Case Log Instructions: Reproductive Endocrinology and Infertility
Review Committees for Obstetrics and Gynecology

BACKGROUND

The ACGME Case Log System was established in 2001. It is a data repository to support programs in complying with requirements and to provide a uniform mechanism to verify the clinical experience of residents and fellows in ACGME accredited programs. The Case Log System is HIPAA-compliant and has the necessary agreements in place, created by the ACGME, between the covered entities and the Sponsoring Institution. Fellows will be familiar with the Case Log System from their residency.

The Case Log System helps assess the breadth and depth of the clinical experience provided to fellows by a reproductive endocrinology and infertility fellowship program. It is the responsibility of the fellows to enter their case data accurately and in a timely manner, and the responsibility of the program director to ensure that the fellows’ Case Logs are accurate. The case volume provided by each program is analyzed by the ACGME. Reports are created for the fellows, program directors, and the Review Committee. Minimum numbers of procedures and experiences have not been determined at this time.

Fellows are required to log cases starting August 1, 2017. The 2017-2018 academic year will be a learning period for both programs and the Review Committee. The year provides an opportunity for program leadership and fellows to become accustomed to the Case Log System. It also allows the Review Committee to make changes to the Case Log System based on feedback received. Please send comments and suggestions to Jenny Campbell, associate executive director of the Review Committee for Obstetrics and Gynecology: jcampbell@acgme.org.

Send any technical questions about the system to ADS@acgme.org.
GUIDELINES

- Fellows should enter cases on a regular basis, ideally daily.

- The following procedures are being tracked for reproductive endocrinology and infertility in the Case Log System: oocyte retrievals, embryo transfers (live, mock, and simulation), intrauterine inseminations, ultrasounds, uterine cavity evaluations, hysteroscopies, laparoscopies, and myomectomies.

COMMON QUESTIONS

**Are fellows required to enter cases into the Case Log System starting August 1, 2017?**
Yes—logging is required. As noted above, the 2017-2018 academic year will be a learning period for both programs and the Review Committee. Case Log data from this year will not be used to determine Case Log minimums.

**Do fellows currently in the program need to go back and log patient encounters that occurred prior to August 1, 2017?**
No, fellows are not expected to back-enter any data. They can do so if they wish to have the information for their own records.

**When will the Case Log data start to “count”?**
Starting July 1, 2018, the Review Committee will begin using Case Log data to determine Case Log minimums. It is anticipated that required minimum numbers for reproductive endocrinology and infertility will be established in late 2021.

**How do the fellows get an ID and password to access the Case Log System?**
New fellows will have an ID and password assigned and e-mailed to them when they are first entered into the Accreditation Data System (ADS) by the program. For fellows who were in the program prior to the Case Log application, program directors or coordinators should go to the Resident Roster in ADS and click on “Grant User.” This will create and e-mail IDs and passwords to existing fellows. In either case, fellows will be required to change their passwords the first time they log into the system.

**Can attending physicians not included in the program’s Faculty Roster in ADS be included in the Attending list?**
Yes. To add an attending physician to the Case Log System: Quick Links > Case Log Attendings > Add Case Log Attending. Only a name and e-mail address are needed. The Case Log System will verify if the attending is already in the database.

**When will Case Log required minimum numbers be established?**
It is anticipated that required minimum numbers for reproductive endocrinology and infertility will be established in late 2021.