

SES089

Specialty Update: Obstetrics and Gynecology

Gabriella Gosman, MD, Chair

Laura Huth, MBA, Executive Director

Conflict of Interest Disclosure

Speaker(s):

Gabriella Gosman, MD

Laura Huth, MBA

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Talking Points

- **Review Committee – Who/What/When**
- **Programs by the Numbers**
- **Review Committee News**
- **Accreditation Data System (ADS) and Other Tips**
- **ACGME News**
- **Open Dialogue with the Review Committee**

Review Committee – Who/What/When

Review Committee Membership

- All voting members are volunteers
- Diversity valued (e.g., gender, geography, subspecialty)
- 14 members nominated by ABOG, ACOG, AMA, and AOA (six-year term)
- 1 resident/fellow member (two-year term)
- 1 public member (six-year term)
- 1 ex-officio member from each ABOG, ACOG, and AOA



Review Committee Voting Members

#ACGME2024

Gabriella Gosman, MD, *Chair*
UPMC Magee-Womens Hospital

Meredith Alston, MD, *Vice Chair*
Intermountain Health/St. Joseph Hospital

Shanice Robinson, MD, *Resident Member*
VNA Healthcare

Elizabeth Howlett, MBA, *Public Member*
University of Rhode Island

Erika Banks, MD
NYU Langone Health – Long Island

Seine Chiang, MD
University of Washington

Bill Cliby, MD
Mayo Clinic

Marlene Corton, MD,
University of Texas –
Southwestern

Adrienne Dade, MBA
Rush University

Felicia Lane, MD
University of California, Irvine

Kurt Ludwig, DO
Henry Ford Macomb Hospital

Tony Ogburn, MD
University of Texas – San Antonio

Michelle Owens, MD
Ascension St. Vincent's

Randal Robinson, MD
University of Texas – San Antonio

Scott Sullivan, MD
Inova Health System

Paul Sparzak, DO
Duke University

Welcome, Laura Huth!



- Executive Director, Review Committee for Obstetrics and Gynecology
- Joined the ACGME in January 2024
- Extensive Medical Education experience in CME, UME, and GME for the Department of Surgery at UPENN
- Director of Surgical Education Division at UPENN (20 GME programs, ~175 residents/fellows)

Review Committee Staff

Laura Huth, MBA **NEW!**
Executive Director

Emma Breibart-White, MALS
Associate Executive Director

Shellie Bardgett, MPH
Senior Accreditation Administrator

Angel Mathis **NEW!**
Accreditation Administrator



Incoming Chair, Dr. Alston



- Chair of the Review Committee beginning July 2024
- Vice Chair: 2022-2024
- Joined the Review Committee in 2021
- Director, Academic Department of Obstetrics and Gynecology, Intermountain Health/St. Joseph Hospital
- Program Director, Obstetrics and Gynecology Residency at St. Joseph Hospital
- Extensive GME experience, including associate program director, program director, and vice chair of Education at the University of Colorado



Review Committee Meetings

Three Meetings per Calendar Year

Upcoming Meetings

April 29-30, 2024

September 18-19, 2024

February 5-7, 2025

acgme.org > [Specialties](#) > [Obstetrics and Gynecology](#) > [Scroll Down](#) > [Review Committee Dates](#)

Review Committee Meetings Reminder

- Meeting agenda closes about **two months** before meeting
- **Permanent** complement increase requests must be submitted by the **DIO** by agenda closing date to make the next meeting



Programs by the Numbers

Obstetrics and Gynecology Residency

Accreditation Status	Count
Initial Accreditation	7
Initial Accreditation with Warning	4
Continued Accreditation without Outcomes	13
Continued Accreditation	260
Continued Accreditation with Warning	9
Probation	1
Total	294

Obstetrics and Gynecology Fellowships

	CFP	FPMRS	GO	MFM	REI
Initial Accreditation	8	4	6	8	5
Continued Accreditation without Outcomes	27	4	12	9	4
Continued Accreditation	0	50	53	89	43
Total Programs	35	58	71	106	52

Review Committee News

ACGME Surveys

- **Surveys open until April 7, 2024**
- No changes to the survey process—program leadership will notify residents/fellows and faculty members about the Surveys via ADS
- Results available in early May
 - Small programs (≤ 3 respondents) receive a Multi-Year Report a few weeks later
- 70% response rate required

ACGME Surveys

- Review Committee largely focuses on trends
- Items trending down may receive a citation or Area for Improvement (AFI)
- First time drop can lead to a citation or AFI *if* particularly worrisome



ACGME Resident Survey Obstetrics and Gynecology- Specific Section

- Resident Survey **Obstetrics and Gynecology-specific** section for PGY-3-4
 - Items ask about preparedness for practice in specific procedural domains and progressive responsibility
 - Items added in 2023 about preparedness for operative vaginal delivery, induced abortion, and miscarriage management

ACGME Resident Survey Obstetrics and Gynecology- Specific Section

What the survey taker sees:

- **Part 1** – "Are you in your final years of training?" (Y/N)
- **Part 2** – "The following questions are specific to the specialty of obstetrics and gynecology. These questions are intended for PGY-3 and PGY-4 residents. If you are a PGY-1 or PGY-2 resident, return to the beginning of the survey and indicate that you are not in your final years of training."

Obstetrics and Gynecology Family Planning Requirements

- Review Committee's guiding principle has been that residents must be trained to provide comprehensive reproductive health care
- Revised Program Requirements for Obstetrics and Gynecology in effect September 17, 2022
 - Comprehensive family planning education
 - All programs must provide clinical experience or access to clinical experience in the provision of abortions—in state or elsewhere
 - Opt-out structure remains

2023-2024 AY: Obstetrics and Gynecology Residency Case Log

If minimum(s) missed, use Major Changes and Other Updates during the ADS Annual Update to provide explanation and outline program efforts to address deficiencies

2023-2024 AY: Fellowship Case Log Updates

- Gynecologic oncology, maternal fetal medicine, and reproductive endocrinology and infertility Case Logs revised to focus on fellowship-level activities and reduce the burden of logging
- Female pelvic medicine and reconstructive surgery minimums in final stages of revision, likely to be in effect for 2025 graduates
- Work is beginning to set reproductive endocrinology and infertility and oncology minimums

2023-2024 AY: Fellowship Case Log Updates

- Ensure fellows are consistently and accurately logging to facilitate data driven Case Log minimum decisions
- Maternal fetal medicine Case Logs underwent the biggest change, Review Committee seeing the lowest compliance with logging in this subspecialty
- Fellowship Case Log Information available at [acgme.org](https://www.acgme.org) > Specialties > Obstetrics and Gynecology > [Documents and Resources](#)

Fellowship Name Change

- American Board of Obstetrics and Gynecology (ABOG) and the American Board of Urology (ABU) have announced the name change of the jointly sponsored subspecialty of female pelvic medicine and reconstructive surgery to urogynecology and reconstructive pelvic surgery, effective January 1, 2024.
- Effective July 1, 2024, the ACGME will officially recognize urogynecology and reconstructive pelvic surgery (URPS) and discontinue using female pelvic medicine and reconstructive surgery.

Complement Increases

- Temporary complement increase request:
 - **Up to 90 days:** Do not need to submit request in ADS - **NEW!**
 - **Over 90 days,** submit if:
 - Residency: over approved total or within a year (e.g., PGY-3)
 - Fellowships: over total complement

Growth in Obstetrics and Gynecology Residencies and Fellowships

- Complement increase requests in the specialty and subspecialties
- Several programs had >50% rural tracks approved
- New programs: use the application to bring this alive for the Review Committee

Permanent Complement Increase Requests

- Sound educational Rationale: outline how increase will benefit resident/fellow education
- Sufficient patient/procedural volume both Case Log minimums met and institution procedure data
- Favorable learning environment
- Use **color** to identify changes in proposed block diagram
- Detailed instructions available at [acgme.org](https://www.acgme.org) > Specialties > Obstetrics and Gynecology > Documents and Resources > [Complement Change Requests](#)

Permanent Complement Increase Requests

Educational Rationale Example:

The primary reasons we are requesting complement expansion are to pursue new educational opportunities, take fuller advantage of existing educational opportunities, and better balance obstetric and gynecologic education. We need a seventh resident to maintain what we are currently doing well and expand our schedule to include these new opportunities. We have three new OB/GYNs, one new FPMRS, and one new GYN ONC faculty. Simultaneously, our geographic area has experienced significant growth, while our resident presence has remained stable. We have kept pace with obstetric needs (without increasing resident workload) by incorporating more Advanced Practice Providers (APPs) in our OB triage and postpartum floors and growing our academic hospitalist division. We have not kept pace with the growth in our GYN operative space, leading to underutilization of this important experience. Every week we have GYN OR cases uncovered by residents. This has created an ideal environment in which to train seven OBGYN residents annually in a very balanced program with exceptional obstetric and gynecologic experience.

Adding a seventh resident allows for the addition of one core rotation each year or the expansion of existing rotations. Specific plans for schedule changes, with rationale, are as follows:

1. Addition of a GYN surgery rotation: To make use of uncovered GYN case volume and optimize double-scrubbing when appropriate, an additional GYN surgery rotation will be added PGY-4 year. Overall time on benign

Permanent Complement Increase Requests

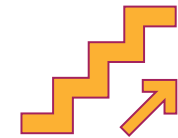
- Ensure alignment between educational rationale and proposed block diagram
- Use **color** to identify changes in proposed block diagram, for example:

Block	1	2	3	4	5	Total Count
Site	1	1	1	1	2	N/A
Rotation Name	OB	OB	Ben Gyn	GYN	REI	N/A
Half-day ambulatory care sessions (Number)	10	9	9	9	10	47
Does rotation address family planning and contraception?	Yes	Yes	Yes	Yes	Yes	N/A
Does rotation provide training/access to training in provision of abortions?	No	No	No	No	No	N/A

[acgme.org](https://www.acgme.org) > [Specialties](#) > [Obstetrics and Gynecology](#) > [Documents and Resources](#) > [Request for Changes in Resident/Fellow Complement](#)

New Programs and Permanent Complement Increases

- If approved, the number of residents/fellows is expected to rollout **year by year** until the full complement is reached
- In some circumstances, the Review Committee will consider requests for a first- **and** second-year resident/fellow to start the initial year of approval
- Questions? See [the Obstetrics and Gynecology FAQs](#) or contact Review Committee staff members



When a Program Closes: Resident Transfers

- Programs **with** an open position do not need Review Committee permission, **except**:
 - If newly accredited program or permanent complement increase, email Review Committee staff members with request to fill additional spots
- Programs **without** an open position:
 - Request temporary complement increase
 - Review Committee staff members will expedite review of request
 - Request even if not certain resident will choose your program
 - Approval is only for a displaced resident from closing program

Rural Track Program (RTP) Designation

- ACGME Rural Track Complement Increase Questionnaire helps structure the educational rationale, structure of the track, interaction with current program, proposed block diagrams, clinical data
- [acgme.org](https://www.acgme.org) > Specialties > Obstetrics and Gynecology > Documents and Resources > ACGME Rural Track Complement Increase Questionnaire

International Rotations

Guidance for international rotations is available at [acgme.org](https://www.acgme.org) > Specialties > Obstetrics and Gynecology > Documents and Resources



International Rotations Review Committee for Obstetrics and Gynecology

Residents and fellows can participate in a two-to-six-week rotation abroad under two conditions:

- The rotation must clearly fulfill an educational purpose.
- The elements outlined below under “Required Documentation” must be documented in writing and maintained in the resident’s or fellow’s file and be available to the ACGME upon request. **This documentation should not be sent to the ACGME unless requested.**

Note: Procedural cases performed during this experience may be entered into the ACGME Case Log System.

Required Documentation

1. Educational rationale:
 - a. a statement describing the unique educational experience that will be provided to the resident or fellow during the international rotation
 - b. verification that this is an elective and not a required rotation
 - c. documentation that the primary purpose of this rotation is education rather than service
2. A description of the clinical experience, to include:
 - a. type of institution (governmental, non-governmental, private)
 - b. supervision and oversight
 - i. CV of the faculty member who will be the primary faculty supervisor for the resident or fellow
 - ii. a description of other faculty member(s) at the international site

Annual Program Review



RC is here

ADS and Other Tips

Program Changes

- The following changes are submitted in ADS:
 - **Complement**
 - **Program Director**
 - **Participating Site**
 - Sites must be added if at least one month and a required experience for all residents/fellows
 - However, *can* add other sites and it helps Review Committee understand resident/fellow experience
- **All three changes require Review Committee approval!**

Program Changes

- Review Committee carefully reviews all changes submitted in ADS to ensure they benefit resident/fellow education
- On behalf of the Review Committee staff: **PLEASE** enter **all** requested information **completely** and **accurately**
- Reach out to ADS@acgme.org with questions

ADS Annual Update

- Late summer/early fall each year
- **Very** important to provide complete and accurate program information during the annual update
- The information entered provides key information to the Review Committee that may be used during the annual program review
- The ACGME continues efforts to make the Annual Update easier to complete

Resident/Fellow Evaluations

- Longitudinal experiences must be evaluated at least every three months
- Evaluations must be completed by faculty members **and others**
- Semi-annual and summative (end of year) evaluation:
 - Document review of the Milestones and Case Logs
 - Fellowships: Document progress on the thesis
 - At the end of the year, document readiness to progress to the next year

Resident/Fellow Evaluations

- Final evaluation (at end of the educational program)
 - Document review of the Milestones and Case Logs
 - Fellowships: Document completion of the thesis
 - Includes the statement: " Dr. [NAME] has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice."

Supervision Policy

- Review Committee continues to see outdated supervision levels in Supervision Policies
- **Current** ACGME supervision levels outlined in Program Requirements VI.A.2.b).(1)-(3)
 - Direct Supervision definition revised and includes supervision via telecommunication technology
 - Indirect Supervision is no longer divided into “with direct supervision immediately available” and “with direct supervision available”
- Review program’s Supervision Policy and update if needed

Faculty Roster

- If a **new** faculty member is listed in another roster at the institution, you can copy most of the information into your program's Faculty Roster
- Faculty scholarly activity can be copied from another program by using the "Copy" tool

Faculty Scholarly Activity

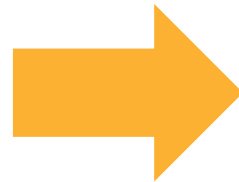
Domains
Qual
Curr

Options

Copy

Edit

Quick Edit



academic year must be entered for all active faculty. Please review the Faculty Roster un...

addi...

dd" u...

ill be...

vious...

ormat...

Prev

ity th

Copy Scholarly Activity

Choose a program to copy from. Review all data before copying. After you copy, any edits you make will not affect the original program's data.

If the other program has not entered data, or indicated "No Activity", there will be nothing to copy. If the faculty member is listed in a different program but the educational focus/role does not match, it will not be listed below.

Select Scholarly Activity

Close Save

Faculty Certification

- ABMS and AOA faculty certification data is now **automatically** populated in faculty members' profiles
- Programs are expected to review certification information and make corrections if needed
- **Manual** entry available for faculty members who recently completed residency/fellowship (“board eligible”), missing, incorrect, or other certification data
 - *TIP: If incorrect certification information, check NPI number using the “Search National Provider ID” link in ADS*

Faculty Certification

Faculty Instructions

List all faculty members (physician and non-physician) who have an important role in the education of residents. Please include:

- Program director
- Core faculty members
- Site directors (may be designated core or non-core)
- General Surgery Residency Program Director (may be designated core or non-core)
- Non-core faculty members who make important contributions to the program

The program is required to report scholarly activity for all faculty members listed on the roster.

Core faculty members are required to complete the annual ACGME Faculty Survey.

Information about faculty roles and responsibilities can be found in the Program Requirements for Graduate Medical Education in Urology (available at acgme.org > Specialties > Urology).

Programs do not need to include all faculty members with whom residents interact.

[Download Faculty CV Template](#)

Add Faculty Member

Search By OR And

Add an asterisk (*) for a wild card search.

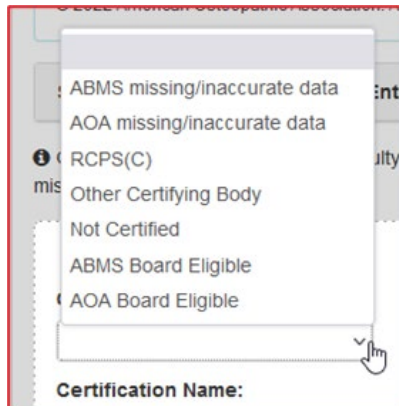
Example: to search for John Smith or Jonathan Smith, enter "J*" for first name and "Smith" for last name.

Faculty Certification: Manual Entry

Specialty Certification - Manual Entries

i Only complete this section if the faculty member has additional certifications, is board eligible, is not certified or ABMS/AOA data above is inaccurate or missing.

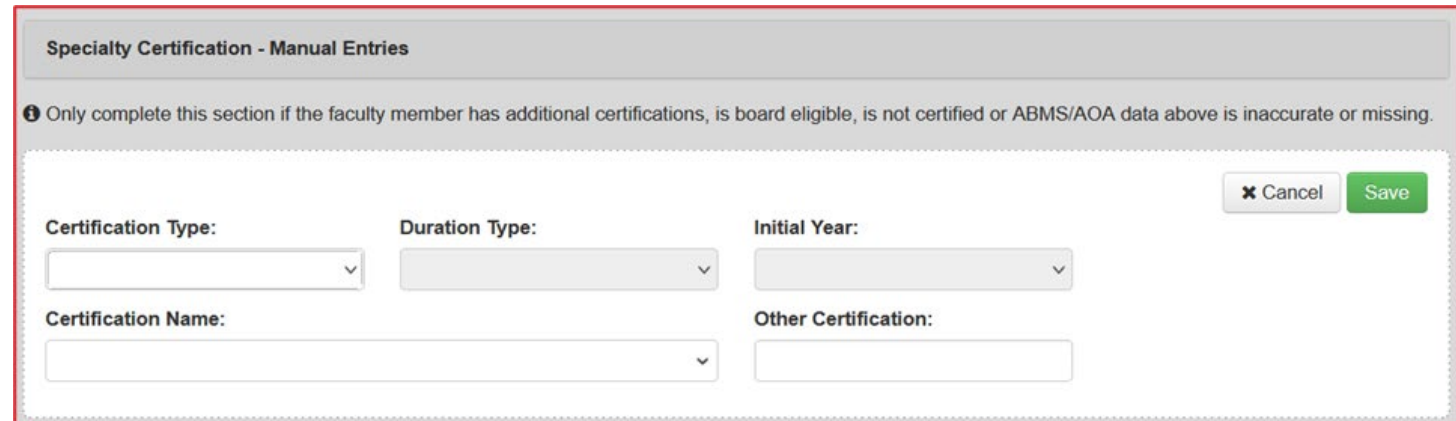
+ Add



A dropdown menu for selecting a certification name. The menu is open, showing a list of options. A red bracket on the right side of the menu indicates that this dropdown is part of the manual entry form shown to the right.

- ABMS missing/inaccurate data
- AOA missing/inaccurate data
- i** RCPS(C)
- Other Certifying Body
- Not Certified
- ABMS Board Eligible
- AOA Board Eligible

Certification Name:



A screenshot of the 'Specialty Certification - Manual Entries' form. The form contains the following fields:

- Certification Type:** A dropdown menu.
- Duration Type:** A dropdown menu.
- Initial Year:** A dropdown menu.
- Certification Name:** A dropdown menu.
- Other Certification:** A text input field.

Buttons for 'Cancel' and 'Save' are located in the top right corner of the form area.

Subspecialty Faculty Educators

General Information

Salutation:
Dr. ▾

First Name: ⓘ Middle Initial: Last Name: ⓘ

Convert to Non-Physician

Degrees: ⓘ
x MD

Program Specific Title:
Subspecialty Faculty Educator, Reproductive Endocrinology and Infe

- Obstetrics and gynecology programs must have subspecialty faculty educators in each of the subspecialty areas, including complex family planning
- **Must** identify these individuals in the Faculty Roster

Subspecialty Faculty Educators

- Oversee clinical experience of residents
- Oversee didactic experience of residents
- Partner with program director to optimize education in their subspecialty (troubleshoot rotations and resident experience, plan didactics, etc.)
- Very deliberate about developing the skills residents need as full scope specialist in practice

Major Changes and Other Updates

Communicate to the Review Committee action plans and initial results regarding: ★

- Low ACGME Survey ratings
- AFIs
- Missed Case Log minimums
- Abortion-related program requirements

Program changes: rotations, faculty growth, brags

Program challenges: situation, actions taken, any results

Major Changes and Other Updates



Common Citations/ AFIs

- Faculty commitment to resident/fellow education (e.g., interest, amount of teaching)
- Satisfied with feedback; evaluation process
- Procedural experience/volume
- Clinical work to education imbalance
- Fellowships: description of process for thesis

Process of Thesis Example

Briefly describe the process by which each fellow will complete a thesis. [PR IV.D.3.c)] (Limit response to 200 words)

The fellow will complete their scientific work in the first year of fellowship (12 months, 90%+ dedicated research time). The project is assigned right at the start of the year with **options of projects offered** remotely prior to start of the fellowship. Frequent meetings are held with the direct research mentor and fellowship PD to assure progress. **Data is presented at laboratory meetings to assess progress.** Project progress is also assessed at the **department wide Resident/Fellow research program meetings.** Findings are **presented at the Annual Research Day** for the Ob/Gyn department. Thesis is finalized and presented in July of year 2; if this is not feasible, a later date will be set. Our first fellow has followed this paradigm and defended the thesis. The Fellow is encouraged to have a back up project, in case the main thesis project runs into unforeseen issues.

Responding to Citations

- Keep in mind the audience: physician GME leader who does not know your institution
- Be clear, concise, and frank
- Demonstrate that you have gotten to the root of the non-compliant area
- Outline implemented action plan
- Describe outcomes (e.g., survey trending up, Case Log minimums met)
- If goals not met, explain why and outline next steps



Resources

- Obstetrics and Gynecology [FAQS UPDATED!](#)
- Obstetrics and Gynecology [Documents and Resources](#) page
- [Guide to the Common Program Requirements](#)
- [Learn at ACGME](#)
 - Recommendation for new managers: An Overview of the ACGME
- [Program Manager Timelines](#)
- [Milestones Resources](#) includes guidebooks and faculty development materials



ACGME News

ACGME Updates

- **Common Program Requirements** undergoing scheduled review
 - Reassessment of all aspects of the requirements, including but not limited to program director, manager, and faculty time
 - Section VI (Well-Being, Work Hours, Professionalism, Culture of Safety, etc.)

ACGME Updates

- **Site Visits**
 - 10-Year Accreditation Site Visits officially discontinued
 - ACGME announced two percent of programs randomly chosen to undergo a site visit each year - **NEW!**
 - Only programs beyond Initial Accreditation period
 - Chosen programs receive a Letter of Notification with an approximate date
 - Initial group of programs received notification in January
 - Site visits assess compliance with all Program Requirements

ACGME Updates

- **Site Visits**
 - Virtual versus in-person site visit format
 - ~25% in person
 - In-person site visits for complex visits (e.g., complaint, probation)
 - Other in-person site visits randomly chosen
 - Site visit letter announcement identifies format

Competency-Based Medical Education (CBME)

- ABMS and ACGME have co-hosted four meetings to discuss CBME
- Representatives from Review Committee, ABOG, ACOG, and AOA
- Working on action plan for each specialty
- Obstetrics and gynecology continues to participate actively and is closely following the work of general surgery, orthopaedic surgery, pediatrics, and others to help determine what approach will be right for our specialty

CBME

What can programs do now?

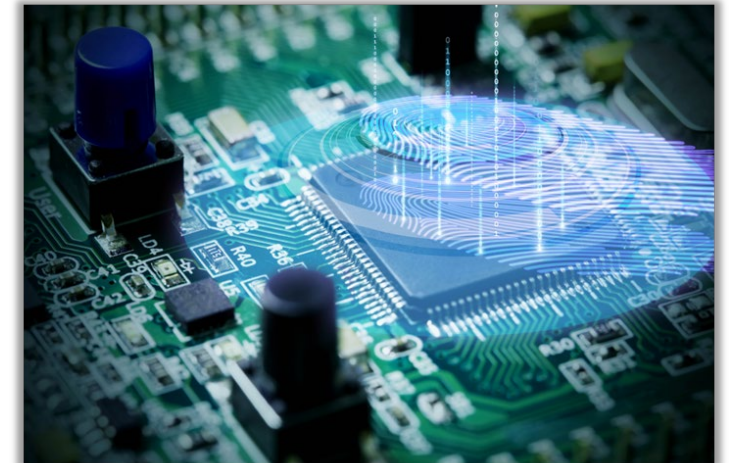
- Evaluate your program for trust and psychological safety
- Reframe residency assessment from “grading” to “tool to achieve learner goals”
- Ensure rich in-the-moment feedback is happening between teacher and learner
- Capture some of this feedback if you can into the assessment system
- Use your semi-annual meetings to regroup with learners on their progress and delineate next steps together

Medically Underserved Areas and Populations (MUAP)

- The ACGME seeks nominations for resident and senior clinical executive leader (e.g., chief executive officers, chief medical officers, chief nursing officers) representatives on the MUA/P Advisory Group
- Nominations open until March 17, 2024
- For more information: [MUA/P Advisory Group](#)

The ACGME's Digital Transformation

- The ACGME is actively working on a multi-year digital transformation project
- Improve ADS
- Establish a Modern Data Estate to improve analytics capabilities
- Create infrastructure for an outcomes-based accreditation model



STAY TUNED!

Learn at ACGME Resources

- ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation - **NEW!**
 - 13 modules for creating custom workshops
 - 50 videos in a growing training library
 - Six workshops curated by ACGME experts
- Diversity, Equity, and Inclusion Resources – *ACGME Equity Matters*[®]
 - CME Learning Path (modules structured for self-paced CME)
 - Equity Practice Toolkit

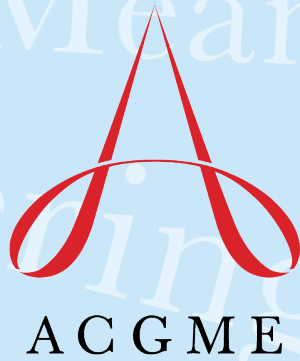
dl.acgme.org

ACGME Updates

Dr. Nasca stepping down January 1, 2025

- Dr. Nasca served as ACGME President and Chief Executive Officer for 17 years
- He will transition to leading the new ACGME Center for Professionalism and the Future of Medicine
- National search underway for a new President and CEO





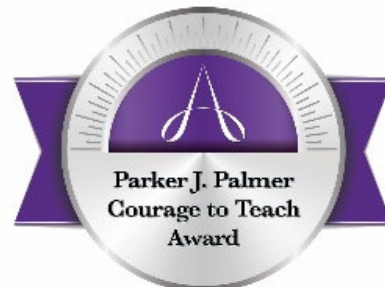
BACK TO BEDSIDE



- **Funding opportunity** for resident/fellow-led teams
- Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

DEADLINE: APRIL 22, 2024



The ACGME is now accepting nominations for the 2025 ACGME Awards.

**Deadline:
Wednesday, March 27, 2024**

For additional information and to download nomination materials:

<https://www.acgme.org/initiatives/awards/>

Where to Go for Help?

Review Committee Staff

Obstetrics and Gynecology section of website > Contact and Support

- Program Requirements
- Letters of Notification
- Complement requests
- Case Log *content*

Milestones Staff

milestones@acgme.org

- Milestones

ADS Staff

ADS@acgme.org

- ADS
- Surveys
- Case Log System – *technical support*

Field Activities Staff

fieldrepresentatives@acgme.org

- Site Visit
- Self-Study



Open Dialogue with the Review Committee

Thank You!