

Summary and Impact of New Program Requirements in Female Pelvic Medicine and Reconstructive Surgery

Describe, as appropriate, how the new requirements will:

- Impact the quality and safety of patient care;

Female Pelvic Medicine and Reconstructive Surgery (FPMRS) is a new subspecialty supported by the American Board of Obstetrics and Gynecology and the American Board of Urology. The purpose of this accreditation is to provide standards for education and thus subspecialty expertise for the diagnosis, treatment, and prevention of female lower urinary tract disorders and dysfunction of the pelvic floor and to stimulate clinical and basic research and academic interest related to these disorders. The subspecialty will improve the healthcare of women. Subspecialty-specific requirements and periodic review by the ACGME will ensure that future generations of female pelvic medicine and reconstructive surgeons have the clinical, research, and educational foundations required to provide high-quality, cost-effective clinical care for women suffering from pelvic floor disorders.

The burden of pelvic floor disorders is high with about 25% of U.S. women suffered from at least one pelvic floor disorder in 2005-06. The impact of urinary incontinence (UI), pelvic organ prolapse and fecal incontinence is often measured by quality of life indicators including embarrassment, stigma, social isolation, as well as the more conventional clinical measures of morbidity. Financial costs are substantial and may be underestimated because of underreporting. Each year in the United States, UI costs \$19.5 billion and over 200,000 women undergo inpatient surgery for pelvic organ prolapse and an equal number have procedures for urinary incontinence. These conditions disproportionately affect women at older age and with obesity and their impact will only escalate with the aging of the U.S. population. It is estimated that by the year 2050, 43 million American women will suffer from one or more pelvic floor disorders, compared to the 28 million today. There are not enough qualified providers of any specialty or subspecialty to care for the growing population.

This fellowship will lead to the development of future teachers to educate the next generation of physicians and researchers to advance preventive care and treatment.

- Improve the quality of resident education

The goals and the core competencies to be acquired by a fellow are distinct from those of the core residency but synergistic in that they will expose residents to advanced concepts associated with the subspecialty. There is an educational role currently being filled by non-ACGME-trained fellows in FPMRS in the core residencies of Obstetrics and Gynecology and Urology. Seventy-four percent of Obstetrics and Gynecology Departments and 34% of Urology Departments currently have divisions of FPMRS that are attempting to fulfill the educational and patient care needs. A survey by the American Board of Urology determined an overwhelming need for teachers and experts in FPMRS for resident education. Pelvic floor disorders are a part of the curriculum outlined in the core program requirements in Obstetrics and Gynecology and Urology. Having fellowship-trained physicians to serve in this role will be key to the success of future generations of the parent specialties.

- Affect the way the resident, the service and the staff provide patients with continuing care;

The presence of a FPMRS fellow will enhance continuity of care, particularly for women with complex pelvic floor disorders, including those that suffer from complications of surgery or other failed therapies. The fellow serves as along with the attending physician as a team leader for patient care and resident education. The service team, including the attending physician, fellow, and resident, will work together to provide continuity of care. As residents rotate through various services and have night call duties, the fellow will provide a greater degree of continuity for patients and their families.

- Require a change in institutional resources (e.g. facilities, organization of services; addition of faculty; financial impact);

The changes in institutional resources and the costs of accrediting FPMRS fellowships should not negatively impact the overall health care costs at the local level. The primary cost includes the direct costs of salary, benefits, and malpractice insurance and indirect costs of a teaching institution. The changes in institutional resources and the costs of accrediting this multidisciplinary specialty will improve care and should expand services that will offset the costs of implementation. In most instances, faculty and facilities exist within the obstetrics and gynecology and urology departments to support this subspecialty now with a formal structure and guidelines. Addition of faculty and other resources, (equipment, operating room, office etc.) should be minimal to a core department of obstetrics and gynecology or urology. Globally the cost of care should be decreased with the improved care and evidence-based medicine provided by fellowship-trained physicians.

- May change the volume and variety of patients required to provide proper Educational resources in the institution;

Accreditation of programs in FPMRS will ensure case volume and depth and breadth of experience is sufficient to meet the requirements of the core residency but also provide the fellows with distinct experience in tertiary and complex cases. A change in volume and variety of cases would not be expected to occur for programs that fulfill the criteria.

- Impact residency education in other specialties

FPMRS-trained physicians are currently called upon by general gynecologists and urologists to collaborate in the care of patients with complex pelvic floor disorders. No one specialty has the depth of training to adequately treat complex problems as a sole comprehensive provider. In addition, FPMRS physicians work collaboratively with colorectal surgeons and gastroenterologists in many centers to care for women with pelvic floor disorders involving defecation disorders and damage caused from childbirth and aging. There should be no negative impact on the residency or fellowship programs of other disciplines. On the contrary, optimal care and education should be in a multidisciplinary fashion for comprehensive treatment and education.