
Requirement Revision (significant change only):

IV.C.3. The 36-month program must include: (Core)

IV.C.3.a) 18 months of clinical activity; (Core)

IV.C.3.b) 12 months of research; and, (Core)

IV.C.3.b).(1) If fellows are assigned clinical duties during research months, this experience must be limited to four hours per week. (Core)

IV.C.3.b).(2) If clinical activities are in the core specialty, the clinical time must be counted as independent practice as outlined in IV.E.-IV.E.1.a).(2). (Core)

IV.C.3.c) six months of clinical activity, research, and/or elective experiences consistent with the program aims and at the discretion of the program director. (Core)

IV.C.4. The 24-month program must include: (Core)

IV.C.4.a) 18 months of clinical activity; and, (Core)

IV.C.4.a).(1) If fellows engage in research activities during this period, a majority of the total time must be devoted to clinical activity. (Core)

IV.C.4.b) six months of clinical activity, research, and/or elective experiences consistent with the program aims and at the discretion of the program director. (Core)

AND

IV.C.5.d) The total time devoted to these experiences should not exceed 24 months. (Detail)

IV.C.6. The 12 months of the program not devoted to inpatient and outpatient experiences should be devoted to research and/or other elective experiences. (Detail)

1. Describe the Review Committee’s rationale for this revision:

The proposed revisions clearly outline the organization of female pelvic medicine and reconstructive surgery (FPMRS) education for the 36-month and 24-month format. Importantly, the revisions help ensure fellows will meet the certification requirements of the American Board of Obstetrics and Gynecology (ABOG), the American Osteopathic Board of Obstetrics and Gynecology (AOBOG), or the American Board of Urology (ABU). The proposed revisions also standardize the
number of required months of clinical education in FPMRS regardless of whether a fellow completed an obstetrics/gynecology residency or a urology residency. While there will be some variation in fellow education between the two groups due to differences in previous residency education (e.g., length of program) and Board certification requirements, it is reasonable and equitable to expect all fellows to have the same minimum clinical experience in FPMRS.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The proposed revisions will help ensure fellows meet ABOG, AOBOG, or ABU certification requirements.

3. How will the proposed requirement or revision impact continuity of patient care?
   The proposed revisions will increase the number of clinical months in some of the urology-based FPMRS programs and there may be cases where fellows are involved in the care of individual patients for a longer period of time.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   While the proposed revisions will increase the number of clinical months in some of the urology-based FPMRS programs, it is expected that these programs have in place the necessary resources to support this change.

5. How will the proposed revision impact other accredited programs?
   The proposed revisions will increase the number of clinical months in some of the urology-based FPMRS programs. While these fellows will spend additional time participating in incontinence and pelvic floor procedures, it is not expected that this will adversely impact residents’ procedural opportunities. Fellows and residents often participate in different types of FPMRS cases. In addition, when operating together, fellows and residents can act in the surgeon role for different aspects of the case and/or fellows can serve as a teaching assistant to a resident acting as surgeon.