



**PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY (Foundation), INC.  
PHILIPPINE BOARD OF OBSTETRICS AND GYNECOLOGY**

December 17, 2020

**ATTN: APPLICANTS OF THE 2021 DIPLOMATE PART I (WRITTEN) AND PART II  
(ORAL) EXAMINATIONS**

Please be informed of the requirements that will be submitted for the Diplomate Part I (Written) and Diplomate Part II (Oral) Examinations as follows:

**DIPLOMATE PART I (WRITTEN) EXAMINATION**

***I. Clarifications regarding the requirements for the Written Examination***

- A. Total hysterectomy with mole-in-situ may serve as an alternative to CS Hysterectomy under the 35 major OB-GYN cases.
- B. Cesarean (CS) Hysterectomy performed immediately after residency may be submitted in fulfillment of requirement under the 35 major OB-GYN cases. The CS Hysterectomy should be done with proper indication, in an accredited institution, supervised and certified by a POGS diplomate or fellow.
- C. In a case with both obstetric and gynecologic diagnosis and/or procedures, either the gynecologic or the obstetric procedure may be submitted as a requirement; not both. A case in point is Ovarian New Growth in Pregnancy, the gynecologic procedure such as oophorectomy or oophorocystectomy may be submitted as a major gynecologic procedure but may not be simultaneously submitted as an obstetric case.
- D. For the 15 primary CS under the 25 cases of major OB-GYN procedures with varied indications, there should be at least 2 varied dystocia cases, 2 but less than 4 non-reassuring fetal heart rate patterns and a maximum of 4 malpresentations.
- E. All operative techniques must include an indication for the surgical procedure/technique. Any deviation from the standard of care will need a short explanation. Examples include:
  1. Removal of normal ovaries in a premenopausal woman
  2. Performance of a repeat CS when the primary CS indication was for a nonpermanent indication
- F. The following cases done in 2020 during the pandemic may be included as transfer of technical responsibilities:
  1. Outlet forceps or vacuum extraction
  2. Vaginal breech delivery
  3. Cesarean (CS) hysterectomy or peripartum hysterectomy
  4. Vaginal hysterectomy
  5. Vaginal evacuation or hydatidiform mole
  6. Abdominal myomectomy
- G. Cases performed in 2020 during the pandemic in collaborating hospitals may be submitted provided a memorandum of agreement exists between both hospitals.
- H. Salpingectomies performed as a form of interval female sterilization may be considered as a major gynecologic procedure.

- I. Graduates from DOH Training Hospitals taking the Part I Exam may submit the Certificate of Completion of Residency signed by the Chairman and the Medical Director in lieu of the DOH Certificate of Residency or Diploma.
- J. Course certificate from the Advances in Labor in Risk Management (ALARM) may be submitted as a requirement for the diplomate exam reapplication.
- K. In fulfillment of the PBOG Diplomate Exam requirements for re-examination, an applicant needs to submit at least 2.5 CPD units obtained from attendance in POGS-accredited webinars during the time of the pandemic.
- L. All applicants should complete the list of requirements given by the PBOG for the written exam. Incomplete requirements will not be honored, thus disqualifying the applicant.

**II. For the Supporting Documents for the OB-GYN Cases\***

- A. Tabulation of **25 major OB-GYN cases**
- B. Tabulation of **35 major OB-GYN cases**
  - 1. Each table should have 7 columns, in Arial font 12 points and in landscape view containing the
    - a. patient's age, OB score (state if Own or TTR)
    - b. date admitted/date discharged
    - c. admitting diagnosis
    - d. preoperative diagnosis
    - e. procedure + anesthesia, date done
    - f. final diagnosis (including morbidity and procedure)
    - g. Maternal-fetal outcome plus complications/histopathology report (as applicable)
  - 2. Each table should have the following attachments in the sequence listed in the tabulation and arranged as follows:
    - a. Typewritten copies of the operative technique with findings
      - i. without any patient identifier
      - ii. in Arial font 12 points
      - iii. in portrait view
    - b. Friedman's Curve or Partogram (for dystocia cases) without any patient identifier
    - c. typewritten copies of the histopathology report (if applicable), without any patient identifier

*\*Certification of authenticity from the Department Chair and the Hospital Director*

The applicant should submit **ONE** certification of authenticity from the Department Chair **AND** the Hospital Director of the **INSTITUTION WHERE EVERY CASE THAT WILL BE SUBMITTED AND ENUMERATED WAS DONE.**

*\*Margins prescribed for the operative technique with findings*

**The applicant may use any margin as he or she deems necessary as long as the binding does not cover or hide any part of the document. At least a 2-inch margin on the left is recommended.**

## DIPLOMATE PART II (ORAL) EXAMINATION

### *I. Clarifications regarding the requirements for the Oral Examination*

- A. In a case with both obstetric and gynecologic diagnosis and/or procedures, either the gynecologic or the obstetric procedure may be submitted as a requirement; not both. A case in point is Ovarian New Growth in Pregnancy, the gynecologic procedure such as oophorectomy or oophorocystectomy may be submitted as a major gynecologic procedure but may not be simultaneously submitted as an obstetric case.
- B. All operative techniques must include an indication for the surgical procedure/technique. Any deviation from the standard of care will need a short explanation. Examples include:
  1. Removal of normal ovaries in a premenopausal woman
  2. Performance of a repeat CS when the primary CS indication was for a nonpermanent indication
- C. Salpingectomies performed as a form of interval female sterilization may be considered as a major gynecologic procedure.
- C. Course Certificate from the Advances in Labor in Risk Management (ALARM) may be submitted as a requirement for the diplomate exam reapplication.
- D. In fulfillment of the PBOG Diplomate Exam requirements for re-examination, an applicant needs to submit at least 2.5 CPD units obtained from attendance in POGS-accredited webinars during the time of the pandemic.
- E. All applicants should complete the list of requirements given by the PBOG for the oral exam. Incomplete requirements will not be honored, thus disqualifying the applicant.

### *II. Diplomate Part II (Oral) Examination:\**

- A. Tabulation of **10 Major cases**
- B. Tabulation of **10 Minor cases**
- C. Tabulation of **5 Major cases with Discussion**
  1. Each table should have 7 columns, in Arial font 12 points and in landscape view containing the
    - a. patient's age, OB score
    - b. date admitted/date discharged
    - c. admitting diagnosis
    - d. preoperative diagnosis
    - e. procedure + anesthesia, date done
    - f. final diagnosis (including morbidity and procedure)
    - g. Maternal-fetal outcome plus complications/histopathology report (as applicable)
  2. Each table should have the following attachments in the sequence listed in the tabulation and arranged as follows:
    - a. Cases, each with discussion for the 5 major cases. **THE DISCUSSION PROPER SHOULD BE LIMITED TO 1 PAGE WITH PAPER SIZE 8 X 11 INCHES, TEXT IN ARIAL FONT 12, SINGLE SPACE, PORTRAIT VIEW.**

- b. Typewritten copies of the operative technique with findings
  - i. without any patient identifier
  - ii. in Arial font 12 points
  - iii. in portrait view
- c. Friedman's Curve or Partogram (for dystocia cases) without any patient identifier
- d. typewritten copies of the histopathology report (if applicable), without any patient identifier

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Prepared by:

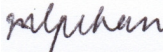


**CAROLYN ZALAMEDA-CASTRO, MD, MSc**

Secretary

Philippine Board of Obstetrics and Gynecology

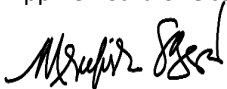
Noted by:



**MA. LOURDES P. CHAN, MD**

2020 Chair

Philippine Board of Obstetrics and Gynecology



**MENEFRIDA S. REYES, MD**

2021 Chair

Philippine Board of Obstetrics and Gynecology