

## **RRC FOR OBSTETRICS-GYNECOLOGY**

### **JUNE 2005 NEWSLETTER**

This is the latest installment of the RRC Newsletter, including some developments from our last meeting in May.

#### **New RRC Members:**

Two new members have joined the RRC. Both were appointed by the Council on Medical Education of the AMA. They are Andrew Satin, MD of Bethesda, Maryland, and Ronald Strickler, MD of Detroit, Michigan. Two other new members, both appointed by the ACOG, will join the committee in 2006: Rebecca McAlister, MD of St. Louis, Missouri and Kenneth Noller, MD of Boston, Massachusetts.

Dr. Roy Nakayama will complete his term as RRC Chair and member this October. The new Chair as of January, 2006 will be Dr. Howard Blanchette.

#### **RRC Meetings:**

		October 6-8, 2005
January 19-21, 2006	May 25-27, 2006	October 5-7, 2006

Agenda materials are needed at least 2 months prior to a meeting, and a site visit usually needs to take place 3 months prior in order to make the agenda.

#### **New Program Requirements:**

A revision to the Program Requirements for Obstetrics-Gynecology was given final approval by the ACGME recently and will become effective July 1, 2005. The two major changes allow for more flexibility in residency education: (1) The chief resident year, presently defined as 12 of the last 24 months of training, is restricted to the parent and/or integrated institutions in 10 of the 12 chief months; and (2) the 6 month block for primary and preventive care is removed, and a number of settings where this education can take place in any of the 4 years of residency is specified (see Section V.F.1.a). The RRC will still look at the number of primary care cases in order to see that the training is adequate.

These requirements are already on the ACGME website ([www.acgme.org/rrc's/ob-gyn/pr's](http://www.acgme.org/rrc's/ob-gyn/pr's)).

#### **Resident Duty Hours:**

The RRC and the ACGME continue to carefully monitor resident duty hours. Based on an ACGME survey, there were indications of non-compliance with duty hour requirements in 15 ob-gyn programs. A progress report was required from each of these programs. Twelve of the progress reports satisfied the concerns of the RRC. In three cases the RRC decided to look closely at duty hour compliance at the time of next survey.

### **Resident Case Logs:**

There was discussion at the last RRC meeting concerning questions about updating the website. Specifically, there was a question about whether clear definitions about what counts as a certain procedure, e.g., REI procedures, could be added to the website. The ACGME had assured us that this is certainly possible as an enhancement to the current system. To clarify the issue of REI cases: Procedures which may be counted as REI procedures are any surgical procedures performed in the evaluation or treatment of a reproductive endocrine or infertility problem.

The RRC made another decision about counting, namely, that abortions include all induced abortions, surgical and medical, and missed abortions. Incomplete and inevitable abortions are excluded.

As a reminder, the ACGME Support Center telephone number is 312-755-7464. The e-mail address is [oplog@acgme.org](mailto:oplog@acgme.org). Another source of information is the FAQ section of the RRC website -- which can be updated with new developments.

### **Continuity of Care:**

The new requirements requires 30 months of continuity of care experience within 4 years of training, a change from the previous 3 years of training. Unfortunately, the requirements were not changed to allow more than 2 months away from continuity clinics per year. The RRC will allow more than 2 months away from continuity clinics per year and encourages Program Directors to avoid short intervals in the continuity clinics.

### **Pilot Projects:**

The RRC will be running two pilot projects in the near future.

The first is the use of a short form for a small group of programs which meet certain criteria for stability, and are due for survey relatively soon. The RRC hopes that the results of this pilot may accomplish some streamlining of the accreditation process, perhaps for everyone.

The second is the high-low pilot. The RRC developed a set of questions for field surveyors to be used when they find case numbers in the resident case lists that are unusually high or low. A small number of field surveyors will use these questions, and the RRC will try to analyze their effectiveness in resolving questions about adequate resident experience.

We'll keep you informed about the results.