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Subspecialty Pediatric Adolescent Gynecology

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ABOG
American Board of Obstetrics and Gynecology
Advancing Excellence
in Women's Health through Science & Certification

August 31, 2026
Committee on Certification (COCERT)
American Board of Medical Specialties

Dear COCERT Committee Members,

The American Board of Obstetrics and Gynecology (ABOG) Committee for Pediatric and Adolescent Gynecology (PAG) respectfully submits this letter of intent to transition Pediatric and Adolescent Gynecology from Focused Practice recognition to Subspecialty Pediatric Adolescent Gynecology (SPAG) subspecialty recognition by the American Board of Medical Specialties. This request reflects the field's maturation to fully meet the definition of a subspecialty, the complexity of medical and surgical gynecologic needs in young patients, and the imperative to establish standardized training, initial certification, and continuing certification in the field in a manner that promotes patient safety and clarity for referring and collaborating clinicians.

We submit this letter with appreciation for the deliberative process that has shaped the current proposal. In a spirit of transparency, the present letter follows an earlier PAG subspecialty proposal that was submitted, subsequently withdrawn, and then substantially revised before resubmission. ABOG and the PAG community viewed that pause not as a setback, but as an opportunity to listen carefully, engage more broadly, and refine the proposal so that it reflects both the distinct expertise of PAG and the collaborative realities of pediatric and adolescent reproductive care.

Since the earlier submission, ABOG and PAG representatives have dialogued with, learned from, and incorporated feedback from pediatric surgical subspecialties and other pediatric disciplines whose work intersects the care of children and adolescents with complex gynecologic and reproductive health needs. These discussions have been substantive and constructive. They have clarified the minimum shared expectations for what every finishing fellow and individual seeking board certification must know and be able to do, while recognizing that individual physicians, fellowship programs, and institutions may develop experience and expertise beyond these baseline requirements. In the context of standardizing the base requirements for training and initial certification, these discussions have clarified the relationship between SPAG subspecialists and pediatric surgical teams, the expected role of PAG

within interdisciplinary models of care, and the need for language that consistently emphasizes partnership, consultation, co-management, and institutional variation.The feedback received has been meaningfully incorporated into the current proposal. In particular, the revised application is intended to make clear that SPAG subspecialty recognition is designed to strengthen collaborative care, not to displace the role of pediatric medical and surgical subspecialists. The proposal emphasizes that SPAG subspecialists function as managing physicians, consultants, proceduralists, educators, and collaborators within multidisciplinary teams, with appropriate referral, consultation, and co-management based on patient age, condition, institutional resources, and clinical need.

PAG has developed a defined body of knowledge and procedural expertise that extends beyond the scope of general obstetrics and gynecology (OB-GYN) and is a distinct and essential discipline within OB-GYN. PAG subspecialists manage reproductive health needs unique to children and adolescents. The field's clinical identity, scholarly foundation, fellowship infrastructure, and national demand warrant formal subspecialty designation.

Subspecialty recognition will enable the creation of accredited fellowship programs with uniform curricula, defined minimal competency expectations, and consistent assessment standards. This structured pathway will support national workforce planning and strengthen the pipeline of clinicians trained to meet the needs of this complex pediatric population. It will also provide greater clarity to hospitals, trainees, patients, families, and referring clinicians regarding the knowledge, skills, and qualifications expected of physicians who practice at the SPAG subspecialty level.

PAG is integral to multidisciplinary care models to optimize outcomes for complex conditions affecting the reproductive tract of these children which involves pediatrics, pediatric surgery, pediatric urology, pediatric endocrinology, oncology, emergency medicine, adolescent medicine, radiology, genetics, psychology, social work, and other fields. Subspecialty recognition will clarify scope, improve triage and co-management, and support the development of integrated services that appropriately serve the reproductive health needs of children and adolescents. The revised proposal intentionally describes PAG as part of this broader pediatric care ecosystem and reflects the importance of collaboration with pediatric surgical subspecialties when complex surgical conditions, congenital anomalies, intra-abdominal pathology, neonatal considerations, or institutional practice patterns require such partnerships.

The current variability in training pathways creates uncertainty for institutions and referring providers. Subspecialty recognition establishes national standards for clinical, procedural, and surgical competency, while also recognizing the need for local implementation models that reflect institutional resources and the shared expertise of pediatric subspecialty teams. This

step is essential to safeguarding quality, consistency, and transparency in the care of children and adolescents with gynecologic and reproductive health needs.

Pediatric and Adolescent Gynecology has reached a critical point in its evolution. The field possesses a distinct body of knowledge, specialized clinical and procedural expertise, growing workforce needs, and an established commitment to multidisciplinary care. Following extensive stakeholder engagement, review, withdrawal of the prior submission, and refinement of our initial concepts, we believe the current proposal is stronger, more clearly defined, and more responsive to the needs of patients, families, trainees, institutions, and collaborating specialties and subspecialties.

We respectfully submit this letter of intent in advance of the planned full application submission in September 2026. We look forward to providing the comprehensive application and supporting documentation for COCERT's consideration and welcome the opportunity to continue constructive dialogue throughout the review process.

Sincerely,



Jennifer E. Dietrich, MD, MSc
Chair
American Board of Obstetrics and Gynecology
Committee for Pediatric and Adolescent Gynecology



Amy Young, MD
Chief Executive Officer
American Board of Obstetrics and Gynecology



Gabriella Gosman, MD
Associate Executive Officer
American Board of Obstetrics and Gynecology

NOTE: This document is provided for information and to assist in preparing your application. You must submit your application using the online form.

ABMS COCERT Application for Certification

Member Boards wishing to submit an application should
Complete the application online.

View a read-only application, policies, and sample applications

If you need any assistance with the completion of this application, please contact Paul Lawlor, Manager, Program Review and Services at AcademicAffairs@abms.org.

1. Complete this form if your Board intends to:
    a. Apply to create a new specialty or subspecialty certification (including a new co-sponsored certification)
    b. Make changes to an existing specialty or subspecialty certification sponsored by your Board (e.g. substantive changes such as combining two certificates or transitioning a subspecialty to a specialty.)
2. Complete an Addendum only, if your Board intends to apply to issue an existing co-sponsored subspecialty certificate. *Contact Paul Lawlor for a step by step process.*

    Note: ABMS will only accept applications submitted by staff from a Member Board

    Please review your application to make sure it is complete before submitting. You will receive a confirmation once your application is successfully submitted.

General Questions

Board (s): **American Board of Obstetrics and Gynecology**
Contact Name: **Amy Young, MD Chief Executive Officer**
Email: **ayoung@abog.org**
Phone: **214-871-1619**

1. **Please provide the name of the proposed new or modified certification:**
   Subspecialty Pediatric Adolescent Gynecology

2. **Certification Type:**

    a. **Please select the type of certificate *(Specialty/Subspecialty):*** Subspecialty

    b. **Is this application a modification of an existing certificate? *(Yes/No):*** No, but ABOG currently offers a Focused Practice Designation since 2017

c. **Are multiple Boards requesting this certification? *(yes/no):*** No

- *If your answer to #2c is yes: If multiple Boards are interested in offering this subspecialty certification and wish to collaboratively submit an application, please view the addendum found at the end this application. The administrative Board should complete the core portion of the application with all Boards agreeing to the contents. The administrative Board and each co-sponsoring Board should complete an addendum to describe Board-specific modifications.*

3. Briefly state the purpose of the proposed certification:

The purpose of the proposed Subspecialty Pediatric Adolescent Gynecology (SPAG) subspecialty certification is to establish a national standard for physicians who provide advanced gynecologic care for children and adolescents. Certification will identify physicians with specialized training, knowledge, and skills in the medical and surgical care of this population; reduce variation in care; support high-quality, patient-centered consultation and co-management; and promote continued advancement of PAG clinical care, education, and research. Importantly, SPAG subspecialists work collaboratively within the broader pediatric medical and surgical subspecialty ecosystem, and subspecialty certification will help codify their collaborative role in this multidisciplinary care model.

ABMS previously incrementally acknowledged PAG's distinctness through approval of a Focused Practice Designation. While that designation recognized the specialized nature of PAG, formal subspecialty certification will provide the necessary framework for standardized and robust requirements for initial and continuing certification which, in turn, will impact content and required outcomes of fellowship training, reflecting the depth and complexity of this field.

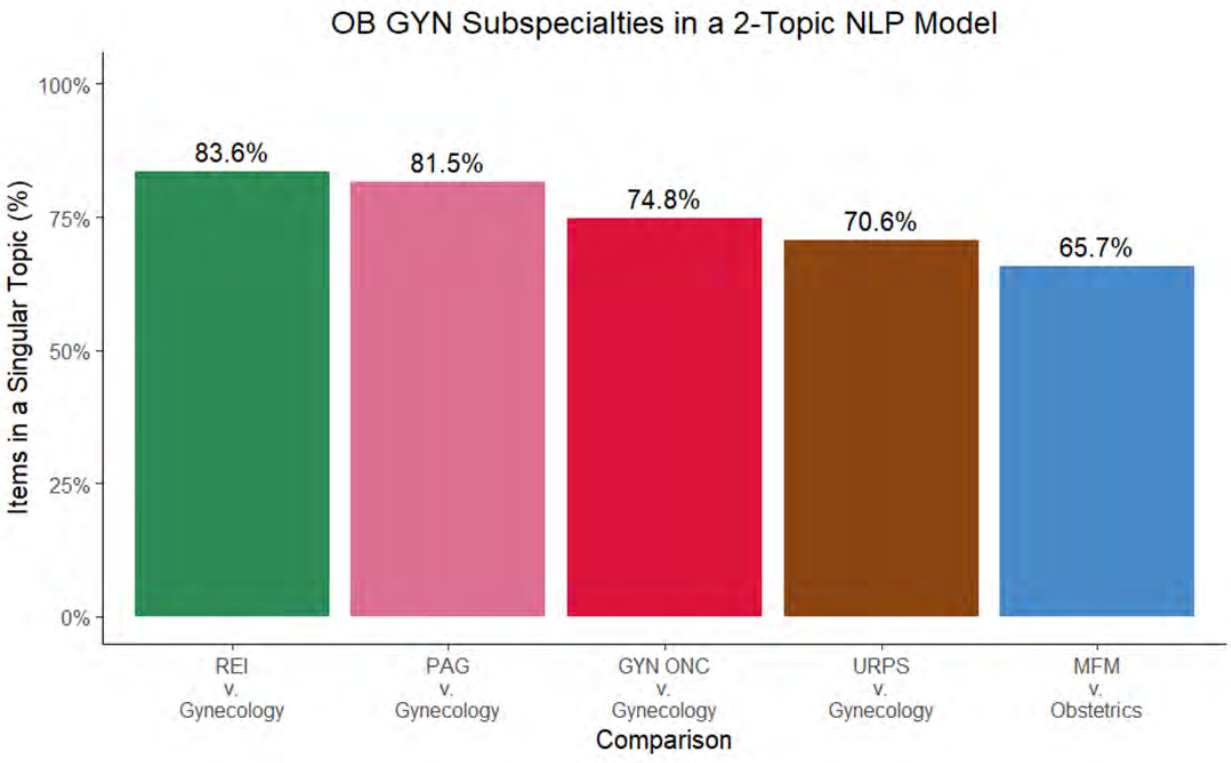
4. **Document the professional and scientific status of the proposed certification by addressing (a) through (d) below.**

a. Describe how the existence of a body of scientific medical knowledge underlying the proposed area of certification is in large part distinct from, or more detailed than other areas in which certification is offered:

The scientific foundation of PAG represents a distinct and comprehensive body of medical knowledge that extends beyond the realm of general OB-GYN and Pediatrics. PAG encompasses specialized expertise focused on the reproductive health of patients from childhood through adolescence—a population with unique developmental, endocrine and anatomic considerations not addressed in other medical specialties.

Analysis of the Focused Practice-PAG examination further substantiates the uniqueness of this discipline. Using natural language processing (NLP), ABOG demonstrated that the content of the PAG exam is largely separate and distinct from the gynecology portion of the general OB-GYN qualifying exam, with distinctions comparable to those observed among other established subspecialties (Figure 1). This analysis confirms that PAG encompasses a discrete and detailed body of scientific medical knowledge, rooted in decades of collaborative research between pediatricians, pediatric surgical subspecialists and PAG physicians, that warrants independent certification.

Figure 1. OBGYN Specialty and Subspecialties' qualifying examination performance comparison by natural language processing. A higher percentage of items in a singular topic indicates less overlap between the subspecialty and specialty qualifying examinations.



REI=reproductive endocrinology and infertility, PAG=pediatric and adolescent gynecology, GYNONC=gynecologic oncology, URPS= urogynecology reconstructive pelvic surgery, MFM=maternal fetal medicine.

Historical Development of the Scientific Body of Knowledge of PAG

The scientific body of knowledge underlying PAG developed through decades of multidisciplinary collaboration and organized research focused on the reproductive health of youth. The establishment of the North American Chapter of the Federation International de Gynecologie Infantile et Juvenile (FIGIJ) in 1982 marked the first formal recognition of PAG as a distinct area of clinical and scientific inquiry.

In 1986, the North American chapter hosted the first FIGIJ meeting in the United States where the North American Society for Pediatric and Adolescent Gynecology (NASPAG) was founded. NASPAG's mission –to advance the reproductive health of children and adolescents through evidence – based clinical care, advocacy and research –created a multidisciplinary framework

for developing and disseminating specialized scientific knowledge. Its membership, spanning gynecology, pediatrics, endocrinology, and surgery, fostered collaboration that shaped the emerging field.

In 1987, NAPAG further strengthened the scientific foundation of the discipline by establishing the Journal of Pediatric and Adolescent Gynecology (JPAG). JPAG became the first peer-reviewed journal dedicated exclusively to the publication of basic science and clinical research addressing gynecologic challenges from infancy through adolescence. Through dissemination of original research, clinical practice guidelines, and consensus statements, JPAG serves as the central platform for advancing PAG as a distinct area of scientific investigation.

Concurrently, the American College of Obstetricians and Gynecologists (ACOG) established the Adolescent Health Care Committee in 1985, formally recognizing adolescents as a unique patient population with specific medical and surgical needs. This acknowledgement reinforced the necessity for specialized expertise and research in PAG reproductive health distinct from general obstetrics and gynecology

Together, these milestones established the foundation for PAG's scientific body of knowledge—transforming it from a collaborative initiative into a mature, evidence-based discipline with defined clinical standards, research priorities, and educational infrastructure.

Expansion and Refinement of the Scientific Body of Knowledge

Following its establishment, the scientific foundation of PAG expanded through sustained research, clinical collaboration, and scholarly publications. Early partnerships between pediatricians, surgeons and gynecologists at children's hospitals fostered systemic investigation into gynecologic disorders unique to young patients. These collaborations led to the development of evidence-based clinical guidelines, surgical techniques, and educational curricula tailored to the reproductive health needs of children and adolescents.

Organizations such as ACOG, NASPAG and FIGIJ have continued to advance the field through consensus statements, conferences and peer-reviewed publications. PAG subspecialists contribute to the broader scientific community by authoring textbooks and textbook chapters, serving as reviewers for pediatric, pediatric surgical subspecialties and gynecologic journals and leading and participating in multicenter research initiatives.

Collaborative, multidisciplinary research has further refined the PAG body of knowledge. PAG subspecialists actively participate in multicenter and multispecialty studies through partnerships such as the Midwest Pediatric Surgical Consortium (MWPSC), established in 2013 by eleven children's hospitals to advance pediatric surgical practice through high-quality, multi-institutional clinical studies. This collaboration exemplifies how PAG integrates effectively with other subspecialties to improve patient outcomes, develop best practices and reduce healthcare expenditures

Research conducted through MWPAC—including retrospective cohort studies of pediatric and adolescent girls undergoing surgery for ovarian tumors—has enhanced understanding of reproductive outcomes and informed evidence-based management strategies. These studies, published in leading peer-reviewed journals, demonstrate the ongoing evolution and scientific rigor of PAG as a subspecialty grounded in collaborative, data-driven inquiry.

PAG subspecialists also collaborate within the Pediatric Colorectal and Pelvic Learning Consortium (PCPLC), partnering with other pediatric surgical subspecialists to advance care for complex genital conditions. The PAG group within the PCPLC has worked jointly with the Journal of Pediatric Surgery to develop and publish clinical consensus guidelines addressing gynecologic surgical management and long-term care for females with congenital anorectal malformations.

PAG physician collaboration with pediatric surgical subspecialists extends into the scholarly realm. PAG physicians serve as scholarly reviewers for the Journal of Pediatric Surgery on a range of topics, including management of ovarian lesions, reproductive tract anomalies. Additionally, PAG physicians contribute as authors of chapters in pediatric surgery textbooks, further strengthening the scientific and educational integration between the two disciplines.

In 2024, after a decade of successful existence the NASPAG Fellows Research Consortium expanded to become the NASPAG Research Network (NRN) allowing inclusion of both PAG trainees and experienced PAG researchers across the United States and Canada. This expansion has broadened opportunities for collaborative, multicenter research and mentorship, reinforcing NASPAG's role as the leading organization advancing scientific inquiry in pediatric and adolescent gynecology. More information about NASPAG and its research initiatives is available at www.naspag.org.

PAG subspecialists are actively engaged in disseminating the expanding body of PAG knowledge through numerous professional meetings. Ther primary forum for presentation of PAG research occurs at the Annual Clinical Research Meeting of NASPAG, which serves as the central venue for sharing new scientific findings and clinical advancements. In addition, PAG education forums highlighting PAG research and practice occur annually at meetings of the American Society for Reproductive Medicine/ (ASRM), the American Association for Gynecologic Laparoscopists (AAGL), and the Society of Family Planning**,** each of which includes PAG-led special interest groups that promote knowledge exchange. In addition, PAG has representation on the Section on Surgery at the American Academy of Pediatrics (AAP).

Together, these efforts have refined PAG into a mature discipline with a well-defined scientific framework encompassing developmental physiology, congenital anomalies, endocrine disorders, gynecologic surgical management and psychosocial aspects of reproductive health; areas that are distinct from and more detailed than, those addressed in general obstetrics and gynecology or pediatrics.

The following list includes sentinel publications in the field of PAG:

ACOG Clinical Consensus:

Number 3: General Approaches to Medical Management of Menstrual Suppression (September 2022)

Number 9: Pain Management for In-Office Uterine and Cervical Procedures (July 2025)

ACOG Committee Opinions:

2014

- Number 605: Primary Ovarian Insufficiency in Adolescents and Young Women (July 2014)

2015

- Number 651: Menstruation in Girls and Adolescents: Using the Menstrual Cycle as a

Vital Sign (December 2015)

2016

- Number 653: Concerns Regarding Social Media and Health Issues in Adolescents and Young Adults (February 2016)
- Number 665: Guidelines for Adolescent Health Research (June 2016)
- Number 678: Comprehensive Sexuality Education (November 2016)

2017

- Number 686: Breast and Labial Surgery in Adolescents (January 2017)
- Number 708: Mental Health Disorders in Adolescents (July 2017)
- Number 710: Counseling Adolescents about Contraception (August 2017)
- Number 714: Obesity in Adolescents (September 2017)

2018

- Number 735: Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices (May 2018)
- Number 740: Gynecologic Care for Adolescents and Young Women with Eating Disorders (June 2018)
- Number 728: Müllerian Agenesis: Diagnosis, Management and Treatment (July 2018)
- Number 747: Gynecologic Issues in Children and Adolescent Cancer Patients and Survivors (August 2018)
- Number 758: Promoting Healthy Relationships in Adolescents (November 2018)
- Number 760: Dysmenorrhea and Endometriosis in the Adolescent (December 2018)

2019

- Number 768: Genetic Syndromes and Gynecologic Implications in Adolescents (March 2019)
- Number 780: Diagnosis and Management of Hymenal Variants (June 2019)
- Number 779: Management of Acute Obstructive Uterovaginal Anomalies (June 2019)
- Number 783: Adnexal Torsion in Adolescents (August 2019)
- Number 785: Screening and Management of Bleeding Disorders in Adolescents with Heavy Menstrual Bleeding (September 2019)
- Number 789: Screening and Management of the Hyperandrogenic Adolescent (October 2019)

2020

- Number 803: Confidentiality in Adolescent Health Care (April 2020)
- Number 806: Gynecologic Management of Adolescents and Young Women with Seizure Disorders (May 2020)
- Number 811: The Initial Reproductive Health Visit (October 2020)

2021

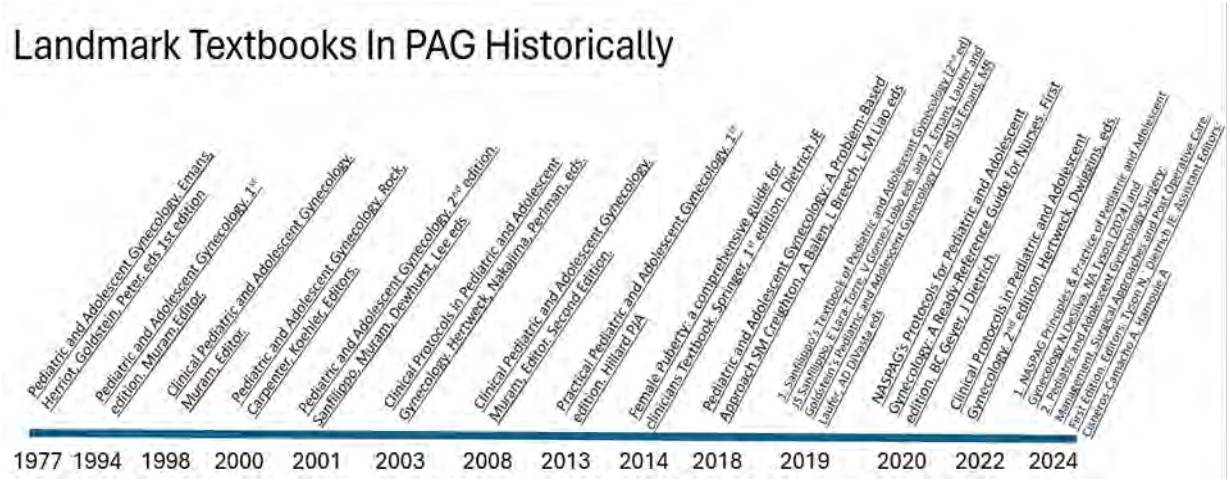
- Number 817: Options for Prevention and Management of Menstrual Bleeding in Adolescent Patients Undergoing Cancer Treatment (January 2021)
- Number 823: Health Care for Transgender and Gender Diverse Individuals (March 2021)

2024

- Number 813: Gynecologic Considerations for Adolescents and Young Women with Cardiac Conditions (2024)

<u>Pediatric and Adolescent Gynecology Textbooks</u>

Over the past 50 years, there has been a significant increase in landmark PAG textbooks (see timeline below).



The following textbooks are the current core knowledge bank for PAG:

1. **Practical Pediatric and Adolescent Gynecology**. 1st edition. Hillard PJA (2013)
2. **Female Puberty: a comprehensive guide for clinicians.** Textbook. Springer, 1st edition. Dietrich JE (2014)
3. **Pediatric and Adolescent Gynecology: A Problem-Based Approach.** SM Creighton, A Balen, L Breech, L-M Liao eds (2018)
4. **Sanfilippo's Textbook of Pediatric and Adolescent Gynecology (3rd ed).** JS Sanfilippo, E Lara-Torre, V Gomez-Lobo eds (2026)
5. **Emans, Laufer and Goldstein's Pediatric and Adolescent Gynecology (7th ed).** SJ Emans, MR Laufer, AD DiVasta eds (2019)
6. **NASPAG's Protocols for Pediatric and Adolescent Gynecology: A Ready-Reference Guide for Nurses.** First edition. BC Geyer, J Dietrich. (2020)
7. **Clinical Protocols in Pediatric and Adolescent Gynecology (2nd ed).** SP Hertweck, ML Dwiggins eds (2022)
8. **NASPAG Principles & Practice of Pediatric and Adolescent Gynecology.** N DeSilva, NA Tyson (2024).
9. **Pediatric and Adolescent Gynecology Surgery: Management, Surgical Approaches and Post-Operative Care. 1st Edition.** Editors: Tyson N, Dietrich JE. Assistant Editors: Cisneros-Camacho A, Hamouie A. Academic Press-Elsevier. London and Cambridge MA. (2026).

<u>Pediatric and Adolescent Gynecology Literature</u>

A PubMed search (1985-2025) reports the following specific conditions pertaining to pediatric and adolescent gynecology.

PUBMED Topic Title	**Articles Found (N)**
Gynecologic Exam Children or Adolescents	179,646
Menstrual cycles/ adolescents	685
Dysmenorrhea / adolescents	157

Adolescent Contraception	2,424
Eating disordered adolescents	2,819
Adolescent Sexuality	8,145
Menstrual suppression in adolescents	38
Precocious puberty	544
Prepubertal vaginal bleeding	107
“Pelvic masses” and pediatric and adolescent	64
Ovarian torsion and pediatric and adolescent	242
Fetal or neonatal ovarian cysts	421,211
Female Genital anomalies	13,826
Imperforate hymen	351
Vaginal septum and pediatric and adolescent	47
OHVIRA (obstructed hemivagina ipsilateral renal agenesis)	153
Uterine anomaly and pediatric and adolescent	268
Vaginal agenesis or MRKH (Mayer-Rokitansky-Küster-Hauser)	4,050
Ambiguous genitalia	40,027
Disorders of Sexual Development	42,871
Breast Disorders pediatric of adolescents	1,044
Gynecologic management disabled children of adolescents	9
Vulvovaginal conditions pediatric	57
Vulvovaginal conditions adolescent	109
Labial adhesions prepubertal	46
Lichen sclerosis prepubertal	43
Genital trauma pediatric or adolescent	1,906,783
Sexual abuse pediatric or adolescent	1,907,452
Endometriosis adolescent	2,000
Sexually transmitted infections pediatric	18,539
Sexually transmitted infections adolescent	66,155
Fertility preservation childhood cancers	358
Vaginoscopy pediatric adolescent	50
Laparoscopy pediatric adolescent females	2,540
Hyperandrogenism adolescent females	1,407

Polycystic ovarian syndrome adolescents	3,633

NASPAG publications:

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

Resident education curriculum in pediatric and adolescent gynecology 4.0: Short Curriculum *J Pedatr Adolesc Gynecol 2024 34 (3) 311-314*

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

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

Diagnosis and Management of Lichen Sclerosis in Pediatric and Adolescent Patients*. J Pediatr Adolesc Gynecol 2022 Apr; 35(2):112-120 https://doi.org.1016/j.jpag.2021.09.008*

NASPAG Committee Opinions

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

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

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

NASPAG Position Statements

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

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

COVID-19 vaccines and gynecologic concerns in adolescents and young adults. *J Pediatr Adolesc Gynecol 2021 Aug;34(4):439-440.*

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

Collaborative NASPAG Statements with other Organizations

Leading Medical Organizations Reaffirm the Safety of Mifepristone - Joint Statement with ACOG (2025)

FIGIJ Advocacy Statement on Violence Against Women and Girls in Conflict, Humanitarian Settings, and War Situations, 2024

Medical Eligibility for Criteria for Contraceptive Use (US MEC), Updated 2024

Biased Science Updated June 10, 2022

Provider Letter on 20-week abortion ban (along with AAP, ACOG, SAHM, APA, APHA and many others)

Provider Letter in support of Planned Parenthood (PPFA)

NASPAG endorsement, as well as ACOP and AAP, of the SAHM position statement: https://adolescenthealth.org/wp-content/uploads/2023/05/Confidentiality-Position-Statement_1-1.pdf

Endorsed ACOG position statement on "Breast and Labial Surgery in Adolescents"

Endorsed statement on Teen Pregnancy Prevention from National Campaign to Prevent Teen Pregnancy. The 21st Century Cures Act and Adolescent Confidentiality. J Pediatr Adoles Gyneol 2021 Feb; 34(1):3-5. https://www.naspag.org/naspag-sahm-position-statement-the-21st-century-cures-act-adolescent-confidentiality

NASPAG Position Statement: Eliminating Period Poverty in Adolescents and Young Adults Living in North America, https://www.naspag.org/assets/docs/NASPAG%20Position%20Statement_Period%20Poverty_NASPAGwebsite.pdf

Collaborative Multidisiplinary PAG Research Publications

1. Childress K, Ahmad H, Badillo A, Breech L, Chan SH, Cizek SM, Durham MM, Fei YF, Gayer C, Hernandez A, Hewitt GD, Kebodeaux CA, Lawson A, McCracken K, Rentea RM, Rollins MD, Sumida MF, Velazco CS, Yu LX, Mayhew AC. Gynecologic Care in Patients with Anorectal Malformations: A Primer and Call to Action. *Journal of Pediatric Surgery.* 2026;61(9):163287.
2. Sumida MF, Mayhew AC, Ahmad H, Badillo A, Breech L, Chan SH, Childress K, Cizek SM, Durham MM, Fei YF, Gayer C, Hernandez A, Hewitt GD, Lawson A, McCracken K, Rentea RM, Rollins MD, Velazco CS, Yu LX, Kebodeaux CA. Methods of Gynecologic Evaluation for Patients with Anorectal Malformations. *Journal of Pediatric Surgery.* 2026;163291. Online ahead of print. doi:10.1016/j.jpedsurg.2026.
3. Fei YF, Mayhew AC, Ahmad H, Badillo A, Breech L, Chan SH, Childress K, Cizek SM, Durham MM, Gayer C, Hernandez A, Hewitt GD, Kawaguchi A, Kebodeaux CA, McCracken K, Rentea RM, Rollins MD, Sumida MF, Velazco CS, Yu LX, Lawson A. Pre-pubertal Gynecologic Evaluation and Management of Patients with Anorectal Malformations. *Journal of Pediatric Surgery.* 2026;163292. Online ahead of print. doi:10.1016/j.jpedsurg.
4. McCracken K, Ahmad H, Badillo A, Breech L, Chan SH, Childress K, Cizek SM, Durham MM, Fei YF, Gayer C, Hernandez A, Hewitt GD, Kebodeaux CA, Lawson A, Rentea RM, Rollins MD, Sumida MF, Velazco CS, Yu LX, Mayhew AC. Post-pubertal Gynecologic Evaluation and Management of Patients with Anorectal Malformations. *Journal of Pediatric Surgery.* 2026;163293. Online ahead of print. doi:10.1016/j.jpedsurg.2026.

5. Yu LX, Mayhew AC, Ahmad H, Badillo A, Breech L, Chan SH, Childress K, Durham MM, Fei YF, Gayer C, Hernandez A, Hewitt GD, Kawaguchi A, Kebodeaux CA, Lawson A, McCracken K, Rentea RM, Rollins MD, Sumida MF, Velazco CS, Cizek SM. Long-term Obstetric and Gynecologic Care for Patients with Anorectal Malformations. *Journal of Pediatric Surgery.* 2026;163294. Online ahead of print. doi:10.1016/j.jpedsurg.2026.

Midwest Pediatric Surgical Consortium (MWPSC)

Lawrence AE, et. al. Factors Associated with Management of Pediatric Ovarian Neoplasms. *Pediatrics. 2019*

Lawrence AE, et. al. Understanding the Value of Tumor Markers in Pediatric Ovarian Neoplasms. *J Ped Surg. 2020*

Lawrence AE, et al. Factors Associate with Torsion in Pediatric Patients with Ovarian Masses. *J Surg Res. 2021.*

Knaus ME, Lawrence AE, Onwuka AJ, Abouelseoud NM, Breech LL, Brito KS, Dekonenko C, Hertweck SP, Hong HY, Menon S, Merritt DF, Schikler AG, Senapati N, Smith YR, Strickland JL, Truehart AI, Minneci PC, Hewitt GD. Recommendations for Postoperative Surveillance of Pediatric Benign Ovarian Neoplasms*. J Pediatr Adolesc Gynecol. **2021** Oct;34(5):666-672. doi: 10.1016/j.jpag.2021.04.014. Epub 2021 May 11. PMID: 33989806.*

Knaus ME et al. Laparoscopy versus laparotomy for pediatric ovarian dermoids. *J Ped Surg 2022*

Knaus ME, Onwuka AJ, Abouelseoud NM, Breech LL, Brito KS, Dekonenko C, Hertweck SP, Hong HY, Lawrence AE, Menon S, Merritt DF, Schikler AG, Senapati N, Smith YR, Strickland JL, Truehart AI, Minneci PC, Hewitt GD. Failure of Operative Therapy after Ovarian-Sparing Surgery for Pediatric Benign Ovarian Neoplasms: A Retrospective Review. *J Pediatr Adolesc Gynecol. **2022** Dec;35(6):702-706. doi: 10.1016/j.jpag.2022.08.010. Epub 2022 Aug 26. PMID: 36031113.*

Knaus ME et al. Multi-Institutional Review of the Preoperative Diagnostic Accuracy for Pediatric Ovarian Mature Cystic Teratomas. *J Pediatr Adolesc Gynecol 2022*

Minneci PC, et. al. Reducing Unnecessary Oophorectomies for Benign Ovarian Neoplasms in Pediatric Patients. *JAMA. 2023.*

Knaus ME, Onwuka AJ, Abouelseoud NM, Bergus KC, Breech LL, Brito KS, Dekonenko C, Hertweck SP, Hong HY, Menon S, Merritt DF, Schikler AG, Senapati N, Smith YR, Strickland JL, Truehart AI, Minneci PC, Hewitt GD. Recurrence Rates for Pediatric Benign Ovarian Neoplasms. *J Pediatr Adolesc Gynecol. **2023** Apr;36(2):160-166.*

Gil LA et al. Use and accuracy of intraoperative frozen section analysis for ovarianmasses in children and adolescents*. J Pediatr Adolesc Gynecol 2023*

Bergus KC et al. Diagnostic Performance of Magnetic Resonance Imagin for Pediatric Ovarian Neoplasms: A Multi-Institutional Review *J Pediatr Adolesc Gynecol 2024*

Lin et al. Use of Ovarian Tumor Markers in Prediction of Malignancy Risk in Pediatric and Adolescent Patients. J Surg Res 2025

Bergus KC, Rachwal B, Asti L, Breech LL, Gong YY, Hertweck SP, Hoefgen HR, Horne AH, Lawson A, Menon S, O'Brien KE, Pradhan S, Smith YR, Suvarna P, Van Son S, Hewitt G. Characteristics and Preoperative Management of Adolescent Patients with Pathology-Confirmed Endometriosis: A Multi-Institutional Study. *J Pediatr Adolesc Gynecol.* ***2025*** *May 1:S1083-3188(25)00242-6. doi: 10.1016/j.jpag.2025.04.003. Epub ahead of print. PMID: 40318750.*

Evans JR, Bergus K, Asti L, Breech LL, Cen R, Gong YY, Hertweck SP, Hoefgen HR, Horne AH, Lawson A, Menon S, O'Brien KE, Pradhan S, Rachwal B, Smith YR, Suvarna P, Van Son S, Hewitt G. Intraoperative care and complications of symptomatic adolescent and young adult patients undergoing laparoscopy to diagnose and/or to treat endometrioses: A Multi-Institutional Review. *J Pediatr Adolesc Gynecol****. 2025*** *Aug 6:S1083-3188(25)00317-1. doi: 10.1016/j.jpag.2025.07.010. Epub ahead of print. PMID: 40780602.*

Kittle HD, Bergus KC, Bricker J, Fallat M, Hertweck SP, Hewitt G, Lutz C, Aldrink JH, Bence C, Breech L, DIllon PA, Downard C, Ehrlich PF, Gadepalli S, Fraser JC, Grabowski J, Hlemrath M, Hirshco RB, Kabree R, Lal DR, Landman M, Leys C, Stafford LC, Mak G, Markel T, Pressey JG, Raiji M, Rymeski B, Saito J, St Peter SD, ASti L, Deans K, Minneci PC: Midwest Pediatric Suirgery Consortium. Use of Radiographic Features for Risk Stratification of Ovarian Masses in Children and Adolescents. J Surg Research. 2026 Jul 31;326:507-517. Doi:10.1016/j.jss.2026.07.002.Epub ahead of print PMID 42537555.

<u>PAG authored chapters in Pediatric Surgery Textbooks</u>

Dietrich JE, Strickland JL. Chapter 21: Laparoscopic ovarian surgery. Holcomb: Atlas of Pediatric Laparoscopy and Thoracoscopy, 2nd edition. 2019.

Strickland J, Hertweck SP. (2020) Pediatric and Adolescent Gynecology. In: Holcomb GW, Murphy JP, St Peter SD. (Ed) Holcomb and Ashcraft's Pediatric Surgery 7th edition Elsevier pp 1188-1205.

Strickland J. (2026) Pediatric and Adolescent Gynecology.In: Holcomb GW, Murphy JP. Editor: Holcomb and Ashcraft's Pediatric Surgery 8th Edition Elsevier pp 1015-1027.

<u>PAG training and practice is distinct from OB-GYN training and practice</u>

PAG fellowship training was created to gain advanced gynecologic medical and surgical skills, competence in conducting research, advocacy knowledge, and collaborative practice experience required to participate effectively in multidisciplinary care to provide optimal outcomes for PAG patients. PAG fellowship training provides concentrated exposure to complex patients with a variety of medical and surgical conditions presenting in the pediatric population that intersect with reproductive health. PAG fellows learn to care for patients in the appropriate role, including as managing physician, consultant, or collaborator within the pediatric medical and surgical ecosystem.

While residency training in OB-GYN prepares a gynecologist for future adult gynecology

practice and may provide exposure and limited training in PAG, it does not create in depth expertise for meeting the reproductive health needs of the pediatric and adolescent population. For example, routine gynecologic practices such as family planning for a young adolescent population is more nuanced than that of an adult. It requires age-appropriate shared decision making, confidential counseling, knowledge of state law, and expertise in the contraceptive, communication, and collaborative teamwork needs of a medically complex child or adolescent (e.g., patient with seizure disorder).

b. Explain how this proposed certification addresses a distinct and well-defined patient population or a well-defined health care need:

The proposed certification for SPAG addresses a distinct and well-defined patient population; females from infancy through adolescence, whose reproductive needs differ fundamentally from those of adult women. This population requires specialized medical and surgical expertise that integrates pediatric developmental physiology with gynecologic principles to manage conditions unique to the age group. Many of these conditions must be managed in collaboration with pediatric and pediatric surgical subspecialists.

c. To provide COCERT with information about the group of physicians concentrating their practice in the proposed area of certification, indicate the following:

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

As of 2025, 294 ABOG Diplomates have achieved Focused Practice Designation (FPD) in Pediatric and Adolescent Gynecology. (Source: ABOG)

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

The table below depicts the number of candidates achieving ABOG PAG Focused Practice Designation. (Data from ABOG)

Year	Achieved PAG FPD
2018	151
2019	29
2020	26
2021	15
2022	22
2023	23

2024	18
2025	10

An initial surge was seen with the initiation of the PAG FPD in 2018 and then an ongoing number of individuals pursuing and attaining FPD yearly, likely representing fellowship graduates.

The table below depicts the number of fellowship programs, spots offered in the match and total applicants over time. (Data from the NRMP, NASPAG PAG Fellowship Director's Committee).

Year	Programs (N)	Program Spots (N)	Matched (N)	Total applicants (N)
2012	6	6	4	8
2013	8	8	6	13
2014	7	7	7	8
2015	8	9	9	13
2016	9	10	8	14
2017	10	11	9	13
2018	10	11	11	16
2019	10	11	10	17
2020	12	13	11	14
2021	12	11	12	13
2022	12	13	10	18
2023	14	16	12	21
2024	15	18	18	27
2025	17	17	13	13

Total PAG Fellows Trained to date:186

iii. <u>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:</u>

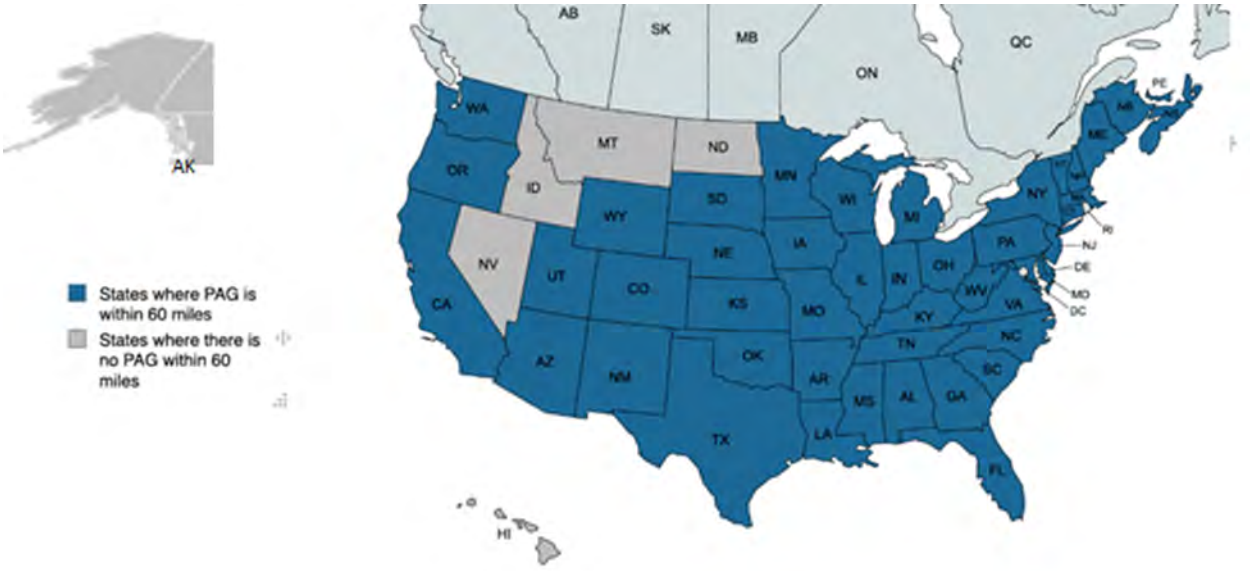
Current and Projected Geographical Distribution of PAG Physicians

In 2023, the NASPAG partnered with the AAP Section on Surgery to assess

the geographical distribution of PAG providers across the United States serving females under 21 years of age. The analysis demonstrated that approximately 69% of patients under 21 years of age live within 60 miles of a PAG provider, while 31% reside more than 60 miles away. Several US states currently lack a PAG provider within this distance threshold, highlighting areas of limited access and opportunity for expansion.

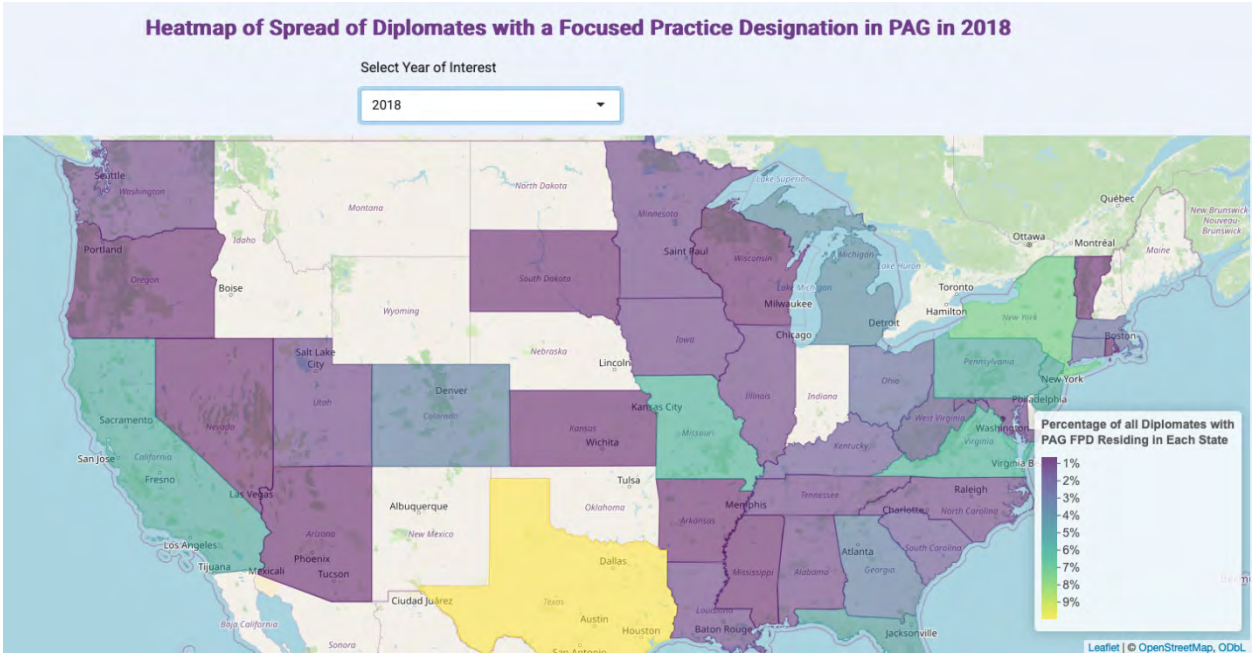
The subspecialty has experienced significant growth in Focused Practice Designation PAG providers since 2018**,** as demonstrated in the accompanying maps showing expansion from 2018 to the present. The growth reflects increasing recognition of the subspecialty's importance and establishment of new fellowship programs nationwide.

US Map demonstrating where PAG providers are located

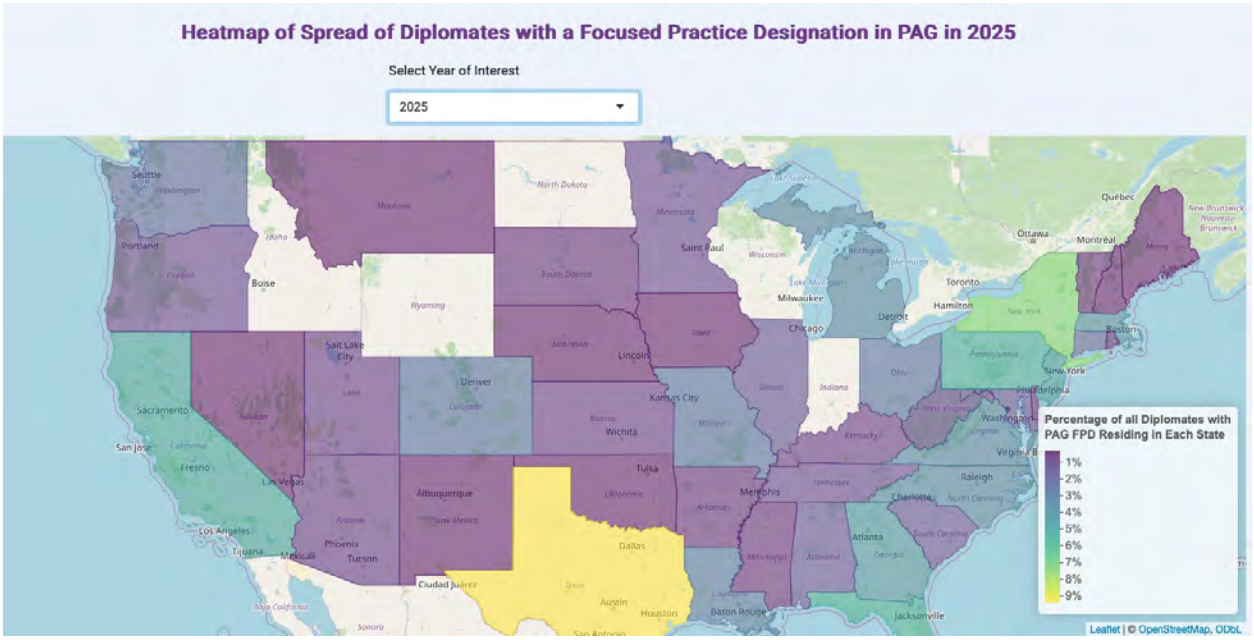


The subspecialty has seen significant growth of Focused Practice PAG providers since 2018 as demonstrated in the following heatmaps

2018 Heatmap



2025 Heatmap



Projected Geographical Expansion of PAG

Based on the current number of existing fellowships, we anticipate the addition

of approximately 55 new fellowship trained PAG providers over the next five years, representing a projected growth of 19.3%.

d. Identify the existing national societies that have a significant interest in the area of certification. Additionally, indicate the size and scope of the societies, along with the source(s) of the data

NASPAG is the principal national organization representing physicians and allied health professionals dedicated to advancing the reproductive health of youth. NASPAG's mission is to improve the reproductive health of children and adolescents through evidence-based clinical care, advocacy, education, and research. The organization is multidisciplinary, including specialists in obstetrics and gynecology, pediatrics, pediatric surgical subspecialties, adolescent medicine, endocrinology, nursing, and other professionals, all of whom share expertise in the reproductive care of young people.

NASPAG currently has **more than 500 members** across the United States and internationally.

NASPAG hosts annual clinical and research meetings, publishes the Journal of Pediatric and Adolescent Gynecology (JPAG) and collaborates with national organizations such as the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) to advance education and research in this field

(Source: NASPAG)

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

NASPAG Membership is open to any qualified individual who is in good professional standing and has an interest in PAG. Academic degrees for NASPAG members primarily include allopathic and osteopathic physicians, as well as Advanced Practice Providers. (Source: NASPAG)

NASPAG Membership Degree Demographics

- 75% MD
- 16% NP, PA, PhD, PsyD
- 6% RN
- 3% DO

ii. Indicate the relationship of the national societies' membership with the proposed certification:

NASPAG OB-GYN members who are ABOG Diplomates or pursuing ABOG certification will engage individually with the ABOG subspecialty certification process. NASPAG members initiated and collaborated with ABOG in the pursuit of SPAG subspecialty recognition.

iii. Describe whether and how your Board has interacted with the key societies and stakeholders in developing this proposed certification:

ABOG supported PAG in applying for and achieving Focused Practice Designation (FPD) in 2017 and has offered the FPD examination and continuing certification since 2018 and 2019, respectively. In 2016, NASPAG formally requested that ABOG approve SPAG to apply for subspecialty certification. This was approved by the ABOG Board of Directors in June 2023. ABOG worked in conjunction with supportive specialty societies in OB-GYN, including NASPAG, Society for Reproductive Endocrinology, American Society for Reproductive Medicine, American Association of Gynecologic Laparoscopists and American College of Obstetricians and Gynecologists to assemble nominees for the ABOG PAG Committee. This committee was tasked with writing the ABMS subspecialty certification and ACGME fellowship accreditation applications. In the pursuit of SPAG subspecialty certification, ABOG has interacted with multiple leadership organizations that interface with PAG specialists. These include discussions with the Societies for Pediatric Urology, the Pediatric Surgery Board of the American Board of Surgery, and the American Board of Pediatrics.

We specifically address below the interactions with the Pediatric Surgery Board of the American Board of Surgery (PSB-ABS) and subsequent withdrawal of ABOG's initial application submission to ABMS. Applications were submitted September 2024, to ABMS and ACGME. In response to the ABMS submission, ABOG received a letter from the PSB-ABS that described the valuable role of SPAG subspecialists and enumerated specific concerns about focused aspects of the application which were perceived to overstate the scope of SPAG subspecialists. After dialogue with the PSB-ABS, ABOG withdrew the original ABMS application with plans to revise these sections to more accurately reflect the collaborative nature of PAG clinical care and resubmit. Those concerns and revisions include:

- Expressed concern about misrepresentation about the PAG role in the multidisciplinary care in patients with complex reproductive tract anomalies, including in DSD and anorectal malformations.

PAG is focused on gynecologic health care in this young population with regards to puberty, menstruation, fertility, and long-term reproductive health. The ABMS application has been modified to reflect that PAG is often not the primary surgical caregiver for Disorders of Sexual Differentiation (DSD) conditions and never for anorectal malformations (ARM), but rather serves as a key collaborator and the provider of longitudinal reproductive care in this patient population.

- The application expressed underappreciation of other specialties' knowledge and care of Mullerian anomalies.

The application now describes that SPAG subspecialists are one of several subspecialties with knowledge, skill and training to manage and collaboratively

manage Mullerian anomalies both medically and surgically. SPAG subspecialists will not be primary surgeon for the complex cases in this domain (see Appendix C). Importantly, as part of the collaborative team, PAG can provide input into surgical timing (ie., menstrual management and/or suppression), and longitudinal care to guide future reproductive, sexual and fertility optimization.

- While attempting to distinguish between PAG and adult OB-GYN, there was an unintentional miscommunication about our collaborative pediatric subspecialty surgical colleagues.

In the original ABMS application, verbiage was designed to distinguish PAG from adult gynecology experience and training. This verbiage inadvertently diminished the value of our collaborative pediatric surgical subspecialty colleagues. We have revised this application to reflect this important collaborative management between PAG and these colleagues.

Two additional concerns were raised regarding interactions with pediatric surgical subspecialties:

- impact on training of pediatric surgery fellows

PAG fellowships are part of the current healthcare landscape, and as such, currently coexist with educational opportunities for pediatric surgery fellows in many institutions. While subspecialty certification may affect the distribution of surgical case volumes between PAG and Pediatric Surgery over time (such as lowering pediatric surgery fellows' experience with ovarian torsion), PAG has a long history of collaboration in the education of pediatric surgery fellows with full intention to continue this. PAG and Pediatric Surgery educational bidirectionality for rotations, didactics, and research helps add to the workforce and build capacity among both disciplines.

- competent surgical care for young patients.

All PAG fellowships will train fellows to be surgically competent to operate intraabdominally on patients with gynecologic needs beginning at the perimenarchal age as this is when adult gynecologic physiology typically manifests (ie., endometriosis, ability to become pregnant).

As a training target for fellows, in the setting of reproductive tract malignancy, pediatric surgical oncology and other oncologic partners will be consistently engaged. For trauma injuries involving the genitalia in addition to urinary structures or intestinal structures, Pediatric Urology and Pediatric Surgery respectively will be involved for primary surgical management. PAG involvement in the care of very young children typically occurs in a non-surgical setting. Complex anomalies of the reproductive tract will be approached as part of

multidisciplinary care models, including Pediatric Surgery, Pediatric Urology, Genetics and PAG.

The PAG fellowship training targets and considerations described here are not intended to imply a limit on individual PAG clinicians who, through their higher level training, experience, and skill, become credentialed and have privileges at their institutions to operate on more complex reproductive tract anomalies or to operate intraabdominally for gynecologic conditions on patients younger than the perimenarchal age.

5. **For (a) through (d) below, project the need for and the effect of the proposed certification on existing patterns of specialty practice.**

a. **How the Member Board will evaluate the impact of the proposed certification: On its own primary and subspecialty training and practice:**

PAG fellowships are part of the current healthcare landscape, and as such, currently enrich training in OB-GYN at institutions where PAG exists by providing experiential and didactic education. PAG fellowships enhance subspecialty training, such as Reproductive Endocrinology and Infertility (REI). Of the OB-GYN subspecialties, only REI has any notable potential for overlap with PAG. ABOG acknowledges that subspecialty certification may be associated with some change in existing patterns of practice and case volumes over time.

ABOG will collaborate with the ACGME Review Committee for OB-GYN to assess the impact of the proposed certification over time. ABOG representatives are Ex Officio members of the Review Committee. ABOG will also assess the impact on training via regularly scheduled dialogue sessions with the OB-GYN and REI graduate medical education community that take place routinely multiple times per year.

ABOG will evaluate the impact of SPAG subspecialty certification by the following methods:

1. Monitoring changes in job task analysis for both the OB-GYN specialists and subspecialists to look at whether SPAG subspecialty certification may correspond with evolution of practice in relevant clinical areas in OB-GYN and/or REI.
2. Use natural language processing to monitor the distinct nature of the assessments being administered to SPAG individuals as compared to assessments of the OB-GYN specialists and REI subspecialists. ABOG has already had the opportunity to perform this analysis comparing the PAG Focused Practice Designation Exam to OB-GYN and the subspecialty written exams and will do so longitudinally moving forward.
3. Analyze practice pattern data collected via the Continuing Certification process to assess whether SPAG subspecialty certification may correspond to evolution in practice among OB-GYN and/or REI diplomates.
4. Monitor the age ranges of patients on the GYN and Office Practice case lists

among candidates for the OB-GYN Certifying Examination to see if OB-GYN specialists become less likely to care for younger patients.
5. Monitor number of PAG questions and performance of those questions on the specialty exams.

Because there are some very basic aspects of PAG practice that belong in the realm of OB-GYN specialists, ABOG will monitor this to ensure SPAG subspecialty recognition does not extinguish this skill set from OB-GYN specialists. ABOG will analyze the number of PAG questions on the examinations and ensure as noted above that OB-GYN practice is still encompassing appropriate PAG activities for the non-subspecialist. ABOG will track performance on these questions over time after the proposed certification is instituted.

i. Monitor number of PAG questions and performance of those questions on the specialty exam.

Every three to five years the ABOG conducts a job task analysis (JTA) where all practicing diplomates in the specialty and subspecialties are surveyed to assess the frequency and criticality of different aspects of their practice. The JTA informs the blueprint that determines the number of questions per subject on the exams. This is what will determine the number of PAG questions on the specialty exam. ABOG will determine the number of PAG questions to be field tested each year and use the Rasch model to assess performance. Because there are some very basic aspects of PAG practice that belong in the realm of OB-GYN specialists, ABOG will monitor this to ensure SPAG subspecialty recognition does not extinguish this skill set from OB-GYN specialists. ABOG will analyze the number of PAG questions on the examinations and ensure as noted above that OB-GYN practice is still encompassing appropriate PAG activities for the non-subspecialist. ABOG will track performance on these questions over time after the proposed certification is instituted.

ii. Monitor the number of candidates for the sub-specialty exam and their pass rate.

ABOG tracks the number of candidates for all subspecialty examinations and their pass rates. PAG would be included in this monitoring process.

iii. Monitor the number of SPAG subspeciality recognized providers practicing in the United States.

ABOG tracks the number of diplomates for each subspecialty. SPAG will be included in this monitoring process. Specific questions on the Continuing Certification application will be used to determine the components of PAG practice among this cohort (as is done for all OB-GYN and subspecialty diplomates), as such questions are used to target Continuing Certification content to the individual diplomate.

iv. How the Member Board will evaluate the impact of the proposed certification; on the primary and subspecialty training and practice of other Member Boards:

PAG fellowships are part of the current healthcare workforce and currently enrich knowledge and about the recognition and management of gynecologic reproductive health conditions in pediatric programs and pediatric medical and surgical subspecialty programs at institutions where PAG exists, through clinical collaboration, experiential and didactic education as well as collaborative research. ABOG acknowledges that subspecialty certification may affect existing patterns of practice and surgical case distribution over time, including some pediatric surgery case volumes such as ovarian torsion. ABOG will collaborate with the ACGME Review Committees for Surgery, Urology and Pediatrics to assess the impact of the proposed certification on training, case mix, and practice over time.

ABOG will conduct regular meetings with the American Board of Surgery, American Board of Urology and American Board of Pediatrics to monitor impact of the proposed certification on the certification and practice of individuals in these specialties and their subspecialties. ABOG will work collaboratively with these boards on establishing cross-specialty methods, using existing data as well as devising new surveillance mechanisms, to monitor the impact of PAG on their primary and subspecialty training and practice. This may include ACGME Case Logs, certification materials such as case lists, performance assessments over time, and review of institutional and geographic variation in how blueprint topics are operationalized at the certifying board level.

b. The value of the proposed certification on practice, both existing and long-term, specifically:

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

The certification process helps to identify and recognize physicians who have met the necessary standards for providing high-quality gynecologic care to pediatric and adolescent patients. This standardization of practice decreases variation and differentiates SPAG subspecialists from adult OB-GYN specialists. This facilitates patients' ability to identify and access care. Subspecialty recognition may also support growth of PAG fellowships and subsequently the PAG workforce. Job opportunities in PAG are often left unfilled for greater than one year, reflecting inadequate numbers of SPAG subspecialists to meet the needs of the institution and the community they serve. Traditionally subspecialty certification in OBGYN has led to an

increased number of fellowships. We anticipate similar growth in fellowships when SPAG becomes recognized as a subspecialty.

The establishment of SPAG as a recognized subspecialty can also help to raise awareness among pediatric and adult healthcare providers, patients, and families about the importance and existence of specialized reproductive care. This increased awareness may lead to earlier and more accurate diagnoses, better treatment outcomes, and improved overall short- and long-term health for this patient population.

Quality and coordination of care (please include your rationale):
While the Focused Practice Designation advanced PAG incrementally, it does not provide the degree of impact on patient care quality and care coordination that initial certification eligibility standards, continuing certification requirements and accreditation of fellowship training will have. Standardization of fellowship training in order to meet the requirements for initial certification will have a strong effect. This will raise the bar for the quality of care and care coordination skills that a SPAG subspecialists who finishes training, starts practice, and seeks initial certification must have. Institutions hiring a SPAG subspecialist will have clarity about the standardized fellowship training targets, and thus be able to create clinical programs that optimize clinical quality and care coordination. Fellows will be socialized with appropriate expectations for collaboration with their pediatric medical and surgical colleagues on complex patients. As noted above, the PAG fellowship training targets are not intended to imply a limit on individual PAG clinicians who, through their higher level training, experience, and skill, become credentialed and have privileges at their institutions to perform surgery that exceeds these training targets.

Evidence supporting PAG quality and coordination of care:

1. SPAG subspecialists have a crucial role in public health initiatives reducing unintended adolescent pregnancies by educating patients and providing contraception. PAG expertise and continued efforts contribute significantly to the prevention of adolescent pregnancies (Hoopes et. Al. Updates to US Medical Eligibility Criteria for Contraceptive Use and Selected Practice Recommendations. 2024). Additional knowledge and expertise beyond OB-GYN residency are required to care for pediatric patients, adolescents and young adults with complex health conditions during provision of contraception, and SPAG subspecialists are experts in this area (Roos et al . FIGIJ and FIGO collaboration. *Int J Obstet Gynecol 2022*).

2. PAG providers aid in early diagnosis of endometriosis which can lead to chronic pain, centralized pain, school absences, depression/anxiety and overall poor QOL (quality of life) (Shim and Laufer. JPAG 2019; Shim et. al. *Obstet Gynecol* 2024).

3. A reduction of oophorectomies for benign ovarian neoplasm was demonstrated in a prospective study which highlighted preoperative risk stratification including multidisciplinary discussion (Minneci et. Al. JAMA 2023). Additionally, oophorectomy for ovarian and adnexal torsion has decreased where PAG providers and pediatric surgeons have a collaborative environment. (Adeyemi O et. Al., JPAG. 2018, Saberi RA, et al. *J Surg Res 2022, Guthrie BD, et. Al, Pediatrics 2010)*.

4. Standardized fellowship training targets and eligibility criteria will ensure that SPAG subspecialists appropriately collaborate and coordinate care with other pediatric surgical subspecialists to manage congenital uterine and vaginal anomalies. In complex cases, PAG's primary focus is on gynecologic consultation, menstrual management, fertility preservation considerations, long-term reproductive function, and coordinated perioperative planning. (Dietrich, Millar, Quint. Non-obstructive Müllerian anomalies. NASPAG Clinical Guidelines. *J Pediatr Adolesc Gynecol. 2014*; Dietrich, Millar, Quint. Obstructive reproductive tract anomalies. NASPAG Clinical guidelines. *J Pediatr Adolesc Gynecol 2014*.; Casey S, et al. Accuracy of Imperforate Hymen Diagnoses. Abstract NASPAG ACRM 2024; Vilanova-Sanchez A, et al. *J Ped Surg 2019.*; Fanjul M, et. Al. *J Pediatr Adolesc Gynecol 2019*). (Ahmed H, et. Al. *J Pediatr Adolesc Gynecol 2023*).

5. SPAG subspecialists collaborate closely with hematologists, often in specialized adolescent bleeding clinics, to support the early diagnosis and management of underlying bleeding disorders in children and adolescents (Haamid, Sass, Dietrich. NASPAG Clinical Document: Heavy menstrual bleeding. *J Pediatr Adolesc Gynecol 2017).*

6. SPAG subspecialists are equipped to navigate confidentiality and assent/consent in the adolescent population (Alderman. *J Pediatr Adolesc Gynecol 2017*).

ii. <u>Benefits to the public (please include your rationale):</u>

SPAG subspeciality certification benefits the public in numerous ways and these include the following.

1. Serving a vulnerable and often underserved population
2. Providing distinct age-appropriate gynecologic clinical care
3. Educating and supporting families and communities
4. Advancing knowledge through research
5. Advocacy and public policy work to advanced reproductive health
6. Leading and participating in Quality Improvement (QI) initiatives which improve experiences and outcomes

Rationale for items 1-4 are described previously in the application. Rationale for items 5-6 are noted below.

Rationale supporting PAG advocacy
The PAG community at large does advocacy work individually and collectively through many channels. NASPAG's advocacy committee works closely to address the reproductive care of patients through NASPAG advocacy statements, endorsing and supporting statements pertaining to adolescents from Society of Family Planning, American College of Obstetricians and Gynecologists, International Federation Gynecology and Obstetrics, Society of Adolescent Health and Medicine, and American Academy of Pediatrics, and American Association of Gynecologic Laparoscopists.

(Source: NASPAG advocacy statements: https://www.naspag.org/naspag-advocacy-statements.)

Rationale supporting PAG contribution to institutional quality improvement

SPAG subspecialists contribute to quality improvement initiatives. A survey conducted by the NASPAG Fellowship Director's Committee in April 2024 assessed hospital-level QI involvement among PAG educational leaders. The survey noted that 43% and 50% of programs reported involvement of their PAG team members in peer review and quality committees respectively.

(source: NASPAG Fellowship Director's Committee survey)

c. **Explain the effects of the proposed certification on:**

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

See Appendix D for full benefits, cost, and methodologies. The immediate costs will primarily be centered around the cost of creating the examination process and initial accreditation by ACGME of all existing PAG programs. Resources will be necessary from PAG content experts and ABOG to build not only the practice pathway examination but also the qualifying and certifying examinations. ABOG will absorb the immediate cost of the infrastructure and support to build and administer the examinations. Physicians seeking certification will have the cost of taking the exam which includes time to prepare, time away from work and family, potential travel expenses, and application and examination fees.

The greatest benefits are improved patient care and increased access to subspecialty-trained SPAG providers. This will be realized through increased training standardization in PAG and the public's ability to identify providers with SPAG expertise by their subspeciality certification.

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

See Appendix D for full benefits, cost, and methodologies. Long-term costs of PAG subspecialty recognition include fellowship approval, ACGME accreditation, institutional fellowship funding changes, ongoing examination development and administration, continuing certification, and physician board certification expenses. Transition to ACGME accreditation and CMS funding may increase institutional costs and faculty effort.

The benefits, in addition to improved patient care, include safety, and access through standardized training, which results in an expanded and collaborative PAG workforce, engaged in research integration, collaboration with pediatric surgical subspecialties, and better patient outcomes. Subspecialty certification will enable public identification of qualified PAG providers and bring greater clarity to workforce needs.

d. **Explain the effects if this certification is not approved:**

ABOG and the PAG community remain unwaveringly committed to addressing this population's unique reproductive healthcare needs. Not approving SPAG subspecialty recognition would bypass a vital opportunity to optimize the gynecologic care of this vulnerable population. Certification would also contribute to clinical practices, elevate fellowship training, more effectively meet patient demands, and strategically align the PAG workforce with the standardized consultant that pediatric surgical subspecialties demand and serve as collaborative partners in caring for children and adolescents with reproductive tract concerns.

6. List the number and names of institutions providing residency training and other acceptable educational programs in the proposed area of certification:

PAG fellowship academic training programs (N=18) in the US, all of which are 2-year training programs, and Canada (1-2 year) are listed below:

US Programs:

Baylor College of Medicine, Houston TX
Phoenix Children's Hospital, Phoenix, AZ
University of Alabama, Birmingham, AL
University of Michigan, Ann Arbor, MI
Boston Children's Hospital, Boston, MA
Children's Mercy Hospital Kansas City, MO
Washington University St. Louis, MO
DC National Children's Hospital/National Institutes of Health- Washington DC
Cincinnati Children's Hospital Cincinnati, OH
Stanford University Palo Alto, CA
University of Colorado Denver, CO
Nationwide Children's Hospital Columbus, OH

University of Texas, Austin, TX

Canadian Programs:
University of Ottawa
University of Toronto
University of Calgary
University of Vancouver

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

During the 2025 match year, there were 17 positions available for fellowship training (NASPAG Fellowship Director's Committee). During 2026 there are 21 positions available.

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

The number of fellows completing fellowship annually ranges between 11-18. (Source: NASPAG Fellowship Director's Committee)

c. Describe how the numbers of training programs and trainees are adequate to sustain a critical mass of trainees necessary for program accreditation and certification:

The number of PAG fellowships combined with the 5 projected to start after ABMS and ACGME approval (18 current + 5 starting =23), is similar to the number of Complex Family Planning Fellowships at the initiation of ACGME accreditation as a new subspecialty (26). With all new subspecialties, ABOG offers the certifying examination every other year in order to have a more robust cohort taking that examination.

ABOG acknowledges that this is a small subspecialty with a substantial cost of accreditation and certification. We have determined that the significant benefit achieved for quality patient care, access, and workforce make this expense worthwhile. Furthermore, both Complex Family Planning and Urogynecology and Pelvic Reconstructive Surgery saw significant growth in the number of fellowship programs and graduates of fellowship programs once subspecialty recognition and ACGME accreditation were achieved. 6c. shows the number of fellowships, fellows matched into programs and the number of individuals achieving Focused Practice Designation.

d. Provide the estimated number and type of additional educational programs that may be developed based on this proposed certification. Please indicate how you arrived at that estimate:

Five additional programs are planning to launch their training programs should the ABMS and ACGME approve subspecialty recognition and fellowship accreditation, respectively.

e. Does ACGME accreditation currently exist for the training programs associated with this proposed area of certification?

i. If not, do you plan to ask for ACGME accreditation for this new program?

Currently, ACGME fellowship accreditation does not exist. The application for ACGME fellowship accreditation will be submitted this fall.

ii. If these programs are not accredited by the ACGME, document the accrediting body for this program and whether it has the resources to review these programs in a fashion comparable to ACGME.

ACGME accreditation is essential as a complement to SPAG subspecialty recognition.

7. For (a) through (c) below provide responses regarding the duration and curriculum of existing programs.

a. The goals and objectives of the existing programs:

The goals and objectives of the existing programs are included in Appendix B.

PAG fellowships are two years long. Currently PAG fellowship structure consists of:

Clinical work (75%):

- PAG outpatient experience
- PAG surgery and procedure
- Hospital based care (inpatient and ED)
- Non-PAG pediatric rotations

Scholarly work (25%)

- Research
- QI
- Educational presentations,
- Reviewing scholarly articles for publication
- Advocacy
- Public policy work

b. The competencies, scope of practice, knowledge, judgment, and skills that differentiate this certification from other certifications:

What differentiates SPAG certification from both OB-GYN certification and other pediatric medical and surgical subspeciality certifications is the provision of reproductive medical and surgical health care to the distinct population of children and adolescents. OB-GYN training, practice and certification covers only a very basic level of PAG content. Pediatric medical and surgical subspecialty practice and certification do not involve

themselves as deeply in medical and surgical gynecology and longitudinal reproductive health care as does SPAG for the child and adolescent population.

Appendix A: Learning objectives for PAG achieved in OB-GYN residency. This is much more basic than that required in PAG fellowship.

Appendix B: PAG fellowship curriculum objectives

Appendix C: PAG fellowship training targets for surgical procedure competency

c. <u>The body of knowledge and clinical skills required and whether it is broad enough to require at least (36 for specialty, 12 for subspecialty) months of training:</u>

The fellowships exist as a 24-month training program. The curriculum objectives are outlined in Appendix B. With subspecialty recognition, programs would continue to be 24 months.

8. <u>Provide an estimated annual cost of the required training and how you arrived at that estimate:</u>

The annual estimated costs for educating a PGY5-6 trainee include consideration for salary, fringe, and malpractice insurance coverage. (Source: NASPAG Fellowship Director's Committee)

Year of Training	FY25 Salary	FY25 Fringe	Malpractice	Total
PGY 5	80,898	30,408	27,657	138,963
PGY 6	83,519	31,035	27,657	142,211

9. <u>Outline the degree and training requirements and any additional qualifications for applicants in the proposed certification: (*Note – appears only if multiple Boards are requesting*, fill in information common to all applicant Member Boards, for information specific to your specialty, please use the addendum form)</u>

i. <u>Will your Board allow a practice pathway[1] for physicians who currently practice in this field? *(Yes/No)* If so, please specify the eligibility requirements for physicians to apply for the practice pathway and when the practice pathway will close:</u>

Yes, beginning after ABMS and ACGME approval, ABOG will administer a

[1] All practice pathways to Board certification must be time-limited

practice pathway examination for two years with eligibility criteria to include:

- ABOG-certified OB-GYN in good standing.
- Minimum 3 years of dedicated PAG practice or completed fellowship within same year as subspeciality certification.
- ≥50% clinical effort in PAG over each of the preceding 3 years.
- Active hospital privileges in PAG surgery for pediatric and adolescent gynecology.
- Breadth and depth of PAG practice determined by case list submission and review of medical and surgical care of patients.
- Successful passing of the subspecialty practice pathway examination.

a. Required primary and/or subspecialty ABMS Member Board certification(s):

i. Will your Board require your diplomates to maintain the required certificate(s) in order to maintain this subspecialty certification? (yes/no, please describe for yes)

Yes. Diplomates in SPAG must maintain their OB-GYN certificate to maintain subspecialty certification.

ii. Will diplomates from other ABMS Member Boards (not co-sponsoring this subspecialty certification) be eligible to apply for this subspecialty certification? *(Yes/No)*
No

a. If "yes," please list which Boards NA

b. If "yes," would you require diplomates to maintain their primary certificate from the other Board to maintain the subspecialty certification? Will diplomates from non-sponsoring Boards who let their primary certification lapse continue to be eligible for maintenance of certification in the subspecialty certification? *(Yes/No)* NA

1. With regard to Board-based assessment for candidates prior to awarding this proposed certification, which assessment methods will be required? (Check all that apply) (*Note – appears only if multiple Boards are requesting*, fill in information common to all applicant Member Boards, for information specific to your specialty, please use the addendum form

Note the following will be required and are outlined below.

X Examination

1.Qualifying computer based examination

2. Certifying in person oral examination at the ABOG National Center

X Submission, review, and approval of case lists prior to certifying examination

X Research thesis defended and approved

a. Describe the rationale behind the method(s) required in the assessment process:

The assessment process is in accord with other subspecialty certifications within ABOG. The practice pathway for current PAG providers in practice will be administered following ABMS and ACGME approval and will consist of a written exam only.

2. Outline the Continuing Certification (CC) program planned for the proposed certification: Describe the relationship between the proposed CC program and existing potential CC programs for your diplomates. (*Note – appears only if multiple Boards are requesting*, fill in information common to all applicant Member Boards, for information specific to your specialty, please use the addendum form)

a. If your Board is planning to accept multiple options for assessment of knowledge, judgment, and skills for the certification, describe each:

SPAG continuing certification will be the same as that for other ABOG approved subspecialties. This includes Part I professional standing, professionalism and professional conduct; Part II articles and article based questions; Part III knowledge examination and longitudinal assessment; and Part IV Improving Health and Healthcare.

12. **Indicate how the utility of the proposed certification will be re-evaluated periodically (e.g., every five years) to assure that the area of clinical practice remains a viable area of certification:**

ABOG will continue to conduct a job task analysis (JTA) every three to five years to assess changes in SPAG physician practices. Additionally, incidence and prevalence of disease burden will be considered to ensure practice patterns confirmed by the JTA are aligned with public benefit. Regular monitoring of workforce needs as well as monitoring of applications to PAG fellowships will ensure standards are being met as well as successful recruitment and graduation of fellows. ABOG will continue to monitor at what rate providers are engaging in the certification process and what percentage are successfully completing certification. Ongoing engagement in the SPAG Continuing Certification process will be monitored as well.

13. **Provide an anticipated timeline for when your Board will assess candidates and when your Board will begin issuing certificates**

The practice pathway examination will be given in July 2028 and July 2029. The first qualifying examination for fellows who complete an ACGME accredited SPAG fellowship will take place in July 2030 with the first certifying examination occurring Spring 2032.

14. **List key external stakeholders from whom COCERT should consider soliciting public comment on the proposed certification:**

American Board of Pediatrics
American Board of Surgery
American Board of Urology
North American Society for Pediatric and Adolescent Gynecology
American Society of Reproductive Medicine
American Association of Gynecologic Laparoscopy
American College of Obstetricians and Gynecologists
Society for Adolescent Health & Medicine
Society of Family Planning

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

- Copy of proposed application form for the candidates for certification
- A written statement indicating concurrence or specific grounds for objection from each Member Board offering certification or having expressed related interests in certifying in the same field (for existing co-sponsored certificates, written statements from co-sponsors are due at the time the letter of intent is due)
- Written comments on the proposed subspecialty certification from at least two (2) external stakeholders
- A copy of the proposed certificate

Appendix A

The OB-GYN residency learning objectives are created and updated by the Council on Resident Education in Obstetrics and Gynecology (a council of the American College of Obstetricians and Gynecologists). In these learning objectives, pediatric and adolescent gynecology objectives are found under focused gynecologic care. They are listed below and are notably insufficient for a fully functioning PAG physician:

B. Pediatric/adolescent gynecology

1. Address the unique needs of pediatric and adolescent gynecology patients (including indications for referral) for conditions and topics including the following:

a) Healthy lifestyle choices (including nutrition, substance use, and physical activity)
Educational Objectives 21

b) Healthy and safe relationships (including psychological and physical abuse, intimate partner violence, bullying, and screen time/social media use)

c) Mental health, depression, anxiety, and suicide

d) Sexual abuse and assault

e) Normal and abnormal pubertal development

f) Primary amenorrhea

g) Breast masses

h) Dysmenorrhea

i) Vulvovaginitis

j) Ovarian diseases and masses

k) Sexual preference/orientation

l) Gender identity

m) Contraceptive needs

n) Screening for sexually transmitted infections

o) Pregnancy

Residency programs meet these learning objectives through a variety of mechanisms including didactics and clinical experience. NASPAG has developed both a short- and a long-term curriculum to support residency education in PAG topics. This helps develop the basic skillset within the OB-GYN workforce as this is important for capacity and access for basic care needs.

The residency-level curriculum preserves foundational PAG knowledge for OB-GYN physicians. It is much more basic than fellowship-level PAG training.

Appendix B
PAG FELLOWSHIP GOALS AND OBJECTIVES

ACGME Competencies addressed by each section are stated in parentheses:

1. Patient Care (PC)
2. Medical Knowledge (MK)
3. Practice Based Learning and Improvement (PBLI)
4. Systems Based Practice (SBP)
5. Professionalism (P)
6. Interpersonal Skills and Communication (ISC)

Throughout these educational goals, PAG fellowship training should be understood as preparing subspecialists to function independently when appropriate and to serve as gynecologic consultants and collaborators within pediatric multidisciplinary care settings.
PAG fellowship training targets are not intended to imply a limit on individual PAG clinicians who, through their higher level training, experience, and skill, become credentialed and have privileges at their institutions to perform surgery that exceeds these training targets.

Gynecologic Examination of Children and Adolescents (PC, MK, ISC, P)
Demonstrate a pertinent history and a focused physical examination appropriate for the patient's age and clinical concern, including: History Taking ● Structuring the visit with parent/caregiver and patient to foster collaboration with each ● Discussing and assuring confidentiality with adolescent as well as knowing legal limits of confidentiality (eg, consent vs assent) ● Modifying language to meet patient and parent/caregiver's different age/development levels Examination ● Performing only indicated exams ● Demonstration of correct use of equipment ● Positioning ● Trauma-informed care ● Explanation to patient ● Explanation to parent/caregiver ● Adjunctive techniques for exam (child life, distraction, relaxation techniques)

Demonstrate the ability to perform the following in age-appropriate pediatric and adolescent patients ● Vaginoscopy (in office and OR) ● Vaginal lavage (in office and OR) ● Tanner staging / sexual maturity rating

Resources:

1. Gynecologic Examination for Adolescents in the Pediatric Office Setting Paula K. Braverman, MD; Lesley Breech, MD; The Committee on Adolescence
2. Ethical approach to genital exam in children Paediatr Child Health. 1999 Jan-Feb;4(1):71. doi: 10.1093/pch/4.1.71
3. Gynecological Examination in Children and Adolescents Muhammad Rusda , Berry Eka Parda Bancin, Andrina Yunita Murni Rambe. Open Access Macedonian Journal of Medical Sciences. 2022 Mar 25; 10(T7):68-73.
4. Confidentiality in adolescent health care. ACOG Committee Opinion 803. 2020.
5. The initial reproductive health visit. ACOG Committee Opinion 811. 2020.

Preventive Care (PC, MK, PBLI, SBP, P, ISC)
Describe and provide current screening and immunization recommendations based on age and risk factors
Describe the value of HPV vaccine in the prevention of cervical dysplasia, genital warts and HPV-attributable cancers
Counsel on healthy lifestyle, risk factors, weight management, contraception, STI prevention, accident prevention, psychosocial issues, HPV immunization
Screen children and adolescents for sexual, physical, and emotional abuse
Counsel families about pubertal development and menstrual function

Resources:

1. Middleman A (2011). Immunizations. Fisher M (Ed) Textbook of Adolescent Health Care
2. ACOG Committee Opinion #598; Initial reproductive health visit. 651 menstruation 566 immunization, HPV vaccination 704
3. ACOG Committee Opinion #811: The Initial Reproductive Health Visit; 651: Menstruation in Girls and Adolescents: Using the Menstrual Cycle as a Vital Sign; 809: Human Papillomavirus Vaccination; 710: Counseling Adolescents About Contraception
4. Government of Canada – Provincial and Territorial Immunization Information. https://www.canada.ca/en/public-health/services/provincial-territorial-immunization-information.html

Psychosocial (PC, MK, SBP, P, ISC)
Describe screening tools and diagnostic criteria for depression, eating disorders, and other mental health disorders
Summarize diagnostic criteria and management strategies for premenstrual dysphoric disorder and understand distinction from premenstrual syndrome
Discuss child and adolescent sexuality, including for LGBTQIA adolescents
Provide patient and parent education regarding sexual health

Resources:

1. Mental health disorders in adolescents. Committee Opinion No. 705. American College of Obstetricians and Gynecologists. *Obstet Gynecol 2017;130:e32–41*.
2. Gynecologic care for adolescents and young women with eating disorders. ACOG Committee Opinion No. 740. 2018.
3. Sexuality Education for Children and Adolescents. AAP Clinical Report. *Pediatrics 2016;138(2)e20161348.*
4. *Ashcraft AM, Murray PJ. Talking to Parents About Adolescent Sexuality. Pediatr Clin North Am. 2017 Apr;64(2):305-320.*

Endocrinology (PC, MK)
Describe puberty chronology and its regulation
Differentiate, evaluate, and manage abnormalities of puberty including: ● Precocious puberty ● Premature thelarche ● Premature adrenarche ● Premature menarche ● Delayed puberty
Demonstrate the ability to effectively evaluate and manage disorders of hyperandrogenemia and their signs, symptoms, and co-morbidities including: ● Polyendocrine Metabolic Ovarian Syndrome (PMOS) ● CAH (classic versus non-classic)
Differentiate between primary and secondary amenorrhea and formulate an evaluation and treatment plan
Describe and manage primary ovarian insufficiency
Describe the physiology of the menstrual cycle and hypothalamic–pituitary–ovarian axis
Identify and evaluate disorders for referral for abnormalities of: ● Bone mineral metabolism ● Pituitary function ● Lipid function ● Eating disorders/relative energy deficiency in sport (RED-

S)

Resources:

1. McLean M, Davis AJ, Reindollar RH. Abnormalities of Female Pubertal Development 2015 - europepmc.org
2. Rosen, DS. Identification and Management of Eating Disorders in Children and Adolescents. *Pediatrics 2010;126(6):1240-1253*
3. Saleh, FL et al. Polycystic Ovary Syndrome in the Adolescent ObstetGynecol *Clin of North Ameri 2024; 50(4):679-693 . Doi:10:1016/j.ogc.2024.08.005*

Abnormal Bleeding (PC, MK)
Manage or provide consultation regarding therapeutic amenorrhea/menstrual suppression
Evaluate and manage prepubertal bleeding due to: ● Infection ● Trauma, accidental and abuse ● Foreign body ● Precocious puberty ● Malignancy
Evaluate and manage abnormal uterine bleeding in the adolescent, as primary service or as collaborating service as appropriate including: ● Evaluation for a bleeding disorder ● Evaluation for endocrinologic etiology ● Evaluation for structural etiology, when appropriate ● Hormonal management ● Non-hormonal management ● Surgical management

Resources:

1. ACOG Committee Opinion Number 651. Menstruation in Girls and Adolescents: Using the Menstrual Cycle as a Vital Sign.
2. ACOG Committee Opinion Number 557: Management of Acute Abnormal Uterine Bleeding in Non-pregnant Reproductive-Aged Women.
3. ACOG Committee Opinion 785: Screening and Management of Bleeding Disorders in Adolescents with Heavy Menstrual Bleeding
4. Haamid, Sass, Dietrich. Heavy Menstrual bleeding in adolescents. NASPAG Clinical Document. JPAG 2017; epublished.
5. Bloomfield V, Iseyemi A, Kives S. Clinical Review: Prepubertal Bleeding. *J Pediatr Adolesc Gynecol*. 2023

Pelvic masses (PC, MK)
Demonstrate the evaluation and management of ovarian cysts /pelvic mass including utilization of ovarian cyst/tumor algorithms

in collaboration with other oncologic and surgical services
Describe both the types and incidence of genital tumors in childhood and adolescence
Demonstrate the ability to appropriately perform and/or interpret tests such as serum markers, ultrasonography, MRI, CT scan in the evaluation of a pelvic mass.
Describe and formulate an appropriate treatment plan for pelvic masses (benign and malignant), using nonsurgical or surgical methods in collaboration with other oncologic and surgical services, considering such factors as the patient's age, general health, treatment preference, future childbearing plans, and symptoms
Demonstrate the effective surgical management and case selection for the following for patients at perimenarchal age or older. For patients less than perimenarchal age, Pediatric Surgery serves as primary surgeon. For cases with suspected malignancy Pediatric Surgery or Gynecologic Oncology serves as primary surgeon ● Ovarian Cystectomy ● Paratubal cystectomy ● Oophorectomy/salpingo-oophorectomy ● Staging for ovarian cancer (with Pediatric Surgery or Gynecologic Oncology as primary surgeon) ● Torsion
Demonstrate the effective surgical management and case selection for the following. For cases with suspected malignancy Pediatric Surgery, Pediatric Urology or Gynecologic Oncology serves as primary surgeon ● Vulvar/vaginal/cervical masses

Resources:

1. Aldrink JH, Gonzalez DO, Sales SP, Deans KJ, Besner GE, Hewitt GD. Using quality improvement methodology to improve ovarian salvage for benign ovarian masses. J Pediatr Surg. 2017 Oct 10.
2. Kelleher, C, Goldsetin, A Adnexal masses in children and adolescents Clin Obstet Gynecol 2015;58(1):76-92
3. Adnexal Torsion in Adolescents Committee Opinion Number 783 August 2019

Congenital anomalies/Embryology (PC, MK)
Describe normal and abnormal embryonic development of the male and female gonad, internal and external genitalia, the urologic and intestinal system
Describe and formulate management for congenital anatomic anomalies (including investigation for renal anomalies where indicated). Counsel about reproductive impacts and fertility, as well as impacts (if any) to mode of delivery in the future. Collaborate with pediatric surgical subspecialties for complex anomalies.

● Hymenal abnormalities ● Imperforate hymen ● Vaginal septum (transverse) ● Vaginal septum (longitudinal) – obstructive (OHVIRA) and non-obstructive ● Uterine duplication ● Uterine septum ● Uterine agenesis ● Unicornuate or bicornuate uterus ● Bicornuate uterus ● Obstructed uterine horn ● Vaginal agenesis ● Cervical agenesis/dysgenesis
Demonstrate knowledge of what diagnostic tests are required and when to perform vaginoscopy/hysteroscopy/laparoscopy to delineate anatomy of a congenital anomaly within a multidisciplinary team based on complexity and/or patient age
Describe long term gynecologic sequelae regarding sexuality and fertility in women before and after correction of congenital anomalies
Assess patient readiness for vaginal dilation, and demonstrate the appropriate techniques and teaching on vaginal dilation
Differentiate and describe surgical management of vaginal agenesis ● McIndoe ● Vecchietti ● Davydov ● Buccal ● Other
Demonstrate the appropriate evaluation and management of the patient with ambiguous genitalia within a multidisciplinary team, and determine when it is appropriate to perform gonadectomy in collaboration with the multidisciplinary team
Describe long term gynecologic sequelae patient with a history of complex urogenital repair
Demonstrate the appropriate evaluation and management of the patient with differences of sexual development within a multidisciplinary team approach in conjunction with Pediatric Urology, Pediatric Surgery, and relevant pediatric medical subspecialties.
Describe anorectal malformations involving the genital tract and the associated gynecologic anomalies. Contribute to the collaborative management of these patients re: gynecologic short and longterm considerations.

Resources:

1. Breech L. Gynecologic concerns in patients with anorectal malformations. *Semin Pediatr Surg 2010 May;19(2):139-45.*
2. ACOG Committee Opinion Number 562: Mullerian Agenesis: Diagnosis, Management, and Treatment
3. Disorders of Sexual Development in Adult Women. Gomez-Lobo V, Amies Oelschlager AM; North American Society for Pediatric and Adolescent Gynecology. *Obstet Gynecol. 2016 Nov;128(5):1162-1173*
4. Dietrich JE, Millar DM, Quint EH. Obstructive anomalies. *J Pediatr Adolesc Gynecol. 2014 Dec;27(6):396-402. doi: 10.1016/j.jpag.2014.09.001. Epub 2014 Sep 11.*
5. Dietrich JE, Millar DM, Quint EH. Non-obstructive anomalies. *J Pediatr Adolesc Gynecol. 2014 Dec;27(6):386-95. doi: 10.1016/j.jpag.2014.07.001. Epub 2014 Jul 17.*

Breast Disorders (PC, MK)
Describe evaluation, including when to refer to breast surgeons, of: ● Breast mass ● Nipple discharge, including galactorrhea ● Breast pain ● Mastitis ● Size concerns and breast asymmetry

Resources:

1. Khaja A, DeSilva N. The female adolescent breast: disorders of development. *Curr Opin Obstet Gynecol. 2019 Oct;31(5):293-297.*
2. ACOG Committee Opinion: Breast and Labial Surgery. CO 662.

Contraception (PC, MK, PBLI, SBP, ISC)
Compare the advantages, disadvantages (side effects), failure rates, and complications associated with the available methods of contraception, including emergency contraception
Define contraindications to different contraceptive methods
Perform IUD insertion and removal and counsel/provide multimodal pain management.
Perform hormone implant insertion and removal
Provide contraception follow up and manage associated side effects and complications

Resources:

1. Counseling Adolescents about Contraception. ACOG Committee Opinion 710. August 2017.
2. Canadian Contraception Consensus. SOGC Clinical Practice Guideline. 2015.
3. U.S. Medical Eligibility Criteria for Contraceptive Use. 2024.

Adolescent Pregnancy (PC, MK) (It is expected that Fellows will have previously learned these aspects of adolescent care as part of their Obstetrics and Gynecology Residency)

Demonstrate appropriate and factual counseling of early pregnancy in adolescents
Understand parental involvement laws applicable to current practice and confidential services available to an adolescent
Cite various adverse fetal and maternal pregnancy outcomes for which adolescents have an increased risk

Resources:

1. Fleming, NA, O'Dristoll, T, Becker, G, Spitzer, R. Adolescent Pregnancy Guidelines. J *Obstet Gynaecol Can 2015;37(8):740–756.*
2. Black AY, Fleming NA, Rome ES**.** Pregnancy in Adolescents. American Academy of Pediatrics (AAP) *Adolesc Med State Art Rev. 2012; 23 (2) 123-138.*
3. AAP. The adolescent's right to confidential care when considering abortion*. Pediatrics. 2022 Sep 1;150(3):e2022058780.*

Patients with Disabilities and Special Needs
Provide gynecologic consultation for patients with special needs regarding: ● Menarche ● Menses and menstrual concerns (including discussing premenarchal anticipatory steps to puberty, assessing menstruation and impact on Activities of Daily Living (ADL) ● Management of menstrual disorders ● Reviewing contraception needs and safety ● Assistance with transition to adult care for patients with physical or developmental disabilities) ● Menstrual hygiene
Assess impact of any intervention on : ● Medical and developmental needs ● Capacity for participation in the decision-making process, functional and living situation
Have awareness of the ethical and legal implications of sterilization in patients with disabilities
Understand how medications commonly used for menstrual suppression can interact with other medications and physical limitations.

Resources:

1. Menstrual Suppression in Special Circumstances. SOGC Clinical Practice Guideline No. 313. Reaffirmed in 2019. Journal of Obstetrics and Gynecology of Canada.
2. General Approaches to Medical Management of Menstrual Suppression. ACOG Committee Opinion No.3 (Replaces no.680 , Aug 2016). American College of Obstetricians and Gynecologists. 2022
3. Fei YF, Ernst SD, Dendrinos ML, Quint EH; Preparing for Puberty in Girls With Special Needs: A Cohort Study of Caregiver Concerns and Patient Outcomes.*J Pediatr Adolesc Gynecol.*

2021;34(4):471-476
4. Holland-Hall C, Quint EH . Sexuality and Disability in Adolescents. *Pediatr Clin North Am. 2017 Apr;64(2):435-449*
5. Fei YF, Ernst SD, Dendrinos ML, Quint EH. Satisfaction with Hormonal Treatment for Menstrual Suppression for Adolescents and Young Women with Disabilities*. J Adolesc Health. 2021 Sep;69(3):482-488*

Vulvovaginal Disease (PC, MK)
Be able to diagnose and manage common pediatric vulvar conditions including: ● Labial adhesions ● Lichen sclerosus ● Non-specific vulvovaginitis ● Vulvar findings in systemic conditions such as psoriasis, Crohn's disease, vascular diseases, Steven Johnson syndrome, graft versus host disease
Understand the medical and surgical treatment options for vulvar or vaginal lesions
Evaluate and manage vulvovaginal infections
Evaluate and medically/surgically manage labial hypertrophy
Evaluate and manage genital trauma including: ● Vulvar and vaginal lacerations ● Non-expanding and expanding vulvar and vaginal hematomas ● Demonstrate collaboration with Pediatric Urology in cases of concurrent urinary tract injury and with Pediatric Surgery in cases of concurrent rectal, anal injury, or other intra-abdominal or retroperitoneal injury
Understand the types of female circumcision including the legal implications and possible complications from the procedure

Resources:

1. Simms-Cendan J, et al. NASPAG Clinical Opinion: Diagnosis and Management of Lichen Sclerosus in Pediatric and Adolescent Patients. *J Pediatr Adolesc Gynecol. 2022; 35(2): 112-120.*
2. Bacon JL, Romano ME, Quint EH.Clinical Recommendation: Labial Adhesions*. J Pediatr Adolesc Gynecol. 2015;28(5):405-9.*
3. Zuckerman A, Romano M. Clinical Recommendation: Vulvovaginitis. *J Pediatr Adolesc Gynecol. 2016;29(6):673-679.*
4. Lawson, A, et al. Labial Anatomy Concerns in the Adolescent: A Review. *J Pediatr Adolesc Gynecol. 2023 36(6):505-510.*

Sexual Abuse and Trauma (PC, MK, SBP, P, ISC)

Screen children and AYA for physical, sexual and emotional abuse during routine care and know how to respond if suspected.
Screen adolescents about sexual and reproductive coercion using validated screening tools/questionnaires.
Locate relevant state or provincial/federal laws relating to sexual assault and rights of adolescents to obtain medical care and understand regulations related to reporting of child sexual abuse and sex trafficking.
Recognize CDC guidelines for care of survivors of sexual assault, including ● STI screening and prophylaxis ● treatment for pregnancy ● referral for legal assistance and psychotherapy
Counsel adolescents to avoid high-risk situations and discuss strategies that may decrease the likelihood of sexual assaults
Discuss normal and abnormal (specific and nonspecific) findings in the genital and anal exam of children and adolescents
Obtain a non-leading, comprehensive history when sexual abuse/assault is suspected
Recognize indications for forensic exam and explain components of exam

Resources:

1. Joyce A. Adams, Karen J. Farst, Nancy D. Kellogg, Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018, *J Pediatr Adolesc Gynecol, Volume 31, Issue 3, 2018, Pages 225-231*
2. Reproductive and Sexual Coercion. ACOG Committee Opinion Number 554; February 2013.
3. Sexual Assault. ACOG Committee Opinion Number 777; April 2019
4. Human trafficking. ACOG Committee Opinion No. 787; September 2019
5. Tazim Dowlut-McElroy, Jeanette Higgins, Karen B. Williams, Julie L. Strickland, Patterns of Treatment of Accidental Genital Trauma in Girls, JPediatr AdolescGynecol,2018; 31(1): 19-22.

Pelvic Pain/Endometriosis (PC, MK)
Select and interpret diagnostic tests to determine the cause of chronic pelvic pain, collaborate with and refer to other specialists/subspecialits for overlapping causes of pelvic

pain, and treat using appropriate nonsurgical and surgical methods. For intra-abdominal surgical procedures to diagnose and treat endometriosis and pelvic pain, Pediatric Surgery should be primary surgeons in patients prior to the peri-menarchal age
Summarize the theories of pathogenesis, presentation, diagnosis and management of endometriosis in adolescents
Outline the principal gynecologic and non-gynecologic causes of chronic pelvic pain, and describe the pathophysiology of each cause

Resources:

1. ACOG. Dysmenorrhea and endometriosis in the adolescent. Committee Opinion No. 780, Dec 2018.
2. Shim JY, et al. Evaluation and management of endometriosis in the adolescent. *Obstet Gynecol. 2024 Jan 1;143(1):44-51.*
3. Song AH, Advincula AP. Adolescent chronic pelvic pain. *J Pediatr Adolesc Gynecol. 2005 Dec;18(6):371-377.*

Sexually Transmitted Infection (PC, MK, SBLI, SBP, P)
Identify symptoms, risk factors, and screening guidelines for the most common STIs, including (GC, Chlamydia, syphilis, Hepatitis B and C, HIV, HSV, HPV)
Perform and interpret specific tests for common STIs and treat with appropriate antimicrobial agents; provide expedited partner therapy where appropriate.
Provide counseling, education, and follow up for patients after diagnosis of STI
List the common infectious agents implicated in pelvic inflammatory disease (PID), diagnostic criteria for PID, and appropriate therapy (antibiotics, surgical)
Evaluate and manage genital HPV infection and abnormal cytology, counseling patients about risk factors and long term sequelae of infection.
Discuss reproductive health impacts of HIV infection; describe indications and medication options for pre- and post-exposure prophylaxis for HIV

Resources:

1. ACOG Committee Opinion Number 572; Reproductive Health Care for Adolescents With Human Immunodeficiency Virus September 2013:
2. Dual therapy for gonococcal infections. Committee Opinion No. 645. American College of Obstetricians and Gynecologists. *Obstet Gynecol 2015;126:e95–9.*
3. Routine Human Immunodeficiency Virus Screening, ACOG Committee Opinion 596, August 2008

(Reaffirmed 2024)

4. Expedited Partner Therapy. ACOG Committee Opinion No. 737, June 2018 (Reaffirmed 2023)

Imaging (PC, MK)
Describe use and limitations of ultrasound, CT, and MRI in pediatric gynecology and collaborate with radiology colleagues to elucidate appropriate diagnoses and plan for medical and surgical management in collaboration with pediatric medical and surgical subspecialties as appropriate for patient age, condition and complexity
Describe expected changes in appearance of the reproductive tract from neonate to post-pubertal status

Resources:

1. Servaes S, Victoria S, Lovrenski J, Epelman M. Contemporary pediatric gynecologic imaging. *Semin Ultrasound CT MR. 2010 Apr;31(2):116-40. doi: 10.1053/j.sult.2010.01.001.*

Genetics
Obtain appropriate family and medical history screening for hereditary cancer risk assessment
Determine appropriate genetic testing in children and AYA for possible syndromes and differences of sex development, and make appropriate referrals to Genetics
Counsel patients regarding need for early cervical cancer screening in certain conditions (ie: Fanconi Anemia average age of cervical cancer 25-27)
Counsel patients on malignancy risk in differences of sex development

Resources:

1. Obstet Gynecol. 2014 Feb;123(2 Pt 1):394-413.Technology assessment no. 11: genetics and molecular diagnostic testing.
2. ACOG Committee Opinion 793. Hereditary cancer syndromes and risk assessment. 2019.
3. Kathrins M, Kolon TF. Malignancy in disorders of sex development. *Trans Androl Urol. 2016. 5(5): 794-798*
4. Abaci A, et al. Gonadal Malignancy risk and prophylactic gonadectomy in disorders of sexual development. J *Pediatr Endocrinol Metab. 2015. Sep;28(9-10):1019-27.*

Fertility Preservation and Cancer Survivorship
Educate patients with cancers and their families regarding gynecologic expectations for options for fertility preservation, risk of primary ovarian insufficiency and possible need for pubertal induction and hormone replacement therapy
Construct a plan for the acute management of heavy bleeding

during chemotherapy with hormone therapy and describe the pathophysiology of bleeding with oncology treatment
Educate patients and families regarding the options for fertility preservation in terms of outcomes and preparation in the setting of gonadotoxic therapy: including GnRH agonist, embryo vs oocyte vs ovarian tissue cryopreservation, and ovarian transposition
Anticipate and provides appropriate counseling and screening for gynecologic needs of cancer survivors, such as contraception, sexual health, ovarian function assessment, graft vs host disease, and immunizations

Resources:

1. ACOG Committee Opinion Number 747. Gynecologic Issues in Children and Adolescent Cancer Patients and Survivors. *Obstet Gynecol 2018;132(2):e67-77 (reaffirmed in 2021)*
2. Oktay K, Harvey B, et al. Fertility Preservation in Patients With Cancer: ASCO Clinical Practice Guideline Update. *J Clin Oncol. 2018 Jul 1;36(19):1994-2001* (Note: Full Review of the 2013 update and 2006 original recommendations may be required for understanding – cited in references)
3. Practice Committee of the American Society for Reproductive Medicine. Fertility preservation in patient undergoing gonadotoxic therapy or gonadectomy: a committee opinion. *Fertil Steril 2019; 112 (6): P1022-1033*
4. Takahashi T, Arora M, Okoev G, DeFor T, Weisdorf D, MacMillan ML. Late-Onset Acute and Chronic Graft-Versus-Host Disease in Children: Clinical Features and Response to Therapy. *Transplantation and Cellular Therapy. 2021 Aug. 27(8): 667.e1-667.e5.*

Gynecologic malignancy in pediatrics
Describe the epidemiology of childhood and adolescent gynecologic malignancies, risk factors for malignancy, and appropriate initial investigations when a gynecologic malignancy is suspected.
Refer and/or collaborate appropriately with Pediatric Surgery, Pediatric Surgical Oncology and/or Gynecologic Oncology for suspected or confirmed malignancy cases
Disclose a cancer diagnosis to a patient and their support people in an age appropriate way including the likely treatment plan

Resources:

1. Wohlmuth C and Wohlmuth-Wieser I. Gynecologic Malignancies in Children and Adolescents: How Common is the Uncommon? 2021*. J. Clin. Med. 10:722.*
2. Debiec K, Todd N. Gynecologic Care of Pediatric and Adolescent Patients Undergoing Hematopoietic Stem Cell Transplantation. 2020*. J Pediat Adol Gynecol. Apr;34(2):112-116.*
3. Travis LB, et al. Adolescent and Young Adult Germ Cell Tumours: epidemiology, Genomics, Treatment and Survivorship. *J Clin Oncol. 2024 Feb 20;42(6):696-706*

Intraoperative management (PC, MK)
Identify changing anatomy and physiology of the infant, child, and

adolescent pelvis and abdomen, and how these may impact surgical management including equipment and settings
Describe principles of laparoscopy and laparotomy in the child including collaboration with pediatric surgical subspecialties based on age, condition and complexity
Identify and collaborate/refer to other pediatric surgical subspecialties for combination procedures
Collaborate in the gynecologic management of complex surgical interventions in cases in which other pediatric surgical subspecialties serve as primary surgeon
Organize learners and surgical staff through management of typical PAG surgical interventions
Demonstrate surgical skills and techniques to effectively perform or collaborate in the appropriate portions of the procedures listed in Appendix C

Preoperative Evaluation (PC, MK, SBP)
Counsel patients and guardian(s) pre-operatively on risks, benefits, indications, and alternatives (informed consent and assent)
Summarize indications and compose appropriate preoperative preparation plans for patients undergoing gynecologic surgery for cases for which PAG serves as primary surgeon or collaborating service including indications for: ● Bowel preparation ● Antibiotic use ● Perioperative care and counseling, including age-based concerns ● Thromboembolism prophylaxis ● Bleeding disorder preparation ● Appropriate equipment for patient size

Postoperative Care and Complications (PC, MK, SBP)
Understand normal pediatric perioperative physiology including: ● Vital signs ● Wound healing ● Urine output ● Hemodynamic changes ● Discuss the vital signs of the various PAG age groups and how they can be expected to change post-operatively
Recognize, treat and consult other surgical subspecialists as appropriate for post-operative complications
Manage peri-operative expectations and pain with attention to age, type of surgery, and pertinent medical history

Resources:

1. Section on Anesthesiology and Pain Medicine. The pediatrician's role in the evaluation and preparation of pediatric patients undergoing anesthesia. *Pediatrics. 2014*
2. Appelbaum H. Perioperative and Operative Considerations for Minimally Invasive Surgery in Pediatric and Adolescent Gynecology. J Pediatr Adolesc Gynecol. 2024
3. Smith AE, Heiss K, Childress KJ. Enhanced Recovery After Surgery in Pediatric and Adolescent Gynecology: A Pilot Study*. J Pediatr Adolesc Gynecol. 2020*

Research in children and adolescents
Describe ethical principles that govern research include respect for individuals, beneficence, and justice, as articulated in the Belmont Report
Adhere to current federal regulations 45 C.F.R. § 46, and federal and state laws that affect research with minors
Protect adolescent research participants by understanding the importance of caregiver permission, as well ethically appropriate situations in which to waive caregiver permission
Formulate and conduct an original research study in pediatric and adolescent gynecology ● Develop a research question ● Review the current literature ● Choose the correct methodological plan ● Analyze data ● Write a manuscript ● Complete submission process

Resources:

1. Committee Opinion No. 665: Guidelines for Adolescent Health Research. American College of Obstetricians and Gynecologists' Committee on Adolescent Health Care. Obstet Gynecol. 2016 Jun;127(6):e183-6.
2. Guidelines for adolescent health research. A position paper of the Society for Adolescent Medicine. J Adolesc Health. 2003 Nov;33(5):396-409.

Understand principles of Transition to Adult Care
Understand the difference between assent and consent in pediatric and adolescents and documentation of discussion in the medical record
Demonstrate awareness of the legal implementation

of pediatric transition into adult care to assist families in advocating for appropriate shared decision making in adulthood if required
Apply the six core elements of healthcare transition to create a PAG Transition into Adulthood Care plan for use by the patient/their support (if necessary) and their next provider.

Resources:

1. http://www.gottransition.org/ (includes a Tool Kit to create a Checklist for Transition of Care)
2. Osborne C, et al. Difficulties in Transition of Care from Pediatric to Adult Gynecology Providers: Should we Maintain Care into Adulthood? *J Pediatr Adolesc Gynecol. 2020;33(3):255-259* Jun;33(3):255-259.
3. American Academy of P, American Academy of Family P, American College of P, Transitions Clinical Report Authoring White PH. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics. 2018 Nov;142(5):e20182587*
4. Society for Adolescent Health and Medicine. Transition to adulthood for youth with chronic conditions and special health care needs*. J Adolesc Health. 2020;66(5):631–4.*

Disparities in PAG care
Cite clinical examples in which a health equity framework can be utilized in PAG
Understand potential initiatives to provide equitable care to diverse patient populations within PAG

Resources:

1. Cipres DT, Whitley MY, Ward VL. Racial and Ethnic Equity, Diversity, and Inclusion in Pediatric and Adolescent Gynecology: A Call to Action From a North American Perspective. *J Pediatr Adolesc Gynecol. 2024 Dec;37(6):542-545.*
2. Orr CJ, Leslie LK, Schaecter J, et al. Diversity, equity, and inclusion, child health, and the pediatric subspecialty workforce. Pediatrics. 2024 Feb 1;153(Suppl 2):e2023063678S.

INTERPERSONAL AND COMMUNICATIONS SKILLS:
Communicates effectively with patients to establish rapport, obtain a reliable history, motivate adherence to medical recommendations, and promote healthy behaviors
Communicates effectively with guardian(s) while maintaining privacy, confidentiality, and respect

Communicates effectively with the nursing staff, residents, faculty, and other health care team members
Define ability of adolescents to access and consent for confidential services in specific practice location
Contributes respectfully in an interdisciplinary team approach
Interacts constructively with other services, including requesting and providing consults
Responds promptly to pages
Provides thorough and clear patient handoff to call coverage team

PROFESSIONALISM:
Responds to requests for consults from other services in a timely and courteous fashion
Arrives on time to required conferences, clinic, and OR
Reliably, thoroughly, honestly, and punctually completes assigned tasks including clinic dictations, operative reports, and discharge summaries
Provides a supportive learning environment for medical students and residents
Demonstrates sensitive to diverse patient populations, including patients with developmental delay; advocates for patients' welfare and that of their families
Avoids stereotypical or negative comments about patients and healthcare team
Evaluates knowledge base and strives to improve it; and seeks guidance and supervision as needed
Treats everyone with fairness and committed to diversity, inclusion and equity
Maintains privacy of patient communication by avoiding discussing patients' information in public areas
Reviews lab results in a timely fashion
Avoids unreasonable leave and night call requests
Dresses appropriately in clinic

PRACTICE BASED LEARNING:
Participates in patient care conferences and follows up on management discussed
Keeps an updated reading log to demonstrate ongoing learning
Presents at conferences and documents self-reflection/patient care improvement
Provides patients and family members information about power of attorney, and surrogate decision-making using hospital/clinic

resources
Is knowledgeable about medico-legal issues pertinent to pediatric and adolescent gynecology care and knows pertinent state laws and hospital policies
Anticipates and actively manages work-flow for timely completion of patient care
Provides outpatient care effectively – accomplishes patient follow-up and medication compliance
Appropriately utilizes hospital resources to enhance patient care (ie. translator services, medical consult service, social services, child life)

SYSTEMS BASED PRACTICE:
Appropriately utilizes consulting services when needed
Involves Social Work, Nutrition, Pain Service, Child-Life
Describe the appropriate legal safeguards that must be observed in evaluating a victim of abuse, such as maintaining the proper chain of evidence in handling laboratory specimens and reporting the crime to the appropriate authorities
Describes the indications for referral of a patient to a specialist, multidisciplinary group, pain management, or behavioral/mental health
Consistently safe: aware and appropriately manages complications, allergies, etc.

Appendix C

PAG Fellowship Surgical Competency Target*
(Distinction of straightforward vs complex for some domains)
1=primary surgeon
2=collaborative surgeon with pediatric surgical subspecialist as primary surgeon

Procedure	Competency target
Gynecologic exam under anesthesia	1
Vaginoscopy	1
Contraceptive devices	1

Vulvovaginal Procedure **Straightforward**	Competency target
Hymenal surgery	1
Vaginal septal surgery	1
Genital trauma repair	1
Vaginal stenosis repair	1
Surgical care for vulvar and vaginal masses	1
Vaginal pull through	1
Neo vagina creation	1
Vulvovaginal Procedure **Complex**	Competency target
Vaginal septal surgery	2
Genital trauma repair	2
Vaginal stenosis repair	2
Surgical care for vulvar and vaginal masses	2
Vaginal pull through	2
Neo vagina creation	2

Abdominal surgery (laparotomy or laparoscopy) S**traightforward, perimenarchal age or older**	Competency target
Hysterectomy	1
Adnexal surgery	1
Removal of abnormal Mullerian structure	1
Endometriosis: diagnosis, resection, ablation	1

Surgical management of pregnancy complications	1
Abdominal Surgery (laparotomy or laparoscopy) **Complex or younger than perimenarchal age**	Competency target
Hysterectomy	2
Adnexal surgery	2
Removal of abnormal Mullerian structure	2
Reproductive Tract Malignancy	2

Office Based Procedures	Competency target
Gynecologic exam	1
Vaginal irrigation	1
Placement/removal of hormonal device (IUD, implant)	1
Vulvar I&D	1
Removal of vaginal foreign body	1
Vulvar biopsy	1
Removal of pelvic/vaginal/vulvar drain	1

* PAG fellowship training targets are not intended to imply a limit on individual PAG clinicians who, through their higher level training, experience, and skill, become credentialed and have privileges at their institutions to perform surgery that exceeds these training targets.

Appendix D: Short and Long-Term Benefits, Costs, and Methodology

Benefits	Immediate Item	Immediate Cost	To Whom	Longterm Item	Longterm Cost	To Whom	Methodology
Assessments uphold high standards of scientifically-based clinical care. Potential for expanded worforce and resulting increased access through subspecialty recognition	Creating examinations and continuing certification assessments	$1million (budgeted already)	ABOG	Maintaining and executing assessments	800,000 per year, budgeted already	ABOG	Cost of assessments for Complex Family Planning (CFP) assessments
Subject matter experts create high quality assessments	Creating examinations and continuing certification assessments	ABOG volunteer time: 200 hours	Volunteers and their Institutions	Maintaining assessments	ABOG volunteer time : 160 hours	Volunteers and their Institutions	Cost of CFP, ABOG subspecialty division processes
Individuals seeking initial certification strive to meet standards; those seeking CC strive for mastery; ABOG able to share workforce data with specialty societies and policy makers to enhance workforce analysis and planning; Childrens hospitals and other entities can use an individual's achievement of subspecialty certification in their credentialling processes	Taking assessments	Costs of Senior Candidate Exam $1700, time for preparation and taking assessments	Individuals seeking certification	Taking assessments	Cost of Subspecialty Qualifying Exam $1700, Subspecialty Certifying Exam $2620, Continuing Certification $315 (2025), time for preparation and taking assessments, travel to National Center for certifying exam	Individuals seeking certification	ABOG assessment costs
Fellowships standardized with quality control	Initial accreditation by ACGME	ACGME Application Fee $7380 (2025), staff, GME office, and program director time to complete application	Program and Institution	Yearly accreditation activities	Annual Accreditation Fee $5125 (2025), Sponsoring Institution fee (2.5% of total program fees) staff, GME office, and program director time	Program and Institution	ACGME fees
Fellowships standardized with quality control, inclusion of research ensures ongoing knowledge generation that drives scientifically based practice and patient benefit	Accreditation by ACGME: ACGME writing and approving requirements and other new program processes	volunteer and staff time and travel	ACGME	ACGME oversight of existing program, inclusion of PAG subspecialist on OB-GYN RC,	volunteer and staff time and travel	ACGME	
Fellowships standardized with quality control	Adapting programs to ACGME requirements	staff, physician, GME office, clinical leadership time, money and resources to ensure compliance	Program and Institution	Maintaining programs that uphold ACGME requirements	staff, physician, GME office, clinical leadership time, money and resources to ensure compliance	Program and Institution	
Fellowships standardized with quality control; fellows train in ACGME approved working and learning environments	Funding fellows transition to CMS funding, considering institutions are over the CMS cap	If, in the transition, fellows must reduce OB-GYN practice and billing, institution provides the delta in salary and benefits cost, and backfill the OB-GYN worforce lost	Institution	Sustaining fellows salaries and benefits	delta between pre and post-ACGME accreditation salary and benefits support, ongoing backfill of the OB-GYN workforce lost	Institution	

American Board of Obstetrics and Gynecology
SPAG Senior Candidate Exam Application

Exam Security Agreement

Please note that all diplomates are required to sign the Exam Security Agreement whether they are taking the exam or not.

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

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

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

I understand that I may not provide any information before, during or after the examination concerning the content of the examination including, but not limited to, test items and cases, to anyone, including but not limited to anyone scheduled to take the examination or who may be eligible to take the examination; to any formal or informal test preparation group; or to any person representing a company or other entity that provides courses, practice tests or other study material for the examination.

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

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

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

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

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

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

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

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

I understand that I may not receive any assistance from any person during the examination.

I agree that, if requested, I will fully participate in the investigation of any suspected violation of contract of agreement with any candidate and ABOG.

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I understand that if I violate any part of this agreement my application, registration, and/or test results may be canceled, and that I may be subject to further sanctions and legal action.

I understand that if an action violating this agreement is discovered after I have been given a passing grade on this test, the passing grade will be revoked.

By electronically signing below I attest that I have read and understand the above agreement.

Medical License

Part I: Professionalism, Professional Standing and Professional Conduct

A physician's professionalism and professional standing contribute to better patient care and improved medical practice by helping to assure the Public that diplomates exhibit professionalism in their medical practice. This includes:

1. acting in patients' best interests;
2. behaving professionally with patients, families, and colleagues across health professions;
3. taking appropriate care of yourself; and
4. representing your Board Certification and Continuing Certification status in a professional manner.

For more information regarding Part I: Professionalism and Professional Standing, please refer to this year's CC Specialty/Subspecialty Bulletin.

The ABOG requires an active, unrestricted license in any and all states or territories of the United States or province of Canada in which you hold a license to practice as one measure of professionalism and professional standing. Enter new or edit existing licenses below.

Please edit/update information: Medical License(s)

License	State	From	To

Dates of Residency / Fellowship

Please edit/update information: Medical School(s)

School	State	From	To

Please edit/update information: Residency/Fellowship(s)

Program	State	From	To

SPAG Qualification Questions

American Board of Obstetrics and Gynecology
SPAG Senior Candidate Exam Application

Have you been practicing Pediatric and Adolescent Gynecology for a minimum of 3 years post-residency training?

- 0 Yes
- ☐ No

During the most recent 3 years, has a minimum of 50% of your total practice (or fellowship for recent/upcoming graduates) consisted of patients related to the area of Pediatric and Adolescent Gynecology?

- 0 Yes
- ☐ No

Do you have active hospital privileges in PAG **[These will be uploaded and reviewed]**

- 0 Yes
- ☐ No

PAG Fellowship Questions

Did you complete a PAG fellowship?

- ☐ Yes
- 0 No

PAG Case Log [These will be uploaded and reviewed]

Start Date of Case Log:

End Date of Case Log:

American Board of Obstetrics and Gynecology
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Have you ever had:

any disciplinary or non-disciplinary action taken by a state medical board including reprimands, restrictions, conditions, suspensions, probations, surrenders or revocations?

- ☐ Yes
- 0 No

any misdemeanor or felony indictment, plea, or conviction?

- ☐ Yes
- 0 No

any illicit or illegal substance abuse, prescription drug abuse, or alcohol offenses?

- ☐ Yes
- 0 No

any limitation, restriction, suspension, revocation, or denial of renewal of hospital privileges?

- ☐ Yes
- 0 No

Identification Match

The testing facility requires two forms of ID (See ID Requirements and Acceptable forms of ID). The primary identity document must be a current government-issued photo ID and contain your signature. The secondary identity document must contain either your photograph or signature. Do you have two forms of ID (one with a photo) with your name exactly as:

[NAME]

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

- 0 Yes
- ☐ No

Terms of Application

Terms of Application

The undersigned hereby makes application to The American Board of Obstetrics & Gynecology, Inc. (_ ABOG _ or _ Board _) for admission to take the [Maintenance of Certification; Annual Board Certification; Written; Oral; Subspecialty Written; Subspecialty Oral] examination in [Obstetrics and Gynecology] of the ABOG, all in accordance with, and subject to, the requirements of the ABOG for such examination, pursuant to the Articles of Incorporation, By-Laws, Rules, Regulations, and other qualifications from time to time required by the ABOG. Funds are being submitted simultaneously with this Application in payment of the application fee and I agree, that if this Application has been

accepted by the Credentials Committee of the ABOG, to immediately forward the examination fee upon my receipt of notification that this Application has been accepted by the ABOG. I further agree that neither the application fee nor the examination fee shall be returnable to me in any event and that in either case the cost of processing my Application, and examination, respectively, whether I am permitted to take the examination or not, are of greater value than the fees themselves. I am aware that the ABOG is a Delaware not for profit corporation whose principal place of business is located in Dallas, Texas. I understand that the ABOG is not affiliated with and is not an agency of the U.S. or any state, and that it is a private medical certification board.

Representations of Applicant.

2.1 Applicant hereby represents and warrants that the information and answers to the questions provided on this Application are true, correct, and complete to the best of my knowledge and I agree that any information that is false, misleading or otherwise misrepresents the true state of facts, or any significant omissions made by me, regardless of whether such information was provided by me in ignorance or in good faith or because of misunderstanding, may disqualify me from having my Application accepted and/or from allowing me to take the examination, and may disqualify me from any entitlement I may have had to previously take such examination.

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

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

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

Conditions for Examination.

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

Understandings, Agreements, Covenants, And Warranties of Applicant.

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

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

4.3 After completing or nearing completion of an ACGME-approved residency program in Obstetrics and Gynecology and meeting all of the

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

Release And Exoneration of ABOG.

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

Venue and Jurisdiction.

I agree that if any dispute arises between myself and the ABOG with regard to my qualification for or my taking of the examination, the results of the examination, and/or any decision made by the ABOG with regard to my qualification for, and any entitlement I may have to continue to qualify for, a Certificate or Diploma, that dispute shall be had, held, and adjudicated in an appropriate court in Dallas County, Texas. I hereby consent to the jurisdiction and the laws of the State of Texas and exclusive venue in Dallas County, Texas with regard to any dispute that may arise with regard to the conduct of the examination or my qualification for, and any entitlement I may have to continue to qualify for, a Certificate or Diploma or in connection with the manner of conducting any examination or the results thereof, or my rights to membership in the ABOG or to any privileges of such membership. I further agree that if, and to the extent, I may have any legitimate claims concerning my qualification for, and any entitlement I may have to continue to qualify for, or the conduct of any such examination, I will first exhaust all administrative remedies available to me under the Guidelines of the ABOG, and after first doing so, if, and to the extent, I may have any claims that can be heard in a court of law under the terms hereof, such claims shall thereafter be addressed exclusively to the attention of an appropriate court in Dallas County, Texas where the ABOG maintains its principal place of business. I acknowledge that the application and examination fees that the ABOG charges and that I have agreed to pay would be higher if I, and other applicants, did not agree to these venue provisions. I further agree that in any such court proceeding Texas substantive law shall be applied and be applicable.

Adjudication of Disputes, Forum: Waiver of Right to Jury Trial.

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

American Board of Obstetrics and Gynecology
SPAG Senior Candidate Exam Application

Continuing Requirements upon Receipt of Diploma.

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

Authorizations for Release of Information and Release.

I hereby authorize the ABOG or any employee, agent, director, officer, representative, member, examiner, or any other person with whom the ABOG may have dealings to obtain any and all information from schools, current or former employers, criminal justice agencies, individuals, medical institutions, hospitals, medical associations, medical organizations, or other organizations or persons, concerning my history, my history in the medical profession, and relating to any and all of my activities. I hereby authorize and direct the medical organizations and associations, hospitals, and other medical professionals named in this Application and the responsible officials thereof to furnish the ABOG such information as it may request to verify the accuracy of the information contained in this Application and of my medical professional history, and hereby agree to release and hold all such organizations harmless from any liability or damages for providing such information to the ABOG. This information may include, but is not limited to, academic, employment, achievement, performance, personal history, arrest and conviction records, as well as any other information pertaining to my professional credentials or history in the medical profession or my history, generally. I hereby authorize and direct such third parties to release such information upon request of the bearer of this Authorization or a counterpart thereof. I understand that the information released is for official use by the ABOG and may disclosed to such third parties as may be necessary in the ABOG's sole discretion in the fulfillment of the responsibilities of the ABOG. I hereby release and agree to indemnify and hold harmless any individual, person, organization, association or other entity including records custodians, as well as any corporation, partnership or other legal entity, from any and all liability for damages of whatever kind, character or nature whatsoever which may at any time result to me or I may incur on account of compliance or any attempts to comply with this Authorization. Any third party furnishing information to the ABOG may rely upon a signed copy of this document as if it were an original. I specifically authorize the ABOG and its employees, officers, directors, agents and representatives, to the extent required by any federal, state or local law, ordinance or regulation, or by any lawful subpoena or other legal process served upon it or them, to reveal the facts of this or any other application I have submitted to it, the nature and results of any examination I have taken, and any other information regarding my professional standing, knowledge, qualifications and/or competence.

Reliance.

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

Understanding.

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

American Board of Obstetrics and Gynecology
SPAG Senior Candidate Exam Application

Severability.

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

ADA.

To request special examination assistance or a test modification during the examination due to a disability, documentation of the disability and specific accommodations requested will be required. Please mail/fax this documentation to the Board office no later than 90 days prior to the examination. The Board reserves the right to verify your disability. The Board will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the "Americans with Disabilities Act (ADA)". You are reminded, however, that "auxiliary aids (and services) can only be offered that do not fundamentally alter the measurement of skills or knowledge that the examination is intended to test". (Americans with Disabilities Act, Public Law 101-334§309(b)(3)

Use of Third-Party Study Aids during CC.

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

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

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

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

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

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

American Board of Obstetrics and Gynecology
SPAG Senior Candidate Exam Application

Confidentiality.

All Examination materials are copyrighted by the American Board of Obstetrics and Gynecology, Inc. [herein ABOG]. Any disclosure of the questions or answers or their substance, in whole or in part, to any person, organization or entity, public or private, orally, in writing, or by other form of communication is strictly prohibited. In the event that the ABOG determines that any unauthorized disclosure has been made by any person granted access to this examination, it reserves the right to refuse participation credit to such person or revoke its participation credit, if already granted, and, in addition, to seek monetary and injunctive relief in court, submitting to the exclusive personal jurisdiction and venue of a State District Court of Dallas County, Texas, and the United States District Court for the Northern District of Texas.

0 Checking the following box constitutes your electronic signature and must be performed by the physician making application.

Release of Score

I understand that my results may be released to my program director by name.

0 I authorize the release of my examination score by name to my program director (if applicable).

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April 14, 2026

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

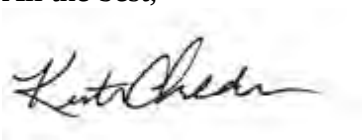
Dear Dr. Hawkins,

The North American Society for Pediatric and Adolescent Gynecology (NASPAG) enthusiastically supports the recognition of subspecialty certification and ACGME accreditation for Pediatric and Adolescent Gynecology (PAG). This specialty addresses the complex medical and surgical reproductive health needs of children, adolescents, and young adults, bridging gaps between gynecology and pediatric subspecialties. This recognition will support the important need for field expansion across pediatric and adult hospitals which will allow this much needed comprehensive gynecologic care to be more accessible to all patients, drastically improving patient care.

NASPAG has more than six hundred members to date with Pediatric and Adolescent Gynecology fellowship training programs fostered since 1980s and 1990s. There are currently seventeen PAG fellowship programs in North America with more launching soon, and 186 fellowship graduates to date. The NASPAG Pediatric and Adolescent Gynecology Fellowship Director's Committee is critical for advising and guiding all programs in North America and has resulted in a common curriculum, lecture series, research education, and professional development opportunities.

In summary, NASPAG offers its strongest support for the formal recognition of Pediatric and Adolescent Gynecology as a subspecialty. Our society believes this recognition will contribute to subspecialty expansion and improved patient outcomes across the lifespan.

All the best,



Krista J. Childress, MD
President, NASPAG

Pediatric Surgery, MS C320
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Richard E Hawkins MD
President
American Board of Medical Specialties
353 North Clark Street
Suite 1400
Chicago, Illinois
60654

Dear Dr Hawkins,

As a founding member and the current Chair of the Midwest Pediatric Surgery Consortium (MWPSC.org), I am writing to strongly support the formal recognition of subspecialty certification and ACGME accreditation for **Pediatric and Adolescent Gynecology (PAG)**.

The MWPSC is a research collaborative comprising academic pediatric surgeons from 11 leading children's hospitals, dedicated to improving pediatric outcomes through high-impact, multi-institutional clinical studies. Our partnership with PAG specialists has been fundamental to this mission. Together, we have executed several critical retrospective and extramurally funded prospective studies focused on optimizing the management of ovarian masses in adolescents.

The expertise of PAG specialists from eight of our member institutions was indispensable to these efforts. This collaboration directly resulted in a measurable decrease in unnecessary oophorectomies, ensuring the preservation of future fertility for our patients. Furthermore, this work has produced nine sentinel peer-reviewed publications and numerous national presentations.

PAG fills a vital gap between adult gynecology and pediatrics. Formal subspecialty recognition and ACGME accreditation will standardize training, enhance clinical oversight, and reduce care variation. Ultimately, this milestone will elevate the quality of both surgical and medical reproductive care for this unique patient population.

Sincerely,



Dave R. Lal, MD, MPH
Chief, Division of Pediatric Surgery
Keith T. Oldham Chair in Pediatric Surgery, Children's Wisconsin
Professor of Surgery, Medical College of Wisconsin
999 North 92nd Street, Suite C320
Milwaukee, WI 53226

March 19, 2026

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,

It is a privilege to offer the strong support of the Foundation for Women & Girls with Blood Disorders (FWGBD) for the recognition of subspecialty certification and ACGME accreditation in Pediatric and Adolescent Gynecology (PAG). Formal recognition of this field is a critical step toward strengthening a workforce uniquely equipped to address the complex and often under-recognized reproductive health needs of children and adolescents.

FWGBD is a multidisciplinary organization dedicated to improving the diagnosis, treatment, and care of women and girls with blood disorders across the lifespan. Central to this mission is the integration of hematology and gynecology, particularly in adolescence, when many bleeding disorders first present through gynecologic symptoms. Pediatric and Adolescent Gynecologists are essential partners in this care model, bringing specialized expertise that bridges pediatric medicine, reproductive health, and chronic disease management.

The importance of PAG is especially evident in the care of adolescents presenting with heavy menstrual bleeding, one of the most common early indicators of an underlying bleeding disorder. In these cases, timely collaboration between PAG specialists and hematologists can lead to earlier diagnosis, appropriate evaluation, and coordinated management, ultimately reducing morbidity and improving quality of life. Without access to providers trained specifically in adolescent gynecology, these patients often experience delays in diagnosis or fragmented care.

FWGBD is proud to include PAG specialists among its membership and values the leadership of organizations such as NASPAG, whose commitment to standardized training and curriculum development has advanced the field significantly. Establishing formal subspecialty certification and ACGME accreditation will further strengthen this foundation, expand access to trained providers, and ensure consistent, high-quality care for this vulnerable population.

In summary, FWGBD strongly supports the formal recognition of Pediatric and Adolescent Gynecology as a subspecialty. We believe this advancement will enhance interdisciplinary care, improve patient pathways, and lead to better health outcomes for young women and girls, including those living with blood disorders.

Please do not hesitate to reach out if we can be of further support.

Sincerely,

Kerry Funkhouser, EdD

Kerry Funkhouser, EdD
Executive Director
Foundation for Women & Girls with Blood Disorders
kfunkhouser@fwgbd.org

April 10, 2026



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 Beautiful You MRKH Foundation strongly supports the recognition of subspecialty certification and ACGME accreditation for Pediatric and Adolescent Gynecology (PAG). People with MRKH and their families rely on the expertise of PAG providers for specialized treatment, support, and care. PAG providers are often the first physicians who have the training to meet the needs of our community. This accreditation and subspecialty certification will help attract new physicians to PAG, ensure consistency for our patient community, and better serve families as they navigate the difficult diagnosis landscape.

The MRKH Community relies on the expertise of PAG providers, their clinics, and their continued focus on improving care for the MRKH community. Increasing access to accredited PAG providers will serve those who reside in areas where there are barriers to expert care, as PAG providers will be more visible to families searching for appropriate physicians.

With warmth,

Amy Lossie

Amy C. Lossie, PhD
President and CEO

The Beautiful You MRKH Foundation, Inc. is registered with the IRS as a 501(c)(3) organization. Our EIN # is 45-4791469. No goods or services were provided in exchange for these services unless otherwise noted in the Fair Market Value heading, in which case, charitable deduction is limited to the amount in excess of the goods and services provided.

Beautiful You MRKH Foundation, Inc.
www.beautifulyoumrkh.org
bymrkh@gmail.com
www.beautifulyoumrkhwordpress.com
765-490-9586

Mailing Address:
c/o Amy C. Lossie
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May 15, 2025

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 AAGL recognizes the value of the North American Society for Pediatric and Adolescent Gynecology (NASPAG) and strongly supports their recognition as a subspeciality and ACGME accreditation for Pediatric and Adolescent Gynecology (PAG). The specialty addresses the complex reproductive health needs of children and adolescents, bridging gaps between gynecology and pediatric subspecialties. It is AAGL's stance that this recognition and the field expansion to follow will undoubtedly improve patient care.

NASPAG has 550 members and has fostered Pediatric and Adolescent Gynecology fellowship training programs since the 1980s and 1990s. There are currently eighteen programs in North America and 186 fellowship graduates, with 20 more graduating this July. The NASPAG Pediatric and Adolescent Gynecology Fellowship Director's Committee advises and guides all programs in North America and has resulted in a common curriculum with standardized training practices.

AAGL encourages the American Board of Medical Specialties to issue this subspecialty recognition to NASPAG to improve patient outcomes by improving access to this essential specialized care.

Thank you for your consideration.

Sincerely,

Michael Hibner, MD, PhD
President, AAGL

Joseph Hudgens, MD
President, AAGL Complex Benign Gynecology Fellowship

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† *deceased*

DIPLOMATE

American Board of Obstetrics and Gynecology

John Sample Doe, MD

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

Obstetrics and Gynecology
and
Pediatric and Adolescent Gynecology

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

MAY 9, 2024

ABOG
First in Women's Health

DIPLOMATE NO. 0000000P