Accreditation Council for Graduate Medical Education

Obstetrics and Gynecology Review Committee Breakout session

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- *RC Chair*

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- *Executive Director*

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Highlights
Program Requirement Revisions

- PD to identify a **Subspecialty Faculty Educator** in each of the following subspecialties of obstetrics & gynecology: MFM, GO, REI FPMRS. (Core)
- The Subspecialty Faculty Educator should be:
  - certified in the subspecialty by **American Board of Obstetrics and Gynecology** (ABOG), or possess qualifications that are acceptable to the Review Committee. (Core)
  - accountable to the program director for coordination and reach the goals of the residents' educational experiences in the subspecialty. (Detail)

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OBG Program Requirement Areas Not Being Revised

- Curriculum Organization and Resident Experiences
  - Chief Resident Experience
  - Continuity of Care
    - Clinics
    - Peri-operative Management
  - Family Planning and Contraception

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COMMON PROGRAM REQUIRMENT REVISIONS
PROGRAM EVALUATION COMMITTEE (PEC)
Effective NOW Compliance 7/14

- PD must appoint the Program Evaluation Committee (PEC). (Core)
- The Program Evaluation Committee:
  - at least two program faculty members and one resident; (Core)
  - written description of its responsibilities (Core)
  - should participate in:
    - planning, developing, implementing, and evaluating educational activities of the program; (Detail)
    - review and make recs for revision of goals and objectives; (Detail)
    - Annual program review using evaluations of faculty, residents, and others, as specified (Detail)

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Program Evaluation Committee (PEC)

Effective NOW- Compliance 07/01/2014

- The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE). (Core)
- The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section V.C.2., as well as delineate how they will be measured and monitored. (Core)
- The action plan should be reviewed and approved by the teaching faculty an documented in meeting minutes. (Detail)

COMMON PROGRAM REQUIRMENTS

Clinical Competency Committee (CCC)

Effective NOW-Compliance 07/01/2014

- PD must appoint the Clinical Competency Committee. (Core)
- At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. (Core)
- Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team. (Detail)
- The CCC should
  - Review resident evals semi-annually
  - Prepare and assure the reporting of Milestones
  - advise the program director regarding resident progress, including promotion, remediation, and dismissal. (Detail)

Case Log Update

- Minimum Numbers *(effective 7/1/2012)*

Category	Min. #
Spontaneous vaginal delivery	200
Cesarean delivery	145
Operative vaginal delivery	15
Obstetric ultrasound * Obstetric ultrasounds include fetal biometry performed at over 14 weeks' gestation.	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
Trans-vaginal ultrasound	50
Surgery for invasive cancer	25

2013 OpLog Changes

- Prior to July 2013 - **LAVH → LH**
- July 2013 forward- **LAVH→VH/Op LS**
- The codes involved are 58550, 58552, 58553, 58554.
- Due to changes in categorization- 2013-2016
  - VH and LH will be combined (Minimally invasive)
  - minimum # will be 35

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Case log update

	2013	2013-2016		2016-	
TAH	35	TAH	35	TAH	35
VH	15	Minimally Invasive	35	VH	15
LH	20			LH	20

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Teaching Assistant

- Original RC Proposal: Permit a specified number of TA cases to count toward the TOTAL minimum number of cases for specific categories specifically to start in Obstetrics
- The RC plans to revisit this topic after obtaining a few years worth of data on the impact of moving to minimum number thresholds .

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Unbundling

- Hysterectomy and BSO **CAN** be unbundled
- LAVH- unbundled into Operative Laparoscopy and Vaginal Hysterectomy
- ISPF unbundled in accordance with current policy
- Laparoscopic procedures **should not** be unbundled; only the resident completing more than 50% of the procedure should count him/herself as the Surgeon
- Hysterectomy procedures **should not** be unbundled only the resident completing more than 50% of the procedure should count him/herself as the Surgeon

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ISPF

Current Bundled Procedure if Performed by Single Surgeon	Unbundled Procedures if Performed by Different Surgeons	Current OpLog Mapping
TVH >250gm AND Repair of enterocele (58292)	TVH > 250gm (58290) Repair of enterocele (57268)	Bundled counts as VHYST / ISPF
TVH >250gm AND Colpo-urethrocystopexy (58293)	TVH > 250gm (58290) Colpo-urethrocystopexy (51840, 51841, 51845) Sling (57288)	Bundled counts as VHYST / ISPF

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Faculty Scholarly activity

Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations	Other Presentations	Chapters Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses		
Mary Ciotti											Add	No Scholarly Activity

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Questions?

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Resources

- NAS Website

http://www.acgme-nas.org/

- Newly Approved ACGME Policies and Procedures (effective 7/1/2013)
- NAS Slideshow- ACGME Conference Presentation by Dr. Nasca
- Clinical Learning Environment Review (CLER) Program
- Categorization of Common Program Requirements
- Categorization of Obstetrics & Gynecology Requirements (coming soon)
- NAS Publications and Reports
- Perspective on the Next Accreditations System (videos)