

ABOG Update

Joseph Biggio, MD
MFM Subspecialty Division Chair

Disclosures

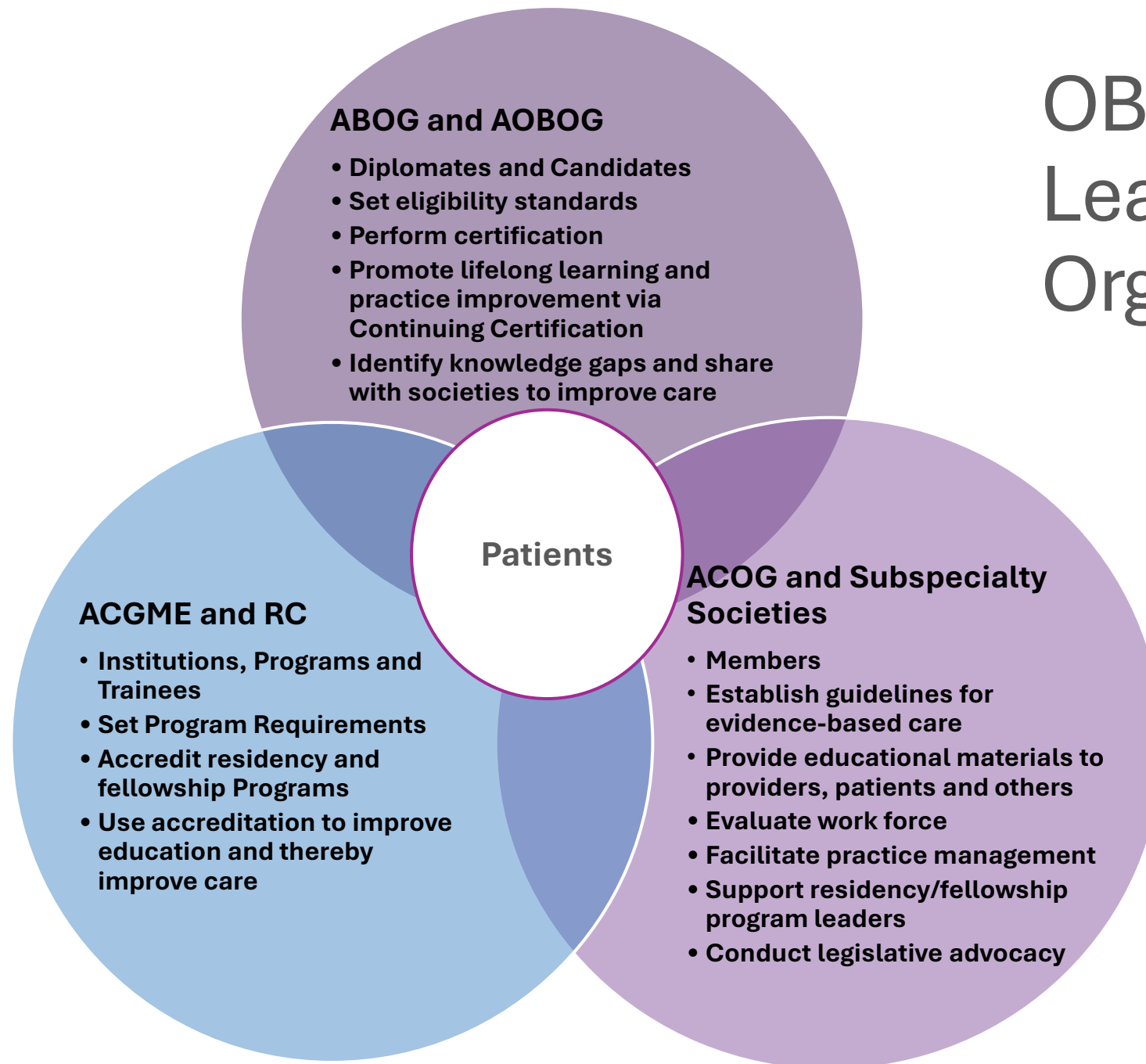
- Ochsner Health
 - System Chair and Service Line Leader, Women's Services at Ochsner Health
 - Vice-Chief Scientific Officer
- SMFM Executive Committee
- Foundation for SMFM Board of Directors

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OB-GYN Leadership Organizations



ABOG **Values &** **Objectives**



ABOG Executive Leadership



Amy Young, MD – Chief
Executive Officer
ayoung@abog.org



Kenneth H. Kim, MD, MHPE -
Associate Executive Officer
Chief of Medical Practice and
Certification Innovation
kkim@abog.org



Gabriella Gosman, MD -
Associate Executive Officer
Chief of Medical Affairs
ggosman@abog.org



Pooja Shivraj, PhD, MS
Chief of Assessments
pshivraj@abog.org

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GME Team



Andrea Rankin, MSMH
Director, Certification Standards
& GME Affairs
arankin@abog.org



Marsha Congleton
GME & Subspecialty Division
Manager
mcongleton@abog.org

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MFM Division



Joseph Biggio – Chair
Judette Louis
Lynn Simpson
Shani Delaney
Lisa Foglia
Kimberly Fortner



Division Responsibilities



- Advise ABOG on eligibility requirements
- Create and evolve assessments
- Guide the subspecialty to serve patients and society
- Give input to guide OB-GYN and all its subspecialties

Facts and Efforts r/t ABOG National Center

- National standard setting, certification, and facilitation of continuous learning
 - Exam center located in Texas does not alter national approach
- Outstanding health care in Dallas, including emergency care for obstetrical complications and ectopic pregnancy, protected by Texas law
- Case lists protected under applicable peer review statutes and privilege
- More individualized travel: hotel choice, free parking on site
- Preview of exams/exam day: video walk-through of exam day, additional videos about the exam process

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Fellow ABOG Portal

Initial Fellow Portal and Eligibility PORTFOLIO

My Dashboard

ACTIVE FELLOW

My Certification Letter



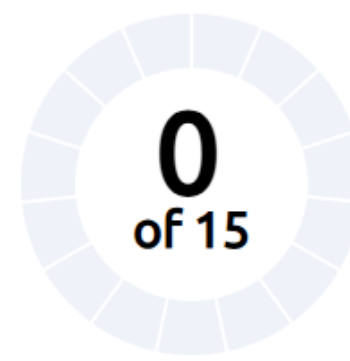
Fellowship Progress



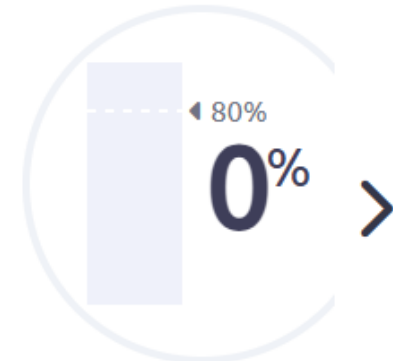
OBGYN Eligibility Period



Case List



Article Progress



2025 Article Score

Certification Tasks View ALL Tasks

> Sign MFM Fellowship Attestation by 8/30/2025

Pending

> Fellowship Leave Reporting by 8/30/2025

Pending

> Complete Articles by 12/1/2025

Pending (Optional)

2026 Subspecialty QE ONLY

Request to Extend Thesis Deadline up to 7/10/26

To request an extension:

- Email fellowship@abog.org with “**Extension Request**” in subject line
- Provide brief explanation

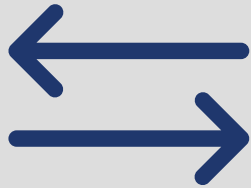
The thesis is a requirement to take the Qualifying Exam. If it is not submitted by June 15, 2026, and an extension is not requested, the individual will not be able to take the exam, will be deferred to the next exam year, and fees will not be refunded per ABOG policy.

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Thesis Process – What’s Changing



QE Requirement

The thesis will move from a requirement for **Subspecialty Certifying Exam (CE)** eligibility to **Qualifying Exam (QE)** eligibility beginning with the graduating class of 2026



Program-Level Thesis Approval

Final approval will now **rest with the program**, based on the fellow’s defense
Successful defense and meeting the thesis requirement will now be communicated to the fellow and to ABOG **prior to the end of training**

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To Whom Does This **Change Apply**

- The new process will begin with **2026 graduates and beyond**
- Individuals who completed fellowship prior to 2026 are ***not*** affected

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Thesis Defense Process

- Defense Committee of ≥ 3 members
- At least one member external to the Division, with arm's-length relationship to the research/researchers
- Committee meets \geq once prior to meeting for the defense
- Committee members can get CC Part 4 credit, ABOG volunteer recognition (Chair of Committee can enter via QR code on Thesis Defense Form)
- Thesis Defense Form very similar to current
- Fellow must upload thesis & thesis defense form by **June 15** of their final year of training

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Continuing Certification Changes

Continuing Certification (formerly MOC) Deadlines

- August 15, 2026 - Application Deadline
- September 15, 2026 – Late Deadline
- November 15, 2026 – Assignment Deadline
- The deadline change provides ABOG the ability to assess professionalism and professional standing in a timely manner
- Diplomates must participate in ABOG CC to remain certified

2026 Continuing Certification Part IV

- **Program Directors and Assistant/Associate Program Directors in ACGME-accredited programs** are eligible to receive **Part IV credit**.
- This credit will be processed once your Continuing Certification application has been approved. To qualify for Part IV credit, you must have served in your role for a minimum of six months.
- The QR code for accessing this information will be available in your portal under the section labeled "Practice Improvement."
 - Navigate to **Quality Improvement/Simulation** → **Quality Improvement** → **ACGME: Program Director/Associate Program Director**.
- The ABOG will send you an email to confirm that your request has been approved.

Part IV Continuing Certification: ACGME -Program Director & Associate Director Submission



Continuing Certification- The ACE Pilot is Underway!

- 60 Article based questions (still scored). 10 articles x 6 questions each.
- 60 MCQ's (CREOG type) tailored to your practice-no penalty.
- Goals
 - Individual better insight into knowledge strengths and gaps
 - Aggregate information goes to SMFM to inform educational work



Pass Rates

2025 Subspecialty QE (Written Exam) Pass Rates

	1 st Time Test Taker		Repeat Test Taker		Overall	
CFP	100%	(N=25)	0%	(N=0)	100%	(N=25)
Gyn Onc	96.34%	(N=82)	100%	(N=2)	96.43%	(N=84)
MFM	99.32%	(N=147)	55.56%	(N=9)	96.77%	(N=155)
REI	100%	(N=55)	50%	(N=4)	96.55%	(N=58)
URPS	92.86%	(N=70)	100%	(N=4)	93.24%	(N=74)

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2025 Subspecialty CE (Oral Exam) Pass Rates

	1 st Time Test Taker		Repeat Test Taker		Overall	
CFP	85.7%	(N=7)	0%	(N=0)	85.7%	(N=7)
Gyn Onc	91.7%	(N=84)	100%	(N=5)	92.1%	(N=89)
MFM	92.2%	(N=116)	50%	(N=10)	88.9%	(N=126)
REI	94.7%	(N=57)	0%	(N=0)	94.7%	(N=57)
URPS	98.2%	(N=54)	100%	(N=2)	98.2%	(N=56)

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MFM Case List Categories

MFM Case List Categories

Non-Obstetrical Complications of Pregnancy (exactly 30 cases)

- Critical care management – 1 case
- Cardiac, cardiovascular (chronic hypertension) and pulmonary (asthma, pneumonia) – 4 cases
- Endocrine disorders – 5 cases
- Gastrointestinal disease or bariatric surgery – 2 cases
- Hematologic or oncologic disorders – 4 cases
- Immunological, including autoimmune disorders or transplants – 3 cases
- Infectious disease – 4 cases
- Neurological or psychiatric, including substance use disorder – 2 cases
- Renal disease – 3 cases
- Surgical burns, trauma, or anesthetic complications – 2 cases

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MFM Case List Categories

Obstetrical Complications (exactly 30 cases)

- Multiple gestations and complications including twin-twin transfusion syndrome – 5 cases
- Placental and cord abnormalities, excluding marginal and velamentous cord insertions – 4 cases
- Hypertension, preeclampsia, or eclampsia – 5 cases
- Preterm labor and preterm birth – 5 cases
- Preterm premature rupture of membranes (PPROM) – 3 cases
- Cervical insufficiency or cerclage - 2 cases
- Recurrent pregnancy loss or uterine malformations – 2 cases
- Fetal death – 1 case
- Antepartum and postpartum intensive care, including massive hemorrhage, obstetric coagulopathy, or sepsis – 3 cases

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MFM Case List Categories

Fetal Complications and Prenatal Diagnosis (exactly 30 cases)

- Alloimmunization, immune, or non-immune hydrops – 3 cases
- Fetal anatomic/ultrasonographic anomalies – 8 cases
- Ultrasonography of complicated multiple gestation – 2 cases
- Fetal chromosomal or genetic abnormalities – 5 cases
- Fetal growth restriction – 5 cases
- Fetal infections- 2 cases
- Fetal arrhythmia – 1 case
- Placental, umbilical cord or amniotic fluid imaging abnormalities – 3 cases
- Invasive procedure – 1 case

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Proposed New Case List Requirements for Input

Case Collection 2027, Exam 2028

MFM Case List Proposed Changes

- Structure remains overall the same
- Numeric requirements for some categories changed
- Wording for some categories changed (additions, emphasis, removals) to avoid duplication and ensure breadth of specialty covered

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**Non-obstetrical
Complications of
Pregnancy and
postpartum**

Only submit 30 cases

2 cases in critical care (MFM2) **management of maternal medical comorbidities including cardiomyopathy, sepsis, VTE, DKA**

4 cases in cardiac, cardiovascular or pulmonary (MFM1.1.C, MFM1.1.D)

4 cases in endocrine disorders (MFM1.1.J)

2 cases in gastrointestinal disease or bariatric surgery (MFM1.1.E)

4 cases in hematologic or oncologic disorders (MFM1.1.I, MFM1.1.L)

4 cases in immunological, including autoimmune disorders or transplants

4 cases in infectious disease (MFM1.1.M)

2 cases in neurological or psychiatric, including substance abuse disorders (MFM1.1.A, MFM1.1.B)

2 cases in renal disease (MFM1.1.F)

2 cases in surgical, burns, trauma, or anesthetic complications (MFM1.2)

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Obstetrical Complications

30 patients

5 cases of multiple gestations and complications, **excluding** twin-twin transfusion syndrome

4 cases of abnormal placentation including placenta previa, vasa previa, placenta accreta spectrum

5 cases of **gestational hypertension**, preeclampsia, or eclampsia

3 cases of preterm labor and preterm birth

3 cases of preterm premature rupture of membranes (PPROM)

3 cases of cervical shortening, cervical insufficiency or cerclage

2 cases of recurrent pregnancy loss or uterine malformations

2 case of fetal death

3 cases of antepartum or post partum intensive care, including massive hemorrhage, obstetric coagulopathy, surgical complications, or eclampsia/PRES

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**Fetal
Complications and
Prenatal Diagnosis**

30 patients from the candidate's practice with genetic/fetal disorders/fetal anomalies

3 cases of alloimmunization, immune or non-immune hydrops

8 cases of fetal anatomic/ultrasonographic anomalies

4 cases of multiple gestation including complications of monochorionicity

5 cases of fetal chromosomal or genetic abnormalities

3 cases of fetal growth restriction

2 cases of fetal infections/infectious workup

2 case of fetal arrhythmia

3 cases of placental, umbilical cord, or amniotic fluid imaging abnormalities and cord abnormalities, including marginal and velamentous cord insertions; excluding placenta previa and accreta spectrum

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Time and Curriculum Proposed Changes

Timeline TBA

MFM Time and Curriculum Proposed Changes

Proposed

18 months of MFM Core Clinical Experience, including at least:

5 months of ultrasonography, including at least one month of exposure to fetal echo/pediatric cardiology and congenital heart disease

3 months of outpatient Maternal-Fetal Medicine

Up to 6 months electives

Current

3 months

2 months

6 months electives

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Program Score Reports

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Overview of Performance

- Current Year and Three-Year Trend

Distribution of Program Pass Rates by Class Size

- Current Year and Three-Year Trend

Performance by Category

- Median Program Performance Comparison by Category

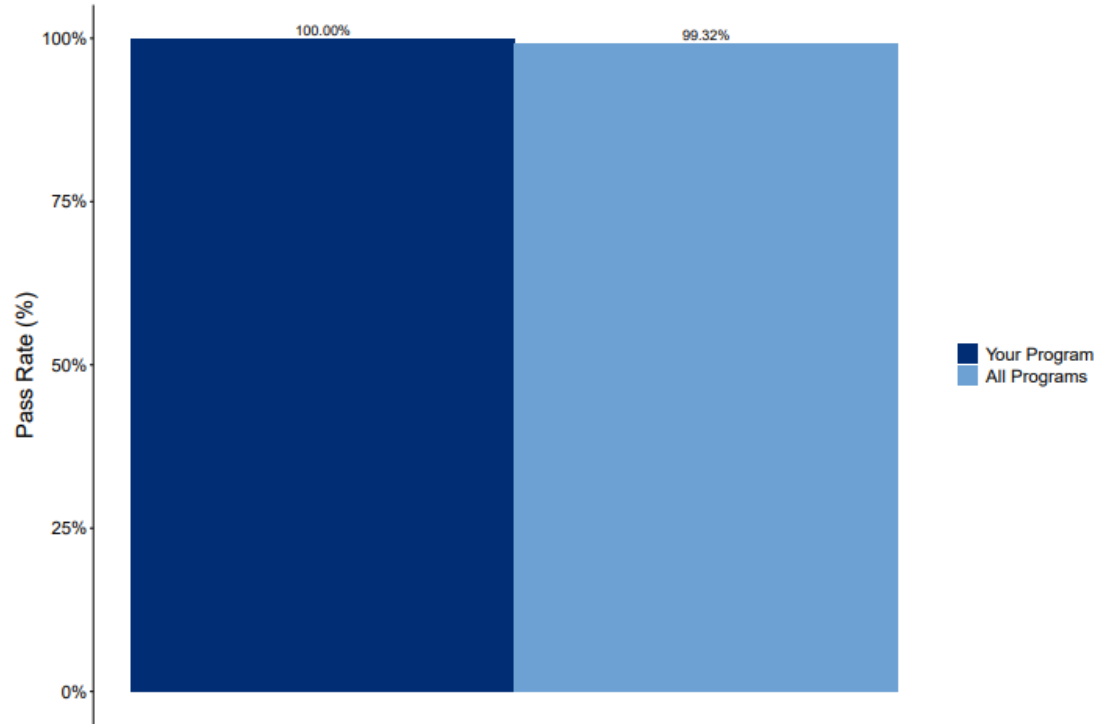
Results of Graduates from Your Program

- Current Year (score release if agreed to)

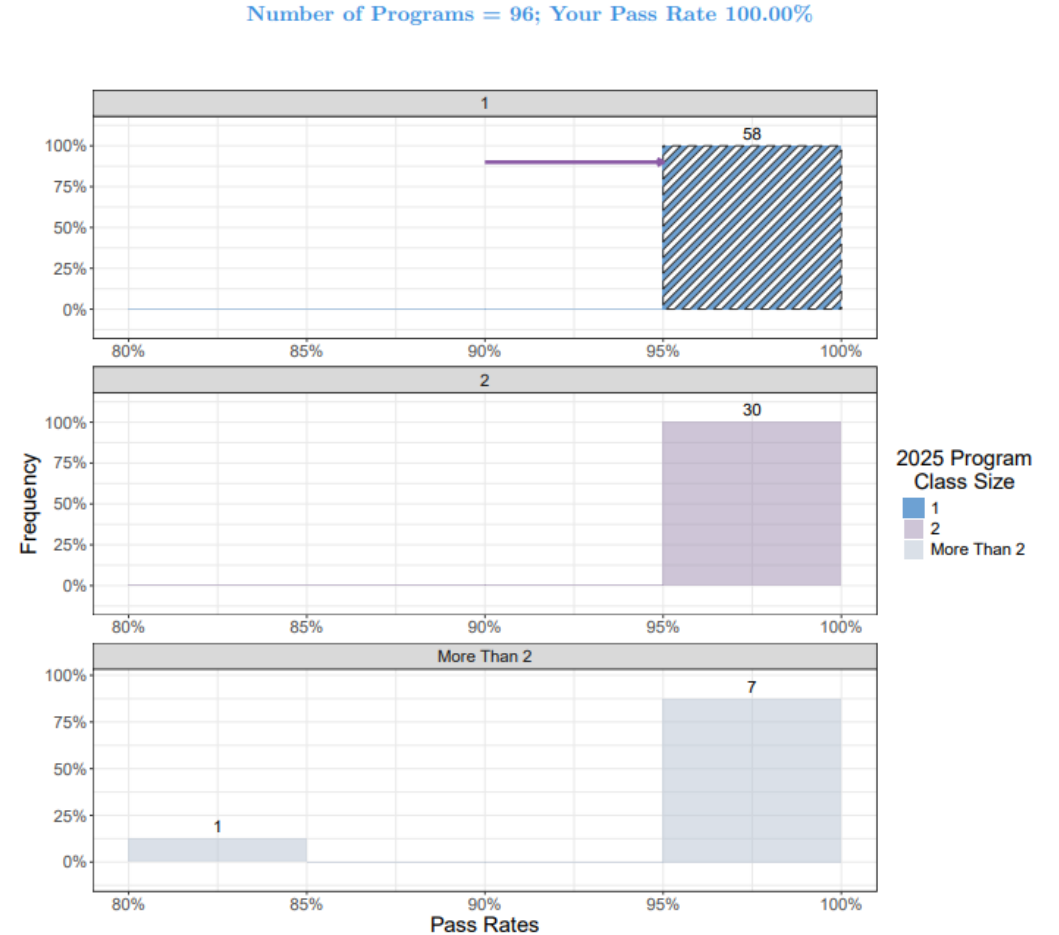
Program Performance Reports

Program Pass Rates For First-Time Takers

2025 Pass Rates for First-Time Takers



2025 Program Pass Rates for First-Time Takers by Program Class Size

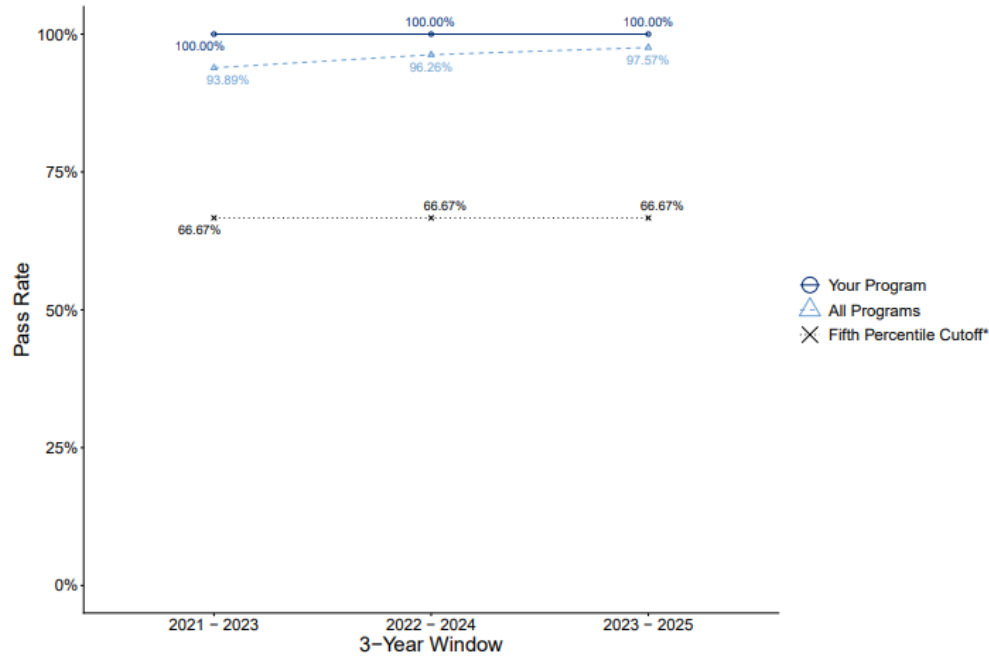


2025 MFM Qualifying Exam First-Time Taker Pass Rates

	# First-Time Takers	# Pass	Pass Rate (%)
Your Program	1	1	100%
All Programs	146	145	99.32%

Three-Year Program Pass Rates for First-Time Takers

Recent Three Year Pass Rates for First-Time Takers

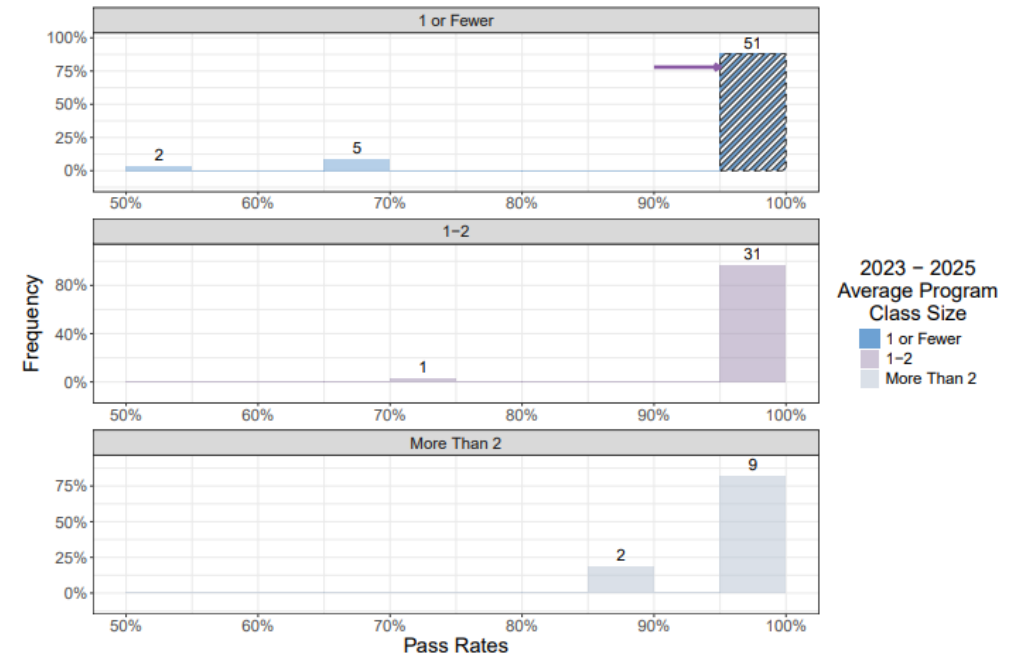


*Per ACGME requirements, a program's three-year pass rate for first-time takers should be higher than the bottom fifth percentile of all programs, calculated to be 66.67%. If the program pass rate is 80% or above, the program will have met the requirement

		# First-Time Takers	# Pass	Pass Rate (%)
2021 - 2023	Your Program	3	3	100%
	All Programs	393	369	93.89%
2022 - 2024	Your Program	3	3	100%
	All Programs	401	386	96.26%
2023 - 2025	Your Program	3	3	100%
	All Programs	412	402	97.57%

2023 - 2025 Distribution of Program Pass Rates for First-Time Takers by Average Program Class Size

Number of Programs = 101; Your Pass Rate 100.00%



NOTE: Your program is located in the striped bin that has a purple arrow pointing at it.





Exam Pass Rates

Specialty and Subspecialty pass rate graphs and tables can be found at:

<https://www.abog.org/resources/exam-pass-rates>

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Dates Relevant to 2026 Exams

Exams	Application Fee Dates	Exam Fee Dates	Additional Steps	Exam Date(s)
Specialty Qualifying Exam	Jan 7 – Application Open Feb 16 – Late Fee Assessed Mar 15 – Last Day to Apply		Apr 25 – Last Day to Reserve Seat at Pearson VUE	Jul 20
Specialty Certifying Exam	Mar 1 – Application Open Apr 15 – Late Fee Assessed Apr 30 – Last Day to Apply	Jul 1 - Exam Fee Due Aug 1 – Late Fee Assessed Aug 31 – Last Day for Exam Fee	Aug 31 – Last Day for Case Lists and Photo	Oct 5-8, 2026 Nov 2-5, 2026 Nov 16-19, 2026 Dec 7-10, 2026
Subspecialty Qualifying Exam	Jan 7 – Application Open Feb 16 – Late Fee Assessed Mar 15 – Last Day to Apply		June 15 – Thesis/Thesis Defense Form Due (for fellows completing training in 2026)	Jul 20
Subspecialty Certifying Exam	May 15, 2025 – Application Open Jul 1 – Late Fee Assessed July 15, 2025 – Last Day to Apply	Sep 15, 2025 – Exam Fee Due Oct 15, 2025 – Last Day for Exam Fee	Sep 30, 2025 – Last Day for Exam Fee, Photo, Thesis (for candidates who completed training 2025 or prior) Feb 1 – Case List Due	Apr 13-17, 2026

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Fellowship - Yearly Task Overview

April/May – PD notifies ABOG re: extensions and training plans

June/July –fellows sign attestation statements

July/August --PM verify all fellows are at the correct PGY level

June 15 – Thesis and Thesis Defense Form Submission Deadline

July/August – PD signs attestation statements; PM verifies accuracy of leave and all outgoing fellows' status

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Trainee Transfer Template Letter

Month Day, Year

To Whom it May Concern:

Dr. [Full Name] matriculated into the ACGME-accredited [Residency/Fellowship] training program at [Institution Name, ACGME number] on [Month Day, Year]. Dr. [Last Name] successfully completed [Number] months of training in the program and left the program on [Month Day, Year].

Dr. [Last Name] (Was/Was Not) in good standing with the program throughout their time and (has/has not) had any probation, disciplinary, or other adverse educational actions during their time at the institution. (If probation, disciplinary action, non-renewal, repeated/failed rotations, or other adverse educational actions, please explain: [Details])

Dr. [Last Name] has successfully completed and received full credit for the following rotations as outlined below:

PGY-[Year] ([12 months]): [Year] – [Year]

- [# of months [Rotation Name]

- [# of months [Rotation Name]

PGY-[Year] ([12 months]): [Year] – [Year]

- [# of months [Rotation Name]

- [# of months [Rotation Name]

For further information, please contact:

[Program Director Name], MD

[Program Director email]

Program Director, [Residency/Fellowship] Program

[Institution Name]

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ABOG Volunteer Opportunities

- ABOG Examiners
 - Specialty Examiner Nominations
 - September 1 – December 31
 - Subspecialty Examiner Nominations
 - February 1 – May 31
- Other Opportunities
 - Exam Development Committees for the Qualifying and Certifying Exams
 - Will seek nominations Summer 2026
 - Continuing Certification Development Committee
 - Job Task Analysis, Standard Setting, Subject Matter Experts for Item Writing
- Look for ABOG emails and tasks in ABOG Portal

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QUESTIONS OR ASSISTANCE

Residency, Fellowship, and Exam Application Information:

residency@abog.org

fellowship@abog.org

Case List and Exam Logistics Information:

initialcert@abog.org

Volunteer Experience

volunteer@abog.org

Continuing Certification (formerly MOC):

continuingcert@abog.org

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Questions & Comments



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