, of any kind, including for reasonable or other attorney's fees, and judgments, of any kind or character, alleged to have arisen from, arising from, resulting from, out of, with respect to, or in connection with, any action which they, or any of them, take or fail to take, as a result of or in connection with this Application, any examination conducted by the ABOG, any examination which the ABOG determines, in its sole and exclusive discretion that I have failed to qualify for, and if applicable, the failure of the ABOG to issue me a certificate, diploma, or other emblem of qualification, or the ABOG's revocation of any certificate, diploma or emblem of qualification previously issued to me. I further agree to release, exonerate, indemnify and hold the ABOG and its directors, employees, members, examiners, officers, agents, free from any claims for liability or damages or complaint of whatever kind or character whatsoever, by reason of any action, they, or any of them, may take in connection with this Application, such examination, the grade or grades given in respect to any such examination, and/or the failure of said Board to issue me a Diploma of Qualification, or by reason of the forfeiture or revocation thereof because of my failure to comply with the Articles, Bylaws, Resolutions, Rules and Regulations of the ABOG, as may from time to time exist or be revised.

Venue and Jurisdiction.

I agree that if any dispute arises between myself and the ABOG with regard to my qualification for or my taking of the examination, the results of the examination, and/or any decision made by the ABOG with regard to my qualification for, and any entitlement I may have to continue to qualify for, a Certificate or Diploma, that dispute shall be had, held, and adjudicated in an appropriate court in Dallas County, Texas. I hereby consent to the jurisdiction and the laws of the State of Texas and exclusive venue in Dallas County, Texas with regard to any dispute that may arise with regard to the conduct of the examination or my qualification for, and any entitlement I may have to continue to qualify for, a Certificate or Diploma or in connection with the manner of conducting any examination or the results thereof, or my rights to membership in the ABOG or to any privileges of such membership. I further agree that if, and to the extent, I may have any legitimate claims concerning my qualification for, and any entitlement I may have to continue to qualify for, or the conduct of any such examination, I will first exhaust all administrative remedies available to me under the Guidelines of the ABOG, and after first doing so, if, and to the extent, I may have any claims that can be heard in a court of law under the terms hereof, such claims shall thereafter be addressed exclusively to the attention of an appropriate court in Dallas County, Texas where the ABOG maintains its principal place of business. I acknowledge that the application and examination fees that the ABOG charges and

that I have agreed to pay would be higher if I, and other applicants, did not agree to these venue provisions. I further agree that in any such court proceeding Texas substantive law shall be applied and be applicable.

Adjudication of Disputes, Forum: Waiver of Right to Jury Trial.
In the event that any dispute arises between me and the ABOG whether under the terms hereof or as a result of any action taken by the ABOG or me as a result or consequence of my submitting this Application, my right or privilege to become or remain a member of the ABOG, my use of the ABOG website or any documents or materials I downloaded, viewed or referred to on the ABOG's website, or by reason of any Application, request for information or other contact between me or a representative of mine and the ABOG or any representative of the ABOG, I and the ABOG expressly agree to waive and hereby waive any rights we each may have to a trial by jury of any and all issues arising in any action or proceeding between me and the ABOG or our respective successors, representatives, assigns, or heirs. In addition, any claim, dispute, or controversy ("claim") by me or the ABOG against the other shall be resolved in an appropriate court of law located in Dallas County, Texas, as described above.

Continuing Requirements upon Receipt of Diploma.
In the event I successfully complete the examination requirements, meet all of the requirements and conditions for, and receive a Diploma, I hereby agree to comply with all of the provisions of the Articles of Incorporation, Bylaws, Bulletins, Rules and Regulations of the ABOG, including all of the requirements for Maintenance of Certification, and the qualifications for, and any entitlement I may have to continue to qualify for, the receipt and retention of that Diploma, as they currently exist or may hereafter be revised, and further agree that in the event I ever violate any of the terms and provisions of the Articles, Bylaws, Bulletins, Rules and Regulations of the ABOG, as they may exist from time to time, that any Diploma issued to me may be revoked or forfeited in accordance with the terms and provisions of such Articles, Bylaws, Bulletins, and Rules and Regulations of the ABOG.

Authorizations for Release of Information and Release.
I hereby authorize the ABOG or any employee, agent, director, officer, representative, member, examiner, or any other person with whom the ABOG may have dealings to obtain any and all information from schools, current or former employers, criminal justice agencies, individuals, medical institutions, hospitals, medical associations, medical organizations, or other organizations or persons, concerning my history, my history in the medical profession, and relating to any and all of my activities. I hereby authorize and direct the medical organizations and associations, hospitals, and other medical professionals named in this Application and the responsible officials thereof to furnish the ABOG such information as it may request to verify the accuracy of the information contained in this Application and of my medical professional history, and hereby agree to release and hold all such organizations harmless from any liability or damages for providing such information to the ABOG. This information may include, but is not limited to, academic, employment, achievement, performance, personal history, arrest and conviction records, as well as any other information pertaining to my professional credentials or history in the medical profession or my history, generally. I hereby authorize and direct such third parties to release such information upon request of the bearer of this Authorization or a counterpart thereof. I understand that the information released is for official use by the ABOG and may disclosed to such third parties as may be necessary in the ABOG's sole discretion in the fulfillment of the responsibilities of the ABOG. I hereby release and agree to indemnify and hold harmless any individual, person, organization, association or other entity including records custodians, as well as any corporation, partnership or other legal entity, from any and all liability for damages of whatever kind, character or nature whatsoever which may at any time result to

me or I may incur on account of compliance or any attempts to comply with this Authorization. Any third party furnishing information to the ABOG may rely upon a signed copy of this document as if it were an original. I specifically authorize the ABOG and its employees, officers, directors, agents and representatives, to the extent required by any federal, state or local law, ordinance or regulation, or by any lawful subpoena or other legal process served upon it or them, to reveal the facts of this or any other application I have submitted to it, the nature and results of any examination I have taken, and any other information regarding my professional standing, knowledge, qualifications and/or competence.

Reliance.
I understand that the ABOG is relying upon the accuracy of all of the information that I have supplied in this Application, although the ABOG is free to, and I expect that it will, independently attempt to verify the information contained in this Application. Nevertheless, I warrant that all of the information contained in this Application is true and correct and that no material omission has been made in the content of this Application. I understand that I do not have any right to submit this Application or take any examination for which I am applying and that this privilege has been afforded to me by the ABOG to submit such Application and to take such examination subject to the Articles, Bylaws, Resolutions, Rules and Regulations of the ABOG. I further acknowledge that nothing done by the ABOG in granting or denying this Application, allowing or disallowing me to take the examination, or the results of any such examination which I may take, prevent me from practicing medicine in the states in which I am so licensed.

Understanding.
I have read the contents of this Application and all of the terms, conditions and provisions contained herein. Further, I understand these terms, conditions and provisions and agree to be bound by them in consideration of the willingness of the ABOG to receive this Application and I hereby acknowledge that such consideration is sufficient and valid. I understand that in the absence of my agreement to these terms, conditions and provisions, the ABOG would not have received my Application nor, if my Application is accepted, allow me to take the examination for which I am applying.

Severability.
The terms, provisions, covenants and remedies contained in this Application shall be enforceable to the fullest extent permitted by law. If any such term, provision, covenant, or remedy of this Application or the application thereof to any person, association, entity, or circumstances shall, to any extent, be construed to be invalid or unenforceable in whole or in part, then such term, provision, covenant, or remedy shall be construed in a manner so as to permit its enforceability under the applicable law to the fullest extent permitted by law. In any case, the remaining provisions of this Application or the application thereof to any person, association, entity, or circumstances other than those to which they have been held invalid or unenforceable, shall remain in full force and effect.

ADA.
To request special examination assistance or a test modification during the examination due to a disability, documentation of the disability and specific accommodations requested will be required. Please mail/fax this documentation to the Board office no later than 90 days prior to the examination. The Board reserves the right to verify your disability. The Board will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the "Americans with Disabilities Act (ADA)". You are reminded, however, that "auxiliary aids (and services) can only be offered that do not fundamentally alter the measurement of skills or

knowledge that the examination is intended to test". (Americans with Disabilities Act, Public Law 101-334§309(b)(3)

Use of Third-Party Study Aids during MOC.
It has come to the attention of the American Board of Obstetrics & Gynecology ("ABOG") that certain companies are offering a service which allows you to pay a fee to receive summaries to the articles that are the basis of the ABOG's Annual Board Certification's ("ABC") test questions (the "test questions"). The ABC process is being carried forward under the new Maintenance of Certification ("MOC") program which commences on January 1, 2008. The articles assigned and test questions given under the ABC process are now given under the MOC as Part II of IV, "Lifetime Learning and Self-Assessment." The MOC program has been mandated by the American Board of Medical Specialties ("ABMS") and has been adopted by the ABOG as well as the other 23 member boards of the ABMS.

The purpose of this provision is to put you on notice that if you are or continue to utilize such services such as the ones listed above to answer the test questions, you will be in violation of the MOC's Professional Standing requirement. Additionally, beginning in 2008, the ABOG will require you to sign an updated attestation form which provides in principal that you certify to the ABOG that you have read each assigned article in its entirety and have not relied on or used any third party service to aid in answering the test questions.

The Board of the ABOG has determined that using these or similar services to answer the test questions or by falsely certifying to the ABOG that you have read the entire article without the aid of third party services is a violation of the Professional Standing requirement and ethical standards of the ABOG and will result in the loss of your Diplomate status.

If you are also a member of the American College of Obstetrics and Gynecology ("ACOG"), subscribing to these services can jeopardize your standing. The College has recently released the following statement to its members:

ACOG has recently been informed that commercial companies are offering to supply summaries of the Articles in the ABC exam of the American Board of Obstetrics & Gynecology (ABOG) for a fee. The purpose of the ABC exam is to fulfill the requirement of ABOG's Maintenance of Certification and to assure that the physicians are keeping up to date in our specialty and related areas. To accomplish these two goals, the physician is expected to read the entire article and complete the examinations. When this is accomplished, ACOG will award cognate (CME) credits. If the physician does not read the entire article and complete the exam personally, no CME credit can be given. When this process is not followed, any physician requesting credit will be in violation of ACOG's Code of Ethics and may be subject to disciplinary action by ACOG's grievance procedures. Penalties could include a range from warning to expulsion based on the findings of ACOG.

It is our mission to provide the public with the expertise it expects when hiring a board certified physician. Using any service which allows you to circumvent reading the assigned articles hurts your patients and the integrity of this Board.

Confidentiality.
All Examination materials are copyrighted by the American Board of Obstetrics and Gynecology, Inc. [herein ABOG]. Any disclosure of the questions or answers or their substance, in whole or in part, to any person, organization or entity, public or private, orally, in writing, or by other form of communication is strictly prohibited. In the event that the ABOG determines that any

unauthorized disclosure has been made by any person granted access to this examination, it reserves the right to refuse participation credit to such person or revoke its participation credit, if already granted, and, in addition, to seek monetary and injunctive relief in court, submitting to the exclusive personal jurisdiction and venue of a State District Court of Dallas County, Texas, and the United States District Court for the Northern District of Texas.

Release of Score

I understand that my results may be released to my program director by name.
I authorize the release of my examination score by name to my program director (if applicable).

Submit

Click the link below to review your application before submitting.
Application Summary PDF
Once you click submit, you cannot edit your application.

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.

Thesis 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 coauthors 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.

Thesis Submission Instructions

A copy of the completed thesis and 2025 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-GO-thesis
ABOG ID #-last name-CFP-thesis
ABOG ID #-last name-MFM-thesis
ABOG ID #-last name-URPS-thesis
Example: 9999999-Smith-REI-thesis

The 2025 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-GO-TA
ABOG ID #-last name-MFM-TA
ABOG ID #-last name-URPS-TA
ABOG ID #-last name-CFP-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 reacceptance. The thesis affidavit for a previously submitted thesis does not need to be resubmitted.

For questions about the thesis, please email applications@abog.org .

Case List

Case List Entry

All information for the case lists for the 2025 Subspecialty Certifying Examination must be entered online within the ABOG Case List Entry system. 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 in February of the year the candidate begins collecting cases. 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. 11 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 and Submission

The candidate must:

1. Collect cases between January 1 and December 31, 2024.
2. Meet the category requirements as listed in the Case Lists Content section for their subspecialty. If enough cases cannot be collected in a one-year period of time, the collection of cases may be extended to 18 months or 2 years. However, it may not include cases collected during fellowship.
3. Not include any case previously used on a prior case list for a Specialty or Subspecialty Certifying Examination.
4. Have the case lists certified by the appropriate personnel of the institution(s) in which the care was given.
5. 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).
6. Use standard English language nomenclature. The list of acceptable abbreviations can be found under ABOG Approved Abbreviations (Appendix A).
7. **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.

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 deidentification 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.

Case List Verification and Audit

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.

DIPLOMATE

American Board of Obstetrics and Gynecology

John Sample Doe, MD

HAS DEMONSTRATED TO THE SATISFACTION OF THIS BOARD
THE POSSESSION OF SPECIAL KNOWLEDGE, JUDGMENT, AND SKILLS IN

Obstetrics and Gynecology
and
Pediatric and Adolescent Gynecology

AND IS AN ACKNOWLEDGED DIPLOMATE. MAINTAINING CERTIFICATION REQUIRES YEARLY PARTICIPATION IN THE ABOG CONTINUING CERTIFICATION PROGRAM.

MAY 9, 2024

DIPLOMATE NO. 0000000P

President

Vice President

Division Director

Executive Director

Treasurer

April 22, 2024

Thomas J. Nasca, MD, MACP Chief
Executive Officer
Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, Il 60611 Dear

Dr. Nasca:

We are writing on behalf of the Obstetrics and Gynecology Pediatric and Adolescent Gynecology (PAG) community and the American Board of Obstetrics and Gynecology.

The Pediatric and Adolescent Gynecology GME and PAG professional society, North American Society of Pediatric and Adolescent Gynecology (NASPAG) have come together and voted to request that Pediatric and Adolescent Gynecology be considered for approval as a new subspecialty in OB GYN. The community has worked to grow the stature of the field, establish excellent fellowship training programs, and foster institutional divisions of Pediatric and Adolescent Gynecology in OB GYN departments. The GME community and the NASPAG members believe that the number of fellowship programs is sufficient and the field sufficiently mature to meet standards for designation as an OB GYN subspecialty.

In June 2023, the ABOG Board of Directors reviewed the requirements for subspecialty designation by ABMS and program accreditation by ACGME and voted unanimously to support the establishment of a new subspecialty in pediatric and adolescent gynecology. They observed that pediatric and adolescent gynecology represents a focused area of care within the field of obstetrics and gynecology that is sufficiently distinct in the science and application from general obstetrics and gynecology and furthermore, the codification of this subspecialty would advance the health of a cohort of women and children that warranted subspecialty designation. Thus, they appointed an ad hoc committee to help prepare both an ACGME and ABMS program applications with oversight and support of the ABOG.

We at ABOG acknowledge that Pediatric and Adolescent Gynecology has had a focused practice designation since 2018 with over 265 diplomates achieving this designation, however we have assessed that the focused practice designation has fallen short to provide relevance and value to the cohort of Pediatric and Adolescent gynecologists.

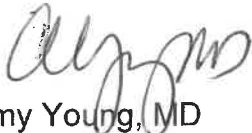
We believe that a Pediatric and Adolescent Gynecology subspecialty is beyond the curriculum and training in residency programs, is important to the quality and safety of care in OB GYN and will elevate the importance of pediatric and adolescent gynecology in our country.

2727 Laclede Street | Dallas, Texas 75204 | P: 214.871.1619 | F: 214.871-1943 | E: Info@bog.org | W: ABOG.org

The Pediatric and Adolescent Gynecology community and ABOG intend to apply to the ACGME for approval of a new subspecialty in Pediatric and Adolescent Gynecology and for accreditation authority by the Review Committee for Obstetrics and Gynecology. We seek your instructions on preparation of a formal application to the Board of Directors for consideration. The ABOG also intends to apply to the ABMS for approval of a new subspecialty within Obstetrics and Gynecology and authorization to develop standards for certification in Pediatric and Adolescent Gynecology.

Please free to contact any of us if you have any questions.

Sincerely,



Amy Young, MD
Executive Director

AY/mc