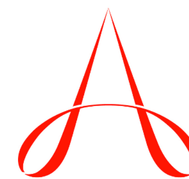
RRC News

Obstetrics and Gynecology



Accreditation Council for Graduate Medical Education

June 2010

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Dee E. Fenner, MD
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Gretchen E. Glaser, MD, Resident
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RRC News provides Review Committee and ACGME updates. Please contact the Editor with suggestions or comments about this newsletter: mschwab@acgme.org.

Actions from the Last Three Review Committee Meetings

Review Committee Actions for the past year (October 2009, January 2010, May 2010)						
Total Reviews	**111**					
Site Visits	82	Initial Accreditation	2*			
		Continued Accreditation	75	1 year	2	2.7%
				2 years	14	18.7%
				3 years	25	33.3%
				4 years	21	28.0%
				5 years	13	17.3%
		Proposed Probation or Continued Probation	5			
		Increase Requests (in conjunction with site visits)	4	Approved	4	
				Denied	0	
Confirmed Adverse Actions	2	Probation	2			
Voluntary Withdrawal	6#					
Increase Requests (without site visit(s))	10	Approved	7			
		Denied	3			
Reports Reviewed	10	Progress Reports	6			
		Duty Hours Reports	4			
Temporary Increase	1	Approved				

* Both Initial Accreditations were the result of *merged* programs, not new programs
# 3 of the 6 Voluntary Withdrawals merged into other programs

Clarification of Expectations for Primary and Preventive Care Experience

The Review Committee has received a number of questions related to the requirement concerning primary and preventive care experience and continuity of care clinic (Program Requirement IV.A.5.a.(1).).

Meeting and Agenda Closing Dates

Meeting:	October 21, 2010
Agenda Closing:	August 20, 2010
Meeting:	January 27, 2011
Agenda Closing:	November 26, 2010

At present, the Committee uses the following criteria when reviewing continuity of care experience:

1. The experience must include office-based, ambulatory care that includes gynecology or obstetrics and gynecology, but not obstetrics alone.
2. The primary and preventive care experience must permit longitudinal care by individual residents serving as the primary physician for a group or panel of patients. When an individual resident responsible for care is temporarily unavailable, the continuity should be provided by another resident, a team of residents (e.g., clinic team, inpatient service), or faculty from the program.
3. There should be a system in place that ensures continuity of care for the patient by coordinating appointments, tracking diagnostic test results, and facilitating consultations.
4. The primary and preventive care experience must include evaluation of the quality of care and outcomes by individual residents.
5. Primary and preventive care clinics should be scheduled and meet at least one half-day/week.
6. The longitudinal primary and preventive care experience must total at least 30 months in duration.
7. Scheduled interruptions in primary and preventive care experience are permitted for up to two months in length at a time, excluding vacations. (A two-month interruption followed or preceded by vacation time would still be considered a two-month interruption). Multiple interruptions in each year of residency will also be permitted. The clinical experience can be completed within as few as 30 months or up to 48 months of education.
8. Supervision must be provided by qualified, on-site, faculty members. These faculty members may be obstetrics and gynecology generalists or subspecialists qualified to supervise and provide primary and preventive care. In addition, supervision may be provided by family medicine or internal medicine physicians who are qualified to provide primary care for women.

The Review Committee will seek programs' input in revisions to the Program Requirements regarding continuity of care experience and all areas of residency education. The Committee also seeks programs that are examples of notable practices in preparing graduates for their roles as primary and preventive care providers and wishes to highlights these practices in the Notable Practices section of the Committee's Web page.

Notable Practices

A notable practice is a process or practice that a Review Committee or other ACGME committee deems worthy of notice. Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education. A notable practice is not a requirement, which is an accreditation standard, and its use on the ACGME website does not imply or refer to a practice necessary to comply with a requirement.

Many committees have identified notable practices within their specialties, and these are available to programs in the specialty through the Review Committee Web page, as well as to other interested parties through the "All Review Committees Notable Practices" link. Potential notable practices may be identified in several ways: a comment in a site visitor report, identified during review of submitted program materials, solicitation by the executive director or a Review Committee member based on knowledge of the program, or an unsolicited submission sent to the executive director or to a Review Committee member. The potential notable practice is viewed and discussed by all committee members, and if approved, will be made available through both the Review Committee Web page, and the "All Review Committees Notable Practices" Web page.

Programs in other specialties may find some of these practices useful, and could adapt them for their specialty-specific program needs as relevant. The "All Review Committees Notable Practices" Web page can be accessed through the Review Committee's Web page, and is a collection of all the notable practices from all of the Review Committees' pages, organized by topic.

Program Requirements: Important Request for Feedback

The Review Committee began discussions of a major revision to the Program Requirements at its May 2010 meeting. The Requirements have had several minor revisions over the past few years, and a major revision has not occurred for some time. With this revision, the Committee hopes to provide clarity and outcome-oriented standards that account for program directors' needs to implement them in today's practice environment. As with all specialty requirements, the Review Committee will follow the ACGME process (see *RRC News, May 2009*, for an explanation). All program directors, coordinators, and other interested parties will be able to comment on the draft

Requirements, toward the end of 2010. The target implementation date for the revised Requirements will be July, 2011.

The Committee seeks input from residency programs and requests that program directors and coordinators submit a brief outline of the top three most important areas currently in the Requirements that, in their opinion, should be revised, i.e., clarified, eliminated, updated, or changed altogether. A similar request will be made to the Council of Resident Education in Obstetrics-Gynecology (CREOG) Sections, and to the Association of Residency Coordinators in Obstetrics-Gynecology. The Committee also wants to encourage individual comments. **Individual responses should be sent electronically by July 15, 2010, to** OBQbox@acgme.org. Results will be compiled for the Review Committee's initial discussions.

Compilation of Case Log Data

The following table provides a summary of data compiled from 2003-2009 Case Logs. These data reflect only the recorded resident experience in the role of Surgeon and do not include the roles of Teaching Assistant or Surgical Assistant.

	Procedure	2003	2004	2005	2006	2007	2008	2009
Obstetrics	Spontaneous Delivery	320.8	300.0	282.3	275.0	270.3	276.5	286.9
	Forceps Delivery	23.8	19.3	15.5	13.0	11.9	10.5	9.8
	Vacuum Delivery	23.8	22.7	21.9	21.7	21.5	21.4	20.8
	Operative Vaginal Delivery[1]	47.6	42.0	37.4	34.7	33.4	31.9	30.6
	Cesarean Delivery	191.8	205.3	215.3	222.1	226.7	233.2	246.3
	Total Deliveries[2]	560.2	547.3	535.0	531.8	530.4	541.6	563.8
	Multifetal Delivery	10.8	8.9	7.6	10.0	12.6	15.7	NLT
	Amniocentesis	18.5	16.4	16.0	14.3	13.4	13.1	NLT
Gynecology	Abdominal Hysterectomy	89.1	85.3	84.2	80.4	80.2	76.9	74.4
	Vaginal Hysterectomy	34.9	33.1	32.0	32.2	32.3	32.6	20.2
	Laparoscopic Hysterectomy							23.4
	Total Hysterectomy[3]	124.0	118.4	116.2	112.6	112.5	109.5	118.0
	Incontinence & Pelvic Floor	39.5	44.4	47.1	45.6	47.9	48.9	85.6
	Operative Laparoscopy	66.1	67.8	67.6	67.2	69.7	73.3	95.3
	Total Laparoscopy							118.8
	Hysteroscopy	48.2	52.2	54.5	56.0	60.8	65.3	68.6
	Induced Abortion	23.5	24.9	26.8	32.2	34.9	38.7	41.5
	Vaginal Ultrasound	193.7	166.7	140.8	125.1	122.1	127.1	131.0
	Invasive Cancer	53.1	52.6	55.0	54.5	63.5	70.7	70.7
	Laparotomy	48.5	52.0	54.8	53.0	53.6	55.5	NLT
	Surgical Sterilization	65.2	66.4	67.2	66.9	63.8	64.9	NLT
	Endocrine & Infertility	38.7	40.5	45.7	55.3	62.7	72.8	NLT
	Urogynecology	5.8	32.9	47.3	56.1	66.5	73.4	NLT
	Cervical Conization	27.5	26.8	26.4	24.9	23.7	23.6	NLT

[1] calculated sum of means of forceps and vacuum deliveries from 2003-2008
[2] calculated sum of spontaneous, forceps, vacuum, and Cesarean deliveries
[3] calculated sum of means of abdominal and vaginal hysterectomies from 2003-2008

NLT denotes that procedure or category is no longer tracked by the Review Committee in the Case Log System

Update on Milestone Project

Measuring competence in a consistent and accurate manner has been a major focus of the challenge given to program directors across all medical specialties since the ACGME initiated its Outcome Project in 1999. In Obstetrics-Gynecology, this topic has been the subject of numerous discussions at ACOG and CREOG meetings and has been an underlying concern as results of resident Case Logs are discussed each year by the Review Committee. As the former Review Committee Chair, Larry C. Gilstrap, MD, reported at the March 2009 CREOG meeting, the need for program directors to measure competence is critical. Dr. Gilstrap indicated that what is needed in addition to the volume of clinical experience is the development of milestones in each broad procedural category by which residents can demonstrate their competence. The ACGME's Milestone Project, piloted by several Review Committees, including Obstetrics and Gynecology, is the next logical phase of the Outcome Project to address this critical need.

In the September 2008 issue of *ACGME Bulletin*, Thomas J. Nasca, MD, MACP, ACGME's chief executive officer, stated that: "[The Milestone Project] will entail establishing expectations that each resident must meet competencies appropriate to his/her clinical discipline at key points in his/her progression toward initial specialty certification. These expectations are beginning to be called 'milestones,' and their establishment gives the ACGME and the educational community specialty-specific benchmarks of performance along the path to proficiency in each domain of clinical competency against which residents' performance can be measured. The milestones will allow programs to be tracked and evaluated on the progress their learners demonstrate against these expectations." Development of milestones involves collaboration between the American Board of Obstetrics and Gynecology, the American College of Obstetrics and Gynecology, the Review Committee, and the ACGME. The Milestone Working Group began its work in January. The members of the working group, appointed by their respective organizations, are listed here:

<table>
<tr><th colspan="6">WORKING GROUP</th></tr>
<tr><td colspan="6">Chair: Rebecca P. McAlister, MD (RRC Vice-Chair)</td></tr>
<tr><td colspan="2">ABOG Representatives
Haywood L. Brown, MD
Frank W. Ling, MD
David E. Soper, MD</td><td colspan="2">ACOG Representatives
Diane M. Hartmann, MD
Jeffrey M. Rothenberg, MD
Howard A. Shaw, MD</td><td colspan="2">RRC Representatives
Lee A. Learman, MD
Andrew J. Satin, MD
Ronald C. Strickler, MD</td></tr>
<tr><td colspan="3">Junior Fellow Representatives
Tamara T. Chao, MD
Krista M. Reagan, MD</td><td colspan="3">ACGME Representatives
Missy Fleming, PhD
Lisa Johnson, MBA
Susan Swing, PhD</td></tr>
<tr><th colspan="6">ADVISORY GROUP</th></tr>
<tr><td colspan="6">Advisory Group
Timothy P. Brigham, MDiv, PhD, ACGME
Larry C. Gilstrap, III, MD, ABOG
Ralph W. Hale, MD, ACOG
George D. Wendel, Jr., MD, RRC</td></tr>
</table>

The Obstetrics and Gynecology community will develop milestones in a form best suited to its purposes. Our milestones likely will not appear in the same format as those of other specialties that may have already posted initial drafts of milestones for comment. Updates on the work of the Obstetrics and Gynecology Milestone Working Group will be provided as work on this important initiative progresses.

ACGME Publishes *Journal of Graduate Medical Education*

The ACGME published the inaugural issue of its new peer-reviewed journal, the *Journal of Graduate Medical Education* (the Journal) in September 2009, with a second issue distributed that same December. The Journal, which has its own website, www.jgme.org, has a stated mission to contribute in a meaningful way to the knowledge about graduate medical education and the environment in which residents and fellows learn and participate in care.

The content of the Journal encompasses original works related to all aspects of graduate medical education and the setting in which it occurs, along with policy articles, reviews, commentaries, letters to the editor and invited editorials. Each issue includes a limited number of pages with important updates from the ACGME and its Review Committees, with these pages clearly distinguished from the peer-reviewed sections.

Initial circulation of the Journal was approximately 10,500 copies, with copies provided to directors of accredited residency programs and designated institutional officials (DIOs) as part of their participation in the accreditation process. Moving forward, the Journal will be published quarterly (February, May, August and November). The ACGME will grant the Editorial Board and the Editor-in-Chief editorial freedom to establish that the views expressed in the Journal are exclusively those of the authors and may not represent ACGME policies and views, in keeping with guidelines for editorial independence.

For more information about the Journal, as well as to view the current call for papers, visit www.acgme.org, or www.jgme.org.

Office of Resident Services

Resident Services was established to help physicians in graduate medical education receive fair solutions to residency education-related concerns and formal complaints. Resident Services staff members have developed a track record of success in mediating solutions for residents with program directors and DIOs before concerns become formal complaints to Review Committees. Additional information can be found online at www.acgme.org. For assistance, please e-mail Resident Services directly: residentservices@acgme.org.

One-on-One Question & Answer Sessions with Review Committee Officers and Staff

At the March 2010 ACOG Meeting, the Review Committee Chair and Vice Chair met individually with program directors and other personnel from 16 residency programs for 15-minute sessions. These sessions were judged to be extremely valuable and informative, and the Committee hopes to continue offering these sessions at future CREOG/APGO meetings, as well as at the CREOG Educational Retreat.

The Review Committee has scheduled additional Q&A sessions at the July 29-30 CREOG Educational Retreat in Coeur d'Alene, Idaho. If you signed up for one of these sessions, by now you should have received an e-mail confirmation. If you have not received such a confirmation, please e-mail Anne Down (adown@acgme.org).

Frequently Asked Questions to be Added to Website

For the past year, the Review Committee has been collecting frequently asked questions which are provided to offer greater clarification of the program requirements. Those questions have been compiled and organized—with answers!—into a comprehensive FAQ document that will be posted on the Committee's Web page in the "Program Resources" section.

Of special note is the clarification regarding the timing for permanent increase request:

> *Although Program Requirement III.B.4.a. states that a request for a permanent increase submitted more than 18 months after the most recent site visit will require a new site visit before that request can be considered, the RRC has relaxed its stance regarding this timing. Requests for permanent increases will now be considered with or without a site visit, regardless of when the last site visit occurred. (The next revision of the program requirements will reflect this change.)*
>
> *As long as the request is submitted through ADS and approved by the sponsoring institution's DIO at least two months before the RRC meets, the RRC will review the request at its next meeting. RRC meeting dates can be found on the RRC Web page:*
>
> *http://www.acgme.org/acWebsite/navPages/nav_220.asp*
>
> *Note that, as stated in the requirement, the educational rationale must address the question of the expansion of faculty and administrative support necessary to teach, supervise, and evaluate the additional residents.*

Staffing Changes

Effective July 1, 2010, Missy Fleming, PhD, will assume the position of Executive Director of the Review Committee for Obstetrics and Gynecology, and Ms. Norma Rodríguez de Yagcier will be the Committee's Senior Accreditation Administrator. As the transition will take place officially in July, you should continue to contact Pat Surdyk, PhD, or Mr. Billy Hart until that time.

Dr. Surdyk and Mr. Hart wish to express their appreciation to all the Obstetrics and Gynecology program directors and coordinators for their support and cooperation over these past two years. The Commmittee also wishes to express its gratitude for Dr. Surdyk's and Mr. Hart's leadership and dedication to our specialty. We will miss them and their contributions to our work, and wish them continued success in their new responsibilities. Dr. Fleming and Ms. Rodríguez de Yagcier look forward to meeting the Ob-Gyn community at the July CREOG meeting.

Requests for Voluntary Withdrawal Must be Done Through ADS

ACGME policy permits a program or sponsoring institution to request voluntary withdrawal of accreditation when a decision has been made by that program or institution to discontinue participation in ACGME accreditation. Requests for voluntary withdrawal of accreditation must be submitted using the Accreditation Data System (ADS). Review Committee staff will not accept letters requesting this action sent directly to them. The program director initiates the request within ADS by answering a series of questions, including: the proposed effective date which should coincide with the end of the current academic year; the reason for program closure; and a plan to place all active residents in other programs. Once submitted, ADS automatically generates an e-mail to the DIO requesting approval. Once the DIO approves the request, ADS notifies the Review Committee staff. After a staff member processes the request, the program director and DIO receive official notification, and the accreditation status is changed to voluntary withdrawal.

DIO approval of this request for voluntary withdrawal of the program or sponsoring institution finalizes the request, which means the program:

1. may not accept new residents/fellows
2. may not request "reversal" of the action *(regardless of the proposed effective date)*

The program or institution *may seek* accreditation at a future date by undergoing the application process pursuant to ACGME policy. See "How to Apply for Accreditation in Seven Easy Steps" on the Program Director & Program Coordinator area of the ACGME website for an overview.

ACGME Policy on Outside Vendors

Intermittently, the ACGME is made aware of an increased effort by software vendors, accreditation consultants, former employees, former Review Committee members, and other organizations, to solicit business from ACGME-accredited residency fellowship programs and sponsoring institutions. The ACGME does not endorse any vendors of software, newsletters, educational services, consulting services or other products. We provide no information to these entities other than that which is publicly available on our website (accessed by going to: www.acgme.org; clicking "Search Programs/Sponsors"; clicking "Accredited Programs"; selecting the specialty/program; then click "View Details" to see the program's contact information and general information about the accreditation, e.g., accreditation status and approximate of next site visit). Any services provided by these outside vendors have no guarantee in regards to a program's accreditation status.

Progress Reports to the Review Committee

The Review Committee continues to remind program directors that progress reports should only be submitted for review upon request, as noted specifically in the accreditation notification letter. The Committee will not review unsolicited progress reports. Such reports will be administratively acknowledged with no further action. It is also important to note that the Review Committee does not rescind (remove) citations from a program's history upon review of a (requested) progress report. A progress report should update the Committee on how the program is addressing those areas identified for comment in the Committee's request for the report. Citations can only be identified as corrected at the time of a full program review when they are thoroughly evaluated through the site visit and review of accreditation materials.

Save the Date:
2011 ACGME Annual Educational Conference

Gaylord Opryland Resort Hotel and Convention Center
Nashville, Tennessee
March 3-6, 2011

****more information to follow****