



MEMORANDUM

TO: Obstetrics and Gynecology Program Directors

FROM: Mary Ciotti, MD
Chair, Review Committee for Obstetrics and Gynecology

Members, Review Committee for Obstetrics and Gynecology

Mary Joyce Johnston, RHIA, MJ
Executive Director, Review Committee for Obstetrics and Gynecology

DATE: July 2012

RE: Minimum Thresholds for Obstetrics and Gynecology Procedures

As part of ongoing initiatives by the ACGME in preparation for the Next Accreditation System, the Review Committee for Obstetrics and Gynecology (RC) will implement a new system for evaluating resident surgical experience based on “minimum thresholds.” The RC engaged in several discussions, which included external stakeholders and chose to set the minimum number near the tenth percentile, a percentile traditionally used by the RC to trigger program citations for providing inadequate surgical experience.

Beginning July 1, 2012, graduating resident procedure case logs are reported side-by-side with the newly established minimum thresholds for obstetrics and gynecology residency education. The new minimums will reflect the lowest acceptable clinical volume of procedures performed per resident for program accreditation. A program will be considered in compliance if each resident in the program achieves the minimum number of procedures for each listed procedure or category.

Program directors should ensure that reporting of surgical education does not end once minimum numbers are achieved by a resident—these numbers do not constitute a final target number, but rather reflect what the RC believes is merely an acceptable minimal exposure during residency. Residents should continue to enter all surgical activity during their educational programs, even if they have personally achieved these minimum numbers. **Achievement of the minimum numbers of listed procedures does not signify achievement of an individual resident’s competence in a particular listed procedure.** In most cases, a resident will need to perform an additional number of the listed procedures before he or she is deemed competent in each procedure by the program director. Moreover, the listed procedures represent only a fraction of the total operative experience expected of a resident within the designated program length.

The intent of this change is to establish minimum numbers for listed procedures for accreditation purposes, without detracting from the latitude that the program director must have to determine the entire educational operative experience for each resident, taking into account each resident’s particular abilities. This does not negate the expectation that upon a resident’s completion of the program, the program director must verify that he or she has demonstrated sufficient professional ability to practice competently and without direct supervision.

Minimum Thresholds Obstetrics and Gynecology

Category	Minimum
Spontaneous vaginal delivery	200
Cesarean delivery	145
Operative vaginal delivery	15
Obstetric ultrasound ⁱ	50
Abdominal hysterectomy	35
Vaginal hysterectomy	15
Laparoscopic hysterectomy	20
Incontinence and pelvic floor procedures (excluding cystoscopy)	25
Cystoscopy	10
Laparoscopy	60
Hysteroscopy	40
Abortions	20
Transvaginal ultrasound	50
Surgery for invasive cancer	25

ⁱ Obstetric ultrasounds include fetal biometry performed at over 14 weeks' gestation.