Specialty Update: Obstetrics and Gynecology
SES095

Jessica Bienstock, MD, MPH
Chair, Review Committee for Obstetrics and Gynecology

Kathleen Quinn-Leering, PhD
Executive Director, Review Committee for Obstetrics and Gynecology

ACGME Annual Educational Conference March 3, 2018
Disclosures

- Fiduciary
  - Bienstock-Volunteer for ACGME
  - Quinn-Leering: Full-time employee of ACGME
- Financial
  - None
Topics

• The Review Committee (RC)
• Single Accreditation System Update
• Accreditation Process Review
• OB/GYN RC Accreditation Update
• OB/GYN RC News
• Clarifications, Reminders, and Tips
• Q & A
The Review Committee (RC)
## Department of Accreditation Services

<table>
<thead>
<tr>
<th>Hospital-Based Accreditation</th>
<th>Medical Accreditation</th>
<th>Surgical Accreditation</th>
<th>Osteopathic Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louis Ling, MD</td>
<td>Mary Lieh-Lai, MD</td>
<td>John Potts, MD</td>
<td>Lorenzo Pence, DO</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Allergy and Immunology</td>
<td>Colon &amp; Rectal Surgery</td>
<td>Osteopathic Recognition</td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>Dermatology</td>
<td>Neurological Surgery</td>
<td>Osteopathic Neuromusculoskeletal medicine</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Family Medicine</td>
<td>Obstetrics &amp; Gynecology</td>
<td></td>
</tr>
<tr>
<td>Medical Genetics</td>
<td>Internal Medicine</td>
<td>Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>Neurology</td>
<td>Orthopaedic Surgery</td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td>Pediatrics</td>
<td>Otolaryngology</td>
<td></td>
</tr>
<tr>
<td>Preventive Medicine</td>
<td>PM&amp;R</td>
<td>Plastic Surgery</td>
<td></td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Psychiatry</td>
<td>Surgery</td>
<td></td>
</tr>
<tr>
<td>Transitional Year</td>
<td></td>
<td>Thoracic Surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Urology</td>
<td></td>
</tr>
</tbody>
</table>
RC Membership

- All volunteers
- 14 members nominated by ABOG, ACOG, AMA & AOA (6 year term)
- 1 resident member (2 year term)
- 1 public member (6 year term) NEW!
- 2 ex-officio members—1 each from ABOG and ACOG
RC Membership

- Diverse
  - Specialty and Subspecialty
  - Gender
  - Race/ethnicity
  - Geography
RC Composition

Jessica L. Bienstock, MD, MPH (Chair)
Johns Hopkins University School of Medicine

AnnaMarie Connolly, MD (Vice Chair)
University of North Carolina at Chapel Hill

Karen E. Adams, MD
Oregon Health and Science University

Anita K. Blanchard, MD
University of Chicago

David Chelmow, MD
Virginia Commonwealth University

Gary N. Frishman, MD
Women & Infants’ Hospital

Rajiv B. Gala, MD
Ochsner Medical Center

Craig Glines, DO, MSBA, FACOOG
Oakwood Health Systems and Botsford Hospital

Alice Reeves Goepfert, MD
University of Alabama at Birmingham

Gabriella Gray Gosman, MD
Magee-Womens Hospital

Robert V. Higgins, MD
Carolinias Medical Center

Gavin Jacobson, MD
Kaiser Permanente

David M. Jaspan, DO, FACOOG
Albert Einstein Medical Center

Kimberly S. Kenton, MD
Northwestern University

Anne Elizabeth Porter, MD
UT Southwestern Medical Center

George Wendel Jr, MD (Ex Officio)
ABOG

Sandra Carson, MD (Ex Officio)
ACOG
RC Responsibilities

- Propose new and revised program requirements
- Accredit new programs
- Review programs annually
- Review programs undergoing 10-year review
- Create & revise case logs; establish minimums
- Review complement change requests
- Follow up on resident/fellow complaints
- Provide guidance to programs on requirements
RC Meetings

• Three meetings a year
  • January/February, April and September
• Each meeting includes two components
  • Program review
  • Business
RC Staff

- Kathleen Quinn-Leering, PhD, Executive Director
- Jenny Campbell, MA, Associate Executive Director
- Monica Moore, Accreditation Administrator
- John R. Potts, III, MD, Sr. Vice President, Surgical Accreditation
Single Accreditation System Update
Refresher

• Single Accreditation System began in 2014

• Number of Obstetrics and Gynecology programs that were accredited by the American Osteopathic Association
  • 29 residencies
  • 13 fellowships

• Osteopathic-accredited programs must achieve ACGME Initial Accreditation by June 30, 2020
Update

• Residency Programs
  • 23 have achieved accreditation
  • 6 have applied but have not yet achieved accreditation

• Fellowship Programs
  • 1 MFM program has achieved Initial Accreditation
  • ~5 likely to close
  • Remainder are in process of applying
Accreditation Process Review
Accreditation Process

Application for ACGME Accreditation → Initial Accreditation (1-2 yrs) → Continued Accreditation

Continued Accreditation with Warning (up to 2 yrs) → Site Visit

Continued Accreditation → Site Visit

Continued Accreditation with Warning

Probationary Accreditation (2 yrs max) → Site Visit

Withdrawal of Accreditation

Following Year & Subsequent Yrs
Programs with Initial Accreditation
Programs with Initial Accreditation

Site visit in 1-2 years from effective accreditation date

Approximate Date in Accreditation Data System (ADS)
Program Preparation for Site Visit

• Once notified of site visit, update information in ADS
  • ADS online questions
  • Attachments, including the Specialty Specific Application
Site Visit

- Half-day
- Site visitor is member of ACGME Field Staff
- Site Visitor checking compliance with program requirements
  - Does NOT make accreditation decisions
- Meets with leadership, faculty, fellows and DIO
- Document review
After the Site Visit

• Site Visitor completes and submits report

• At RC meeting
  • RC reviews program materials and site visit report
  • RC renders an accreditation decision

• Program notified
  • Email soon after with accreditation status
  • Letter of Notification within 60 days (includes details, e.g., citations)
Site Visit Resources on acgme.org
Programs That Have Achieved Continued Accreditation
Programs that have achieved Continued Accreditation
RC Annual Review

- Clinical Case log
- Board Pass Rate
- Attrition
- Program Change
- Scholarly Activity
- Resident Survey
- Faculty Survey

RC Annual Review
RC Annual Review

- The RC Executive Committee examines
  - Programs that do not meet one or more of the RC’s established thresholds
  - Programs with existing citations
  - Programs with statuses of Continued Accreditation without Outcomes, Continued Accreditation with Warning, or Probation
On the flip side. . .

*Which programs does the RC Executive Committee *NOT* examine?*

Programs that have **all** of the following:

- Meet/exceed the RC’s established thresholds
- No current citations
- Continued Accreditation status
When does the RC request clarifying information or ask for a site visit?

When additional information is needed to render an accreditation decision.
RC REVIEW

• Most programs have no significant issues and are placed on a special agenda

• Remaining programs:
  • Each program assigned to two RC members for in-depth review
  • Program discussed at an RC meeting to render an accreditation decision

• All programs notified of accreditation decision
  • Email soon after with accreditation status
  • Letter of Notification (LoN) within 60 days --includes details
    • ALL programs reviewed receive LoN (not just core residency) New!
Deep dive into the program every 10 years
Self-Study and 10 Year Site Visit

• Obstetric and Gynecology self-studies have begun!
• Programs notified 6-7 months before self-study due
• Core residency and fellowship(s) undergo process together once fellowship has achieved Continued Accreditation

Dates in ADS

Last Site Visit Date: August 07, 2012
Date of Next Site Visit (Approximate): No Information Currently Present
Self Study Due Date (Approximate): December 01, 2022
10 Year Site Visit (Approximate): June 01, 2024

#ACGME2018
10 Year Site Visit

- ~ 2 years after self-study
- 90 day notice
- Once Site Visit is announced, program:
  - Updates information in ADS as needed
  - Completes self-study related documents and upload in ADS
  - Gathers documents for Site Visitor to review (e.g., training files, goals & objectives, policies)
10 Year Site Visit

- Site Visitor will:
  - Review compliance through meetings & documents review
  - Review the self-study process
- RC will assess compliance with requirements & render accreditation decision
- Department of Field Activities will share feedback on self-study process
See acgme.org for resources

Keep in mind:
Self-Study & 10 Year Site
Visit process evolving as ACGME learns what works best for programs and the RCs.
In sum...

• Once a program achieves continued accreditation, the RC will review the program each academic year

• The review may be:
  
  • An annual review of program data (*may involve clarifying information or a site visit*)

OR

• A 10 Year Site Visit review
OB/GYN RC Accreditation Update
OB/Gyn Residency
# Accreditation Statuses  
(as of 3/1/18)

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Accreditation</td>
<td>30</td>
</tr>
<tr>
<td>Initial Accreditation with Warning</td>
<td>2</td>
</tr>
<tr>
<td>Continued Accreditation</td>
<td>227</td>
</tr>
<tr>
<td>Continued Accreditation without Outcomes</td>
<td>3</td>
</tr>
<tr>
<td>Continued Accreditation with Warning</td>
<td>14</td>
</tr>
<tr>
<td>Probation</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>277</strong></td>
</tr>
</tbody>
</table>
Residency Stats

- 5844 Approved positions
- 5501 Filled positions
- 76% of residents from US LCME Medical Schools*
- 82% of residents are female*
- 74 residents left program early*
- 3.3 is average number of participating sites (SD=1.9)*
- 6.1 years is mean of program direct tenure (median=4.7)*

*2016-2017 Academic Year
Fellowships
History

- Female Pelvic Medicine and Reconstructive Surgery (FPMRS)
  - ACGME Accreditation began in 2012
  - Programs now transitioning from Initial Accreditation to Continued Accreditation
- Gynecologic Oncology (Gyn Onc), Maternal-Fetal Medicine (MFM), and Reproductive Endocrinology and Infertility (REI)
  - Transition from ABOG to ACGME Accreditation began in 2014
RRC PROJECT TIMELINE

Chicago: Initial ABOG/ACGME
Exploration of Concept Mtg
11/20/2014

Dallas: ABOG/ACGME Planning Mtg
3/23/2015

Dallas: ABOG/ACGME Fellowship Transition Conference Call
6/30/2015

Phase I:
Fellowship specific program requirements written

Phase II:
Fellowship specific milestones written

Phase III:
Fellowship specific program applications written

Phase IV:
RRC meetings and numbers of subspecialty-specific fellowships reviewed

April 2017: Total # Fellowships Reviewed
- Gyn Onc: 50
- MFM: 74
- REI: 43
- Total Programs: 167

Gyn Onc 9/24/2015
Gyn Onc 10/22/2015
MFM 11/19/2015
REI 1/18/2016
REI 4/19/2016
REI 6/9/2016
MFM 02/2016
MFM 3/11/2016
MFM 06/2016
MFM 06/2016
MFM 09/2016
MFM 12
REI 7
10/2016
REI 18
02/2017
REI 18
04/2017

© 2018 ACGME
Transition to ACGME Update

• Successfully completed!
• Total number of programs
  • 51 Gyn Onc
  • 87 MFM
  • 48 REI
# Accreditation Statuses and Slots (as of 3/1/18)

<table>
<thead>
<tr>
<th></th>
<th>FPMRS</th>
<th>Gyn Onc</th>
<th>MFM</th>
<th>REI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Accreditation</strong></td>
<td>3</td>
<td>51</td>
<td>87</td>
<td>48</td>
</tr>
<tr>
<td><strong>Initial Accreditation with Warning</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Continued Accreditation</strong></td>
<td>47</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Continued Accreditation with Warning</strong></td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Probation</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Programs</strong></td>
<td>51</td>
<td>51</td>
<td>87</td>
<td>48</td>
</tr>
<tr>
<td><strong>Total Approved Slots</strong></td>
<td>154</td>
<td>207</td>
<td>374</td>
<td>182</td>
</tr>
</tbody>
</table>
Common Citations and Areas for Improvement (AFIs)
Common Residency Citations

• Case Logs
  • Sufficient volume and/or experience
  • Program director oversight
### Daily Hours

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Program Mean</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 hours, 1 day off in 7</td>
<td>4.8</td>
<td>4.5</td>
</tr>
<tr>
<td>Receive at least 30 minutes off for lunch</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Looking more than 6 hours</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>5 hours between shifts permitted or off-shift training</td>
<td>4.6</td>
<td>4.5</td>
</tr>
<tr>
<td>Continuous monthly schedule or off-shift training</td>
<td>4.5</td>
<td>4.8</td>
</tr>
</tbody>
</table>

### Faculty

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Program Mean</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficient supervision</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Appropriate level of supervision</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Sufficient interaction</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Faculty and staff available for continuity of care</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Faculty are available for issues</td>
<td>4.5</td>
<td>4.8</td>
</tr>
</tbody>
</table>

### Evaluation

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Program Mean</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to access evaluations</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Opportunity to evaluate faculty members</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Satisfaction of evaluators are confidential</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Satisfaction of program is confidential</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Satisfactory program evaluations for improvement</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Satisfactory with feedback after evaluation</td>
<td>4.5</td>
<td>4.8</td>
</tr>
</tbody>
</table>

### Educational Content

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Program Mean</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided goals and objectives for assignments</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Instructed how to manage failure</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Instructed opportunities for scholarly activities</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Appropriate balance for education</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Education that is meaningful</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Education that is meaningful</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Provided data about faculty needs</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Two patterns across specialty settings</td>
<td>4.5</td>
<td>4.8</td>
</tr>
</tbody>
</table>

### Resources

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Program Mean</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to reference materials</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Use of electronic medical records in hospital</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Use of electronic medical records in other settings</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Electronic medical records technology is effective</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Electronic medical records is effective</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Provides a way to transition data when requested</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Satisfactory process for data sharing</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Education that is meaningful</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Education that is meaningful</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Education that is meaningful</td>
<td>4.5</td>
<td>4.8</td>
</tr>
</tbody>
</table>

### Patient Safety/Teamwork

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Program Mean</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair patient care is given</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Culture maintains patient safety</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Participation in quality improvement</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Information is accurate</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Information is accurate</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Patient care in a clean environment</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Staff works in a timely manner</td>
<td>4.5</td>
<td>4.8</td>
</tr>
</tbody>
</table>

### Percentage of Compliance by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Program Mean</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Improvement</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Patient Safety/Teamwork</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Education</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Program hours</td>
<td>4.5</td>
<td>4.8</td>
</tr>
</tbody>
</table>

© 2018 ACGME
Common Residency Citations

- 80 hour work week
- Process to deal with problems & concerns
- Evaluation (confidentiality, use of results to improve program)
- Ability to raise concerns without fear
- Faculty responsibilities (e.g., instruction, create environment of inquiry, scholarly activity)
Common Residency AFIs

- Board pass rate
- Faculty scholarly activity
- Procedural experience
- Process for dealing with resident concerns
Common Fellowship Citations

- Program director providing complete and accurate information
- Goals and objectives (e.g., not organized by level)
- Evaluation process (e.g., proper committees and forms)
Common Fellowship AFIs

- Program director providing complete and accurate information
- Institutional procedural volume
- Evaluation process (e.g., proper committees and forms)
OB/Gyn RC News
Block Diagrams
OB/Gyn Residency Block Diagram

• 2018-19 Academic Year REQUIRED
• Fillable Form (Excel)
• Includes OB/Gyn-specific information
<table>
<thead>
<tr>
<th>PGY-1</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotation Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Half-day continuity clinic sessions (Number)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does rotation address family planning and contraception? (Yes/No)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does rotation provide training/access to training in provision of abortions? (Yes/No)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please... review general block diagram instructions in ADS and OB/Gyn instructions.
What qualifies as “addressing family planning and contraception”?

- Broadly defined
- Programs may indicate “YES” on the block diagram if the rotation addresses family planning and/or contraception in any manner
Case Logs
RC Review of Residency Case Log

- Literature review
- Case log data
  - Last two graduating cohorts
  - Procedural means, medians, ranges, and percentiles
  - Number/percentage of residents and programs below the current minimums
# Hysterectomy Minimums

<table>
<thead>
<tr>
<th>Category</th>
<th>Minimum Graduates through June 30, 2018*</th>
<th>Minimum Graduates on or after June 30, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>35</td>
<td>15</td>
</tr>
<tr>
<td>Vaginal hysterectomy</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Laparoscopic hysterectomy</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Minimally invasive hysterectomy (Includes vaginal hysterectomy, laparoscopic hysterectomy, robotic)</td>
<td>(35)</td>
<td>70</td>
</tr>
<tr>
<td>Hysterectomy-Total Number (includes minimally invasive and abdominal hysterectomy)</td>
<td>(70)</td>
<td>85</td>
</tr>
</tbody>
</table>

*Includes off-cycle residents
Fellowships

- FPMRS
  - Data available from two cohorts of graduates
  - RC Subcommittee discussing case log items, categories and minimums with Urology RC
  - Unknown at this time when minimums will be set
Fellowships

• Gyn Onc, MFM and REI
  • 2017-18 Academic Year is a Learning Year
  • Feedback from programs and fellows has been very informative & case logs revised accordingly
  • Starting July 1, 2018, Case Log data will be used to determine minimums
Fellowship Institutional Guidelines

• RC has institutional procedural guidelines to help ensure adequate procedural and patient volume when reviewing programs

• Guidelines ≠ Minimums

• AFIs may be given

• Guidelines now posted online on Obstetrics and Gynecology RC’s Documents and Resources
Stay on top of Case Log News

• ACGME weekly e-Communication
• Obstetrics and Gynecology RC’s Documents and Resources
NEW!

- Program directors and coordinators can view the Case Log System
- ADS>Case Logs Tab>Quick Links>“View Add Case”
- Case Log looks the same except there is no submit button
  - Can enter information but cannot save
Citation Changes

• RC is trying to clarify for program directors the RC’s exact area(s) of concern

• RC has been a “lumper”
  • E.g., Non-compliance in several Resident Survey evaluation questions were grouped together under one citation

• RC is becoming a “splitter”
  • E.g., Non-compliance in several Resident Survey evaluation questions will result in separate citations
Independent Subspecialties

- The RC will consider exceptions to the requirement that fellowships be residency-dependent
- Reviewed on a program-by-program basis
- Criteria and request process posted online on Obstetrics and Gynecology RC Documents and Resources
Proposed Revision to the Common Program Requirements
Common Program Requirements (CPRs)

• Section VI: Revised and Effective July 1, 2017
  • Learning and Working Environment

• Sections I-V: Proposed revision posted for Review and Comment
  • Institutions
  • Program Personnel and Resources
  • Resident/Fellow Appointments
  • Educational Program
  • Evaluation
Highlights

• Almost all CPRs categorized as “core”
• New preamble
• Philosophy, Background, Intent added throughout
• RC may further specify where indicated
• New Fellowship CPRs
Highlights

• Faculty must pursue faculty development at least annually

• Core faculty definition now based on role in resident education and supervision – not number of hours devoted

• Non-physician faculty members may be appointed as core faculty

• Scholarly activity now assessed for the program as a whole, not individual core faculty (this allows core faculty selection based on educational contributions)
• PD or designee, with input from CCC, must:
  • Assist residents in developing individualized learning plans
  • Develop plans for residents failing to progress
• Board pass rates will now include qualifying and certifying exams
New PR for Fellowship version only:

Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship.

If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year.
To comment: acgme.org

Deadline 3/22/18
Clarifications, Reminders, & Tips
Fellowship Requirement Clarification

IV.A.3. Regularly scheduled didactic sessions

• Number of hours of required fellow-specific education is 4 hours total per 4 weeks

• NOT 4 hours per week
Complement Increase Requests

- Temporary increase requests < 90 days: educational rationale

- Temporary increase \( \geq 90 \text{ days} \) and Permanent increase requests: educational rationale, proposed block diagram and institutional procedural data
Complement Reminders

- Temporary are reviewed by RC Executive Committee and turn around is typically under 3 weeks
- Permanent are reviewed by full RC
- Requests are required for increase in a given year even if the program will not exceed total complement
- Clearly outline reasoning in educational rationale - ensure it will make sense to someone outside of the program
OB/Gyn RC likely will not be Participating in Milestones 2.0 until 2020.

But in the meantime...
Practical Tips for Milestones

✓ Share and discuss the pertinent Milestones set with residents and fellows at the beginning of the program.

✓ Have residents and fellows complete individualized learning plans, using the Milestones as an important guide.

✓ Consider having residents and fellows complete a self-assessment of their Milestones that they can compare and contrast, with a trusted advisor.

✓ Enable residents and fellows to seek out assessment from faculty members.
Why Can’t Milestones Be Used for Regular Evaluations?

- Milestones were designed to be formative
- A repository for other assessments
- Not every Milestone can or should be evaluated on every rotation
- Not everything that should be evaluated is included in the Milestones
Milestone Resources

Milestones webpage (acgme.org>What We Do>Milestones)
Milestones FAQs
Clinical Competency Committee Guidebook  UPDATED!
Milestones Guidebook
Milestones Guidebook for Residents and Fellows  NEW!!
Milestones Annual Report 2017
Why does completing ADS correctly matter?
Information in ADS tells the RC if your program:

• Has qualified faculty
• Has residents who meet eligibility requirements
• Provides adequate procedural experience
• Provides residents and faculty with timely feedback
• Teaches residents about quality improvement
• Prepares residents to pass the board exams
• Provides opportunities for scholarly activity
Strong Citation Responses are. . .

- Accurate
- Clear
- Succinct
Major Changes Reminder

• *Not just for major changes!*
• Use this area to directly communicate to the RC
• Outline how program is addressing ANY area of concern (e.g., AFI, recent survey results, faculty attrition)
Faculty Roster

- ABOG Certified = ABMS
- AOBOG Certified = AOA
- Use Maintenance of Certification (MOC) or Osteopathic Continuous Certification (OCC) New!
- Over 10 years old? Cannot be Original. . .
  - Use Time Unlimited, Lapsed, or MOC/OCC
Faculty Roster

• If faculty member is not board certified (and not in the process), can ask RC to consider qualifications
  • Letter from program director and Designated Institutional Official (DIO) to RC with faculty CV (send to jcampbell@acgme.org)

• If faculty member has a subspecialty (e.g., REI, MFM)
  • Include both specialty and subspecialty in ADS
  • Specialty listed first
PD Hours Devoted to Program

- Administration of the program
- Participation in didactic education
- Research/scholarly activity with residents
Faculty Roster

- Use resources in ADS to complete roster correctly
- Reorder button puts the faculty in order by site and alphabetically
Scholarly Activity

- Expectation: most core faculty members and residents/fellows are involved in some type of scholarly activity each year

- Residency faculty members
  - As a whole, may demonstrate a range of activities

- Fellowship faculty members
  - Program director and some other faculty members must demonstrate active research programs
  - See program requirement sections II.A.3 and II.B for specifics
## Faculty Scholarly Activity

### Table: Faculty Scholarly Activity

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
<th>Conference Presentations</th>
<th>Other Presentations</th>
<th>Chapters Textbooks</th>
<th>Leadership or Peer-Review Role</th>
<th>Teaching Formal Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

  - **PubMed ID (PMID)** is an unique number assigned to each PubMed record. It is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.

- **Number of other presentations given** (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2011 and 6/30/2012. Articles without PMIDs should be listed in this section.
  - This will include publications which are peer reviewed but not recognized by the National Library of Medicine.

- **Had an active leadership role** (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012.

- **Between 7/1/2011 and 6/30/2012**, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participant’s performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.
Use the Handy Dandy Summary!

Obstetrics And Gynecology -

Approximate Date of Next Site Visit: No Information Currently Present
Self Study Date (Approximate): December 01, 2017

Program Summary

View Summary  Print Summary PDF
Whom to contact with questions?

RC Staff

- Program requirements
- Notification letters
- Complement requests
- Case Log content

acgme.org
Whom to contact with questions?

- ADS/Surveys/Case Log System:
  
  ADS@acgme.org or Tessa Banks at tbanks@acgme.org / 312-755-7443

- Site Visit or Self-Study:
  
  Fieldrepresentatives@acgme.org
Upcoming RC Meetings

- April 19-20, 2018 (Agenda closed February 16, 2018)
- September 12-13, 2018 (Agenda closes July 12, 2018)
- February 6-7, 2019
- April 17-18, 2019
Questions?
Thank you!