

DISTRICT III *Reporter*

JANUARY 2008

SERVING ACOG MEMBERS IN DELAWARE, NEW JERSEY, AND PENNSYLVANIA



Chair's report

Owen C. Montgomery, MD

I would like to paraphrase Sir Isaac Newton: "If we are to see further it is only because we can stand upon the shoulders of giants." I am honored that I have been elected to serve the Fellows and Junior Fellows of District III as district chair. As I considered my first message as chair, I read the list of past district chairs and felt appropriately humbled. Philip F. Williams, MD; Robert A. Cosgrove, MD; and S. Leon Israel, MD, are just a few of the "giants" in our profession who all hailed from District III. The list also includes James L. Breen, MD; Michael T. Mennuti, MD; J. Robert Willson, MD; and Harold A. Kaminetzky, MD, who served as ACOG presidents. The last few names etched on the bronze plaque of office are teachers, mentors, and friends. With the honor comes the responsibility, which was so ably handled by my predecessors to lead our district toward the noble goals we aspire to in our mission statement. Together with these goals in mind, and "standing upon the shoulders" of the men and one woman, Immediate Past District Chair Anna Marie D'Amico,

MD, who have led us to this point, I believe we will see further and achieve more than ever before. District III is comprised of ob-gyns from the Tri-state area of Delaware, New Jersey, and Pennsylvania. We hope to include the Dominican Republic as a section. ACOG is an organization dedicated to promoting quality health care for women and we will strive to reach this goal by:

- ▶ Bringing educational programs to our membership
- ▶ Promoting safety, quality, and professionalism in the daily practice of ob-gyn
- ▶ Taking a leadership role as an advocate for women's health
- ▶ Encouraging research through mentoring of Fellow, Junior Fellow, and medical student projects
- ▶ Educating the community at-large and the legislative bodies to the reality of the health needs of women
- ▶ Serving as a voice for ob-gyns at the local, national, and international levels so that they may continue to practice quality medicine without unreasonable interference
- ▶ Supporting legislative activity, which promotes the best possible health care

for women

- ▶ Encouraging young physicians to enter the specialty and encouraging physicians at all levels to take a more active role in women's health

It is my promise as chair, along with the dedicated officers of our district and sections, that we will:

- ▶ Actively advocate for our patients and our practices
- ▶ Provide high-quality collaborative educational programs at attractive family-oriented venues for Fellows while, at the same time, offer educational programs for our Junior Fellows using our superb district academic resources at convenient locations
- ▶ Evaluate ways to help our members practice quality medicine in difficult times while retaining the joy of our profession
- ▶ Work closely with the Founding Fellows of the Dominican Republic to quickly bring them into our district and help the physicians there improve the quality of health care of all women.

I look forward to working together during the next three years and I thank you for the opportunity to serve. ❖



And then there were four

Anna Marie D'Amico, MD, immediate past district chair

District III has been comprised of the Delaware, New Jersey, and Pennsylvania sections since ACOG began. We hope to add a fourth section, the

Dominican Republic. This has been a work in progress for five years, climaxing at an exceptional Annual District Meeting just held in November.

An editorial by John T. Queenan, MD, in the May 2006 Green Journal says, "As citizens of the United States, we have the

opportunity and means to volunteer our time and skills to assist our colleagues in less-developed areas of the world to achieve higher quality of care for their patients. As obstetricians and gynecologists, we have a special interest in such humanitarian efforts."

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District III embarks on community service project

The following article was published in the November/December 2007 issue of ACOG Today.

District III Junior Fellows and medical students are volunteering in their communities through a new program called “Service Saturdays.” The program, developed by District III Junior Fellow Vice Chair Monique S. Ruberu, MD, is an opportunity for residents throughout the district to meet one another and interact with medical students in a stress-free environment. It is also a way to connect with people in the community.

“Most residents only know the people within their programs. If we all knew each other it would be easier to work together and improve patient care,” Dr. Ruberu said. “Recruitment into our specialty is key for the future success of ob-gyn. Medical students fear that we don’t have lives outside of our jobs. These projects help them understand that we do work hard, but we also enjoy life outside of the LDR.”

Donating clothes and food

For the first Service Saturday, Junior Fellows worked with

“Philabundance,” a group that collects nonperishable items for the poor of the Delaware Valley area. The Junior Fellows sorted and repacked goods, salvaging food that otherwise might have been wasted because of bruised packaging. Service Saturday No. 2 was a business attire clothing drive in aid of “Career Closet,” an organization that assists women who want to reenter the work force by providing them with interview skills, resume preparation, and outfits for interviewing.

“Many of our patients are single mothers who are struggling to make ends meet,” Dr. Ruberu said. “This project gave Junior Fellows and medical students in District III the opportunity to help women like our patients reach for a more stable and prosperous future.”

Service Saturday No. 3 was a “build your own pizza and sundae” party to uplift the women and children of the ECS St. Barnabas Homeless Shelter. The Junior Fellows collected donations from area restaurants and stores to provide lunch and grab bags for more than 50 people. The pizza party included games and face painting.

“By doing these projects, we can build stronger relationships with our patients inside and out of the office,” Dr. Ruberu said. ❖

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A translation of a document from the Sociedad Dominicana de Obstetricia y Ginecologia in the Dominican Republic reveals some startling statistics:

- ▶ Maternal mortality is 30 times higher than in the developed world
- ▶ In Latin America the risk of dying in pregnancy is 1 in 30
- ▶ Childhood mortality in the Dominican Republic is 30 per 1,000 live births
- ▶ Life expectancy in 2002 was 72
- ▶ Only 68% of deliveries are attended by an ob-gyn

Some of these sobering numbers are the main reason for our work in that country. ACOG’s mission to advance women’s health care through education certainly finds a place in hopefully what will be our next section.

The 2007 Annual District Meeting was a smashing success if I say so myself. While we had about 120 pre-registrants, we were pleasantly overwhelmed with another 200 on-site registrants from the Santo Domingo community. Local clinics, elective gynecologic surgery, and medical school classes were cancelled so physicians and students could attend our meeting. Simultaneous Spanish-to-English and English-to-Spanish translation added to the energy of the event. Practitioners, residents, and medical students flooded into the meeting room. Some came the second day because they had only just heard about the excellent scientific program, which was arranged by new District Chair Owen C. Montgomery, MD. Just looking around the room one could see the enthusiasm and alertness of the audience. It was truly gratifying.

On a personal note, it was wonderful to leave my district chair post on the crest of such a wave. This endeavor occupied much of my time during my years as chair. It is with much pride that I could see this culminate. Now it is in the capable hands of your new leaders to bring it home. I have every confidence in them. ❖



Joseph Apuzzio, MD ■ Editor

Joni E. Weber ■ Editorial Manager

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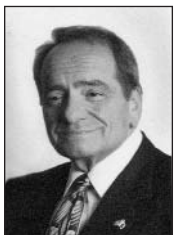
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District III Chair Owen C. Montgomery, MD, congratulates Aldrian Almonte, MD, president of the Society of Ob-Gyns of the Dominican Republic, as he receives the first ACOG CME certificate for the Scientific Program held in Santo Domingo. Dr. Almonte is one of the 27 ACOG Founding Fellows of the Dominican Republic.



General information

- ▶ Congratulations to Anna Marie D'Amico, MD, for her three years of excellent leadership and foresight in guiding District III as chair. Dr. D'Amico has made numerous and profound accomplishments for the district that will be long lasting and serve as her legacy.
- ▶ New District III officers took their positions at the conclusion of the ADM in the Dominican Republic in November. Owen C. Montgomery, MD, is the new district chair; Richard W. Henderson, MD, is vice chair; Joseph Apuzzio, MD, is secretary; Ann L. Honebrink, MD, is assistant secretary; and Anthony C. Sciscione, DO, is treasurer. Dr. D'Amico will serve as immediate past district chair.
- ▶ In increasing ACOG's global position as proponents of women's health care, ACOG Immediate Past President Douglas W. Laube, MD, MEd, attended several meetings in Central America.
- ▶ The ABOG Maintenance of Certification process will change dramatically in 2008. Please see the ABOG website for details at www.abog.org and go to the article on page 5.
- ▶ Pay-for-performance is under review nationally and as of this date is on hold by Congress. However, insurers are proceeding with something different called "pay-for-reporting." This is in a preliminary phase but eventually, if this concept becomes widespread, it would probably require an electronic medical record system in the private physician's office to do pay-for-reporting. Presently, there is no consistency among insurers about this new concept.



District III treasurer's report

Daniel J. Colombi, MD

Now that the ADM is over, I have completed my second and final term as district treasurer. Your new treasurer is Anthony C. Sciscione, DO, and I'm pleased to say that he is taking office at a significantly more stable financial time than when I did. When I started, the market was in a sustained downward spiral that left our District III reserves very low. I was forced, with Advisory Council approval, to institute budgetary cuts for 2001–02, keep a tight rein on district and section spending, and increase district dues. These measures and a healthier investment environment (this fourth quarter notwithstanding) has the district in a much better financial condition now. For the sixth consecutive year, the District Advisory Council was presented with a balanced general operations budget, balanced ADM budget, and a balanced Junior Fellow budget. We have lowered district dues and have initiated section dues. The latter step has been taken to give each section more financial independence and latitude to choose projects tailored to its

Government relations

- ▶ Medicare physician payment will be cut by 10.1% beginning Jan 1, 2008, unless Congress acts. There is support in Congress to stop the pay cut, but time is running short.
- ▶ Reauthorization of the State Children's Health Insurance Program is still being debated, as members of the US House and Senate continue to work on a compromise that can win enough support to overcome the president's veto. SCHIP is an important means of health insurance coverage, including ob-gyn care, for adolescents up to age 19. The legislation under consideration would expand the program to cover uninsured pregnant women who are not eligible for Medicaid.

Ultrasound

- ▶ Performance of ob-gyn imaging is still under attack by other physician specialties. ACOG President Kenneth L. Noller, MD, set up a task force to look into procedural certification, including ob-gyn ultrasound. Ob-gyns are certified by ABOG for the full range of practice of the specialty, including ob-gyn ultrasound imaging. Ob-gyns are ideally suited to interpret obstetric and gynecologic ultrasound findings in the context of the clinical setting.

ACOG's grievance process

- ▶ Past ACOG President Michael T. Mennuti, MD, has been appointed chair of the Appeals Panel Committee and will be responsible for the panels that hear appeals of ACOG hearing panel decisions regarding grievance complaints. The College's grievance procedures now provide for notification to voting Fellows if a Fellow resigns or is otherwise terminated from Fellowship during the grievance process. ❖

own needs. During these past six years I have worked closely with ACOG's Financial Service Center, adhering strictly to its sound financial policies, and have been ever mindful of using asset preservation to lower annual membership dues. Our District Advisory Council has been fiscally responsible and a good steward of our assets. Dr. Sciscione, a member of the Delaware Section, attended an ACOG treasurers' orientation in 2007 and has been included in a variety of transactions and communications involving the district and the FSC. We shall work even more closely these next several months to ensure a smooth transition. With all this as background, it is more important than ever for our membership to pay their dues fully and promptly and to support the ADM. We must have a financially sound organization to grow and to expand our mission. I have enjoyed serving District III in this capacity, and I thank you for your support. I hope my newsletter reports have been helpful, and I also hope to see you at the 2008 Annual District Meeting in Banff, Canada, in August. Adios, amigos. ❖



Delaware

Gregory W. DeMeo, DO, section chair

The Delaware Section was proud to be present in Santo Domingo, Dominican Republic, for the 2007 Annual District Meeting.

Our late summer and fall have been relatively quiet as we have not had a legislative session, but we are preparing for a busy winter in 2008.

The section was the leader on opposing the licensure of lay midwives in their quest to be independently licensed so that they would be able to practice the delivery of babies in the home.

We coordinated a multidisciplinary opposition in concert with the Medical

Society of Delaware to stop the very well-organized attempt to gain licensure and privilege by lay midwives. Ultimately, the legislation was tabled, but we are certain this will come back in the next legislative session.

Maternal mortality is a very important issue that is gaining new life in the state Legislature, under a piece of legislation on "neonatal death," interestingly enough. At present, the Delaware Section, with the Delaware Medical Society, is preparing wording and showing support of this legislation.

In the past year, our practicing commu-

nity has remained relatively stable in regard to the medical liability crisis. However, new information, as we go into spring 2008, suggests that we will lose more practicing OBs from our community. Once again, this will result in an access to care issue for our pregnant patients.

In keeping with our mission, we again hosted an educational evening for our Fellows. This meeting, which was planned and hosted by Estelle H. Whitney, MD, discussed the latest issues concerning the HPV vaccine for our patients. ❖



New Jersey

Francine E. Sinofsky, MD, section chair

One of the major legislative efforts of the New Jersey Section has been to try to maintain the medical liability subsidy fund. The program was previously approved for three years, with the last awards distributed in 2007 for 2006. All of those who submitted an application in 2007 and who were qualified should have received a check by now. We would like to see the continuation of this program. Members of our Council have testified before Senate committees and met with legislators to try to get a new bill to continue this program. Please encourage your legislators to support this measure.

I have testified before the Senate Health Committee regarding a bill that would require the distribution of materials about the HPV vaccine to students who are in grades seven through 12. The original version of the bill, which would have required the students to be vaccinated,

was voted down, and only the informational portion of the bill passed. Another bill that we had reviewed with legislators involved new guidelines for HIV testing in pregnant women, which will change New Jersey from the opt-in model to the opt-out model. This means that ob-gyns in the state would no longer need to get written consent to perform HIV testing on pregnant women. The test would be part of the routine prenatal labs unless the patient refuses. Another bill would require hospitals to inform women in labor and delivery of the option of cord blood donation.

We have formed a committee with representatives from the New Jersey Hospital Association and the New Jersey Obstetrical and Gynecological Society to investigate the status of cesarean deliveries in New Jersey, which has the highest rate in the country. There was a backlash and protest march in Trenton

about the cesarean delivery rate, which was followed after two teachers from the same school died following cesarean deliveries in a hospital in south New Jersey.

Our lobbyist, Beverly Lynch, has developed a leadership program for interacting with our legislators in Trenton. The program would include both educational sessions and meetings with legislators. It would occur over several days spread out during the year. We are looking for Fellows and Junior Fellows who would be interested in participating. If you are interested, please contact Beverly, and she will send you a brochure. We are also looking for Fellows who would like to be involved with our committees, including those on patient safety and cesarean deliveries. If you would like to participate in any of the programs, please contact our administrator, Linda Bartolo, at lbartolo@successadv.com. ❖



Save the date!

2008 Annual District Meeting ■ August 21–23 ■ Banff, AB, Canada





Pennsylvania

Ann L. Honebrink, MD, immediate past section chair

The Pennsylvania Section has had a very active summer and fall. Over the summer, the Legislature passed a bill giving our nurse midwife colleagues prescriptive authority. This legislation has been a long time coming and was part of Gov. Edward G. Rendell's "Prescription for Pennsylvania Health Care" plan. The section was very active in this process with both testimony and extensive input into bill language during negotiations with our nurse midwife colleagues and the Pennsylvania Medical Society. Kathryn Moore from ACOG's Government Relations Department was very helpful during this process. Now that the legislation has been passed, regulations are now being written. Once the regulations are published, the section will work on guidelines for formation of collaborative agreements under the new regulations.

I am also delighted to report that Daniel J. Colombi, MD, and I attended the first meeting to review maternal mortality in Philadelphia. I do not think this would have happened without Dr. Colombi's continued attention to this

issue. Philadelphia's Department of Health is now enthusiastically supporting this project, and I am hopeful that we will be able to expand the review to a statewide initiative as we move forward.

The section continues to be an active participant in discussions with Gov. Rendell's office about retirement of the MCARE fund. Currently, medical liability premiums are subsidized by the state based on a rebate of the MCARE (\$500,000 excess coverage) portion of our premiums. This rebate (100% for ob-gyns and other high-risk specialties) is approved on a year-by-year basis by the Legislature. The long-term goal is to retire the MCARE fund and raise the primary limit of coverage from \$500,000 to \$1 million. This will start to happen when the insurance commissioner decides there is capacity in the medical liability insurance market.

Gov. Rendell's office has engaged the section, as well as other high-risk specialty organizations, in discussions about how to best make this transition because it is likely this will cause an increase in primary coverage premiums. You may have

also seen an article in the October 25 issue of the *Philadelphia Inquirer* reporting on Gov. Rendell's declaration that the "medical malpractice crisis is over."

Charles A. Castle, MD, your new Pennsylvania Section chair, wrote the letter on page 6 of this newsletter responding to Gov. Rendell's statement. Dr. Castle's response eloquently gives our opposing point of view as practicing ob-gyns in Pennsylvania. This letter was sent to the governor, the *Philadelphia Inquirer*, and other parties with an interest in ensuring that the people of Pennsylvania are able to access quality medical care.

As this is my last section report, I would like to take this opportunity to thank the section, district, and national leadership for all their help and support during my term. I would also like to extend my gratitude for the support our section receives from the Pennsylvania Medical Society and to specially thank Jan Reisinger, our section executive director, for all of her hard work and support over the last several years. I wish my successor, Dr. Castle, the best of luck. ❖

New changes in board certification and recertification

Robert H. Palmer Jr, MD, District VIII secretary

The following article appeared in the September 2007 issue of the District VIII Gazette.

Prior to 1986, the American Board of Obstetrics and Gynecology awarded lifetime certificates. Beginning in 1986, diplomates were required to pass a secure 180-question multiple-choice examination and were awarded 10-year time-limited certificates. In 2001, this was amended to six-year time-limited certificates instead. In 1998, the annual board certification became an option for recertification for those with time-limited certificates.

Beginning in 2008, the American Board of Medical Specialties has mandated a system of maintenance of certification. ABOG, along with the other 23 member boards of the ABMS, has agreed to participate. Maintenance of certification does not affect lifetime certificates. However, all time-limited certificate holders must now participate in maintenance of certification

beginning in 2008 if they wish to maintain their ABOG certified status. Maintenance of certification encompasses four major areas:

Professional Standing: All candidates for certification and maintenance of certification and all physicians holding diplomate status must hold an unrestricted medical license in all the states and territories in which they are licensed. To confirm this, ABOG will conduct a computer match one or two times per year with the Federation of State Medical Boards.

Lifelong Learning and Self-Assessment: This is the Annual Board Certification (ABC) process. A booklet will be mailed in January, April, and July; each booklet will have 60 questions from approximately 20 journal articles. To be certified, 120 questions must be answered each year. Twenty-five Category 1 continuing medical education hours will be awarded for this work. The option to answer all 180 questions exists for an

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The following letter was written by ob-gyn leaders in Pennsylvania, addressing the state of the medical liability crisis in Pennsylvania. For more information about this letter, please read the Pennsylvania Section report on page 5.

November 21, 2007

Dear Governor Rendell:

We would like to respectfully disagree with your recently quoted comment that the professional liability crisis in Pennsylvania is “over.” As practicing obstetricians and gynecologists in the Commonwealth, we are probably more acutely aware than most medical practitioners of the problems in the area of medical professional liability and how they affect our day-to-day practice of medicine as well as our patients in Pennsylvania.

At the outset, we certainly agree with you that the professional liability environment in the Commonwealth is better than it was prior to the enactment of Act 13. Provisions of the Act, which restrict change of venue, as well as the requirement for expert certification, have helped to reduce the total number of malpractice suits which have been filed in recent years. Additionally, insurance companies offering professional liability insurance have increased in number in Pennsylvania, although many of these new insurance providers are “risk retention groups,” and they may be undercapitalized with respect to very large awards.

Perhaps the most dramatic evidence of the continued professional liability crisis in Pennsylvania, however, is the drastic reduction in the number of hospitals in urban areas providing obstetrical services. This is particularly true in Philadelphia, where only eight hospitals continue to deliver babies, seriously reducing access to obstetric services for many Philadelphians and straining those facilities that continue to deliver babies. The combination of inadequate reimbursement with continued high professional liability risk has caused many hospitals to close their obstetrical units.

With regard to the physicians and midwives providing obstetrical care in the Commonwealth, they also struggle with this combined disincentive of generally low reimbursement and continued high professional liability risk. These providers have been grateful beneficiaries of the MCARE premium abatement which has been endorsed by you and approved by the General Assembly for the last several years. In 2007 the Pennsylvania Insurance Commissioner did not recommend an increase in the base coverage for Pennsylvania physicians from the current \$500,000 level because of a perceived lack of capacity in the insurance marketplace. We believe, additionally, that for a significant number of obstetrical providers in Pennsylvania such an increase in coverage and in premium would simply be unaffordable. In a survey of our members in 2006, 36% said they would have to give up obstetrics if they did not receive the MCARE abatement. While we appreciate the abatement, having our ability to continue to practice obstetrics in Pennsylvania depends on year-by-year legislation that has not solved the root problems of high liability risk coupled with low reimbursement.

While there has been disagreement on whether or not a significant number of physicians have moved away from Pennsylvania as a result of the professional liability crisis, we look forward to accurate and reliable future data on physician demographics which will be available from the Commonwealth in conjunction with medical licensure renewal. This objective data, we believe, will be extremely valuable in the future. A recent review of our graduating residents in ob-gyn in 2007 we believe is pertinent. Of a total of 67 graduating ob-gyn residents who completed their training this year only 15 of them elected to enter practice in Pennsylvania. The remainder either left the state or elected further subspecialty training programs. We will continue to monitor graduating resident career choices in the future, and we will be happy to share that data with you. We are definitely of the belief that the professional liability climate directly affects these new physicians since high professional liability premiums negatively impact starting salaries and the practice environment relative to other parts of the country.

In summary, we believe that while changes implemented with regard to professional liability have been helpful, it is far too early to see whether these improvements will be sufficient to meet the needs of the citizens of the Commonwealth for obstetrical care in the future. To allege that the crisis is over at this juncture we believe is inaccurate. We look forward to continuing to work with your office, the Legislature, and other professional societies in Pennsylvania to make progress in solving the professional liability crisis and assuring that citizens of the Commonwealth have access to and receive the highest quality health care possible.

Sincerely,

Pennsylvania Section Chair Charles A. Castle, MD ■ Immediate Past Pennsylvania Section Chair Ann L. Honebrink, MD ■ Obstetrical Society of Philadelphia President Arnold W. Cohen, MD ■ Pittsburgh Obstetric & Gynecological Society President Keith H. Wharton, MD

Life as a McCain Fellow reinforces belief in democratic system

Gregory W. DeMeo, DO

The following article was published in the Oct 26, 2007, issue of Inside Scoop, ACOG's Government Relations newsletter. Delaware Section Chair Gregory W. DeMeo, DO, an ACOG McCain Fellow from Newark, DE, spent time in Washington, DC, along with ACOG McCain Fellow Nicholas Kulbida, MD, of Albany, NY. Dr. DeMeo describes his experience:

Serving as a McCain Fellow for ACOG has proven to be a rewarding experience. As I originally thought, placing myself in a new environment, where I felt comfortable with little, would prove to be great motivation for learning. ACOG's Government Affairs Department organizes and oversees all federal legislative activity and events. It promotes and provides guidance for state activities as well. In this capacity, the department is responsible for placing into action the legislative agenda of ACOG and its members. Being in an environment where I was a new member of this team, as well as a novice, is quite daunting. But, all staff members made me feel welcome and at ease. They appreciated my presence and perspective.

During my fellowship, I had the opportunity to better understand the legislative system of our great country. For all its difficulties, I am here to say the system works! No matter what side of the aisle you are on, or what your personal beliefs, the system is alive and well and works to our best advantage.

Members of Congress value our input

As a participant in the system I quickly realized my input is wanted and necessary by many, yet not by all. Congressional representatives and senators are ridiculously busy and preoccupied. Their schedules would make anyone's head spin, so you

need to take the initiative and bring them your needs and concerns. More often than not, you would meet with the legislative aide, but rest assured, that exchange of ideas will get back to the representative or senator. If I had to choose one experience that most impressed me, I would choose the small scale meetings I was able to attend as part of the Alliance of Specialty Medicine. ACOG has been a leader in the alliance for a number of years, and most of specialty medicine is represented. Many of these meetings were with legislators who were sympathetic to physicians' concerns.

The exchanges were genuine and honest. Members of Congress asked for our ideas and input on various issues. They asked how they could help "the cause" and were honest when they could not. They instructed their aides to follow up, and, hopefully, they will use our ideas to amend legislation.

As an ob-gyn at these meetings, my perspective was always valued. Often, what we physicians consider so mundane and usual is educational to others. This taught me a vital aspect to what we call "politics" and solidified my belief that you must get involved. On one occasion, I, amongst others, was having lunch with US Sen. Arlen Specter (R-PA) in the Senate dining room. At the close of this luncheon, after about an hour of good conversation back and forth on the issues, Sen. Specter turned to us and said, "What you guys need to do is to get your doctors more involved. They need to be more involved in the legislative process and make their voices heard." This confirmed my fellowship and time away from the office. In closing, this was a wonderful experience, one that I would hope each and every one of us has an opportunity or desire to do. I thank the Government Affairs staff and want the Fellows and Junior Fellows to know that their interests are well represented. ❖

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additional fee and 10 additional Category 1 continuing medical education hours, for a total of 35 CME hours. Subspecialists will receive booklets with 20 questions on general ob-gyn and 20 questions on office practice. Also, with each mailing, subspecialists will receive a booklet specific to their subspecialty, with 30 questions each in their subspecialty area. Subspecialists must maintain certification in both basic ob-gyn and their subspecialty.

Cognitive Expertise: This is the secure 180-question multiple-choice examination. It will first be administered in 2012 and is to be taken in the fifth or sixth year of the maintenance of certification cycle. A passing performance is required once every six years. The exam will be given at computer testing centers throughout the US and lasts three hours and forty-five minutes. There is a mandatory 100-question section in ob-gyn, plus 80 questions in a section of your choice: ob-gyn or office practice. Subspecialists will take the mandatory 100-question section in ob-gyn, plus 80 questions in their subspecialty of maternal-fetal medicine, gynecologic oncology, or reproductive endocrinology and infertility.

Continuous Quality Improvement: "The Road to

Maintaining Excellence": This is a joint project by ACOG and ABOG. Modules will be developed yearly from the medical literature, ABC articles, and ACOG educational materials. For each module used for CQI, one to three key educational documents will be identified. This will not be graded, and there will be no fee for this part of the maintenance of certification for ACOG members. Non-ACOG members will pay a fee to ACOG for Part IV. Diplomates must complete 10 modules per six-year cycle. Generalists can choose from ob-gyn or office practice. There will also be modules in "cross content" such as patient safety, ethics, and communication. Subspecialists will also complete 10 modules in a six-year cycle, five in general ob-gyn and five in their subspecialty.

Maintenance of certification starts on Jan 1, 2008. You may apply for maintenance of certification in November or December of the year prior to the expiration of your certificate. If your certificate expires on Dec 31, 2009, you may apply for maintenance of certification in November or December of 2008, but you must apply by January 2009. For more information, go to the ABOG website, www.abog.org. ❖

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Calendar of Events

2008

May

3-7

ACOG Annual Clinical Meeting
New Orleans Morial Convention Center
New Orleans

August

21-23

Annual District Meeting
Districts III, VI, and IX
Banff, AB, Canada



District III members gather at the 2007 Annual District Meeting in Santo Domingo.

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