

Obstetrics and Gynecology Review Committee Report

Mary Ciotti, MD

- *RC Chair*

Mary Joyce Turner, RHIA, MJ

- *Executive Director*



Discussion Topics

- Accreditation Update
- Program Requirement Revisions
- Ob/Gyn Minimum Numbers
- Next Accreditation System
 - Program Requirements
 - Self-study visits
 - Indicators
 - Clinical Competency Committees
 - Program Evaluation Committees
- Single Accreditation System



RRC Membership

- **Mary C. Ciotti, MD** (*Chair*)
University of Southern California
- **Jessica L. Bienstock, MD** (*Vice Chair*)
John Hopkins University School of Medicine
- **Karen Adams, MD** (*New Member*)
Oregon Health Services University
- **Anna Marie Connolly, MD**
University of North Carolina Chapel Hill
- **Dee E. Fenner, MD**
University of Michigan
- **Robert V. Higgins, MD**
Carolinas Medical Center
- **Kimberly Kenton, MD**
Northwestern University
- **Caitlin Bernard Parks, MD** (*Resident Member*)
Upstate Medical University
- **Lee A. Learman, MD**
Indiana University School of Medicine
- **Robert S. Schenken, MD**
University of Texas Health Science Center
at San Antonio School of Medicine
- **Cyril O. Spann, MD**
Emory Hospital
- **Patrice M. Weiss, MD**
Carillion Roanoke Memorial Hospital
- **Christopher Zahn, MD**
Uniformed Services University of the Health
Sciences
- **Larry C Gilstrap,**
ABOG Ex-Officio
- **Hal Lawrence, MD**
ACOG Ex-Officio

ACGME RRC Staff

- **Mary Joyce Johnston-Turner, RHIA, MJ**
Executive Director
mturner@acgme.org
- **Kelli Cousins, MFA**
Accreditation Assistant
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Also....

- **Jenna Walls**
WebADS Representative



Accreditation Statistics 2012-2013:

Number of Accredited Programs	
Core	243
FPMRS	44
Number of Approved Residents/Fellows	
Core	4,965
FPMRS	75



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Accreditation Statistics: May 2013

Accreditation Breakdown		
	Core	FPMRS
Initial Accreditation	2	44
Continued Accreditation	213	NA
Accreditation with Warning	28	NA



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OBG Core Program Requirement Revisions

- **Core Program Requirements Revision**
- Major revision re-started in 2012
 - Review and comment begins: Late Summer 2013
 - Review and comment ends: Early Fall 2013
 - CoR (ACGME Internal Review) review: 02/2014
 - Programs to start to incorporate 7/2014
 - Effective 07/1/2015



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)



Highlights Program Requirement Revision

- At least 80 percent of the program's graduates from the preceding three-year period must have taken the written certification examination of the American Board of Obstetrics and Gynecology (ABOG). (Outcome)
- A program's graduates must achieve a pass rate on the ABOG written certifying examination of at least 70 percent for first-time takers of the examination in the most recently defined three-year period. (Outcome)



Highlights Program Requirement Revisions

- There must be at least three approved categorical positions per PGY level. (Core)
- Sponsoring institution must sponsor one other ACGME program in IM, Peds, Surgery or FM



OBG Program Requirement Areas Not Being Revised

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



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

- PD must appoint the Program Evaluation Committee (PEC)
- **The Program Evaluation Committee:**
- at least two program faculty members & one resident; (Core)
- written description of 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)



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 and documented in meeting minutes. ^(Detail)



COMMON PROGRAM REQUIREMENTS REVISIONS

Clinical Competency Committee (CCC)

Effective NOW-Compliance 07/01/2014

- PD must appoint the Clinical Competency Committee ^(Core)
- CCC must be composed of three 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 the reporting of Milestones
 - Advise the PD regarding resident progress, including promotion, remediation, and dismissal. ^(Detail)



Common Program Requirements FAQ- CCC

Question	Answer
Evaluation What is the role of the program director on the Clinical Competency Committee? <i>[Program Requirement: V.A.1.]</i>	The goal of the Clinical Competency Committee is to provide broad input from several individuals to assist the program director. The role of the program director will vary depending on the structure and needs of the committee and the size and specialty of the program. In determining if the program director should serve on the committee, the program should consider the program director's multiple potentially conflicting roles, such as resident advocate and advisor, and advocate for the program. In small programs, the program director may take a more active role than he or she would on a committee for a large program. If a program director participates as a member of the Clinical Competency Committee, he or she should not chair the committee. The intent is to leave flexibility for each program to decide the best structure for its own circumstance. The program director has final responsibility for the program's evaluation and promotion decisions.
How can small programs have three members of the program faculty on the Clinical Competency Committee? <i>[Program Requirement: V.A.1.a)]</i>	The intent is to have enough members to broaden the input in a resident's evaluation. Faculty members on the committee need not only be members of the physician faculty; faculty members can be other physicians and non-physicians who teach and evaluate the program's residents. For example, a fellowship may include faculty members from the core program or from required rotations in other specialties.

PLEASE SEE ACGME WEBSITE FOR UPDATE THE WORDING FOR THIS FAQ IS CHANGING! -7/19/13 M. Ciotti

7/1/2013



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

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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



Moving toward Single Accreditation System for Graduate Medical Education

- On June 4, 2013 the ACGME concluded its negotiations with the osteopathic community
- On June 8, 2013, the ACGME Board of Directors endorsed a Memorandum of Understanding (MOU)
- AOA Board of Directors and the American Association of Colleges of Osteopathic Medicine (AACOM) Board of Directors reviewing at this time



Next Accreditation System

REVIEW....



Trended Performance Indicators

Most already in place

- ✓ Annual ADS Update
 - ✓ Program Attrition – Changes in PD/Core Faculty/Residents
 - ✓ Program Characteristics – Structure and Resources
 - ✓ Scholarly Activity – Faculty and Residents
- ✓ Board Pass Rate – Averaged over 3 years provided by ABOG
- ✓ Resident Survey – Common and Specialty Elements
- ✓ Clinical Experience – Case Logs or other
- ✓ Semi-Annual Resident Evaluation and Feedback
 - Milestones
 - Faculty Survey – Core Faculty
 - *Ten year self-study*



Annual Update (ADS)

Update the major changes section.	View
Update the Overall Evaluation Methods section.	View
Enter a valid Program Director email.	View
Update the Program Director certification information.	View
Update the Sites tab and complete all missing data for each institution.	View
Upload current block diagram.	View
Resident Information:	
Confirm all residents.	View
Update scholarly activity for each resident.	View
Faculty Information:	
Enter a valid email for each physician faculty member.	View
Enter a specialty, certification type and certification status for each active physician faculty member.	View
Update scholarly activity for each physician faculty member.	View

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



PD and Coordinator 2013-2014

- July to Sept 2013 - ADS update
 - ✓ Program Attrition – Changes in PD/Core Faculty/Residents
 - ✓ Program Characteristics – Structure and Resources
 - ✓ Scholarly Activity – Faculty and Residents
- August 1 2013- Case log closes
- Jan-May 2014-Resident survey
- Jan-May 2014- Faculty survey Jan to May
- *Working on*
 - *CCC, PEC, Faculty development incorporating Milestone evaluation*



PD and Coordinator 2014-2015

- July to Sept 2014- ADS update
 - ✓ Program Attrition – Changes in PD/Core Faculty/Residents
 - ✓ Program Characteristics – Structure and Resources
 - ✓ Scholarly Activity – Faculty and Residents
- July 15- Aug 1 2014- Case log closes
- December 2014- 1st Milestone reporting
- Jan-May 2015-Resident survey
- Jan-May 2015- Faculty survey
- May 2015- 2nd Milestone report
- July 2015- ADS Update



RRC as it goes into NAS

- Fall 2013-Current accreditation system
 - Start process to set performance indicators
 - ADS, Resident survey, ABOG pass rate, minimal numbers
- Spring/Fall 2014- Current Accreditation system/reviews
 - Set / Test performance indicators
- March 2015
 - First time to accredit all programs using performance indicators
 - **Start** collect information re: the Milestones
 - Letters sent to programs re: continued accreditation and..
- July 2016- First self study



What can you do now?

- Work on Annual Program ADS
 - Scholarly Activity
- Further Develop CCC & PEC
- Minimum numbers
- ABOG pass rate
- Milestones
 - Examine Assessment Tools
 - Faculty Development and Information



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- Questions at Breakout session

