This form will allow you to save your responses and continue later. Please periodically save your responses by clicking the “Save and continue later” link located at the top of each following page to retain your work.

You will be asked to enter an email address, and a specific link to your answers will be sent to you.

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You may wish to designate SurveyGizmo.com as a “safe sender.”

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Contact Name
Sylvia Aziz

Contact Email Address
saziz@abog.org

Name of Sponsoring Board(s):
American Board of Obstetrics and Gynecology (ABOG)

1. Provide the name of the proposed area of focused practice:
Pediatric and Adolescent Gynecology (PAG)

2. State the purpose of the proposed area of focused practice and include the rationale for how this area of focused practice is different than a subspecialty, in two paragraphs or less:

Pediatric and Adolescent Gynecology (PAG) is an example of the development of focused practice within the specialty of Obstetrics and Gynecology. Over the past 40 years PAG has evolved as a field of practice when it was realized that pediatric surgical training did not typically teach pediatric or adolescent gynecological care while gynecologic training lacked sufficient pediatric and adolescent care. The field of PAG emerged when practicing pediatricians, gynecologic surgeons and pediatric surgeons at children's hospitals realized a clinical need for both medical and surgical expertise for pediatric and adolescent gynecologic patients and that these needs were best served by clinicians who had expertise in both pediatric and adolescent gynecology.

The evidence that the specialty of Obstetrics and Gynecology recognizes the need for PAG providers includes the following: (1) Development of fellowship and educational opportunities for the Obstetrician and Gynecologist to gain additional training and expertise, (2) North American Society for Pediatric and Adolescent Gynecology (NASPAG): an organization to aid in education for PAG with an annual CME conference, (3) CME credited activities and conferences focused on PAG, (4) Textbooks dedicated to PAG, (5) The Journal of Pediatric & Adolescent Gynecology is dedicated to PAG, (6) Council on Resident Education in Obstetrics and Gynecology (CREOG) resident educational objectives dedicated to PAG, (7) NASPAG curriculum for resident education in PAG, (8) Committee on Adolescent Health Care is an American College of Obstetricians and Gynecologists Committee dedicated to adolescent health, (9) Advanced surgical training in PAG, (10) Establishment of a NASPAG Fellows Research Consortium: a multi-centered, multidisciplinary research consortium about PAG, (11) NASPAG clinical recommendations, and (12) Establishment of national public health, quality and safety initiatives.
3. Focused practice usually falls under one of these areas. Please describe which of the following this application addresses.

   a. Evolving area of practice
   b. Area of practice limited in scope or size
   c. Specialized procedure

   a. Evolving area of practice - Creation of an area of focused practice in PAG would allow OB-Gyn Diplomates who have a special interest and training in the field to have access to continuous professional development that would allow them to maintain and improve their knowledge and skills. Due to the unique health care needs of the pediatric and adolescent gynecologic population, the rapidly growing body of knowledge regarding the care of this age group and the required advanced surgical skills standardization is desirable. For example, there continues to be new advances in correction of congenital anomaly reconstructive surgical procedures. Focused practice designation in PAG would also provide recognition by patients, credentialers, peers and other stakeholders of those obstetric and gynecology specialists who are adequately acquiring and maintaining these proficiencies.

   b. Area of practice limited in scope or size - A focused practice designation for those gynecologists caring for this subset of gynecologic patients would help to ensure improvement in patient care by further (1) developing maintenance of certification (MOC) requirements in the field of PAG; (2) establishing practice experience requirements; (3) establishing the means for demonstrating ongoing professional development in practice; and (4) developing an assessment of knowledge, judgment and skills in PAG.

4. Please outline the eligibility criteria required of candidates in the proposed area of focused practice, as it pertains to the following:

4a. Certification in a specialty or subspecialty by an ABMS Member Board:

   ABOG Diplomates in Obstetrics and Gynecology would be eligible to apply for focused practice in PAG.

4ai. If diplomates of multiple ABMS Member Boards would be allowed to apply for this area of focused practice, please list those Member Boards:

   Only ABOG Diplomates in Obstetrics and Gynecology would be allowed to apply for focused practice in PAG.

4b. What specialty and/or subspecialty certificate(s) will a diplomate be required to hold in order to be eligible for this area of focused practice?

   Diplomates must have primary certification in Obstetrics and Gynecology from the ABOG. Diplomates must also be meeting the ABOG Maintenance of Certification (MOC) program requirements.

4c. Clinical practice experience (both in terms of time and patient volume) in the area of focused practice, beyond initial training:

   An OB-Gyn Diplomate must have a minimum of three years of clinical practice experience with a focus in PAG. Those Diplomates who have completed a minimum of 12 months in a PAG fellowship program may count the length of their fellowship program towards the focused practice requirement. Diplomates must document clinical experience with a minimum of 100 gynecological patients under the age of 21 with an adequate breadth and diagnoses and must also document seeing patients under age 12 for gynecological care.

4d. Additional qualifications (if any):

   Diplomates must have completed a minimum of 20 AMA-PRA Category 1 CME credits in PAG or relevant pediatric surgery in the last three years.

5. With regard to Board-based assessment for candidates prior to awarding this area of focused practice, which assessment methods would be required? (Check all that apply)

   Examination (Written)
   Other (please specify): A 12 month case log will be required documenting a minimum of 100 gynecological patients under the age of 21 and must include patients under the age of 12.
5a. Please describe the rationale behind the method(s) required in the assessment process:

The ABOG formed a Pediatric and Adolescent Gynecology Committee comprised of physicians who have a PAG focused clinical practice. This joint committee of subject matter experts includes representatives from the American College of Obstetricians and Gynecologists (ACOG), the North American Society for Pediatric and Adolescent Gynecology (NASPAG) and the Society for Reproductive Endocrinology and Infertility (SREI). The committee determined the required minimum number of patients for each specific clinical category, as well as the types of surgical procedures that must be documented on the case log. This assessment process will ensure that a sufficient number of pediatric and adolescent gynecologic patients are seen for a Diplomate to meet the clinical requirements for the proposed focused practice designation.

Candidates for PAG designation will also be required to pass a written examination that will be developed by the PAG Committee. The examination will be administered at Pearson VUE Testing Centers. The test will be subjected to standard psychometric evaluation by the ABOG psychometrician.

6. Please outline the Maintenance of Certification (MOC) program planned for this area of focused practice:

All Diplomates with PAG focused practice designation must participate in the ABOG Maintenance of Certification (MOC) program. This continuous certification program will include specific requirements for PAG designees. Failure to complete all of the MOC requirements in any year will result in loss of PAG focused practice designation. Diplomates who currently hold non-time-limited certification in Basic Obstetrics and Gynecology who achieve PAG focused practice designation will be required to enter the MOC program and fulfill all of the yearly MOC requirements to maintain their PAG focused practice designation status.

During each year of a 6-year MOC cycle Diplomates with focused practice in PAG must meet the following MOC requirements:

1. Professionalism and Professional Standing:
   a. Those with medical staff privileges must have unrestricted privileges to practice in a hospital or institution.
   b. Must attest that a focus of practice is devoted to PAG.

2. Lifelong Learning and Self-assessment: Complete reading assignments in pediatric and adolescent gynecology and Basic Obstetrics and Gynecology, similar to the requirements for OB-Gyn subspecialists.

3. Assessment of Knowledge, Judgment and Skills: In Year 6 of each MOC cycle, the Diplomate must pass an MOC examination with one 50 multiple choice question selective in PAG and another 50 multiple choice question selective chosen by the Diplomate as most relevant to their practice. However, if the Diplomate is participating in the MOC Pilot Program integrating Part II and Part III and achieves the threshold requirement, the diplomat would be exempt from the Part III examination.

4. Improvement in Medical Practice: The Diplomate must participate in one of the American Board of Obstetrics and Gynecology options in MOC Years 1-5 each cycle. The Quality Improvement module or activities should be relevant to the practice of PAG.

7. Document the professional and scientific status of this area of focused practice by addressing (a) through (d) below.

7a. Please describe how the existence of a body of scientific medical knowledge underlying the proposed area of focused practice is in large part distinct from, or more detailed than, that of other areas in which certification or focused practice are offered:

There have been no fewer than 30 textbooks published that deal with PAG material in whole or in part. In addition, there have been more than 43,743 articles devoted to PAG subjects published in peer-reviewed journals since 1987.

In order to encourage research and address the need for quality data in the care of this unique population, the Journal of Pediatric and Adolescent Gynecology, the official journal of NASPAG, was first published in 1987 and covers basic science and clinical research in this area, addressing the distinctive gynecologic problems from birth through the early twenties.
7b. Explain how this proposed area of focused practice addresses a distinct and well-defined patient population and care need:

A growing body of research has shown that pediatric and adolescent gynecologic patients have a unique subset of medical concerns and response to medications and treatments as compared with the adult patient.

7c. Please provide information about the group of diplomates concentrating their practice in the area of focused practice, if known:

7ci. The projected number of such diplomates (along with the source(s) of the data):

We project that approximately 100 OB-Gyn Diplomates (specialists and subspecialists) will apply for the first focused practice written examination in PAG.

The sources of data include the following:

In an ABOG survey of Diplomates conducted in January 2017, 0.4 percent (specialists and subspecialists) self-reported themselves as having a focused practice in PAG.

The North American Society of Pediatric and Adolescent Gynecology (NASPAG), currently has more than 400 members, many of whom devote a substantial part of their clinical practice to PAG.

According to NASPAG, there are typically 10 fellows who annually graduate from PAG fellowships in North America. Currently there are 14 fellows in training. A total of 85 physicians have graduated from a PAG fellowship program to date. It is expected that most or all of these graduates will seek PAG focused practice designation.

7cii. The annual rate of change of such diplomates in the recent past and projected annual rate of change for the near future (along with the source(s) of the data):

There has been a continuous increase in the number of PAG fellowship training programs in North America over the past 13 years. The increase has been largely due to meet the needs to care for this patient population in association with children's hospitals in North America. According to the North American Society of Pediatric and Adolescent Gynecology (NASPAG), there were three PAG fellowship programs in 2004. This has increased to 13 fellowship programs in 2017. The two newest programs are at Harvard University and Tufts University. We project that the number of fellowship programs in PAG will continue to increase in the future, but the exact annual rate of change of such Diplomates is difficult to determine.

7ciii. The current geographic distribution of this group of diplomates, its projected spread in the next five (5) years, and an explanation of how you arrived at this projection:

According to the data from the North American Society of Pediatric and Adolescent Gynecology (NASPAG), the 13 North American PAG fellowship programs are predominantly associated with children's hospitals (see attached letter and www.naspag.org). It is likely that most PAG designees will practice in or near to a children's hospital.

7d. Please identify the existing national societies that have a principal interest in the area of focused practice:

- North American Society for Pediatric and Adolescent Gynecology (NASPAG)
- American College of Obstetricians and Gynecologists (ACOG)
- Council on Resident Education in Obstetrics and Gynecology (CREOG)
- Society of Reproductive Endocrinology and Infertility (SREI)
- Society for Adolescent Health and Medicine (SAHM)
- Society of Academic Specialists in Obstetrics and Gynecology (SASCOG)
7di. Indicate the existing national societies’ size and scope, along with the source(s) of the data:

- North American Society of Pediatric and Adolescent Gynecology (NASPAG) – 400 members. Source of data is from NASPAG.

- Council on Resident Education in Obstetrics and Gynecology (CREOG) – 11 member organizations. Source of data is from CREOG at www.creog.org.

- American College of Obstetricians and Gynecologists (ACOG) – 58,000 members. Source of data is from ACOG.

- Society of Reproductive Endocrinology and Infertility (SREI) – 7,900 members; 805 members identify themselves as focused practice in PAG. Source of data is from SREI.

- Society for Adolescent Health and Medicine (SAHM) – 1,200 members. Source of data is from SAHM.

- Society of Academic Specialists in Obstetrics and Gynecology (SASCOG) – 400 members. Source of data is from SASCOG.

7dii. Indicate the distribution of academic degrees held by their members, along with the source(s) of the data:

All designees must hold an MD or DO degree. Many PAG practitioners also hold additional degrees.

According to data from the North American Society of Pediatric and Adolescent Gynecology (NASPAG), the academic degrees held by fellows who have graduated from a PAG fellowship program include masters of public health and masters of science.

According to data from the American College of Obstetricians and Gynecologists, the Society of Reproductive Endocrinology and Infertility and the Society of Academic Specialists in Obstetrics and Gynecology, their members hold masters of public health, masters of science, Ph.D., masters of clinical research and masters of education degrees.
7diii. Indicate the relationship of the national societies’ membership with the proposed focused practice designation:

• North American Society for Pediatric and Adolescent Gynecology (NASPAG) – Establishment of 13 pediatric and adolescent gynecology fellowship programs in North America as well as common set of learning objectives, a Guide to Learning and case logs. The American Board of Obstetrics and Gynecology Committee on Pediatric and Adolescent Gynecology includes members from NASAG. They will serve as subject matter experts for the secured written examination to achieve focused practice designation in pediatric and adolescent gynecology.

• Council on Resident Education in Obstetrics and Gynecology (CREOG) – Recognizes the educational requirements for obstetrics and gynecology residents regarding the pediatric and adolescent gynecologic patient population and includes the educational objectives in this area as part of the CREOG objectives and the in-training examination for residents. Focused practice designation would allow programs to identify educators with a consistent knowledge base and expertise to teach trainees.

• American College of Obstetricians and Gynecologists (ACOG) – Recognizes the unique health care needs of the adolescent gynecologic patient population and formed a committee designed to improve adolescent physical, psychological, reproductive and sexual health and development. The Committee on Adolescent Health Care has liaisons with other organizations concerned with the care of adolescents, including the American Academy of Pediatrics, the American Academy of Family Physicians, the American Society for Colposcopy and Cervical Pathology, the Centers for Disease Control and Prevention, the Society of Obstetricians and Gynecologists of Canada, the Society for Adolescent Health and Medicine, and the Federal Maternal and Child Health Bureau. The American Board of Obstetrics and Gynecology Committee on Pediatric and Adolescent Gynecology includes members from ACOG. They will serve as subject matter experts for the secured written examination to achieve focused practice designation in pediatric and adolescent gynecology.

• Society of Reproductive Endocrinology and Infertility (SREI) – Recognizes the unique reproductive disorders and health care needs of the pediatric and adolescent gynecologic patient population. This society promotes excellence in reproductive health and science. The American Board of Obstetrics and Gynecology Committee on Pediatric and Adolescent Gynecology includes members from SREI. They will serve as subject matter experts for the secured written examination to achieve focused practice designation in pediatric and adolescent gynecology.

• Society for Adolescent Health and Medicine (SAHM) – Recognizes the unique health care needs of adolescents. This multidisciplinary society promotes the physical health, psychosocial health and well-being of adolescents via ongoing provider development, access to care, advocacy and research.

• Society of Academic Specialists in General Obstetrics and Gynecology (SASGOG) – Recognizes the unique health care needs of the pediatric and adolescent gynecologic patient population.

8. Please describe how the cognitive knowledge, clinical and interpersonal skills, professional attitudes, and practical experience of diplomates in this area of focused practice will be distinct from diplomates in other specialties, subspecialties, and areas of focused practice in terms of:

8a. Clinical competence:

Providers that practice pediatric and adolescent gynecology often have advanced surgical training in the management of pelvic masses and congenital anomalies in preadult females. This training is generally not offered in obstetrics and gynecology residency training, and these surgical skills require additional training in a fellowship or mentorship model. Pediatric and adolescent gynecologic providers often seek hospital privileges and credentialing outside the scope of the general practice of obstetrics and gynecology (i.e., performing surgical procedures on pediatric patients [under the age of 12] and congenital anomaly reconstruction including the creation of a neovagina).

8b. Scope of practice:

The field of pediatric and adolescent gynecology emerged when practicing pediatricians, gynecologic surgeons and pediatric surgeons at children’s hospitals realized a clinical need for both medical and surgical expertise for pediatric and adolescent gynecology patients and that these needs were best served by clinicians who had expertise in both pediatric and adolescent gynecology.
8c. Body of knowledge and skills:

Specialists in Obstetrics and Gynecology with a practice focused in PAG need to have advanced knowledge and proficient surgical skills regarding the care of this patient age group who have distinctive medical and surgical needs. These physicians must be skilled in a broad range of surgical techniques including but not limited to minimally invasive surgery in young children, management of complex reproductive anomalies, and interdisciplinary team-approach to reconstructive surgery. They must have advanced knowledge with complex conditions including but not limited to disorders of sex development, reproductive endocrinopathies, pediatric and adolescent gynecologic malignancies and fertility issues related to cancer treatment. Focused practice would create a continuous professional development program that would allow the Diplomate to maintain and improve acquired knowledge and optimize the decision-making skills in PAG.

9. For (a) through (e) below, please project the need for and the effect of the proposed new focused practice on the existing patterns of certification or other areas of focused practice. Please indicate how you arrived at your response.

9a. Please indicate whether there is any overlap between this area of focused practice and existing subspecialty certifications or other areas of focused practice.

To our knowledge, there is no concern of this area of focused practice for infringing on existing subspecialty certifications or other areas of focused practice either externally or internally.

9b. Please outline plans for evaluation of the impact of the proposed area of focused practice on your own programs of specialty and subspecialty certification and any other areas of focused practice:

Surveys will be utilized to evaluate the impact of the proposed area of focused practice in PAG on the ABOG specialty and subspecialty certification and other areas of focused practice.

9c. Please outline plans for evaluation of the impact of the proposed area of focused practice on other Member Boards’ programs of specialty and subspecialty certification and any other areas of focused practice:

We do not anticipate that the proposed focused practice in PAG will impact any other Member Boards.

9d. The impact of the proposed area of focused practice on practice, both existing and long-term, specifically:

9di. Access to care (please include your rationale):

Focused practice in PAG will have a positive impact in optimizing access to medical care and reducing disparities in access for this patient population. As obstetrician gynecologists achieve this focused practice designation, the distance this patient population will need to travel for medical care should be less. Focused practice designation would also allow obstetrics and gynecology residency training programs to identify educators with a consistent knowledge base and expertise to teach PAG.

9dii. Quality and coordination of care (please include your rationale):

The quality and coordination of care for this pediatric and adolescent patient population would be improved because the proposed area of focused practice would provide a continuous professional development program for diplomates to maintain and improve acquired knowledge as well as to improve and optimize decision-making skills in pediatric and adolescent gynecology.

9diii. Benefits to the public (please include your rationale):

The benefits to the public from the proposed area of focused practice would include improved patient access to care, improved quality of care, improved coordination of care with multi-specialists and decreased medical costs. Another possible benefit is an improvement in the trust that patients have in doctors and the healthcare system. Patient-centered orientation, cultural competency of the doctor and trustworthiness will affect access to care which benefits the public. Focused practice in PAG will also allow the public to be aware of this medical care opportunity for this special patient population.

9e. Please explain the effects, if known, of the proposed area of focused practice on:
9ei. Immediate costs and their relationship to the probable benefits (please indicate your methodology):

PAG designees will have the knowledge and capability to coordinate and provide appropriate medical and surgical care for young patients with gynecologic problems. This could potentially reduce over-all costs as the appropriate care will be provided initially.

9eii. Long-term costs and their relationship to the probable benefits (please indicate your methodology):

The proposed area of focused practice will prospectively decrease the long-term costs due to a probable increase in geographic distribution of qualified physicians as more fellowship programs expand. Diplomates' knowledge and capability to coordinate the appropriate medical and surgical care of these patients will likely be beneficial and decrease long-term costs.

9f. Please explain the effects if this area of focused practice is not approved:

If the proposed area of focused practice in PAG is not approved, it will have an absolute immediate and long-term negative impact for the American Board of Obstetrics and Gynecology and their diplomates. There are other obstetric and gynecologic groups that are interested in focused practice and non-approval of this area of focused practice would most likely drive them to an alternative board.

The ABMS-approved ABOG pilot program for focused practice in PAG began in 2017. MOC Part II has included PAG articles in the January and May releases. To date, 9878 Diplomates have chosen to read these articles and complete the test questions. Thus, a significant number of our Diplomates would find our MOC program not relevant and not pertinent to their practice if the focused practice was not approved.

10. Please indicate how the proposed area of focused practice will be evaluated periodically (e.g., every five years) to assure that the area of focused practice remains viable:

The ABOG will track the following:

1) The PAG fellowships and whether they continue to fill.
2) The number of Diplomates who apply for the PAG focused practice designation.
3) The MOC annual survey responses to see how many physicians identify their focus in practice as being PAG.
4) The number of Diplomates who choose PAG Part II MOC articles.

11. Please list key stakeholder groups from which ABMS may wish to solicit commentary on the proposed area of focused practice:

• North American Society of Pediatric and Adolescent Gynecology
• Society of Reproductive Endocrinology and Infertility
• Society of Academic Specialists in Obstetrics and Gynecology
• American College of Obstetricians and Gynecologists

To be completed for areas of focused practice for which formalized training is currently available to meet some of the requirements for clinical experience and patient volume:

12. Please provide the following information for those training programs that have a primary educational effort devoted to the proposed area of focused practice, along with their geographic locations and the source(s) of the data:
12a. Please list the names of training programs in the proposed area of focused practice:

The source data for the pediatric and adolescent gynecology fellowship programs is www.naspag.org.

1. Baylor College of Medicine, Houston, TX  
2. Boston Children's Hospital, Harvard Medical School, Boston, MA  
3. Cincinnati Children's Hospital Medical Center, Cincinnati, OH  
4. The Hospital for Sick Children, Toronto, Ontario Canada  
5. Norton Children's Hospital, University of Louisville School of Medicine, Louisville, KY  
6. Phoenix Children's Hospital, Phoenix, AZ  
7. Tufts Medical Center, Floating Hospital for Children, Boston, MA  
8. University of Alabama at Birmingham, Birmingham, AL  
9. University of Michigan, Ann Arbor, MI  
10. University of Missouri, Kansas City, The Children's Mercy Hospital, Kansas City, MO  
11. University of Ottawa, Ottawa, Ontario Canada  
12. MedStar Washington Hospital Center at Georgetown and Children's National Health Center, Washington, DC  
13. Washington University School of Medicine, St. Louis, MO

12b. Indicate the total number of trainee positions available currently (along with the source(s) of the data):

The North American Society of Pediatric and Adolescent Gynecology (NASPAG) states that there are currently 13 PAG training programs with 14 fellows. Eleven of the 13 programs participate in the National Residency Matching Program (NRMP) and all fellowship programs are based at institutions with Obstetrics and Gynecology residency training programs. Two of the PAG fellowship programs are in Canada and do not participate in the NRMP. For the most recent match, fellows had on average 4-5 offers for positions, leaving many positions vacant at academic institutions.

12c. Provide the number of trainees completing the training annually (along with the source(s) of the data):

According to the North American Society of Pediatric and Adolescent Gynecology (NASPAG), there are approximately 10 trainees who complete a PAG fellowship annually in North America. To date, the programs have graduated a total of 85 fellows.

12d. Organization(s) providing accreditation or oversight for training programs:

North American Society for Pediatric and Adolescent Gynecology (NASPAG)

13. How much additional clinical experience is required beyond training?

In order to qualify for a focused practice designation in pediatric adolescent and gynecology, a diplomate must meet the following criteria beyond initial training:

a. The physician must have been practicing pediatric and adolescent gynecology for a minimum of 3 years.

b. If a candidate has completed a pediatric and adolescent gynecology fellowship, the fellowship can count for up to 2 years of focused practice depending on the length of his/her fellowship training program.
Attachment A:

A copy of proposed application form for the candidates for this area of focused practice

6/23/2017
Pediatric and Adolescent Gynecology

Focused Practice

Did you completed a PAG fellowship? If YES, at which institution?

How many years was your PAG fellowship? When did you graduate?

Do you have a minimum of 3 years of practice with a focus of PAG? Completion of a PAG fellowship may count for up to 2 years of focused practice.

Have you completed a minimum of 20 AMA-PRA Category 1 CME credits in PAG or relevant pediatric surgery CME in the last 3 years?

Do you see patients under the age of 21? Do you see patients under the age of 12?

Pediatric and Adolescent Gynecology Case Log

Outpatient Office Procedures

Quantify office procedures in patients over a one year period less than 21 years of age. The applicant must perform at least 100 procedures per year.

Type of Procedure Age less than 12 Age 12 to 20

- Colposcopy
- Insertion of contraceptive implants
- Insertion of IUDs
- Lysis of adhesions
- Removal of hymenal band
- Vaginal irrigation
- Vulvar biopsy

Subtotal 000 Total: 000

Surgical Procedures

Over a one year period, how many of the following procedures have you performed on a patient less than 21 years old?

Type of Procedure Number of procedures

- Laparoscopy
- Laparotomy
- External genital tract procedures
Attachment B:

A written statement indicating concurrence or specific grounds for objection from each Primary and Conjoint Board having expressed related interests in the same field.
NOTE: To date, no other Primary and/or Conjoint Board has expressed interest in the focused practice in pediatric and adolescent gynecology.
Attachment C:

Written comments on the proposed area of focused practice from at least one (1) public stakeholder group
6/14/17

Dear American Board of Obstetrics and Gynecology Executive Leaders,

The North American Society for Pediatric and Adolescent Gynecology (NASPAG) is pleased to provide the following updates with regard to training Pediatric and Adolescent Gynecology fellows in North America. The most recent Pediatric and Adolescent Gynecology Fellowship Directors meeting occurred on April 20, 2017. At this meeting two new programs joined the group and will offer positions this year. Current statistics show that there are 10 fellows graduating from programs each year. There is a need to train these fellows as they are highly sought after for academic jobs in association with children’s hospitals. Because of the need, fellowship training programs have grown from 3 programs in 2004 to 13 programs in 2017. There are 14 fellows in training currently. Fellows have on average, 4-5 offers for positions, leaving many positions at institutions unfilled. To date, 85 physicians have graduated from Pediatric and Adolescent Gynecology Fellowship following completion of their OBGYN residency. Degrees held by fellow graduates include MD alone or MD in addition to MPH or MSc. There are 18-20% out of approximately 400 NASPAG members who identify themselves as experts in Pediatric and Adolescent Gynecology whose primary residency training was OBGYN.

Sources of data from program directors at the following institutions:
Baylor College of Medicine, Medstar Washington Hospital Center at Georgetown University and Children’s National Hospital, Norton Children’s Hospital (University of Louisville), Cincinnati Children’s Hospital, University of Ottawa, University of Toronto, University of Alabama, University of Missouri-Kansas City, Washington University- St Louis, Phoenix Children’s Hospital, University of Michigan

New Programs: Harvard University, Tufts University

We are pleased to offer you this update and look forward to continued communications regarding training programs in this field. NASPAG is a multidisciplinary organization whose mission is to provide multidisciplinary leadership, research and gynecologic care to improve the reproductive health of youth. This focused practice initiative is in line with our mission and is fully supported by our members as we strive for continuous professional development. This helps improve knowledge for our members, which translates into better care and improved outcomes for patients in this unique population. Please let us know if you need additional information from NASPAG.

Sincerely,

Jennifer E. Dietrich MD, MSc
NASPAG President

Donna Colavita
NASPAG Executive Director