Application for Subspecialty Certificate

(for a subspecialty new to the Boards Community)

Upon completion, please forward this application for a new or modified subspecialty certificate to Richard E. Hawkins, MD, ABMS President and Chief Executive Officer, in care of David B. Swanson, PhD, at dswanson@abms.org. If you need any assistance with the completion of this application, please contact Paul Lawlor, Manager, Program Review and services, at plawlor@abms.org.

Board: American Board of Obstetrics and Gynecology

Contact Name: George D. Wendel, M.D. Email: gwendel@abog.org Phone: (214) 871-1619

1. Provide the name of the proposed new or modified subspecialty certification:

Complex Family Planning

2. State the purpose of the proposed new or modified subspecialty certification in one paragraph or less:

The purpose of this new subspecialty certification is to improve women's health by increasing capacity for and access to specialized care in family planning, pregnancy prevention, and termination, and to reduce the occurrence of unintended pregnancy. Certification will ensure standards for education and training to create subspecialty expertise for the prevention and management of abnormal and unintended pregnancy. The new Obstetrics and Gynecology (OB GYN) subspecialty will advance academic and clinical excellence, policy and access in all forms of contraception and abortion. Certification will assure the public that the title 'Board Certified Complex Family Planning Subspecialist' indicates a proficient level of skill and knowledge has been attained and validated. Certification will raise the level of care for all women seeking complex family planning services by establishing best practices in clinical care, disseminating them to all settings caring for women seeking family planning care, and creating new knowledge in the field. A subspecialist in complex family planning will be capable of managing complex problems in pregnancy prevention, abnormal pregnancy, early pregnancy loss, and pregnancy termination and serve as a leader in the clinical application, research, and public policy aspects of contraception and abortion. Subspecialists will have unique skills and qualifications to care for women with complex and chronic medical conditions and women in vulnerable and underserved populations.

3. Document the professional and scientific status of this special field by addressing (a) through (e) below.

a. In the space provided, please describe how the existence of a body of scientific medical knowledge underlying the proposed new or modified subspecialty area is in large part distinct from, or more detailed than, that of other areas in which certification is offered:

The clinical **Fellowship in Family Planning** (FFP) program was started in 1991 by a nationally and internationally recognized leader in Family Planning at the University of California, San Francisco. Fellowships quickly grew to include departments of Obstetrics and Gynecology at Columbia University, Johns Hopkins University, University of Southern California, University of Pittsburgh, Emory University, Boston University, Northwestern University, and Oregon Health and Science University. The founding fellowship directors recognized the need for training, research, and health policy to advance women's reproductive health and create new generations of leaders dedicated to women's health. Leaders in the OB GYN subspecialty of Reproductive Endocrinology and Infertility (REI), which shifted its focus from contraception to assisted reproductive technologies such as *in vitro* fertilization, helped launch the fellowship to create a new subspecialty focused on contraceptive research and unintended pregnancy prevention and management. At the time, research related to abortion care delivery was limited, especially in the United States. The FFP program filled that void by developing leaders and scientific investigators.

Over the past 27 years, the FFP greatly expanded research in all aspects of contraception, pregnancy termination, and related areas, creating the evidence for professional standards in training students and residents, providing medical practice guidelines, and guiding policy decisions. Specifically, significant advances have been made in the science, safety, and efficacy of medical abortion,[1,2] the safety of second trimester surgical abortion,[3] and the development of and safely expanded use of intrauterine devices.[4,5,6,7] In all, FFP fellows have made a substantial contribution to the enormous increase in access to Long-Acting Reversible Contraceptives (LARC) in the U.S. over the last decade and to ensuring abortion services remain available for underserved patients and in restrictive political climates.

The academic **Society of Family Planning** (SFP) was formed in 2005. The SFP produces methodologically rigorous, evidence-based clinical guidelines on a variety of topics in family planning.[5] SFP negotiated with the journal *Contraception* to be the official journal of the SFP, providing a platform for peer-reviewed original research and clinical practice guidelines specific to contraceptive and abortion care as a distinct area for scientific investigation. The current and founding editors of *Contraception* are FFP directors, and the editorial board is largely composed

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[1] Goldberg AB, Greenberg MB, Darney PD. Misoprostol and pregnancy. *N Engl J Med*. 2001 Jan 4;344(1):38-47.

[2] Creinin MD, Darney PD. Methotrexate and misoprostol for early abortion. *Contraception.* Oct 1993;48(4):339-348.

[3] Goldberg AB, Fortin JA, Drey EA, Dean G, Lichtenberg ES, Bednarek PH, Chen BA, Dutton C, McKetta S, Maurer R, Winikoff B, Fitzmaurice GM. Cervical Preparation Before Dilation and Evacuation Using Adjunctive Misoprostol or Mifepristone Compared With Overnight Osmotic Dilators Alone: A Randomized Controlled Trial. *Obstet Gynecol.* 2015 Sep;126(3):599-609.

[4] Bednarek PH, Creinin MD, Reeves MF, Cwiak C, Espey E, Jensen JT, Post-Aspiration IUD Randomization (PAIR) Study Trial Group. Immediate versus delayed IUD insertion after uterine aspiration. *N Engl J Med.* 2011 Jun 9;364(23):2208-17.

[5] https://www.societyfp.org/Resources/Clinical-guidelines.aspx

of FFP directors, graduates, and researchers.

Since the launch of the fellowship, family planning experts have improved quality, safety, access, and availability of family planning, contraception, and abortion and promoted the health of women. Several texts published by the leaders of the proposed subspecialty are dedicated to complex family planning, including:

- The Clinical Guide to Contraception, Leon Speroff and Philip D. Darney
- Contraception for the Medically Challenging Patient, Rebecca Allen and Carrie Cwiak, Eds.
- Contraceptive Technology, Robert Hatcher, James Trussell, Anita Nelson, Willard Cates, Deborah Kowal, and Michael Policar
- Managing Contraception, Robert Hatcher, Mimi Zieman, Ariel Allen, Eva Lathrop, and Lisa Haddad
- Management of Unintended and Abnormal Pregnancy, Maureen Paul, E. Steve Lichtenberg, Lynn Borgatta, David A. Grimes, Phillip G. Stubblefield, and Mitchell D. Creinin
- Family Planning, A Global Handbook for Providers, World Health Organization

A PubMed search showed the following breadth of articles for the research areas common to complex family planning, indicating a thorough history of this field as a distinct area for clinical investigation. This search reflects articles published from 2008-present.

Abortion OR “Pregnancy Termination”	19,453
Contraception OR contraceptive	32,098
“Family planning”	8,496
“Medical abortion” OR “medication abortion” OR Mifepristone OR Misoprostol	3,953
Sterilization	12,057
“Long-Acting Reversible Contraceptives” or LARC	1,179
IUD OR IUS OR IUC OR “Intrauterine Device”	4,158
“Contraceptive counseling” OR “contraception counseling”	363

"Oral contraception" OR "Oral contraceptive" OR "Oral contraceptives"	7,457
"Hormonal contraception" OR "hormonal contraceptive" OR "hormonal contraceptives"	2,295
“Contraceptive implant” OR “implantable contraception”	257
“Natural family planning”	136
“Etonogestrel implant”	97
“Emergency contraception” OR “emergency contraceptive”	1,050

Since 2008, the FFP community has published 1,894 articles in peer-reviewed publications on contraception, abortion, and complex family planning topics. These include 12 publications in the *Lancet*, 11 in *New England Journal of Medicine*, 216 in *Obstetrics and Gynecology*, 95 in the *American Journal of Obstetrics and Gynecology*, and 636 in *Contraception*.

The **NIH Contraceptive Clinical Trials Network** (CCTN) was established in 1996 to support research on male and female contraception and to conduct clinical trials of new contraceptive drugs and devices. Fifteen of the 18 study sites are based in Family Planning Fellowship sites, run by fellowship graduates, all focused on the promotion of the safety and efficacy of contraception. Many of these principal investigators are also FFP program directors. This enhances trainees’ exposure to scientific research and supports the pipeline of future expert researchers.

The CCTN (https://www.nichd.nih.gov/research/supported/cctn) is managed through NICHD's Division of Intramural Population Health Research and includes 19 sites for clinical evaluation of new female contraceptives and two sites for male contraceptives. Sites are located at university research centers and medical centers across the country. The network is funded through contracts and utilizes a scientific advisory committee, composed of outside experts in the fields of basic and clinical contraceptive research, pharmacology, and epidemiology, to advise on research topics and directions. CCTN clinical field centers are selected for their capacity to conduct Phase I, II, and III trials of oral, vaginal, intrauterine, injectable, implantable, or topical contraceptive drugs and devices.

Family Planning subspecialists are actively engaged in disseminating the discipline’s expanding body of knowledge through numerous professional meetings. Their contributions are highlighted at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists (ACOG) where FFP graduates educate the ACOG specialist

community about the latest developments and emerging trends in contraception and abortion care. At the American Society of Reproductive Medicine (ASRM) annual meetings, the fellowship community has been a key contributor to a special session focused on contraception, furthering the collaborations with the REI basic scientists. The National Abortion Federation hosts a professional meeting each year focusing on clinical, safety, quality, and policy updates for physicians and other healthcare professionals. Fellowship graduates present emerging family planning research at the annual North American Forum on Family Planning meeting, a collaboration between the Society of Family Planning, Planned Parenthood Federation of America (PPFA), and Association of Reproductive Health Professionals (ARHP), which brings together domestic and global family planning experts. Fellowship graduates lead the National Medical Committee of Planned Parenthood Federation of America (PPFA) and promote the incorporation of the latest research and evidence-based care for PPFA's practitioners and clinics, thereby improving care for all segments of the population. Fellowship graduates now lead the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR) Abortion Surveillance and contribute to the CDC's and World Health Organization's (WHO) clinical standards in contraceptive and abortion care, [6,7,8] advancing women's health and pregnancy prevention with a special focus on the family planning needs of complex patient populations.

A core learning objective of Complex Family Planning is advocacy. FFP graduates champion evidence-based approaches to health care delivery systems, pregnancy prevention, and pregnancy terminations. FFP graduates are leaders in advocacy organizations and initiatives to improve access to comprehensive reproductive health care including teenage, vulnerable, and underserved populations. Complex family planning subspecialists provide not only the scientific evidence for testimony in state legislatures and pivotal lawsuits,[9] but also play an active role in discussions in the media related to family planning access and advocate for their patients in popular media outlets. [10,11,12,13]

For the past five years, the FFP has hosted an Academic Leadership meeting, attended by all leading OB GYN specialty, subspecialty, accreditation, and certification organizations, including pediatricians. The enthusiastic participation and outcomes, such as "A statement on abortion by 100 professors of obstetrics: 40 years later" published in the *American Journal of Obstetrics*

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[6] https://www.cdc.gov/mmwr/volumes/66/ss/ss6624a1.htm

[7] http://www.who.int/reproductivehealth/publications/family_planning/en/

[8] http://www.who.int/reproductivehealth/publications/unsafe_abortion/en/

[9] https://bioethicsarchive.georgetown.edu/pcbe/transcripts/sept08/prch_statement.pdf

[10] https://www.npr.org/sections/health-shots/2017/03/01/518000283/your-birth-control-is-working-better-or-at-least-failing-less

[11] http://www.sacbee.com/opinion/california-forum/article143114644.html

[12] https://www.washingtonpost.com/local/this-doctor-was-raised-to-believe-abortion-was-wrong-hes-now-an-advocate-for-reproductive-rights/2018/03/27/83e33376-31dd-11e8-8abc-22a366b72f2d_story.html?noredirect=on&utm_term=.773ffe4bd082

[13] https://www.vogue.com/article/house-votes-on-20-week-abortion-ban

and Gynecology, [14] confirm that the subspecialty of complex family planning is considered a core component of gynecologic and women's health care.

The **Kenneth J. Ryan Residency Training Program** in Family Planning and Abortion ("Ryan Program"), [15] a national initiative to integrate family planning into OB GYN residency training programs across the U.S., was successfully launched as a result of the FFP. Sixty-eight of the 90 Ryan Programs are currently directed by fellowship graduates. As a result, more than 5500 OB GYN residents have been prepared to care for common patient concerns and routine family planning needs, including uncomplicated contraception and first trimester medical and surgical abortion. Residency training prepares for future generalist practice, but it does not create expertise for meeting the needs of specific populations of medically complex women who are pregnant or in need of pregnancy prevention. While the ACGME requires "access to experience with induced abortion,"[16] this training can vary widely by program, is subject to individual participation (residents can opt out), may only include miscarriage or missed abortion management, and does not fulfill the needs of women with complex medical problems or more complex surgical cases. While most residents learn basic clinical skills, those who pursue complex family planning training do so to gain advanced clinical training, skills in research, advocacy, and an understanding of the public health impact of how health systems impede or improve access to care.

b. Explain how this proposed new or modified subspecialty addresses a distinct and definable patient population, a definable type of care need or unique care principles solely to meet the needs of that patient population:

Complex Family Planning subspecialists treat women who are pregnant or at risk of pregnancy, or have unintended, unwanted, and/or abnormal pregnancies and present with other health and potentially life threatening medical conditions. Although contraception and abortion services for healthy women may be safely provided by general OB GYN clinicians, subspecialists with special knowledge and skills are necessary for advanced gestations, complicated pregnancies, and acute or chronically ill patients.

The complexity of available abortion technologies and patient presentations, contraceptive, and early pregnancy care has created the need for skilled subspecialists. For example, the increasing cesarean delivery rate has led to changes in placentation that require specialized and advanced care. The increasing prevalence of obesity has made all surgical procedures more difficult, particularly those in the second trimester. The epidemic rise in substance abuse has changed the landscape of family planning and pregnancy termination treatment approaches. Preventing pregnancy in severely ill or substance-abusing women, or those with chronic diseases such as HIV/AIDS, is beyond the scope of practice of most OB GYN specialists. With

[14] http://www.ajog.org/article/S0002-9378(13)00261-5/abstract
[15] https://ryanprogram.org/
[16] http://www.acgme.org/Portals/0/PFAssets/ProgramResources/220_OBGYN_Abortion_Training_Clarification.pdf

increasingly refined diagnostic testing technologies and attendant diagnosis of fetal morbidity and mortality, the need for advanced knowledge and collaborations with Maternal-Fetal Medicine subspecialists is becoming essential in ensuring health and viability. The skills necessary to protect and promote a woman's health under these circumstances go beyond OB GYN specialist training and demand not only specialized skills, but an advanced understanding of pharmacokinetics and endocrinology which are incorporated into the learning objectives of the proposed subspecialty.

c. To provide COCERT with information about the group of physicians concentrating their practice in the proposed new or modified subspecialty area, please indicate the following:

i. The current number of such physicians (along with the source(s) of the data):

According to its national office, the FFP has graduated 270 OB GYN physicians. In addition, there are 59 current and 28 incoming fellows. There are an additional 50 OB GYN members of the Society of Family Planning who did not obtain training through the FFP but dedicate a significant proportion of their practice to complex family planning activities in teaching hospitals and private practice settings.

In addition, according to the ABOG Annual Maintenance of Certification (MOC) survey, an increasing proportion of OB GYNs have a focused practice in family planning:

Year	Diplomates responding to MOC survey	Percent with focused practice in family planning	Number of diplomates practicing family planning*
2015	2709	0.85%	298
2016	1363	0.95%	333
2017	1643	1.03%	361

*Estimate based on the 35,000 OB GYNs currently in MOC

ii. The annual rate of increase of such physicians in the past decade (along with the source(s) of the data):

Based on records from the FFP, the table below indicates the number of U.S. OB GYN Fellowship in Family Planning sites, including the number of graduates from these programs and percentage change by year.

Year	**Number of Fellowship Programs**	**Number of Fellowship Graduates**	**Annual rate of change**

2008	14	16	
2009	17	9	-56%
2010	20	16	+56%
2011	22	23	+36%
2012	23	24	+4%
2013	26	22	-9%
2014	27	24	+9%
2015	28	24	0%
2016	28	28	+15%
2017	29	31	+10%

*note: in some cases, there is not an exact correlation between the number of sites and graduates, often because a site may have two fellows graduate in a given year, or the fellow elected to extend their fellowship to a third year.

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

Nearly 80% of FFP graduates work in academic medical centers throughout the United States. According to the FFP Alumni Survey, graduates report working in 34 states, the District of Columbia, and six other countries. Of the U.S.-based graduates, there has been an excellent postgraduate geographic distribution with 28% based in the Northeast region, 12% in the Midwest, 19% in the South, and 34% in the West. Over the next five years, it is expected that graduates will continue to establish training and services in new teaching hospitals which currently do not have formal family planning training programs and continue to diversify geographically.

Graduates are filling clinical and educational needs across the country and advance the care of vulnerable and underserved populations. The continuing expansion of residency training in family planning through the Ryan Program will fuel the pipeline to increase the number of fellowship applicants who were inspired by their exposure to complex family planning in residency to seek advanced training in fellowship. We expect that over the next five years, graduates will continue to provide services in underserved areas, working in states in the Midwest and the South where the need for complex family planning services is high and in urban metropolitan areas which have a high number of patients with medically complex

needs.

d. For COCERT, please identify the existing national societies, the principal interest of which is in the proposed new or modified subspecialty area:

The SFP advances sexual and reproductive health through research, education, advocacy, and professional development.[17]

i. Indicate the existing national societies' size and scope, along with the source(s) of the data:

According to its membership records, the SFP has almost 800 members. Membership in the SFP is open to any qualified individual who is in good professional standing and has an interest in family planning demonstrated through post-doctoral training, a substantial clinical or laboratory practice, or academic presentations and publications within this field. This includes persons who conduct clinical, basic science, epidemiologic, social science, demographic, statistical, or related studies. The essential criterion for selection is continuing focus in the field of family planning.

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

According to the SFP internal membership records, members come from a range of fields, most commonly obstetrics and gynecology, followed by the social sciences, family medicine, and public health. A smaller number of members come from other fields such as adolescent medicine, nursing, midwifery, and pediatrics. The majority of members have an MD or DO as their highest degree (63%), followed by 20% with a doctorate and 11% with a master's degree. Less than 2% of members have a law degree, nursing degree, or bachelor's degree as their highest degree. More than one third of members are currently enrolled in or graduates of the FFP. Of those with an MD or DO as their highest degree, approximately 75% are OB GYNs.

iii. Indicate the relationship of the national societies' membership with the proposed new or modified subspecialty area:

Leaders of the FFP created the blueprint for the SFP in 2002. In 2004, the FFP created its first bylaws and constituted the SFP's Board of Directors. Over the last 14 years, the FFP and the SFP have continued to work together closely. The SFP administers clinical and research

[17] https://www.societyfp.org

grants to those participating in the FFP, both during and after their fellowship training. The FFP trainees and graduates present their research and clinical findings and are often key speakers at the SFP's annual conference. Additionally, the FFP trainees and graduates have led the development of clinical practice guidelines for the SFP. Currently, five members of the SFP's Board are FFP Directors. The SFP and the FFP continue to identify new ways to collaborate in the future.

e. For the entities described below, please provide the number of those who have a primary educational effort devoted to the proposed new or modified subspecialty area, along with their geographic locations and the source(s) of the data:

i. Medical schools:

<u>According to its national office, Fellowship in Family Planning sites are located in 28 medical schools in the U.S.:</u>

Albert Einstein College of Medicine, New York, NY
Boston University, Boston, MA
Columbia University, New York, NY
Emory University, Atlanta, GA
Harvard Medical School, Boston, MA
Johns Hopkins University, Baltimore, MD
Mount Sinai School of Medicine, New York, NY
New York University, New York, NY
Northwestern University, Chicago, IL
Oregon Health & Science University, Portland, OR
Stanford University, Palo Alto, CA
University of California, Davis, Sacramento, CA
University of California, Los Angeles, Los Angeles, CA
University of California, San Diego, San Diego, CA
University of California, San Francisco, San Francisco, CA
University of Chicago, Chicago, IL
University of Colorado, Denver, CO
University of Hawaii, Honolulu, HI
University of Michigan, Ann Arbor, MI
University of New Mexico, Albuquerque, NM
University of North Carolina, Chapel Hill, NC
University of Pennsylvania, Philadelphia, PA
University of Pittsburgh, Pittsburgh, PA

University of Southern California, Los Angeles, CA
University of Utah, Salt Lake City, UT
University of Washington, Seattle, WA
Washington University, St. Louis, MO
Yale University, New Haven, CT

ii. Hospital departments:

<u>According to its national office, Fellowship in Family Planning sites are located in 29 hospital departments in the U.S.:</u>

Albert Einstein College of Medicine, New York, NY
Boston University, Boston, MA
Columbia University, New York, NY
Emory University, Atlanta, GA
Harvard Medical School, Boston, MA
Johns Hopkins University, Baltimore, MD
Mount Sinai School of Medicine, New York, NY
New York University, New York, NY
Northwestern University, Chicago, IL
Oregon Health & Science University, Portland, OR
Stanford University, Palo Alto, CA
University of California, Davis, Sacramento, CA
University of California, Los Angeles, Los Angeles, CA
University of California, San Diego, San Diego, CA
University of California, San Francisco, San Francisco, CA
University of Chicago, Chicago, IL
University of Colorado, Denver, CO
University of Hawaii, Honolulu, HI
University of Michigan, Ann Arbor, MI
University of New Mexico, Albuquerque, NM
University of North Carolina, Chapel Hill, NC
University of Pennsylvania, Philadelphia, PA
University of Pittsburgh, Pittsburgh, PA
University of Southern California, Los Angeles, CA
University of Utah, Salt Lake City, UT
University of Washington, Seattle, WA
Washington Hospital Center, Washington DC

Washington University, St. Louis, MO
Yale University, New Haven, CT

iii. Divisions

<u>According to its national office, 24 Fellowship in Family Planning sites have Divisions of Family Planning:</u>
Albert Einstein College of Medicine, New York, NY
Boston University, Boston, MA
Columbia University, New York, NY
Emory University, Atlanta, GA
Harvard Medical School, Boston, MA
Johns Hopkins University, Baltimore, MD
Mount Sinai School of Medicine, New York, NY
New York University, New York, NY
Northwestern University, Chicago, IL
Stanford University, Palo Alto, CA
University of California, Davis, Sacramento, CA
University of California, Los Angeles, Los Angeles, CA
University of California, San Diego, San Diego, CA
University of Chicago, Chicago, IL
University of Colorado, Denver, CO
University of Hawaii, Honolulu, HI
University of New Mexico, Albuquerque, NM
University of North Carolina, Chapel Hill, NC
University of Pennsylvania, Philadelphia, PA
University of Utah, Salt Lake City, UT
University of Washington, Seattle, WA
Washington Hospital Center, Washington DC
Washington University, St. Louis, MO
Yale University, New Haven, CT

Many other departments have divisions of family planning, including several Ryan Residency Training Programs.

iv. Other (please specify)

Most large urban areas have networks of family planning clinics funded by Title X grants

through the Office of Population Affairs. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. Title X is designed to prioritize the needs of low-income families or uninsured people who might not otherwise have access to these health care services at reduced or no cost. Several of the fellowship sites are recipients of this funding and contribute to the care of vulnerable populations working in large healthcare systems. These funds are distributed by the **National Family Planning and Reproductive Health Association** (NFPRHA), for whom many in the FFP community are consultants. Complex family planning subspecialists take referrals from these clinics for medically complex patients.

Additionally, many pediatric hospitals have specialized adolescent health clinics which focus largely on family planning.

4. **Please list the number and names of institutions providing residency and other acceptable educational programs in the proposed new or modified subspecialty area:**

<u>The Family Planning Fellowship has programs in 29 U.S. OB GYN academic medical centers:</u>

Albert Einstein College of Medicine, New York, NY
Boston University, Boston, MA
Columbia University, New York, NY
Emory University, Atlanta, GA
Harvard Medical School, Boston, MA
Johns Hopkins University, Baltimore, MD
Mount Sinai School of Medicine, New York, NY
New York University, New York, NY
Northwestern University, Chicago, IL
Oregon Health & Science University, Portland, OR
Stanford University, Palo Alto, CA
University of California, Davis, Sacramento, CA
University of California, Los Angeles, Los Angeles, CA
University of California, San Diego, San Diego, CA
University of California, San Francisco, San Francisco, CA
University of Chicago, Chicago, IL
University of Colorado, Denver, CO
University of Hawaii, Honolulu, HI
University of Michigan, Ann Arbor, MI
University of New Mexico, Albuquerque, NM
University of North Carolina, Chapel Hill, MC
University of Pennsylvania, Philadelphia, PA

University of Pittsburgh, Pittsburgh, PA
University of Southern California, Los Angeles, CA
University of Utah, Salt Lake City, UT
University of Washington, Seattle, WA
Washington Hospital Center, Washington, DC
Washington University, St. Louis, MO
Yale University, New Haven, CT

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

According to the FFP national office, there is one position per year per site, for a total of 29 fellows per year or 58 U.S. OB GYN fellows at a time.

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

According to the FFP national office, there is one position per year per site, for a total of 29 U.S. OB GYN fellows graduating each year.

c. Describe how the numbers of training programs and trainees are adequate to:

i. Sustain the area of subspecialization:

According to the FFP national office, each year the number of FFP applicants is greater than the number of open positions.

Year	Number of Applicants	Number of Fellowship positions
2017	43	28
2016	37	27
2015	36	29
2014	30	28

2013	31	29
2012	30	24
2011	26	25
2010	28	22
2009	36	19

The 29 current OB GYN FFP fellowship sites produce graduates who accept positions as family planning subspecialists in academic medical centers, women's health clinics, and the CDC in the U.S. A small number of graduates work in the global arena as medical directors and consultants for non-profit organizations. As the requests for complex family planning experts continue to increase, available FFP graduates cannot keep pace in filling the positions.

As the number of Ryan Residency Training Programs OB GYN graduates continues to increase, more trainees will likely be interested in pursuing subspecialty training. It is likely that ACGME accreditation will increase the number of fellowship programs providing training to help fill this gap.

ii. Allow for a sustained critical mass of trainees necessary for trainee testing validity and training program accreditation:

The number of applicants has increased over time, as shown in question 4.c.i. The current number of graduating fellows (29 annually) exceeds those of other subspecialties belonging to other ABMS Boards, and those numbers have been sufficient to ensure testing validity and program accreditation. In addition, the approval of ABMS and ACGME certification will enhance interest, and the threshold of a sample of near 30 should be reasonable to expect a valid analysis of certification testing and program accreditation based upon a normal distribution.

5. Please provide the number and type of additional educational programs that may be developed based on this proposed new or modified subspecialty area. Please indicate how you arrived at that number:

The majority of current OB GYN departments with Ryan Residency Training programs, which focus on institutional training in contraception and abortion for OB GYN residents, have indicated interest in establishing a fellowship in Complex Family Planning program in their

institutions. The data from the FFP suggests this number will be 30-40 sites. Each year, there are an average of five new Ryan Residency programs approved (currently at 90 OB GYN accredited residency training programs), which lays the groundwork for demand for future fellowship sites and training.

6. **Please provide responses to (a) through (d) below regarding the duration and curriculum of existing programs:**

   a. **The goals and objectives of the existing programs:**

The first FFP *Guide to Learning* was developed in 2002 to establish formal learning expectations for all fellowship graduates and is revised every three to four years. This document is currently undergoing another revision with anticipated publication in summer 2018 based on newly developed milestones focusing on knowledge, skills, and abilities that are above the level of an OB GYN residency program graduate.

From the *Guide to Learning* (2014), "the family planning specialist is expected to have advanced knowledge in all methods and aspects of contraception and uterine evacuation, including abortion. She or he must be clinically competent in all aspects of contraception, including sterilization, and methods of pregnancy termination and be able to serve as a consultant to other obstetricians and gynecologists and generalists in areas of reproductive health. The Fellow should obtain expertise in the methods of basic and clinical research so that she or he can serve as a leader in promoting the science and application of fertility regulation."

Existing programs require 24 months of training. Attached are the *Guide to Learning* (2014) and *General Requirements* (2014), which outline program guidelines and overall expectations. There are research and clinical requirements as well as the expectation of knowledge about health advocacy and family planning service delivery in low-resource global or domestic settings.

Currently, fellowship time can be allotted as follows:

- Up to 60% clinical experience
- Up to 40% academic/scholarship experience: includes research, advocacy, and low-resource setting requirements
- Up to 10% elective experience

   b. **The expected competencies that will distinguish this subspecialist from other subspecialists in the areas of cognitive knowledge, clinical and interpersonal skills, professional attitudes and practical experience:**

See attached Competency Checklist used for fellowship graduation, as well as the draft of the FFP milestones which are currently undergoing Delphi process review and will be

finalized by summer 2018.

c. The scope of practice:

A subspecialist in complex family planning is trained to manage complex problems in pregnancy prevention, fertility regulation, and termination of pregnancy and also serves as a leader in the clinical application, research, and public policy aspects of contraception and abortion. Beyond the skills of residency graduates, these subspecialists engage in complex decision making as well as the medical and surgical care of high-risk women, pregnancies with lethal fetal anomalies, and life-threatening maternal complications or comorbidities. Working in large health systems, public health agencies, and institutions, these subspecialists serve as CMOs and medical directors.

d. The body of knowledge and clinical skills required and whether it is broad enough to require at least 12 months of training:

See attached *Guide to Learning* (2014). The fellowship includes clinical, educational, and research components, and has been a successful program fulfilling all educational requirements within a 2-year timeframe for 25 years. The broad clinical training includes counseling, screening, diagnosis, ambulatory patient care, management of complications, and technical and surgical skills.

7. Please provide a projection and the methodology used for the projection of the annual cost of the required special training:

Like other subspecialties, fellow salary, benefits, and malpractice insurance are required costs. Research costs average $15,000 per fellow, with $5,000 for a low-resource setting placement, and funding for methodological coursework, which can range to up to $60,000.

For the average fellow to complete two years of training with all required components, the likely cost is $240,000-$280,000. These expense estimates are comparable with the other four ABOG subspecialty fellowships.

a. As the sponsoring Member Board, do you have, or access to, the resources to conduct a regular certification and MOC program in this specialty?

Yes. The ABOG currently administers four other subspecialty certification and MOC programs. We have the resources to add Complex Family Planning. The ABOG Bylaws will create a Division of Complex Family Planning that will manage and oversee standards for certification, certification examination development, and the continuing certification requirements and activities for the new subspecialty.

b. Do you plan to ask for ACGME accreditation for this new program?

Yes. A Letter of Intent was sent to the ACGME Board of Directors on January 30, 2018. The FFP and ABOG will complete an application to the ACGME requesting approval for the Review Committee for Obstetrics and Gynecology to accredit fellowship programs in Complex Family Planning this year.

c. If these programs are not accredited by the ACGME, please document the accrediting body for this program and whether you have the resources to review these programs in a fashion comparable to ACGME.

The accreditation of the current family planning fellowships will shift from the FFP to the ACGME. ACGME accreditation for training will be required, as is the case with the other four ABOG subspecialties. The transition of OB GYN fellowship accreditation from ABOG to ACGME was completed recently in the 2017-18 academic year. The ABOG does not believe it is appropriate to review these programs directly.

There are currently 245 OB GYN subspecialty fellowship programs accredited by the ACGME:

- Female Pelvic Medicine and Reconstructive Surgery: 51 programs
- Gynecologic Oncology: 56 programs
- Maternal-Fetal Medicine: 88 programs
- Reproductive Endocrinology and Infertility: 50 programs

8. Please outline the qualifications required of applicants for certification in the proposed new or modified subspecialty area, as it pertains to the following:

a. Possession of an appropriate medical degree or its equivalent:

Applicants must be either a Doctor of Medicine or a Doctor of Osteopathy.

b. General certification by an approved primary specialty Board:

Fellows must have successfully completed an ACGME-accredited residency in Obstetrics and Gynecology and be eligible for initial certification in Obstetrics and Gynecology by the ABOG.

Complex Family Planning subspecialty certification will require initial certification in the specialty of Obstetrics and Gynecology.

i. Will diplomates from other ABMS Member Boards be allowed to apply for this subspecialty certificate?

YES / NO

No. There currently are no plans to offer subspecialty certification to diplomates from other ABMS specialties.

If "yes," but only specific ABMS Member Board diplomates would be allowed to apply for this subspecialty certificate, please list those Member Boards:

If "yes," would you require diplomates to maintain their primary certificate?

YES / NO

c. Completion of specified education and training or experience in the subspecialty field:

The candidates will be required to complete a 24 month ACGME-accredited fellowship, which will include a requirement for scholarly activity. The candidates will be required to meet the contemporary requirements for attainment of Milestones of Competency and verification by the fellowship program director of the ability to practice Complex Family Planning independently and without supervision.

Similar to the certification standards for the other four ABOG subspecialties, the candidate will be required to meet clinical training and research standards. Current plans include the following requirements in 24 months based on the recent FFP training and proposed ABOG certification standards:

1. A minimum of 12 and up to 18 months of clinical complex family planning experience
2. A minimum of 6 months of protected time for research experience
3. Up to 6 months of electives in additional clinical experience; research; advocacy; or public health, vulnerable, or underserved population service.

The fellow must design and conduct a study with division mentorship that produces a thesis during the fellowship. The thesis must be a scholarly work that is related to the field of family planning and meet the thesis requirements outlined for all ABOG subspecialty certification (attached). The thesis should be completed and presented to the Complex Family Planning division faculty before graduation from the fellowship program.

For the first three years of the subspecialty's certification and accreditation, there will be two additional pathways to certification:

1. Senior physicians who have not completed an FFP fellowship but who have focused their practice on complex family planning and are able to sufficiently document that a significant amount of their clinical time is devoted to complex family planning will be eligible to take the qualifying (computer-based) and certifying (oral) examinations

(discussed below).

2. Physicians who have completed the FFP before accreditation by the ACGME will be eligible for certification. These candidates will need to take the qualifying and certifying examinations to achieve subspecialty certification.

After the first three years of the subspecialty's accreditation and certification, procedures will be identical to the other four ABOG subspecialties. This means that certification must be achieved within eight years of completion of their training. If certification is not achieved within eight years, the physician no longer will be eligible to apply for either the qualifying or certifying subspecialty examination unless additional subspecialty training is completed.

d. Additional qualifications:

A candidate must hold an unrestricted license to practice medicine in all states or territories of the United States or Canada in which the candidate holds a medical license. Licenses that have been revoked, suspended, or are on probation, or are subject to restrictions of any type are considered to be restricted. A candidate must also hold full and unrestricted privileges to practice Complex Family Planning in each institution, hospital, and/or medical center in which the candidate has medical staff membership or clinical privileges.

Any candidate must also be of good moral and ethical character and have shown appropriate medical professionalism in all interactions with patients, peers, and other medical personnel. A felony conviction, even if unrelated to the practice of medicine, will be considered evidence of failure to meet this standard.

9. Please describe how candidates for certification in the proposed new or modified subspecialty area will be evaluated. In your response, include a description of the method(s) of evaluation (e.g., written, oral, simulation) and the rationale behind the method(s) used in the evaluation process:

It is expected that certification standards and processes will be very similar to those currently used by the four other ABOG subspecialties. The process for subspecialty certification will have a Qualifying Examination (QE) at the end of training and then a Certifying Examination (CE) after a minimum of 1 year of independent practice.

Fellows who successfully complete their 24 month training may apply for the certification process. Once their application has been reviewed and approved, they will be eligible for the QE, which will be administered at computer testing sites throughout the United States. The QE will be a comprehensive clinical assessment of knowledge and judgment in the field of Complex Family Planning.

After the candidate has passed the QE, the candidate is eligible for the CE. After application review and approval, the candidate will be required to submit his or her thesis and a 1-year case list of patients for whom they provided care. The CE will be a three-hour comprehensive oral examination by a team of examiners of the candidate's knowledge, judgment, skills, and clinical practice in the field of Complex Family Planning. The candidate will also be examined on his or her research and thesis as part of the CE.

10. For (a) through (d) below, please project the need for and the effect of the proposed new or modified subspecialty certification on the existing patterns of subspecialty practice. Please indicate how you arrived at your response.

a. How the Member Board will evaluate the impact of the proposed new or modified subspecialty certificate:

i. On its own primary and subspecialty training and practice:

Many OB GYN certified specialists (also referred to as generalists) currently perform family planning in their practice, including contraception and abortion services. Those who subspecialize in Complex Family Planning will not be looking to take over routine care well-met by existing OB GYNs' scope of practice in most settings. Instead, these subspecialists will be able to meet the needs of those women with advanced gestations, complicated pregnancies, and acute or chronic illness. Complex Family Planning subspecialists will also likely focus their practices in academic and low-resource settings and with vulnerable and underserved populations.

These subspecialists will be able to provide education and training to medical students, residents, fellows, and advanced practitioners in family planning and set standards for care, which increases the effectiveness of other OB GYN specialists and subspecialists while decreasing cost of care.

There is some concern that offering a two-year subspecialty when the other four subspecialties are typically three years in length may encourage some residents considering multiple subspecialty options to select the shorter fellowship. Residents, however, are already choosing to pursue the two-year fellowship without a current process of certification, and the number of applications exceeds the number of available positions. Therefore, it is unlikely that this new subspecialty will impact interest in other subspecialties. Regardless, we will continue to track the number of new fellows in other subspecialties to ensure the new subspecialty does not have a negative impact on incoming fellows.

ii. On the primary training and practice of other Member Boards:

The Complex Family Planning subspecialty should not have any impact on the primary

training and practice of other Member Boards. The majority of current uncomplicated family planning patient care is done by OB GYN specialists, and ABOG has no knowledge of any significant conflict with current training or care provided by other Boards.

There may be some overlap of training and practice with ABP Pediatric Adolescent Medicine and ABFM Family Medicine, as both specialties provide some uncomplicated family planning care to women. The overlaps of training and practice, however, are more related to family planning provided by OB GYN specialists rather than the advanced family planning provided by the proposed subspecialists. The proposed new subspecialty will not create any new or increase any existing conflicts with training requirements or scope of practice.

b. The *value* of the proposed new or modified subspecialty certification on practice, both existing and long-term (in health care, *value* is typically defined as *quality* divided by *cost*), specifically:

i. Access to care (please include your rationale):

Family planning is a pivotal aspect of women's health care and an important consideration in each woman's life. In the United States, the average desired family size is two children. To achieve that family size aspiration, women spend about three years pregnant, postpartum, or trying to become pregnant, and three decades—more than three-quarters of their reproductive lives—trying to avoid pregnancy.[18] In 2014, of the 67 million U.S. women of reproductive age (13–44), more than half (38 million) were in need of contraceptive services and supplies; that is, they were sexually active and able to become pregnant, but were neither pregnant nor trying to become pregnant.[19]

Nearly half of all pregnancies in the United States each year—almost three million—are unintended.[20] Almost half of these will end in abortion, and one in three women will have an abortion in her lifetime. In 2011, most abortions (64.5%) were performed by ≤8 weeks' gestation, and nearly all (91.4%) were performed by ≤13 weeks' gestation. Few abortions were performed between 14–20 weeks' gestation (7.3%) or at ≥21 weeks' gestation (1.4%).[21] Serious complications from abortion are rare, but when they do occur rapid diagnosis and expert management are critical for the woman's health and future fertility.[22]

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[18] Sonfield A, Hasstedt K and Gold RB, *Moving Forward: Family Planning in the Era of Health Reform*, New York: Guttmacher Institute, 2014.

[19] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update*, New York: Guttmacher Institute, 2016.

[20] Finer LB and Zolna MR, Declines in unintended pregnancy in the United States, 2008–2011, *N Engl J Med*, 2016, 374(9):843–852.

[21] https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6311a1.htm

[22] Upadhyay UD, Desai S, Zlidar V, Weitz TA, Grossman D, Anderson P, Taylor D. Incidence of emergency department visits and complications after abortion. Obstet Gynecol. 2015 Jan; 125(1):175-83.

In 2014, there were 17% fewer abortion clinics than in 2011, and 39% of women of reproductive age resided in a county without an abortion provider. In 2017, 25 states had five or fewer abortion clinics, and five states had only one abortion clinic. In addition, approximately 17% of women travelled more than 50 miles to obtain an abortion. The growth and spread of well-trained family planning subspecialists will enhance the future of women's access to healthcare and comprehensive family planning services. The National Academies of Sciences, Engineering, and Medicine's (NAM) report on "The Safety and Quality of Abortion Care in the United States" concluded that a woman's access to safe abortion depended largely on where she lived.[23] Subspecialists and the care, academic training for OB GYN generalists, and research they provide are needed to increase access to high quality care.

Maternal health has significantly improved in the 21st century, but in the United States maternal mortality has risen because many women suffer severe complications during pregnancy. An increasing number of pregnant women in the United States have chronic conditions such as high blood pressure, diabetes, or heart disease that may put them at risk of pregnancy complications or death.[24] The Centers for Disease Control and Prevention publish the Contraceptive Medical Eligibility Criteria and the Selected Practice Recommendations which guide physicians and other providers in their contraceptive practices and address the need of complex patient populations. [25,26] The Family Planning subspecialists can play a critical role in both the management and primary prevention of unplanned, unwanted, or medically complex pregnancies, or pregnancy termination when it poses a risk to maternal life and health. This results in both health and economic benefits.

The recent publication of the NAM report on "The Safety and Quality of Abortion Care in the United States" specifically acknowledges the work of the Fellowship in Family Planning and the complementary resident training program launched by the Fellowship (the Kenneth J. Ryan Residency Training Program) for making significant contributions to the safety of and access to abortion care. [27] A substantial portion of the research cited in the report was conducted by the FFP community, now in its 27th year**.**

Though abortion is a common procedure and the majority of women will use contraception during their lifetime, there is a specific sector of the population of women with pregnancies too advanced or with medical issues too complex to be seen by an OB GYN specialist. Identification of certified complex family planning subspecialists will increase access to care for these vulnerable populations.

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[23] http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=24950

[24] https://www.cdc.gov/chronicdisease/resources/publications/aag/maternal.htm

[25] https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html

[26] https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html

[27] https://www.nap.edu/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states

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

Research produced by family planning subspecialists has dramatically increased the safety of all forms of contraception and abortion. Over the last 25 years, research into the safety and development of abortion methods, pain control, patient preferences, counseling, post-abortion and postpartum contraception, and miscarriage management has improved patient care and safety.

According to the NAM report,[28] the work and contributions of the FFP play an important role in both safety and quality of care. For example, dilation and evacuation (D&E) abortion, which is largely performed by subspecialist-trained OB GYNs, is shown to have fewer complications, take less time, be less painful for the patient, and cost less than the alternative of labor induction. When graduates of the Fellowship are hired by teaching hospitals, they bring these unique skills to the OB GYN department and often work closely with other subspecialists to offer the option of a D&E termination to their patients if needed.

All of the FFP program sites have complex contraception clinics or referral systems. Housed within teaching hospitals, the subspecialty physicians are available to consult with or to see inpatient and outpatient medically complex women at risk for pregnancy. Partnerships with cardiology, neurology, bariatric surgery, oncology, pediatrics, and other specialties have yielded collaborations to ensure the best care for women with complex medical and surgical histories.

The spread of complex family planning-trained experts throughout the country with built-in national referral networks facilitates rapid care coordination for women in need of subspecialist care. Certification of Complex Family Planning-trained subspecialists will increase both the visibility of the subspecialty and the credibility of subspecialists within their institutions, enhancing opportunities for rapid referral and care coordination.

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

Healthy women create and maintain healthy families. With our modern healthcare innovations, no woman or her family should have to suffer morbidity or mortality as a result of an unsafe or unintended pregnancy. Access to family planning services improves women's lives, women's economic security, and women's mental and physical health, all of which benefit the public. Leaders in Complex Family Planning drive scientific advancement, conducting and publishing research that impacts women's health and healthcare. Every public dollar invested in family planning saves $7 that would otherwise be spent on other public health services.[29] The visibility

[28] http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=24950

[29] https://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/MQ-Frost_1468-0009.12080.pdf

and prestige of a subspecialty credential for complex family planning physicians will increase provider referrals, meaning that the women most in need of these services will receive higher quality, more timely care, benefiting both their own health and the health of their families.

Teen pregnancy rates continue to decline,[30] but the cost of teenage births to taxpayers is still high, estimated at $9.4 billion in 2010.[31] Collaborations with pediatric specialists and academic organizations will increase access to care, sex education, birth control, and abortion care services in geographically diverse regions. These partnerships will help to strengthen teen pregnancy prevention research and advocacy and lower these costs in the future. Collaborations through the Annual Academic Leadership meeting hosted by the FFP with representatives of pediatric societies and other subspecialties enhance the opportunities to reduce teen pregnancy in the U.S. and address other aspects of women's reproductive health. The increase in contraceptive use and decrease in the overall number of abortions and teen pregnancy are testament to the FFP's contributions.

c. **Please explain the effects of the proposed new or modified subspecialty certification on:**

i. **Immediate costs and their relationship to the probable benefits (please indicate your methodology):**

Family Planning fellowships have been in existence since 1991, and several new programs are already established. Despite the rapid growth in the program, there has been no evidence of significant cost to the healthcare system. As in other fellowships, there will be costs associated with salary, benefits, and malpractice insurance for the fellows. The administration in the existing programs is already in place, and similar costs for any future programs can be assumed. In addition to these costs and the costs for research and coursework (as described in Question 7), programs will pay an annual ABOG Subspecialty fellowship registration fee of $1200.

The immediate benefits provided by the program will more than offset these costs. A certification in the subspecialty immediately assures the public that a proficient level of skill and knowledge has been attained and validated, offering much-needed peace of mind for women in emotionally- and physically-challenging situations. FFP graduates have already made substantial contributions to increase the safety and development of pregnancy prevention and termination methods, disseminate vital information from the discipline to other medical practitioners, and increase standards of care across all segments of the population. Interest in the field is likely to increase with ABMS certification and ACGME accreditation approval, which will continue to raise standards of care in medically-complex situations while decreasing the cost of that care.

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

[30] https://www.cdc.gov/teenpregnancy/about/index.htm

[31] https://powertodecide.org/what-we-do/information/resource-library/counting-it-key-data

The long-terms costs of the program are unlikely to increase substantially. In the long-term, the public health benefits provided will continue to grow. Advancements in the methods of care for medically-complex patients tend to be expensive. As more physicians choose to pursue a Complex Family Planning subspecialty, more will be available to help train other providers which may lower the cost of that care. This will simultaneously improve patient outcomes, increase safety, and enhance quality of care.

A larger network of Complex Family Planning subspecialists naturally increases the awareness of primary general practitioners and specialists, who will be more likely to refer the women most in need of complex care to the appropriately-trained subspecialists. To be able to improve quality of care and women's safety while reducing the cost of care, it is vital to achieve recognition of Complex Family Planning as a subspecialty and expand the enhanced training of member physicians.

It is hoped that the approval of the new subspecialty will improve access to family planning services and care that will have long-term effects on reducing teen pregnancy rates, unintended pregnancy rates, and abortion rates in the U.S.

d. **Please explain the effects if this subspecialty certification is not approved:**

If Complex Family Planning is not approved, it is likely to have a significant impact on the care of medically-complex women in need of assistance. The current number of graduating fellows cannot keep pace with the increased requests for their skills and expertise. As such, women in vulnerable populations and underserved areas are not able to receive necessary care. An increased interest in the discipline, both for programs and individual physicians, is expected with ABMS approval, which is necessary to improve patient safety and quality of care in those underserved populations. Furthermore, certification offers assurance to patients and the public that a physician has achieved a proficient level of skill and knowledge, ensures training is standardized, and increases awareness of the scope of practice for Complex Family Planning subspecialists to other practitioners, which is an important step in increasing referrals for care.

11. **Please indicate how the proposed new or modified subspecialty will be reassessed periodically (e.g., every five years) to assure that the area of clinical practice remains a viable area of certification**

The ABOG currently performs a variety of annual surveys and captures significant data for the four other subspecialty areas. We will continue to monitor:

1. The number of physicians applying for a fellowship in the subspecialty in comparison to the number of positions available in those fellowships
2. The number of fellowship programs available
3. Job task analyses with physicians and subject matter experts to ensure

   a. The certification standards are applicable to current practice in the subspecialty
   b. The training standards are distinct enough from other OB GYN specialist's and subspecialist's practices as to ensure the need for the clinical practice of this subspecialty
4. Annual survey of diplomates practicing general OB GYN and subspecialties participating in MOC that allows ABOG to track their opinions, experiences and behaviors in practice to ensure certification is still valuable and viable.
5. Input from ACOG and other subspecialty societies about the impact of training and certification on their members and society.
6. Patient and stakeholder input to gain a patient care and public health perspective of the value of subspecialty certification and providers of complex family planning.

12. **Please list key external public stakeholders that COCERT may solicit for possible public comment on the proposed new or modified subspecialty area:**

SASGOG (Society for Academic Specialists in General Obstetrics and Gynecology)

ACOG (American College of Obstetricians and Gynecologists)

AMA (American Medical Association)

SMFM (Society for Maternal-Fetal Medicine)

APGO (Association of Professors of Gynecology and Obstetrics)

CREOG (Council on Residency Education in Obstetrics and Gynecology)

CUCOG (Council of University Chairs of Obstetrics and Gynecology)

AGOS (American Gynecological and Obstetrical Society)

ASRM (American Society for Reproductive Medicine)

SAHM (Society for Adolescent Health and Medicine)

AAP (American Academy of Pediatrics)

NASPAG (North American Society for Pediatric and Adolescent Gynecology)

APHA (American Public Health Association)

CDC (Centers for Disease Control and Prevention)

NOTE: When submitting this application, please attach the following items:

X Copy of proposed application form for the candidates for certification

X A written statement indicating concurrence or specific grounds for objection from each Primary and Conjoint Board having expressed related interests in certifying in the same field

X Written comments on the proposed new or modified subspecialty area from at least two (2) external public stakeholders

X A copy of the proposed certificate for ABMS records

Fellowship in Family Planning

Guide to Learning
2014

www.familyplanningfellowship.org

Guide to Learning in Family Planning

2014

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Guide to Learning

INTRODUCTION

This Guide to Learning in family planning offers assistance to the program directors of a Fellowship in Family Planning and to the fellow in training. Its purpose is to describe the basic requirements for achieving competence in the field.

This Guide is designed to serve as a reference for the Fellowship directors, the fellows, and the reviewer(s) for established and potential Fellowship sites.

The family planning fellow, like other subspecialty fellows, is a post-residency trainee who is expected to assume responsibility for her or his studies and research. The Fellowship directors will mentor the fellow in her or his professional development and career. Specifically, the Fellowship directors will guide the fellow in developing her or his research interests, provide adequate clinical experience in the areas defined in this "Guide to Learning," offer technical instruction, and regularly evaluate the progress and achievements of the fellow(s).

DEFINITION OF A FAMILY PLANNING SPECIALIST

A specialist in family planning is capable of managing complex problems in contraception and pregnancy termination and serves as a leader in the clinical application, research, and public policy components of contraception and abortion.

The family planning specialist is expected to have advanced knowledge in all methods and aspects of contraception and uterine evacuation, including abortion. She or he must be clinically competent in all aspects of contraception, including sterilization, and methods of pregnancy termination and be able to serve as a consultant to other obstetricians and gynecologists and generalists in areas of reproductive health. The Fellow should obtain expertise in the methods of basic and clinical research so that she or he can serve as a leader in promoting the science and application of fertility regulation.

I. Anatomy

Terminal Objectives:
The fellow must have knowledge of the surgical and histologic anatomy of the vulva, vagina, cervix, uterus, fallopian tubes, and ovaries.

Enabling Objectives:

A. The fellow must have knowledge of the anatomy and contraceptive and surgical implications of:

   1. The vascular and neurologic supply to all of the internal organs of reproduction.
   2. The histology and function of each of the internal organs of reproduction.
   3. The anatomy of the pelvis, cervical canal and uterine cavity.

II. Physiology of Reproduction

Terminal Objectives:
The fellow must have knowledge of the physiology of reproduction.

Enabling Objectives:

A. The fellow must have knowledge of the physiology of the menstrual cycle.
    1. The normal menstrual cycle.
    2. Variations in the menstrual cycle including polycystic ovarian syndrome and variations resulting from other endocrinopathies.

B. The fellow must have knowledge of the physiology of conception.
    1. Ovulation.
    2. Tubal transport of the ova and zygote.
    3. Sperm transport within the male and female reproductive ducts.
    4. Implantation of the blastocyst.
    5. Fertilization.
    6. Embryogenesis.
    7. Spermatogenesis.
    8. Structure and function of the placenta.
    9. Fetal development.

III. Mode of Contraceptives on the Reproductive Tract and Conception Prevention

Terminal Objectives:
The fellow must have knowledge of and clinical competence in the use of all contraceptive agents, including their effectiveness with perfect and typical use.

Enabling Objectives:

A. The fellow must have knowledge of the pharmacology and different regimens of combined hormonal contraceptives, of their pharmacologic, physiologic, and metabolic actions, of the adverse effects of their use, and of special problems with their use in women with various medical conditions. The fellow must have knowledge of the effects of different types of combined hormonal contraceptives on the general physiology of the woman.

    1. Combined (Estrogen-progestin) oral contraceptives.
    2. Combined contraceptive patch.
    3. Combined contraceptive vaginal ring.

B. The fellow must have knowledge of the pharmacology and action of progestin-only systemic contraceptive agents, of the adverse effects of their use, and of special problems their use may raise in certain women, such as adolescents, obese women, women using seizure medications, etc., and the effects of different types of progestin-only systemic contraceptives on the general physiology of the woman.

    1. Progestin-only oral contraceptives.
    2. Injectable progestin.
    3. Subdermal implantable progestin.

C. The fellow must have knowledge of the use of intrauterine contraception, including the types available, their potential complications, their mechanism of action, and the management of side effects such as abnormal bleeding.

    1. Copper.
    2. Progestin.

D. The fellow must have knowledge of the pharmacology of emergency contraceptives as well as their mode of action, potential complications, and special problems their use may create.

    1. Levonorgestrel.
    2. Ulipristal acetate.
    3. Copper IUD as EC (see C.1).

E. The fellow must have knowledge of the various types of barrier methods of contraception, including their mode of action, failure rate, and potential complications.

    1. Male and female condoms.
    2. Diaphragm.
    3. Cervical cap.
    4. Spermicides.

F. The fellow must have knowledge of the use of various natural family planning methods, including their mechanism of action, failure rate, and potential complications.

    1. Cycle beads and other calendar methods.
    2. Basal body temperature measurement.
    3. Cervical mucus testing.
    4. Combined (symptothermal) methodology.

G. The fellow must have knowledge of novel methods of contraception in development or currently not available in the United States, including but not limited to:

1. Novel progestins and estrogens for systemic contraception.
2. Estrogen-progestin injectable contraception.
3. Contraceptive microbicides.
4. Progestin receptor modulators.
5. Non-hormonal contraceptives.

IV. Clinical Competence in Long Acting Reversible Contraception

Terminal Objective:
The fellow must have knowledge of and ability to provide all forms of long acting reversible contraception.

Enabling Objective:
The fellow must be competent in the techniques of the insertion and removal of all available intrauterine and implantable contraception and means of locating and managing devices without visible tail strings or subdermal location.

V. Termination of Pregnancy

Terminal Objective:
The fellow must have knowledge of and ability to manage the various methods of termination of pregnancy and uterine evacuation.

Enabling Objective:

A. The fellow must have knowledge of and ability to use the medication methods of pregnancy termination in the first and second trimester and must understand the management of their complications.
    1. Mifepristone and misoprostol.
    2. Prostaglandin analogue alone or in combination with other agents.
    3. Methotrexate alone or in combination.

B. The fellow must have knowledge of and the ability to perform first-trimester abortion procedures, both manual and electric, including management of difficult cases and complications.
    1. Manual Uterine Aspiration.
    2. Electric Uterine Aspiration.
    3. Hysterotomy.
    4. Hysterectomy.

C. The fellow must have knowledge of and the ability to carry out vacuum aspiration, both manual and electric, and medical treatment for early pregnancy loss, including management of difficult cases and complications.

D. The fellow must have knowledge of and the ability to perform second-trimester surgical abortion, including management of difficult cases and complications.
    1. Dilation and evacuation.
    2. Dilation and extraction (intact dilation and evacuation).
    3. Hysterotomy.
    4. Hysterectomy.

E. The fellow must have knowledge of and the ability to utilize safe, effective techniques of analgesia and anesthesia for first- and second-trimester abortions.

F. The fellow must have knowledge of and be competent in the standard of care for cervical preparation for second-trimester abortions.

G. The fellow must have knowledge of the standard of care for feticide for second trimester abortion which can include intra-amniotic injections, intra-fetal injections, and intra-operative feticide.

H. The fellow must have the ability to diagnose and manage all complications that occur from first- and second-trimester pregnancy termination, including:
    1. Problems arising from retained products of conception.
    2. Problems arising from perforation of the uterus.
    3. Hemorrhage occurring because of damage to the uterus or cervix.
    4. Infections occurring from termination procedures and from septic abortion.
    5. Atraumatic hemorrhage, embolus, placenta accreta, increta, and percreta.

VI. Diagnostic Procedures

Terminal objective:
The fellow must have knowledge of and ability to perform diagnostic procedures that are related to contraception and abortion.

Enabling Objectives:

A. The fellow must have knowledge of and ability to use ultrasonography as it relates to use of contraceptives, e.g. locating impalpable and displaced contraceptive devices, for diagnosis of extrauterine pregnancy, for determination of gestational age, for intraoperative guidance during surgical procedures, and in the diagnosis of uterine perforation and anomalous placentation.

B. The fellow should have knowledge of other imaging procedures available, such as CT and MRI, as they apply to contraceptive management and pregnancy termination.

C. The fellow must have knowledge of and the ability to utilize immunoassay for qualitative detection and quantitative measurement of hCG in urine and serum.

D. The fellow must have the ability to utilize hysteroscopy to assist in both the diagnosis and therapy of conditions related to contraceptive use and abortion.

VII. Sterilization Procedures

Terminal Objective:

The fellow must have knowledge of and ability to perform procedures that permanently prevent conception and be able to manage complications that occur from these procedures.

Enabling Objectives:

A. The fellow must have the competency to perform all forms of tubal sterilization via laparoscopy or mini-laparotomy, including:
    1. Tubal clip procedures.
    2. Tubal ring procedures.
    3. Tubal electrocoagulation.
    4. Partial and total salpingectomy.
    5. Hysteroscopic tubal occlusion.

B. The fellow must have competency to perform hysteroscopic female sterilization.

C. The fellow must have the ability to diagnose and manage complications of all types of sterilization procedures.

D. The fellow must have knowledge of the standard of care for, and the ability to perform (depending on the training program), vasectomy for permanent contraception.

VIII. Counseling

Terminal Objective:
The fellow must have the ability to counsel the woman and her partner (as appropriate) with respect to the various aspects of the diagnosis and management of contraception and the decision to terminate pregnancy.

Enabling Objectives:

A. The fellow must have the ability to counsel the woman with respect to the choice of an appropriate contraceptive method for her needs, to consider appropriate options, and to discuss potential benefits and complications.

B. The fellow must have the ability to counsel the woman with respect to sterilization, including:

    1. Risk of regret and the alternative therapies that may be necessary if the woman wishes reversal, including in vitro fertilization, tuboplasty, etc.
    2. The choice of procedures and the complications of each.
    3. Alternative therapies that may be used.

C. The fellow must have the ability to counsel any woman requesting pregnancy termination, including what may be expected during the procedure, pain control, and the risks involved. For post-abortion considerations, counseling should include recovery time and symptoms that may be expected, and the choice and timing of initiation of contraception.

D. The fellow must have the ability to counsel women who are specifically referred for pregnancy termination for fetal anomalies, genetic malformations, or maternal medical conditions. The fellow must understand pre-operative and post-operative evaluations related to these conditions.

E. The fellow must have the ability to counsel the pregnant woman about the benefits and risks of continuing a pregnancy and of childbirth, including counseling and referral for adoption.

IX. Psychological Considerations

Terminal Objective:
The fellow must have knowledge of the psychological dimensions of contraceptive use and unplanned or unwanted pregnancy.

Enabling Objectives:

A. The fellow must have knowledge of the psychosocial aspects of contraceptive use and abortion.

B. The fellow must have the ability to understand and discuss with the woman the role and responsibility of the sexual partner.

C. The fellow must have knowledge of the psychological and social implications of the woman's request for abortion and the potential psychological sequelae of abortion and childbirth.

D. The fellow must have knowledge of values clarification and reflection exercises relating to the psychological impact on those (physicians, nurses, and staff) who provide abortions.

X. Public Policy

Terminal Objective:
The fellow must have knowledge of the influences of public policy and means of influencing government agencies, policy makers and the media with respect to contraceptive and abortion issues.

Enabling Objectives:

A. The fellow must have knowledge of how public policy influences the practice of medicine with respect to contraception and abortion.

B. The fellow must have knowledge of the professional organizations that advocate for and influence public policy in family planning.

C. The fellow must have knowledge of methods that can be used to influence local, state, and federal government and private agencies with respect to the issues of contraception and abortion.

D. The fellow must develop skills for educating the public about contraception and abortion, including relations with the media and private and public organizations and foundations.

XI. Social and Cultural Issues

Terminal Objective:
The fellow must have the ability to identify and work with population subgroups, exhibiting sensitivity to their attitudes, values and preferences regarding fertility, contraception, and abortion.

Enabling Objectives:

A. The fellow must have knowledge of the local community with regard to age distribution, education, religion, ethnicity, socioeconomic status, and other characteristics that may influence contraceptive practice and attitude toward abortion.

B. The fellow must have the ability to contrast the local community to the U.S. and global populations.

C. The fellow should develop communication skills that are appropriate for and sensitive to the local population.

D. The fellow must have knowledge of local resources to assist in such communications.

XII. Global Family Planning

Terminal Objective:
The fellow must have knowledge of the public health, legal and service delivery aspects of family planning, abortion, and reproductive health in less developed nations.

Enabling Objective:

A. The fellow should complete a three- to eight-week placement in a less developed country during her or his two-year fellowship.

B. The fellow must have knowledge of the effects of limited resources on family planning care in the country of her or his placement.

C. The fellow must have knowledge of the public health, legal, and service delivery aspects of family planning care in the country of her or his placement.

XIII. Statistics and Research Design

Terminal Objective:
The fellow must have knowledge of the statistical methods typically used in the family planning literature, and to plan, conduct, analyze and report the results of research.

Enabling Objectives:

A. The fellow must have working knowledge of the following statistical concepts through enrollment in appropriate course work or through other structured learning approaches.

1. Measurement of central tendency and differences and measurement error.
2. Descriptive statistics, including vital statistics and measures of fertility. Including the calculation of and age adjustment of relevant rates (mortality, fertility, disease incidence, etc), and the sources of high quality information (e.g. US vital statistics, DHHS, CDC, NSFG).
3. Probability distributions, including but not limited to Normal, Binomial, and Poisson.
4. Sampling distributions, the estimation of means and proportions, and methods to describe variability (e.g. SD, SE, CI, etc).
5. Hypothesis testing, type I and II errors, and sample size determination
6. Analysis of variance and regression techniques, including linear and logistic regression.
7. Non-parametric tests, including the Chi-square distribution, and exact tests.
8. Approaches to the evaluation and comparison of clinical tests, e.g. sensitivity, specificity, PPV, NPV, NNT, likelihood ratios, kappa, decision trees.

9. Designing and conducting observational studies (to include both qualitative and quantitative approaches) and clinical experiments (e.g. RCTs), using appropriate methodology.
10. Using the above statistical techniques for analysis of study data.

XIV. Research, Thesis, and Publications

Terminal Objective:
The fellow must have the ability to design and conduct a study that produces a publishable thesis within 1 year after completion of the Fellowship.

Enabling Objectives:

A. The fellows should complete, or have completed, a Masters program in Public Health or Science.

B. The fellow must have the ability to develop a study design and write a funding proposal and study budget.

C. The fellow should develop a hypothesis-based research project involving either clinical subjects, animal studies bench research, or an analysis of existing data set, or a combination of these.

D. The fellow must have knowledge of the ethics involved in performing a study on human or animal subjects and have the ability to obtain Internal Review Board approval for the study.

E. The fellow should be familiar with one or more computer data entry programs (Access, Stata, Excel) and analysis programs (Stata, EpiInfo, SPSS, SAS).

F. The fellow must write a publishable thesis based on their research and submit for publication within one year after completion of the Fellowship.

G. The fellow must have the ability to provide critical review of manuscripts submitted for peer review.

XV. Teaching

Terminal Objective:
The fellow must have the knowledge and ability to teach about all aspects of contraception and abortion.

Enabling Objectives:

A. The fellow must have the ability to design and provide lectures on these subjects for presentation to:
    1. Residents.
    2. Health science students.(e.g. medical students, NP students).
    3. Practitioners. (e.g. attending physicians, nurse practitioners, CNMs).
    4. Public health students.
    5. Lay audiences.

B. The fellow should have the ability to write material for publication in:
    1. Medical journals (peer reviewed and non).
    2. Scientific texts.
    3. Syllabi for lectures.
    4. Lay publications.

C. The fellow should have the ability to prepare visual aids including:
    1. Graphic slide (e.g. PowerPoint) presentations.
    2. Posters.
    3. Tables and graphs.

NOTES

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Fellowship in Family Planning

General Requirements
2014

www.familyplanningfellowship.org

General Requirements for the Fellowship in Family Planning

2014

Table of Contents

General Requirements for a Post-Graduate Program in the Subspecialty Area of Family Planning Clinical Care and Research

A. INTRODUCTION

1. A family planning specialist is a physician who, by virtue of additional education and training, cares for patients and provides expertise in all aspects of family planning and abortion care. This training requires advanced knowledge and skills in abortion technique and abortion-related complications. Training requires expertise in all methods of contraception.

2. The program is designed to ensure the education and training of physicians who can improve the reproductive health care of women and provide leadership for the field of family planning. Each program must have facilities and faculty sufficient to provide its fellows with the requisite investigative and scholarly skills in addition to the clinical training requirements. The subspecialty program must have special facilities, services, and personnel. Faculty of such programs also must provide opportunities for fellows to gain, in graduated fashion, increasing knowledge, skills, and responsibility in the content area sufficient to permit them to function as independent practitioners and consultants.

3. Within an institution, the activities of the subspecialty fellows and residents in obstetrics and gynecology must be clearly and separately identified. Subspecialty programs such as the one described here and the residency program must complement and enrich one another and must not exist in competition with each other.

4. Each program must provide opportunities for and have facilities, directors, and mentors to teach the fellow the elements of research and to facilitate their training.

B. GOAL AND SCOPE OF THE PROGRAM

1. The goal of the fellowship is to improve health care in family planning and abortion. The fellowship program will train family planning specialists to be leaders in reproductive health care in the United States and abroad by:

    a. establishing high standards of education and training in family planning and abortion;

    b. enhancing recruitment of qualified physicians in the field for both clinical practice and scientific investigation;

    c. improving access to family planning and abortion education by enhancing training opportunities and removing barriers to service provision;

    d. increasing basic science and clinical knowledge of family planning and pregnancy termination methods;

    e. enhancing the academic and operational status of family planning and abortion services;

    f. preparing specialists who can provide leadership, through academic or programmatic positions, and provide excellent clinical care.

2. The fellowship program must be designed to provide advanced training in family planning and abortion in accordance with the Guide to Learning. The purpose of the fellowship program is to produce graduates capable of functioning as subspecialists in family planning and expanding the knowledge base of the subspecialty. In addition to advanced clinical and research skills, fellows should be capable of being advocates and leaders in family planning and abortion. Specifically, the program is designed to provide advanced training in:

    a. all methods of uterine evacuation, including management of abortion-related complications;

    b. all methods of contraception currently available;

    c. female sterilization;

d. safe, effective techniques for analgesia and conscious sedation;

e. ultrasonography related to contraception and abortion;

f. practices, policies, and research relating to family planning and abortion in an international setting; and

g. ethical and legal considerations in reproductive health care.

C. PROGRAM APPROVAL

1. **New Program Application.** To establish an approved program, the National Office must receive:

   a. A completed site survey prior to the submission of an application.

   b. A completed program application by December 1st in advance of the proposed match. The application must be submitted by the proposed program directors, division directors (if other than the program director), and the chair of the department of obstetrics and gynecology, and comparable authorities from each additional participating institution or facility, including letters of support. After receipt and review of the application, the National Office will schedule a site visit. Post-site visit, the National Office will notify the site of their status. If accepted, each program will be approved for one fellow per year, with potential eligibility for two fellows in the future.

2. **Evaluation of Sites.** Approved programs must be reviewed for continuing approval.

   a. Initial approval for 2 years. A site visit will be scheduled at the end of the first year of training to assess the site's status.

   b. Continuing sites will be approved for 1-5 years pending information gathered from annual reports and during site visits. Sites may be put on probation.

      i. Probation is defined as failure to demonstrate substantial compliance with the minimum requirements or if other serious issues are found, i.e. an interim Site Director for

longer than one year, inadequate training facilities and/or services to achieve competency for fellows.

ii. A program on probation must attest in writing to the National Office within 30 days of the effective date of the probation that all faculty, fellows, and fellow applicants were notified of the status change.

c. Post-site visit, the National Office will send the site a formal letter with their evaluation assessment and schedule a follow-up call to review next steps.

d. Post-follow up call, the site will send a formal letter to the National Office outlining a response to the evaluation.

e. If at any time there are any significant changes in the program (program directors, key faculty members, patient volume and procedures, closure of major research programs, or changes in clinical sites), the National Office must be notified within 30 days of the change. Such changes may require additional site visits.

3. **Withdrawal of Approval.** A program can receive this status if the site:

   a. Fails to demonstrate substantial compliance with the minimum requirements, e.g. clinical commitment violations, lack of research, etc., to an extent that the education of the fellows is compromised.

   b. Willfully or egregiously uses the fellows for service over education.

   c. Does not have a permanent Program Director approved by the National Office for two consecutive years after the departure of the preceding Program Director.

   d. A program's approval can be revoked if it fails to demonstrate substantial compliance with the minimum requirements as outlined in the *Guide to Learning* after probation duration of one year.

4. **Annual Review:** Every program is required to submit an Annual Report and Budget in June or July as assigned, based on the template provided by the National Office. This report must include documented academic productivity in either clinical or operations research listing the publications and/or activities of the faculty and fellows.

D. FELLOWS

1. A fellow must have satisfactorily completed a residency in obstetrics and gynecology accredited by the American Council for Graduate Medical Education (ACGME) or the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC) and acquired basic knowledge and skills in obstetrics and gynecology and women's health. Graduates of family medicine residencies may be enrolled in fellowship training programs with approval of the National Office.

2. Fellows must be enrolled full-time for the entire duration of the two year training program beginning in July and ending in June. A minimum of 12 months of clinical training is required. External moonlighting is allowed at the Program Director's discretion in an area outside of Fellowship training. The time does not count towards the call requirements but does count towards the 80-hour workweek restriction. Fellows have the option to extend their Fellowship by one year, request a leave of absence, or request part-time status, with approval of the National Office.

3. There must be appropriate supervision by a mentor and sufficient opportunity to complete a research project. The fellow is expected to conceptualize a hypothesis and to formulate a strategy to answer the question. Research must result in a thesis or a paper of sufficient scope and quality to be published in a peer-reviewed journal. An in-depth understanding of the principles of statistical analysis of research projects is mandatory.

4. The fellow should have progressive involvement in faculty research so that the fellow has exposure to a range of research methodologies.

5. It is required that fellows complete the course work sufficient to obtain a Masters degree in Public Health, Epidemiology, Biostatistics or another relevant area of medical science. An equivalent degree would be a Master of Science in: Healthcare Research, Clinical Research, Clinical Effectiveness, Clinical Investigation, or Biomedical Investigation. If the applicant has any of these degrees prior to entry to the Fellowship, she or he will not qualify for funding for a second degree, but could qualify for additional coursework as specified in the guidelines. The degrees of Master of Public Policy, Master of Arts or Master of Science in another discipline, such as Bioethics or Nutrition, are not considered equivalent degrees.

6. Prospective fellows will apply through the Fellowship in Family Planning website. They are required to complete an online application form, submit three letters of reference, a CV, and a personal statement. Applications are accepted March through July. Interviews are scheduled on a rolling basis but cannot occur before the application deadline. Prospective fellows and sites must submit their rank list via the Fellowship website. The match is determined by the algorithm used by the National Resident Matching Program. The match is announced on the same day as the other ob-gyn subspecialties, typically the second Wednesday in October. If the prospective fellow does not match, she or he is then eligible to participate in the scramble which will include unmatched sites.

7. To request a temporary or permanent increase in the approved total fellow positions, the Program Directors must obtain National Office approval. In order for a site to qualify, they must:
    a. Be an established Fellowship site for a minimum of 8 years.
    b. Be in excellent standing as defined by a 3-5 year site visit review schedule.
    c. Have ample clinical training and teaching opportunities.

d. Have sufficient research mentorship and training.

e. Not be on probation or in transition (as defined by a recent change of leadership).

f. Have active involvement in research, demonstrating adequate capacity and productivity (grants, etc.) related to family planning. Apply for approval from the National Office by February 1st for that year's match.

E. PROGRAM DIRECTORS

1. The qualifications of the program directors must include:
    a. Evidence of academic standing such as publications in refereed journals, receipt of national or international honors, and membership and participation in scientific societies, national committees, editorial boards;
    b. A faculty appointment with majority time at the academic institution;
    c. Formal certification by a relevant certifying Board (i.e. American Board of Obstetrics and Gynecology).

2. The responsibilities of the program directors must include:
    a. The appropriate didactic education and mentoring of fellows;
    b. Ensuring that the fellows receive the appropriate clinical instruction and training;
    c. Ensuring that each fellow in the program undertakes a research project as described above;
    d. Completing the competency checklist of the fellow's clinical progress at least every 6 months.

3. The program must have a primary and secondary director at all times. If there is a change in directorship, the National Office must be notified of this change within 30 days.

F. FACULTY

1. There must be faculty with special interest and expertise related to family planning who participate in the care of patients and the education of fellows. In addition to general obstetricians and gynecologists, these may include obstetrical anesthesiologists, urogynecologic surgeons, perinatologists, radiologists, family practice physicians, pediatricians, reproductive endocrinologists and other individuals with special interest in or qualifications relating to program content and/or the interests of faculty or fellows. The presence of institutional training programs in these areas is beneficial but not required.

2. Research mentors must be available and have extensive experience in conducting and publishing research within family planning. They should be faculty members that will be available to fellows in their project development and throughout the project for guidance and provide additional expertise that complements existing directors.

G. FACILITIES

1. A program must be an integral part of an appropriate clinical department with an accredited residency program in obstetrics and gynecology and an approved Ryan Residency Training Program. The fellowship program must function with the approval, but not necessarily under the direction, of the department chair.

2. A program may utilize more than one patient-care facility. If more than one site is used, there must be a clinical supervisor with comparable clinical qualifications as the program director for that site.

3. Assignment of fellows to other institutions or hospitals can be approved on an individual basis. For this to occur, the program must have an established formal agreement with each institution or hospital. Such formal agreements must include the stated responsibility of each institution, the anticipated experience of the

fellow, and the evaluation process that will be used to measure the fellow's progress. A copy of this agreement with associated institutions must accompany the initial application and be renewed annually.

4. Facilities sufficient to provide the full range of relevant in-patient and out-patient care must be available for use by fellows on a regularly scheduled basis and must always be available on an emergency basis for the management of complications.

5. Clinical information systems, libraries, and other information systems, including those relevant to the subspecialty must be readily available for patient care and clinical research at the host institution.

6. The program must have access to clinical or laboratory research facilities that are adequate in size and appropriately equipped to conduct research training of the fellows.

H. PROGRAM OF STUDY

1. **Didactic.** Education of fellows must include regularly scheduled teaching conferences, seminars, and didactic instruction in both basic science and clinical aspects of the specialty. The fellow's schedule and responsibilities must be structured to allow regular attendance at these conferences. Fellows will also be assigned appropriate teaching responsibilities for both residents and medical students. The fellow must have a thorough understanding of anatomy, reproductive physiology and endocrinology, and pathophysiology as they relate to contraception and abortion as detailed in the *Guide to Learning*.

2. **Clinical.** There must be adequate patient volume and diversity to train the approved total fellow positions. The clinical experience of inpatient and outpatient care must include a sufficient number and variety of cases to fulfill the educational objectives of the *Guide to Learning*. Outpatient experience is particularly important and must

be carefully organized and closely supervised by the clinical faculty. The fellow must achieve competency in performing all appropriate diagnostic and therapeutic procedures relevant to the clinical practice of the subspecialty. During the course of the educational program, the fellow should be supervised in all clinical activities, including surgical procedures. The fellow must be able to demonstrate basic knowledge and experience sufficient to perform and/or interpret the following procedures:

a. Medical abortion;

b. First-trimester vacuum aspiration, both manual and electric;

c. Second-trimester abortion by both medical induction and dilation and evacuation;

d. Treatment of complications of abortion at all stages of gestation;

e. Methods to confirm uterine and tubal pregnancy including: physical examination, ultrasound and hormonal parameters;

f. Ultrasonography for diagnosis of tubal pregnancy, uterine sizing, intraoperative guidance, diagnosis of uterine perforation and assessment of abnormality of placentation;

g. Anesthesia and pain control, including paracervical block and conscious sedation;

h. Gross and histologic examination of tissue;

i. IUD insertion and retrieval;

j. Insertion and removal of contraceptive implants;

k. All hormonal and barrier methods of family planning;

l. Female sterilization.

3. **Policy/Advocacy.** The fellow should be given the opportunity and guidance to learn about techniques and strategies to influence public opinion, to interact with federal, state and local governments, the press, private institutions and the lay public.

4. **International.** The fellow is expected to complete an international family planning placement for three to eight weeks in a middle or low income country. During her/his placement, the fellow should learn about reproductive health care delivery within the host organization or institution, challenges and obstacles in providing care, delivery of abortion or post abortion care, and methods of contraception offered. The fellow should return with an understanding of the role of the site in its particular community in the context of health care delivery primarily, but also in terms of public policy and advocacy. A request for exemption to this requirement must be submitted to and approved by the National Office.

I. RESEARCH

The sequence in which research experience is integrated with clinical training will vary with each program but must be initiated in the first year of fellowship training. Research training must include:

a. opportunity for structured clinical or operations research;

b. enhancement of the fellow's understanding of the latest scientific techniques and encouragement of interaction with other clinicians and scientists;

c. promotion of the fellow's academic contributions to the specialty;

d. furthering the ability of the fellow to be an independent investigator.

J. GRADUATION REQUIREMENTS

By virtue of satisfactory completion of the program in family planning, the individual should be a specialist capable of managing routine, complex, and high-risk cases of uterine evacuation for medically indicated and elective abortions through the second trimester of pregnancy. The individual will be a family planning expert familiar with current practice standards and research regarding family planning

methods. The fellow should be capable of managing outpatient ambulatory services for abortion and family planning. The following documents are requirements for graduation from the Fellowship and must be submitted to the National Office:

a. Graduation Approval Form

b. A formal presentation of research project at the Annual Meeting

c. Exit interview completion

d. Proof of Masters Completion

e. Year 1 and 2 Surgical Skills Assessment Form

f. Competency Checklist

g. Publishable Manuscript

NOTES

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Fellowship in Family Planning
Competency Checklist

Fellow's Name: _____ Institution: _____

Reviewer: _____

Please rate Fellow's competency in the following categories at the intervals listed.
Use the scale below:

- **5= Expert/Teacher**
- **4= Proficient**
- **3= Adequate**
- **2= Weak**
- **1=Deficient**
- **N/A- Not applicable, did not observe**

Anatomy:
Please rate the fellow's competence in the following:

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24 mo Date:**
The anatomy and surgical implications of vascular and neurologic supply to the uterus					
The anatomy and surgical implications of the cervical canal and uterine cavity					

Notes/Next Steps:

Physiology of Reproduction:
Please rate the fellow's competence in the following:

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
The normal menstrual cycle					
Variations in the menstrual cycle including polycystic ovarian syndrome and variations resulting from other endocrinopathies					
The mechanism of fertilization and implantation					

Notes/Next Steps:

Fellowship in Family Planning

Competency Checklist

Contraception:

Please rate the fellow's competence in the following:

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
Combined Hormonal Contraception					
Efficacy of CHC Methods					
The pharmacology and different regimens of CHC and including their pharmacologic, physiologic, and metabolic actions					
The potential complications of CHC and special problems with their use in women with various medical conditions					
Adverse effects of CHC					
Progestin-only Contraception					
Efficacy of progestin-only methods					
The pharmacology and action of progestin-only systemic contraceptive agents					
The potential complications of progestin-only systemic contraceptive agents use and special problems with their use in specific populations, including adolescents, obese women & women using seizure medication					
Adverse effects of different progestin-only systemic contraceptives					
Emergency Contraception					
Efficacy of emergency contraceptives					
The pharmacology and mode of action of EC					
Adverse effects of EC					
Intrauterine Contraception					
Efficacy of IUC methods					
The mechanism of action (and pharmacology of LNG IUS) of each type of intrauterine contraception					
The potential complications of IUC and special problems with their use in women with various medical conditions					
The means of locating and managing intrauterine devices without visible tail strings					

Fellowship in Family Planning

Competency Checklist

	Baseline Date:	6mo Date:	12mo Date:	18mo Date:	24mo Date:
Natural Family Planning					
Efficacy of Natural Family Planning					
The use and mechanism of various natural family planning methods, including cycle beads and other calendar methods, basal body temperature measurement, cervical mucus testing and combined methodology, including knowledge of the mechanisms of action, failure rate, and potential complications.					
Other Methods					
Novel methods of contraception in development or not currently available in the United States					
The various types of barrier methods of contraception, including mode of action, failure rate, and potential complications of male and female condoms, diaphragm, cervical cap, and spermicidal agents					

Notes/Next Steps:

Fellowship in Family Planning

Competency Checklist

Clinical Competence in Long Acting Reversible Contraception:

Please rate the fellow's competence in providing the following types of long acting reversible contraception:

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
Copper IUD					
LING- IUS					
Complicated IUC removal					
Implant insertion					
Implant removal					

Notes/Next Steps:

Termination of Pregnancy:

Please rate the fellow's competence in the following medication methods of pregnancy termination in both the first and second trimester:

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
Methotrexate and prostaglandin analogues					
Mifepristone and prostaglandin analogues					
Prostaglandin analogue alone or in combination with other agents					
Management of complications from all medication methods					

Notes/Next Steps:

Fellowship in Family Planning
Competency Checklist

Please rate the fellow's competence in performing the following **first trimester procedures:**

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
Manual uterine aspiration					
Electric uterine aspiration					

Notes/Next Steps:

Please rate the fellow's competence in preventing, diagnosing and managing the following complications occurring during **first trimester termination:**

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
Identification of pregnancy tissue in early gestations					
Problems arising from retained products of conception					
Problems arising from perforation of the uterus					
Post-abortion hemorrhage					
Infections occurring from termination procedures and from septic abortion					
Safe 1st-trimester surgical abortion in setting of abnormal uterine anatomy					
Utilize safe, effective techniques of analgesia and anesthesia					

Notes/Next Steps:

Fellowship in Family Planning
Competency Checklist

Please rate the fellow's competence in the following as it relates to **early pregnancy failure:**

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
Identification of pregnancy tissue in early gestations / confirm pregnancy location					
Carry out D&C, both manual and electric for early pregnancy failure					
Manage difficult cases and complications as a result of early pregnancy failure					

Notes/Next Steps:

Please rate the fellow's competency in the following **second trimester procedures**:

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
Dilation and evacuation					
Dilation and extraction (intact dilation and evacuation)					
Hysterotomy					
Utilize safe, effective techniques of analgesia and anesthesia					
Has knowledge of and trained within the standard of care in feticide which can include intra-amniotic injections, fetal intra-cardiac injections, or intra-operative feticide					

Notes/Next Steps:

Fellowship in Family Planning
Competency Checklist

Please rate the fellow's competence in diagnosing and managing the following complications occurring during **second trimester termination:**

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
Problems arising from retained products of conception					
Problems arising from perforation of the uterus					
Hemorrhage occurring because of damage to the uterus or cervix					
Hemorrhage occurring because of atony					
Infections occurring from termination procedures and from septic abortion					
Management of placenta accreta					
Understands management of amniotic fluid embolism					

Notes/Next Steps:

Diagnostic Procedures:
Please rate the fellow's competence in the following:

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
Use of ultrasonography as it relates to use of contraceptives.					
Use of ultrasonography for diagnosis of extra-uterine pregnancy.					
Use of ultrasonography for determination of gestational age.					
Use of ultrasonography for intra-operative guidance during surgical procedures.					

Use of ultrasonography in the diagnosis of uterine perforation					
Diagnostic procedures continued	**Baseline Date:**	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
Other imaging procedures available, such as CT and MRI, as they apply to contraceptive management and pregnancy termination					
Utilize qualitative detection and quantitative measurement of hCG in urine and serum					
Hysteroscopy to assist in both the diagnosis and therapy of conditions related to contraceptive use and abortion					

Notes/Next Steps:

Sterilization Procedures:

Please rate the fellow's competence in performing the following via laparoscopy or mini-laparotomy:

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
Tubal clip procedures					
Tubal ring procedures					
Tubal electrocoagulation					
Partial salpingectomy					
Hysteroscopic /transcervical female sterilization (within the standard of care)					
Vasectomy (within the standard of care)					
Ability to diagnose and manage complications of all types of sterilization procedures					

Notes/Next Steps:

Fellowship in Family Planning
Competency Checklist

Counseling:
Please rate the fellow's competence in counseling the patient with respect to the following:

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
The choice of an appropriate contraceptive method for her needs, to consider appropriate options, and to discuss potential complications that may occur					
Sterilization including risk of regret and the alternative therapies that may be necessary if the patient wishes reversal, including in vitro fertilization, tuboplasty, etc., the choice of procedures and the complications of each, and alternative therapies that may be used					
Elective pregnancy termination, both medication and surgical, including what may be expected during the procedure, pain control, and the risk involved, post abortion recovery time and symptoms that may be expected, and the choice and timing of initiation of contraception					
Women who are referred for pregnancy termination for fetal anomalies, genetic malformations, or maternal medical conditions and is sensitive to these issues and medically competent to understand pre-operative and post-operative evaluations related to these conditions					
Benefits and risks of continuing a pregnancy and of childbirth, including information about adoption					

Notes/Next Steps:

Psychological Considerations:
Please rate the fellow's competence in the following:

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
The psychosocial aspects of contraceptive use and abortion					
The psychological and social implications of the patient's request for abortion and the potential psychological sequelae of abortion and childbirth					

Values clarification and reflection exercises relating to the psychological impact on those (physicians, nurses, and staff) who provide abortion					

Notes/Next Steps:

Public Policy:
Please rate the fellow's competence in the following:

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
How public policy influences the practice of medicine with respect to contraception and abortion					
Professional organizations that advocate for and influence public policy in family planning					
Educational techniques that can be used to influence local, state, and federal government and private agencies with respect to the issues of contraception and abortion					
Skills for educating the public about contraception and abortion, including relations with the media and private and public organizations and foundations					

Notes/Next Steps:

Social and Cultural Issues:
Please rate the fellow's competence in the following:

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
Ability to identify and work with population subgroups, exhibiting sensitivity to their attitudes, values and preferences regarding fertility, contraception, and abortion.					

Notes/Next Steps:

Fellowship in Family Planning
Competency Checklist

International Family Planning:
Please rate the fellow's competence in the following:

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
The public health, legal, and service delivery aspects of family planning, abortion, and reproductive health in less developed nations. Please list experience(s).					

Notes/Next Steps:

Research:
Please rate the fellow's competence in the following:

	Baseline Date:	**6mo Date:**	**12mo Date**	**18mo Date:**	**24mo Date:**
Statistical methods used to analyze the literature, and to plan, conduct, analyze and report the results of new research					
Progress toward completion of a Masters program in Public Health or Science					
Ability to develop a study design and write a study budget and funding proposal					
Ablility to develop a research program involving clinical subjects, animal studies or basic science bench research					
Understand the ethics involved in performing a study on human or animal subjects and have the ability to attain IRB approval for the study					
Be familiar with one or more computer data entry programs and analysis programs					
Must write a publishable thesis based on his/her research					
Ability to provide critical review of manuscripts submitted for peer review					

Notes/Next Steps:

Fellowship in Family Planning
Competency Checklist

Teaching:
Please rate the fellow's competence in the following:

	Baseline Date:	**6mo Date:**	**12mo Date:**	**18mo Date:**	**24mo Date:**
Ability to design and provide lectures on contraception and abortion to residents, health science students, practitioners, high school and college students and lay audiences					
Ability to write material on contraception and abortion for publication in medical journals, scientific texts, syllabi for lectures and lay publications					
Ability to prepare visual aids on contraception and abortion using graphic slide (i.e. PowerPoint) presentations, posters, tables and graphs.					
Participation and contribution to journal club					
Management of administrative tasks (didactics, scheduling etc)					

Notes/Next Steps:

Please record any additional comments below:

Fellowship in Family Planning

Competency Checklist

Signature of Fellow _____ Signature of Reviewer_____

Fellowship in Family Planning Milestones

This document presents milestones designed for programs to use in semi-annual review of fellow performance. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for fellow performance as a fellow moves from entry into fellowship through graduation.

For each period, review and reporting will involve selecting milestone levels that best describe a fellow's current performance and attributes. Milestones are arranged into numbered levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert in the subspecialty. Selection of a level implies that the fellow substantially demonstrates the milestones in that level, as well as those in lower levels

Level One: **Critical deficiencies** – the fellow demonstrates milestones at a lower than expected level for a graduating resident

Level Two: The fellow demonstrates milestones expected for a **graduating resident**/incoming fellow or **early learner**

Level Three: The fellow is making progress towards achieving the requisite milestones; **mid-learner**

Level Four: The fellow has achieved fellowship milestones **sufficient for graduation/independent practice,** including expert-level proficiency in the practice and teaching of family planning

Level Five: The fellow has progressed beyond fellowship proficiency and has achieved **aspirational** levels, including original and substantive contribution to the body of scientific and clinical knowledge and practice

NYA: Not yet assessed

Anatomy and Physiology of Reproduction: Medical Knowledge				
Level 1	Level 2	Level 3	Level 4	Level 5
Cannot demonstrate a comprehensive working knowledge of pelvic anatomy. Cannot describe the physiology of the normal menstrual cycle. Incomplete understanding of the physiology of conception.	Demonstrates knowledge of the vascular and neurologic supply to all internal organs of reproduction. Demonstrates knowledge of the pelvis, cervical canal and uterine cavity including anatomy, histology and function. Demonstrates in-depth knowledge of the physiology of the normal menstrual cycle. Demonstrates basic knowledge of the physiology of conception, including: • Ovulation • Tubal transport of ova and zygote • Implantation • Fertilization • Embryogenesis • Structure and function of the placenta • Fetal development	Demonstrates in-depth knowledge of variations in the normal menstrual cycle caused by PCOS and other endocrinopathies, including using a focused diagnostic approach and generation of a comprehensive management plan.	Demonstrates a clear understanding of how pregnancy and contraception are affected by variations in the menstrual cycle, and the ability to formulate comprehensive management plans for women with complex co-morbid conditions. Able to provide expert consultation regarding contraception in women with complex endocrinopathies affecting their menstrual cycle. Demonstrates advanced knowledge of the physiology of conception and how various contraceptive methods interrupt these processes.	Adds to the primary literature in the areas of the physiology of conception, reproductive endocrinology as it relates to pregnancy and/or contraception and new applications of contraceptive technology on the physiology of reproduction. Provides instruction and/or mentorship to learners in the areas of reproductive anatomy and/or physiology.

Contraception: Medical Knowledge				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates critically deficient knowledge of one or more available forms of contraception: • CHC's • progestin-only methods • emergency contraception • LARC • barrier methods Bases contraceptive decision-making on incomplete or erroneous knowledge of contraceptive methods, including contraindications, side effects, efficacy or mechanism of action.	Demonstrates basic knowledge of the different regimens of combined hormonal contraceptives (CHC's), including physiologic and metabolic actions and adverse effects • Combined oral contraceptives • Contraceptive patch • Contraceptive ring Demonstrates basic knowledge of the pharmacology and action of progestin-only systemic contraceptive agents and the adverse effects of their use. • Progestin-only oral contraceptives • Injectable progestin • Subdermal implantable progestin Demonstrates basic knowledge of the mechanism of action, efficacy and side effects of all available intrauterine contraceptive devices (IUD's) Demonstrates basic knowledge of the mechanism of action, efficacy and indications for all available methods of emergency contraception. Demonstrates knowledge of proper use and efficacy of all available barrier methods. Demonstrates basic knowledge of the physiology of natural family planning methods.	Demonstrates knowledge of the pharmacology and pharmacologic actions of the different combined hormonal contraceptive regimens, including differential actions of different progestins. Demonstrates knowledge of the special considerations of CHC's in women with various medical conditions. Demonstrates knowledge of the special problems of progestin-only systemic contraceptive agents in certain women, including: • adolescents • obese women • women using seizure medications • other medically complicated women Teaches medical students and residents about basics of contraception methods.	Demonstrates comprehensive knowledge and expertise in management of short and long acting contraception, including side effects and complications. Demonstrates knowledge of novel methods of contraception in development or currently not available in the U.S.	Adds to the primary literature in contraceptive development and research. Acts as primary investigator for contraceptive clinical trials. Provides expert consultation in the development of new contraceptive technologies.

Anatomy and Physiology of Reproduction: Medical Knowledge				
Level 1	Level 2	Level 3	Level 4	Level 5
Cannot demonstrate a comprehensive working knowledge of pelvic anatomy. Cannot describe the physiology of the normal menstrual cycle. Incomplete understanding of the physiology of conception.	Demonstrates knowledge of the vascular and neurologic supply to all internal organs of reproduction. Demonstrates knowledge of the pelvis, cervical canal and uterine cavity including anatomy, histology and function. Demonstrates in-depth knowledge of the physiology of the normal menstrual cycle. Demonstrates basic knowledge of the physiology of conception, including: • Ovulation • Tubal transport of ova and zygote • Implantation • Fertilization • Embryogenesis • Structure and function of the placenta • Fetal development	Demonstrates in-depth knowledge of variations in the normal menstrual cycle caused by PCOS and other endocrinopathies, including using a focused diagnostic approach and generation of a comprehensive management plan.	Demonstrates a clear understanding of how pregnancy and contraception are affected by variations in the menstrual cycle, and the ability to formulate comprehensive management plans for women with complex co-morbid conditions. Able to provide expert consultation regarding contraception in women with complex endocrinopathies affecting their menstrual cycle. Demonstrates advanced knowledge of the physiology of conception and how various contraceptive methods interrupt these processes.	Adds to the primary literature in the areas of the physiology of conception, reproductive endocrinology as it relates to pregnancy and/or contraception and new applications of contraceptive technology on the physiology of reproduction. Provides instruction and/or mentorship to learners in the areas of reproductive anatomy and/or physiology.

Contraception: Medical Knowledge				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates critically deficient knowledge of one or more available forms of contraception: • CHC's • progestin-only methods • emergency contraception • LARC • barrier methods Bases contraceptive decision-making on incomplete or erroneous knowledge of contraceptive methods, including contraindications, side effects, efficacy or mechanism of action.	Demonstrates basic knowledge of the different regimens of combined hormonal contraceptives (CHC's), including physiologic and metabolic actions and adverse effects • Combined oral contraceptives • Contraceptive patch • Contraceptive ring Demonstrates basic knowledge of the pharmacology and action of progestin-only systemic contraceptive agents and the adverse effects of their use. • Progestin-only oral contraceptives • Injectable progestin • Subdermal implantable progestin Demonstrates basic knowledge of the mechanism of action, efficacy and side effects of all available intrauterine contraceptive devices (IUD's) Demonstrates basic knowledge of the mechanism of action, efficacy and indications for all available methods of emergency contraception. Demonstrates knowledge of proper use and efficacy of all available barrier methods. Demonstrates basic knowledge of the physiology of natural family planning methods.	Demonstrates knowledge of the pharmacology and pharmacologic actions of the different combined hormonal contraceptive regimens, including differential actions of different progestins. Demonstrates knowledge of the special considerations of CHC's in women with various medical conditions. Demonstrates knowledge of the special problems of progestin-only systemic contraceptive agents in certain women, including: • adolescents • obese women • women using seizure medications • other medically complicated women Teaches medical students and residents about basics of contraception methods.	Demonstrates comprehensive knowledge and expertise in management of short and long acting contraception, including side effects and complications. Demonstrates knowledge of novel methods of contraception in development or currently not available in the U.S.	Adds to the primary literature in contraceptive development and research. Acts as primary investigator for contraceptive clinical trials. Provides expert consultation in the development of new contraceptive technologies.

Contraception: Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Provides incorrect or incomplete counseling regarding the full spectrum of contraceptive options for medically uncomplicated patients. Unable to perform intra-uterine and/or implantable contraceptive placement without significant guidance.	Counsels on the effectiveness, risks, benefits, and contraindications of available forms of contraception. • CHC's • progestin-only methods • LARC • barrier methods • natural family planning: cycle beads, BBT, cervical mucus testing • emergency contraception • dual protection Performs straightforward intra-uterine and implantable contraceptive placement and removal Formulates comprehensive management plans for patients with medical diseases complicating their use of contraceptive methods.	Counsels medically complex women regarding their contraceptive options and tailors their contraceptive choice to their medical condition and reproductive life plan. Performs complicated intra-uterine and implantable contraceptive placement and removal, including IUD with lost strings, deep implant placement, etc. Counsels medically complicated women regarding the use of contraceptives for non-contraceptive indications (abnormal uterine bleeding, endometrial hyperplasia, etc) Manages complications of contraceptive methods.	Provides expert consultation in contraceptive counseling and use for medically complicated women. Teaches and supervises junior learners in contraceptive counseling, selection and placement/removal of LARC devices.	Adds to the primary literature in contraceptive use. Trains providers in placement and removal of LARC devices and other contraceptive technology at a national or international level.

Sterilization: Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Unable to perform or limited exposure to laparoscopic, post-partum and/or hysteroscopic tubal sterilization. Incorrect or incomplete knowledge of the risks, benefits, and contraindications for male and female sterilization.	Counsels on the effectiveness, risks, benefits, and contraindications for male and female sterilization. Performs uncomplicated laparoscopic, post-partum (mini-laparotomy) and hysteroscopic tubal sterilization	Counsels medically, surgically or ethically complicated women regarding the relative risks and benefits of sterilization vs other forms of reversible contraception. Able to independently perform all forms of tubal sterilization including: • laparoscopic tubal occlusion via electrocoagulation and at least one other occlusion method (clips/rings) • partial and total salpingectomy (laparoscopic and mini-lap) • hysteroscopic tubal occlusion Able to diagnose and manage complications of all types of sterilization procedures.	Provides expert consultation in decision-making regarding tubal sterilization vs other forms of reversible contraception. Teaches and supervises junior learners in all methods of tubal sterilization.	Knowledge of the standard of care for and the ability to perform vasectomy (training-program dependent)

Medical management of undesired or abnormal pregnancy in the first trimester: Medical Knowledge				
Level 1	Level 2	Level 3	Level 4	Level 5
Absent or incorrect knowledge of medication regimens for medication abortion and medical management of miscarriage.	Demonstrates knowledge of medical methods of uterine evacuation in the first trimester, including regimens of misoprostol and mifepristone. Demonstrates knowledge of prostaglandin analogues in the management of missed or incomplete abortion. Demonstrates knowledge of the mechanism of action and clinical application of methotrexate in the management of extrauterine pregnancy.	Demonstrates knowledge of the pharmacology and mechanism of action of mifepristone and misoprostol in first and second trimester pregnancy termination, including traditional (FDA) and evidence-based regimens and the benefits and drawbacks of each. Demonstrates knowledge of the pharmacology and mechanism of action of prostaglandin analogues used alone or in combination with other agents for second trimester uterine evacuation.	Teaches and provides expert opinion regarding the pharmacology and mechanism of action of all pharmacologic agents used in medical uterine evacuation.	Contributes to the primary literature in the basic science/pharmacology of medical uterine evacuation.

Medical termination of undesired or abnormal pregnancy in the first trimester: Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Unable to counsel patients regarding medical termination of pregnancy in the first trimester. Unable to or provides incomplete or inadequate counseling regarding medical management of miscarriage. Unable to manage or never exposed to complications of medical uterine evacuation.	Counsels patients regarding medical termination of pregnancy in the first trimester, including risks, benefits, alternatives, proper use of medications, expected side effects, possible complications and appropriate follow up, with supervision. Counsels patients regarding medical management of miscarriage and incomplete abortion, including all of the above. Recognizes and manages straightforward complications of medical management of uterine evacuation (ie hemorrhage, infection, incomplete procedure and failure)	Independently counsels patients regarding medical termination of pregnancy in the first trimester, including medically complicated patients. Guides procedure selection based on a patient's unique presentation (medical, social, emotional, logistical). Provides comprehensive medical management of early pregnancy failure, incomplete abortion and ectopic pregnancy. Recognizes and manages all complications occurring from medical management of abortion, including: • retained POC • infection • hemorrhage • abnormal placentation	Effectively teaches and supervises learners in the provision of medical management of pregnancy termination and uterine evacuation in the first trimester. Effectively supervises learners in the diagnosis and management of complications resulting from first trimester medical termination of pregnancy/uterine evacuation. Provides expert consultation to other physicians in medical uterine evacuation for both routine and complex indications.	Adds to the primary clinical literature to improve the safety, efficacy and/or service delivery of medical termination of pregnancy in the first trimester. Provides expert consultation in the management of complicated termination of pregnancy - uterine/placental abnormalities, gravid hysterectomy - in consultation with other services (general surgery, gyn-oncology, urology, etc) Provides expert consultation and management of abortion-related complications (referral center) in consultation with other services (general surgery, gyn-oncology, urology, etc)

Medical termination of undesired or abnormal pregnancy in the second trimester: Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Unable to use evidence-based regimens for medical uterine evacuation in the second trimester. Unable to manage or never exposed to complications of second trimester medical uterine evacuation.	Counsels about and performs medical uterine evacuation in the second trimester, including appropriate selection and dosing of prostaglandin analogs. Recognizes straightforward complications of medical management of second trimester uterine evacuation (ie hemorrhage, infection, retained placenta, failure with need to convert to a surgical procedure); manages complications with supervision	Independently counsels patients regarding medical termination of pregnancy in the second trimester, including medically complicated patients. Guides procedure selection based on a patient's unique presentation (medical, social, emotional, logistical). Performs medical uterine evacuation in the second trimester using all available methods: • mifepristone and misoprostol • prostaglandin analogues alone or in combination with other agents Recognizes and manages all complications occurring from medical management of second trimester uterine evacuation, including: • retained POC • infection • hemorrhage • uterine rupture • abnormal placentation • failure, including indications to convert to surgical evacuation	Effectively teaches and supervises learners in the provision of medical management of pregnancy termination and uterine evacuation in the second trimester. Effectively supervises learners in the diagnosis and management of complications resulting from medical termination of pregnancy/uterine evacuation. Provides expert consultation to other physicians in second trimester medical uterine evacuation for both routine and complex indications. Able to develop and adapt institutional guidelines for medical uterine evacuation based on the best available evidence.	Adds to the primary clinical literature to improve the safety, efficacy and/or service delivery of second trimester medical uterine evacuation. Provides expert consultation in the management of complicated second trimester medical uterine evacuation - uterine/placental abnormalities, gravid hysterectomy - in consultation with other services (general surgery, gyn-oncology, urology, etc) Provides expert consultation and management of second trimester medical uterine evacuation (referral center) in consultation with other services (general surgery, gyn-oncology, urology, etc)

Surgical termination of undesired or abnormal pregnancy in the first trimester: Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Unable to perform first trimester surgical uterine evacuation without supervision. Unable to manage or never exposed to complications of first trimester surgical uterine evacuation. Overconfident in their ability to perform first trimester surgical uterine evacuation, requiring supervision.	Demonstrates the ability to independently perform basic first trimester surgical uterine evacuation. Recognizes and manages straightforward complications of first trimester surgical uterine evacuation. Determines the need for consultation, referral or transfer of patients with complex conditions.	Demonstrates the ability to perform first trimester uterine evacuation, both manual and electric including management of difficult cases and complications. • MVA, EVA, Hysterotomy, hysterectomy (gravid) Demonstrates the ability to utilize safe and effective analgesia and anesthesia for first trimester uterine evacuation Demonstrates knowledge of the indications for and the ability to provide cervical preparation for late first trimester uterine evacuation according to evidence-based standards, including: • use of prostaglandin analogues alone or in combination with osmotic dilators	Demonstrates the ability to recognize and manage all complications of first trimester surgical uterine evacuation, including: • retained products of conception • uterine perforation • cervical laceration • inability to locate, access or dilate the cervix including false passage • post-abortal infection • septic abortion • hemorrhage due to atony, abnormal placentation and embolus Demonstrates the ability to predict and prevent complications in medically and/or surgically complicated patients	Authors peer-reviewed clinical guidelines at the institutional, state or national level based on the best and emerging evidence. Adds to the primary literature in the delivery of safe, effective and efficient first trimester surgical uterine evacuation. Acts as a medical advisor/expert to research, policy, and/or governmental groups concerning first trimester surgical abortion practice.

Surgical termination of undesired or abnormal pregnancy in the second trimester: Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Never exposed to second trimester surgical uterine evacuation. Unable to manage or never exposed to complications of second trimester surgical uterine evacuation. Overconfident in their ability to perform second trimester surgical uterine evacuation, requiring supervision.	Demonstrates knowledge of the indications for and methods of cervical preparation for second trimester surgical uterine evacuation, including osmotic dilators with or without prostaglandin analogs. Demonstrates the ability to place osmotic dilators in uncomplicated cases with assistance/supervision. Demonstrates the ability to perform basic second trimester surgical uterine evacuation, with supervision/assistance. Recognizes and manages straightforward complications of second trimester surgical uterine evacuation. Determines the need for consultation, referral or transfer of patients with complex conditions.	Demonstrates the ability to provide cervical preparation for second trimester uterine evacuation according to evidence-based standards, including: • placement of osmotic dilators • use of prostaglandin analogues alone or in combination with osmotic dilators Demonstrates the ability to perform second trimester surgical uterine evacuation to 22+ weeks gestation via dilation and evacuation. Recognizes the indications for other surgical means of uterine evacuation in the second trimester: • dilation and extraction (intact D&E) • hysterotomy • gravid hysterectomy Able to perform these procedures with expert consultation or assistance when necessary. Demonstrates the ability to utilize safe and effective analgesia and anesthesia for second trimester surgical uterine evacuation.	Demonstrates the ability to recognize and manage all complications of second trimester uterine evacuation, including: • retained products of conception • uterine perforation • cervical laceration • post-abortal infection • septic abortion • hemorrhage due to atony, abnormal placentation and embolus Demonstrates the ability to predict and prevent complications in medically and/or surgically complicated patients Demonstrates knowledge of the standard of care for feticide for second trimester abortion: • intra-amniotic/intra-fetal injection • intra-operative feticide	Authors peer-reviewed clinical guidelines at the institutional, state or national level based on the best and emerging evidence. Adds to the primary literature in the delivery of safe, effective and efficient second trimester surgical uterine evacuation. Acts as a medical advisor/expert to research, policy, and/or governmental groups concerning second trimester surgical abortion practice.

Diagnostic procedures: Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Unable to reliably date a pregnancy and/or determine placental location using ultrasound, in the first and/or second trimester. Unable to diagnose extrauterine pregnancy.	Demonstrates the ability to perform transvaginal and transabdominal ultrasound to: • obtain fetal biometry • determine placental location • locate intra-uterine device • diagnosis of extrauterine pregnancy Demonstrates the ability to use hysteroscopy to assist in the diagnosis and therapy of conditions related to contraceptive use and abortion (ie hysteroscopic removal of an IUD) Demonstrates knowledge and clinical uses of immunoassay for qualitative detection and quantitative management of hCG in urine and serum.	Demonstrates the ability to use intra-operative ultrasound guidance in the performance of first and second trimester uterine evacuation, complicated LARC removal. Demonstrates the ability to use other imaging (CT, MRI) in the diagnosis and management of contraceptive and abortion issues (ie LARC location, abnormal placentation, uterine abnormalities)	Demonstrates the ability to provide ultrasound guidance for first and second trimester uterine evacuation and complicated LARC removal. Demonstrates the ability to diagnose uterine perforation and anomalous placentation using ultrasound.	

Counseling: Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Unable to provide effective, accurate counseling regarding contraceptive options. Unable to provide complete pregnancy options counseling including benefits and risks of pregnancy/childbirth, abortion and adoption. Overwhelmed by stressful, emergent or complex situations. Provides overly simple or directive counseling; doesn't adjust to a patient's particular needs, literary or learning style. Counsels differentially based on a patient's race, socioeconomic, cultural background or reproductive history.	Demonstrates the ability to counsel women regarding appropriate contraceptive options, including potential risks, benefits and complications. Checks with patient for understanding of management plans. Communicates effectively in stressful, emergent and complex situations. Demonstrates the ability to provide pregnancy options counseling, including the benefits and risks of continuing the pregnancy/childbirth, abortion and referral for adoption. Communicates effectively with patient and families across a broad range of socioeconomic and cultural backgrounds.	Demonstrates the ability to counsel medically complicated women regarding their unique contraceptive needs, as well as possible side effect, risks, benefits and complications. Demonstrates the ability to counsel women regarding sterilization: • risk of regret and methods of tubal reversal • choice of procedures and complications of each • alternatives including comparative efficacy and duration Demonstrates the ability to counsel women seeking pregnancy termination: • procedural expectations including pain control • risks • post-abortion symptoms, warning signs and recovery • post-abortion contraception Demonstrates the ability to counsel women referred for pregnancy termination specifically for fetal anomalies, genetic or maternal health indications, including pre and post-operative evaluation as well as supportive care.	Supervises junior learners in providing comprehensive contraceptive counseling for routine and medically complicated women. Role models effective communication to junior learners in a variety of situations. Supervises junior learners in counseling women regarding their pregnancy options, including medically and socially/emotionally/ethically complicated situations. Effectively balances physician-patient communication mandated by state law (ie parental notification/consent, mandatory counseling, waiting periods, etc) with medically correct and evidence-based information. Delivers bad news to patients/families regarding complications, poor outcomes or death, including medical errors that caused harm. Models these behaviors for junior learners.	Contributes to the primary literature in the areas of effective contraceptive counseling, pregnancy options counseling, abortion procedure selection and patient satisfaction without outcomes. Provides expert consultation in counseling patients regarding contraceptive choice and pregnancy options in medically and socially/emotionally/ ethically complicated situations.

Psychosocial aspects of abortion provision: Professionalism/SBP				
Level 1	Level 2	Level 3	Level 4	Level 5
Exhibits critical deficiencies in recognizing and managing psychosocial aspects of caring for women facing an unplanned pregnancy. Demonstrates poor self-awareness regarding stress, fatigue, personal boundaries in the clinical setting. Demonstrates poor insight into the psychological impact of abortion care on providers and support staff.	Consistently shows respect, compassion and integrity for patients in a wide variety of clinical contexts surrounding contraception and unplanned/unwanted pregnancy. Consistently models compassion, integrity and respect for others. Demonstrates self-awareness of fatigue and stress and mitigates the effects.	Demonstrates knowledge of the psychosocial aspects of contraceptive use and unplanned/unwanted pregnancy. Demonstrates knowledge of the psychosocial and social implications of the woman's request for abortion and the potential psychological sequelae of abortion and childbirth. Recognizes the psychological impact of abortion provision on providers and staff. Demonstrates self-awareness of personal boundaries in caring for women seeking abortion care and recognizes when exploration of these issues with other practitioners is warranted.	Demonstrates knowledge of values clarification and reflection exercises relating to the psychological impact on those who provide abortions and their support staff. Provides context for the psychosocial aspects of abortion care to learners and support staff in a clinical environment.	Provides expert consultation for other practitioners and patient care settings requesting values clarification exercises or exploration of psychosocial issues surrounding abortion care. Creates and/or delivers curricula or other learning materials for diverse audiences regarding the psychosocial aspects of contraception and abortion care.

Professional Ethics and Accountability: Professionalism				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates differential treatment of patients, staff, learners or colleagues based on their gender, age, race, sexual orientation, religion, disability, personal beliefs or medical history. Cannot be relied on to act truthfully in all circumstances. Does not complete administrative duties in a timely manner; requires multiple reminders; does not maintain accurate and timely medical recordkeeping. Does not alter their behavior in response to feedback.	Demonstrates integrity, respect, honesty and compassion in interactions with patients, colleagues and learners. Accepts constructive feedback to improve his/her ability to demonstrate compassion, integrity and respect for others. Honest and truthful in all circumstances. Recognizes limits of knowledge, expertise and clinical skills. Demonstrates timeliness in completion of administrative duties without reminders. Demonstrates understanding of ethical principles, including boundary issues, and consciously applies them to patient care.	Successfully navigates conflicts between patient preferences that are discordant with personal beliefs. Successfully navigates ethically complex clinical issues involving patient autonomy. Balances patient privacy with ethical and legal requirements in complex circumstances involving contraception and abortion care. Acknowledges errors with Program Director, faculty and/or patients.	Consistently models compassion, integrity and respect for others in all clinical contexts. Successfully leads others through complex and atypical clinical issues involving patient autonomy. Successfully navigates conflicts between patient needs and the discordant personal beliefs of learners, staff or administration. Demonstrates commitment to self-improvement. Operates professionally and independently in various educational and patient care environments.	Serves on institutional ethics committee. Provides national leadership/role modeling for professionalism in the field of family planning. Adds to the primary literature in the ethics of family planning related topics.

Public Policy and Advocacy - SBP				
Level 1	Level 2	Level 3	Level 4	Level 5
Unable or unwilling to advocate for a patient's reproductive health care needs within their health care setting. Demonstrates lack of awareness of public policy surrounding family planning and how it affects reproductive health care delivery.	Understands the role of physicians in advocating for appropriate reproductive health care. Demonstrates an awareness of the need for patient advocacy as it relates to reproductive health care and family planning. Advocates for patients in their health care setting.	Demonstrates knowledge of how national, state and local policies impact reproductive health care, especially those local to their particular setting. Demonstrates knowledge of the professional organizations that advocate for and influence public policy in family planning on both the local and national level.	Demonstrates knowledge of the methods that can be used to influence local, state, and federal government and private agencies with respect to the issues of contraception and abortion. Communicates or models the above methods to learners and co-workers. Demonstrates the skills to educate non-physicians about contraception and abortion and policies that affect health care provision in family planning.	Participates in media interviews regarding family planning topics. Provides testimony to legislative bodies regarding family planning legislation; participates in lobbying events. Delivers educational programming regarding family planning policy, legislation and advocacy to diverse groups of learners, foundations and other public and private organizations.

Research design, statistics and publication - PBLI				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates poor, incorrect or incorrect knowledge of research design. Unable to critically appraise the literature without significant guidance. Does not incorporate evidence-based medicine into practice.	Describes commonly used study designs (ie RCT, cohort, case-control, cross-sectional) Critically reviews and interprets the literature with the ability to identify study aims hypotheses, design and biases	Demonstrate a working knowledge of the following statistical concepts through enrollment in appropriate coursework: • measurement of central tendency/differences/measurement error • descriptive statistics including vital stats, measurements of fertility, calculation of and age adjustment of relevant rates (mortality, fertility, disease incidence etc) and sources of high quality information (US vital stats, DHHS, CDC, NSFG) • probability distributions • sampling distributions, estimation of means and proportions, methods to describe variability • hypothesis testing, type I and II errors, sample size determination • analysis of variance and regression techniques including linear and logistic regression • non-parametric tests including chi-square and exact tests • approaches to the evaluation and comparison of clinical tests, ie sensitivity, specificity, PPV, NPV, NNT, likelihood ratios, kappa, decision trees • designing and conducting observational studies (qualitative and quantitative) and clinical experiments (RCTs) using appropriate methodology Develop a study design and write a funding proposal and study budget Develop a hypothesis-based research project involving clinical subjects, bench research, analysis of an existing dataset or a combination of these. Demonstrate knowledge of ethics involving human subjects research and obtain IRB approval for a study	Complete a Masters program in Public Health or Science Demonstrate familiarity with one or more computer data entry programs and analysis programs Write a publishable thesis based on their research prior to graduation from fellowship Demonstrate the ability to provide critical review of manuscripts submitted for peer review Provide didactic teaching regarding basic statistical concepts and critical review of the literature to students and residents, including leading journal club. Demonstrate the ability to write material for publication in: • medical journals • scientific texts • syllabi for lectures • lay publications	Publish one or more original research projects during fellowship. Apply for and receive external grant funding during fellowship. Critically review manuscripts for peer reviewed journals in the field (Green Journal, Contraception, Grey Journal, etc)

American Board of Obstetrics & Gynecology
2018 Complex Family Planning Qualifying Application

Applicant: John D. Sample, M.D.
ABOG ID Number:
Application Name: 2018 Complex Family Planning Qualifying Application

Your email address is: test@test.com
Please re-enter your email address to confirm that this is the correct address. (To update your email address, click "Edit" next to your information below.)

Confirm Email Address: (required)

Address: 1234 Main Street
City/State/Zip: Dallas, TX 75020
Home Phone: 214-555-1234
Office Phone: 214-555-5678
Mobile Phone: 214-555-9012
Birth Date:

Edit

Medical Schools

Click on a medical school to **edit** or **remove** that medical school.

Institution	State	Start Date	Ending Date
Univ of Texas Med Sch	TX	(none)	5/31/1995

Add

Fellowships

Click the **Add** button below your list of fellowships to add a new fellowship

Name of Program	State	Start Date	Ending Date
Sidney Kimmel Med College at Thomas Jefferson	PA	7/1/1999	12/31/1999

Add

Medical Licenses

Click on a license in the list to **edit** or **remove** that license.

License Number	State	Issue Date	Expiration Date
	WA	7/27/2000	5/2/2019

Add

Have you ever had:

(required) any disciplinary or non-disciplinary action on any Medical license held in any state or province?

(required) any felony conviction?

(required) any illicit or illegal substance abuse or alcohol offenses?

(required) any limitation, restriction, suspension, revocation, denial of renewal of hospital privileges?

ID Requirements

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:

John D. Sample

(required) Do you have a current government-issued photo ID with your name exactly as it is listed above and your signature?

Terms of Application (click here to print terms)

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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
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Answering "YES" to the following question constitutes your electronic signature and must be performed by the physician making application.

(required) I have read and agree to the Terms of Application.

Submit Application

DEVELOPMENT: 1.12(1).0(1)

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30341-3724

April 27, 2018

Richard E. Hawkins, MD
ABMS President and Chief Executive Officer
American Board of Medical Specialties
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The Fellowship in Family Planning has an important role in family planning and reproductive health care practice in the United States. In our activities at the Centers for Disease Control and Prevention (CDC), we frequently rely on the specialized expertise of the Family Planning Fellows, immediate post-Fellows, Fellowship Directors, and the broader Fellowship community in the development of CDC's evidence-based guidance for contraception, implementation of quality family planning care, and research on the safety, effectiveness, and provision of contraception. In addition, the Fellowship has contributed substantially to CDC's technical assistance to the World Health Organization's global efforts around contraception guidance and implementation.

The Fellowship in Family Planning has been integral to the development and implementation of CDC's clinical practice guidelines for contraception in the United States. This guidance addresses topics such as the safety of various contraceptive methods for women with complex medical conditions, and the unique clinical and research expertise of those in the Fellowship community has been essential in creating these recommendations. CDC hosts two post-Fellows each year as Guest Researchers who spend two years working on critical aspects of CDC's family planning activities by conducting systematic reviews of the evidence, translating evidence into guidance for health care providers, and enabling the use of the guidance by the wide range of clinicians who provide family planning services. The post-Fellows also serve as family planning experts within CDC, providing crucial input on research, programs, and policies around family planning, as well as providing technical assistance to the World Health Organization. The post-Fellows exemplify the outstanding clinical expertise, rigorous research experience, and exceptional leadership skills gained during the Fellowship program, which prepares Fellows for key leadership positions in academia, government, and other clinical and research institutions.

In addition to our direct collaboration with the post-Fellows, the broader Fellowship community has made substantial contributions to CDC's work. Over 30 clinicians and researchers from the Fellowship community have participated in developing CDC's national contraception guidance,

and many more have disseminated and implemented the guidance throughout the country. We look to the Fellowship community as a key partner in addressing complex family planning issues in research, practice, and programs. For example, in 2016, CDC and the CDC Foundation partnered with the Fellowship in Family Planning when 12 current or former Fellows provided clinical proctoring and mentoring to over 150 clinicians in Puerto Rico as part of a program to increase access to contraception during the Zika epidemic. This program ultimately served more than 20,000 women, 95% of whom received a reversible contraceptive method on the day of their visit, thereby reducing risk for unintended pregnancy and potential for adverse birth outcomes related to Zika virus infection.

Another contribution of the Fellowship in Family Planning is the family planning research that informs contraception practice and the provision of quality family planning services in the United States. Within the Fellowship community, clinicians are identifying key gaps in knowledge, conducting rigorous studies to address these gaps, and providing the essential, targeted evidence. CDC uses this research to provide strong recommendations based on high quality data. CDC will continue to rely on the Fellowship community to provide scientific evidence to move the field forward.

The Fellowship in Family Planning is a key partner in CDC's activities to address complex issues in family planning provision and improve the health of women, couples, and families across the United States and globally.

Sincerely,

Lee Warner, PhD, MPH
Chief, Women's Health and Fertility Branch,
Division of Reproductive Health
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Highway, Mailstop K-20
Atlanta, GA 30341
dlw7@cdc.gov

409 12th Street, SW
Suite 601
Washington, DC 20024
SMFM.org

April 27, 2018

Richard E. Hawkins, MD
ABMS President and Chief Executive Officer
American Board of Medical Specialties
353 North Clark Street
Suite 1400
Chicago, IL 60654

Re: SMFM support for Fellowship in Family Planning

Dear Dr. Hawkins,

On behalf of the Society for Maternal Fetal Medicine (SMFM) I would like to offer our strong support for the recognition of subspecialty certification and accreditation of programs in Family Planning. Given the increased complexity of medical and surgical care for women related to reproductive health and contraception, we support the concept and need for a recognized fellowship. As a society, SMFM has successfully partnered with the Family Planning fellowship leaders in several academic areas –promoting and improving clinical care and research for high risk mothers needing these services.

As you may know, The Fellowship in Family Planning (FFP) was started in 1991 by a nationally and internationally recognized leader in Family Planning at the University of California, San Francisco. The founding fellowship directors recognized the need for training, research and health policy to advance women's reproductive health and create new generations of leaders dedicated to women's health. Over the past 27 years, the FFP greatly expanded research in all aspects of contraception and pregnancy termination, and related areas, providing evidence for complex contraceptive and abortion care, curricula for training students and obgyn residents, medical practice guidelines and guiding policy decisions.

FFP's have over 300 graduates, the majority of which go into academic medicine where they establish sections and divisions in family planning where they work with their colleagues in obgyn as well as other departments for whom they serve as family planning consultants for women with complex medical conditions. In fact, at my home institution, we have just recruited a FFP trained faculty to work on our faculty with our MFM providers (as well as our general OB/GYN physicians).

In summary, SMFM has strong support for a clinical and research need for a FFP as well and recognizes the importance to our physicians, our institutions, and our patients for a subspecialty certification and accreditation process.

Respectfully,

Sean C Blackwell MD
SMFM President

SOCIETY of FAMILY PLANNING
research, education, and leadership

April 27, 2018

Richard E. Hawkins, MD
President and Chief Executive Officer
American Board of Medical Specialties
353 North Clark Street, Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The Society of Family Planning (SFP) was established in 2004. Our founding members are largely Directors of the Fellowship in Family Planning (FFP), including Dr. Daniel Mishell, one of the founders of the first OBGYN subspecialties and a founding FFP Director.

As the FFP has grown, so have we. Our society, consisting of nearly 800 members, is a nationally and internationally recognized body of experts. The majority of our members are clinicians and nearly all FFP graduates are members. We have provided over $20,000,000 to support investigators' career development and research activities. Through the support of those activities, our members have built a robust evidence base about all aspects of contraception and abortion care. This evidence has been used in clinical training, teaching, and to advocate for evidence-based public policy. Guiding our course has been an elite Board of Directors. All of our Board Presidents have been Directors of the FFP, and many of our At-large Board Members have been FFP graduates, associate directors, and Fellowship research reviewers. We enjoy and nurture a mutually supportive relationship with the FFP leadership and community to enhance the science of family planning and guide evidence based practice.

Our Board of Directors strongly supports the FFP's pursuit of subspecialty status. If the FFP is approved for certification through the American Board of Medical Specialties, the FFP graduates will achieve a necessary and significant professional milestone in recognition of their critical role in ensuring and promoting women's health. SFP is proud to continue and expand its role in working with the FFP subspecialty society.

We consider this a major strategic priority for our future, and look forward to working closely with you and the FFP in future joint endeavors.

On behalf of the SFP Board of Directors,

Stephanie Teal, MD, MPH
Board President

255 South 17th St., Suite 2709 ■ Philadelphia, PA 19103 ■ Ph: 866.584.6758 ■ www.societyfp.org ■ info@societyfp.org

DIPLOMATE

American Board of Obstetrics and Gynecology

Obstetrics and Gynecology

and

Complex Family Planning

HAS DEMONSTRATED TO THE SATISFACTION OF THIS BOARD THE POSSESSION OF SPECIAL KNOWLEDGE IN OBSTETRICS AND GYNECOLOGY AND COMPLEX FAMILY PLANNING
AND IS AN ACKNOWLEDGED DIPLOMATE
APRIL 1, 2018
CONTINUED CERTIFICATION REQUIRES YEARLY PARTICIPATION IN THE ABOG MAINTENANCE OF CERTIFICATION PROGRAM

President

Executive Director

Division Director

ABO+G
First in Women's Health

DIPLOMATE NO. «Certificate No.»