Review Committee for Obstetrics and Gynecology

Continuity of Care and Primary and Preventive Care Program Requirements Interpretation Summer 2012

The Review Committee for Obstetrics and Gynecology would like to clarify its interpretation of the Program Requirements for Residency Education in Obstetrics and Gynecology currently in effect (July 2008). The Committee began the revision process for these requirements during 2011 and 2012, but final adoption of the standards will not occur until full implementation of the ACGME's Next Accreditation System in 2013 or 2014. In the interim period, the Committee will use the interpretations below of the Program Requirements regarding continuity of care and primary and preventive care.

The following **current** requirements describe the experience in continuity of care and primary and preventive care:

> IV.A.5.a).(1) [Residents] will prepare for their roles as providers of primary and preventive care. It is essential that the program provide a closely supervised experience by appropriately educated generalist faculty members that ensures continuity of care of specific patients by an individual resident. Increasing responsibility should be given to residents under the supervision of a qualified, on-site, attending staff/faculty member. Residents should develop and maintain a continuing physician-patient relationship with a panel of patients, at least one half-day per week, for at least 30 months throughout the four years of education. The use of remote sites or institutions, or clinical services, must not interrupt continuity of care clinics for longer than two months in any of these four years. Residents should be provided opportunity on at least a weekly basis to return to the parent institution for their continuity clinic experience;

Until the revised requirements are approved and implemented, the Committee will interpret those requirements regarding continuity of care and primary and preventive care as follows:

> Continuity of care is a recognized core value of the specialty of obstetrics and gynecology and must be a priority in each program. Continuity may pertain to individuals, groups of residents, or to a team of providers in its entirety.
>
> Residents must provide ambulatory care for a minimum of 120 half-day sessions divided over the course of their residencies. Ambulatory care experiences must include longitudinal care for a group of patients whose obstetric, gynecologic, or primary care is the primary responsibility of the residents under faculty member supervision.

The Committee wishes to clarify the interpretation of the program requirements regarding continuity of care and primary and preventive care as follows:

> **Clinical Sites**: The required ambulatory care experience should occur in settings such as continuity of care obstetrics and gynecology clinics, gynecology clinics, family planning clinics, mature women's clinics, and urgent obstetric and gynecologic care clinics. These settings may include combined obstetrics and general gynecology clinics. Obstetrics, maternal-fetal medicine, and subspecialty gynecology clinics do not count towards meeting this standard.

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Supervision: Supervision may be provided by obstetrics and gynecology generalist or subspecialist physician faculty members with experience and expertise in ambulatory care.

Continuity of Care: Residents may be assigned responsibility for patient care individually, in groups, or as the entire residency. However, individual residents must have the ability to schedule and participate in the longitudinal ambulatory care of individual patients.

Scheduling: There is no limitation to interruptions in the scheduling of the ambulatory primary care clinics. However, it is the intent of this interpretation to encourage the distribution of this experience throughout the residency program. Residents on clinical rotations outside the primary clinical site are not required return to the parent institution on a weekly basis to participate in this experience.

Evidence of compliance: Programs must be able to document evidence of compliance in a typical resident's schedule across four years of education demonstrating the ability to schedule 120 half-day sessions. Attendance logs are required.

Residents must continue to complete the primary care outcome assessment tool. The program must perform chart reviews on at least five charts from each resident's longitudinal patient care experience every six months. The selected chart reviews must be from periodic (for example, annual, family planning, or menopausal) well-woman preventive care visits that involve health promotion, age-appropriate screening, and disease identification and management.

If you have any additional questions, please contact Executive Director Mary Joyce Johnston, RHIA, MJ: mjohnston@acgme.org.