

## **Subspecialty Procedural Volume Guidelines Review Committee for Obstetrics and Gynecology**

The Review Committee for Obstetrics and Gynecology has established guidelines for determining the procedural and patient strength of programs in gynecologic oncology, maternal-fetal medicine, and reproductive endocrinology and infertility. The Review Committee uses the guidelines when reviewing the institutional procedural data provided by programs in the specialty-specific application to determine if there is adequate procedural and patient volume in a program to educate fellows in the subspecialty. The specialty-specific application is part of the accreditation application, and is completed again when the program is reviewed after the one- to two-year Initial Accreditation period. The guidelines were a collaboration between the American Board of Obstetrics and Gynecology (ABOG) and the ACGME, as part the part of the process of transitioning accreditation of programs in these subspecialties from ABOG to the ACGME.

While a formal citation is not given if a program fails to meet a guideline, an Area for Improvement (AFI) is typically issued. Programs that receive an AFI are encouraged to consider ways to improve the procedural/patient volume in the specified area(s). Programs can use the guidelines to inform this discussion. Guideline counts are based on one fellow per year, and programs may need to adjust the counts depending on their respective complement.

It is important to emphasize that the guidelines are not procedural and patient minimum requirements for individual fellows. The ACGME collects Case Log data for several years before setting minimums for fellows. Once sufficient data are gathered, subspecialty experts will review the data and set required minimums. Programs will be informed when the minimum requirements are established.

Email questions to Review Committee Executive Director Laura Huth, MBA: <a href="mailto:lhuth@acgme.org">lhuth@acgme.org</a>.

## Gynecologic Oncology Procedural Volume Guidelines

Category	Program Count* (at least)
Simple Hysterectomy, including	75
Vaginal	
Abdominal	
Laparoscopic	
Robotic	
Surgical Treatment of Cervical Cancer, including	10
Radical trachelectomy	
Abdominal radical hysterectomy	
Laparoscopic radical hysterectomy	
Robotic radical hysterectomy	
Brachytherapy applicator placement	40
Surgical Treatment of Ovarian Cancer, including	40
Radical debulking, including:  Primary debulking BSO/omentectomy +/- hysterectom	W.
Interval debulking BSO/omentectomy +/- hysterectomy	
Splenectomy	<i>y</i>
Diaphragmatic stripping	
Liver resection	
IP port placement	
Intestinal Surgery, including	20
Colostomy	
Bowel resection and/or anastomosis	
Low rectal resection and/or anastomosis	
Exenteration, including	2
Anterior	
Posterior	
Total	
Vulvar Resection, including	10
Simple	
Radical	
Vaginal Resection, including	No guideline set
Simple	
Radical	
Urinary Diversions, including	2
Continent conduit	
Ileal conduit	
Lymphadenectomy/Sentinel Node Biopsies, including	50
Inguinal	
Pelvic-open	
Pelvic-laparoscopic	
Pelvic-robotic Pelvic-robotic	
Para-aortic-open	
Para-aortic-laparoscopic	
Para-aortic-robotic	

Number of Cycles of Chemotherapy by Tumor Site, including	100
Cervical	
Ovarian/Fallopian Tube	
Uterine	
Vaginal	
Vulvar gestational trophoblastic disease	

<sup>\*</sup>Programs with one fellow per year

## Maternal-Fetal Medicine Procedural Volume Guidelines

Category	Program Count* (at least)
Deliveries	1500
OB admissions	No guideline set
Primary Cesarean	>10%
Cervical cerclage	7
NICU admissions >37 wks	No guideline set
Infants < 1500 grams	50
Infants 1501-2499 grams	100
Antepartum admissions	100
Maternal transports	No guideline set
OB critical care patients (ICU only)	17
Medical Complications of Pregnancy	
Preexisting diabetes mellitus	25
Autoimmune connective tissue disease	10
Cardiac disease	No guideline set
Hypertensive diseases	100
Asthma	No guideline set
HIV	5
Hematologic disorders	25
Renal disease	10
Fetal Disorders	
Isoimmunization	5
Fetal malformations	100
Genetic disorders	100
Congenital viral or parasitic infections	25
Obstetrical Complications	
Placental abruption	10
Placental previa	10
Multiple gestations	50
Substance abuse	10
Procedures	
Ultrasounds for fetal anatomic surveys	500
Ultrasounds for fetal growth assessment	500
Nuchal translucency measurements	50
Fetal echocardiograms	No guideline set
Doppler assessments	100
Genetic amniocentesis	25
CVS (do not include mocks)	No guideline set
Fetal blood sampling/transfusion	No guideline set
Fetal therapeutic procedures	No guideline set
Genetic counseling	No guideline set

<sup>\*</sup>Programs with one fellow per year

## Reproductive Endocrinology and Infertility Procedural Volume Guidelines

Category	Program Count* (at least)
Laparotomies	
Tubal anastomosis	No guideline set
Myomectomy	10
Endometriosis	No guideline set
Other	No guideline set
Surgery for Developmental	15
Any type	
Laparoscopies, including:	30
Diagnostic	
Operative-non-robotic	
Operative-robotic	
Hysteroscopies, including:	40
Diagnostic	
Operative	
In Vitro Fertilization (IVF)	
Retrievals	100
Transfers (includes mock)	80
Ultrasound	
Follicle scans	100
Complete gynecologic scans	50
First trimester pregnancies	40
Saline sonograms	40
Intrauterine Insemination	40

<sup>\*</sup>Programs with one fellow per year