

## RRC FOR OBSTETRICS- GYNECOLOGY

### NOVEMBER 2003 NEWSLETTER

The RRC is beginning a periodic newsletter, which will be scheduled to follow each RRC meeting and bring program directors and coordinators up to date on recent decisions, changes and new policies. This and subsequent newsletters will also be posted on our website ([www.acgme.org/rrc-s/ob-gyn](http://www.acgme.org/rrc-s/ob-gyn)) for your reference. We welcome your input.

**Who Are We?** The members of the RRC and their appointing organizations are as follows:

American Board of Obstetrics-Gynecology

Haywood L. Brown, MD  
Durham, NC

Norman F. Gant, MD (ex-officio)  
Dallas, TX

Larry C. Gilstrap, MD  
Houston, TX

Frank W. Ling, MD  
Memphis, TN

Michael Mennuti, MD  
Philadelphia, PA

American College of Obstetricians & Gynecologists

Howard A. Blanchette, MD (Vice-Chair)  
Danbury, CT

Joanna M. Cain, MD  
Portland, OR

Ralph W. Hale, MD (ex-officio)  
Washington, DC

Timothy R. Johnson, MD  
Ann Arbor, MI

Roy T. Nakayama, MD (Chair)  
Honolulu, HI

Council on Medical Education

Fritz Apollon, MD  
Baltimore, MD

E. Paul Kirk, MD  
Portland, OR

Peter A. Schwartz, MD  
West Reading, PA

Barbara S. Schneidman, MD (ex-officio)  
Chicago, IL

Sharon T. Phelan, MD  
Albuquerque, NM

Resident Member

Maria Manriquez-Gilpin, MD

Erica Marsh, MD (as of May, 2004)

Avila Beach, CA

Cambridge, MA

**RRC Meetings:**

January 22-24, 2004

May 27-29, 2004

October 7-9, 2004

January 20-22, 2005

May 2005 TBD

October 2005 TBD

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.

**Common Program Requirements:**

Program Requirements for all RRCs, including Ob-Gyn, have been re-edited under the Common Program Requirements, which display wording common to all specialties (such as program director responsibilities, resident evaluation) in **bold type**, while wording pertaining to the specialty (such as elements of the curriculum) are displayed in regular type. Both a summary version of the Common Program Requirements and the re-edited Program Requirements for Ob-Gyn can be downloaded from our website.

**Resident Case Logs:**

Programs continue to convert their data into the Case Log system. If for whatever reason your program has not yet made the conversion, we urge you to do so as soon as possible **B** the deadline is December 31 !

For scheduling the conversion, or for help of any kind, please contact the Support Center. The telephone # 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.

In the near future programs will be receiving instructions on how to prepare hard-copy reports for the 2002-2003 academic year.

**Resident Duty Hours:**

The new duty hour requirements are in Section V.F of the Program Reuirements on our website. Please note that V.F.3.c allows for new patients to be seen after 24 hours of duty in the Aoutpatient continuity clinics.@

The RRC has received several requests for a 10% exception to the 80 hour limit (see V.F.6). After

much discussion at our recent meeting, the Committee decided on a conservative approach, namely, that exceptions would be granted only if the program showed a unique educational rationale. In other words, if it is for a situation that most programs experience, the exception would likely not be granted.

**Issues of Training and Practice:**

There were several issues discussed at the last meeting. In several cases a subcommittee was appointed to present and lead discussion at the January 2004 meeting. The following were the main topics:

Primary Care. There are several issues here, including whether a certain number of months or the character of the experience should be incorporated into the requirements, what kinds of cases count as primary care, and what kind of settings count.

Operative Deliveries. Practice patterns have changed, e.g., with respect to forceps deliveries, and the RRC will need to discuss the types of experiences that are necessary for residents to achieve competence in this area.

Streamlining. A few other RRCs have discussed measures to streamline the accreditation, review and site visit process. The Committee will explore several ideas in the hope of making your life and our life easier.