Summary and Impact of Focused Requirement Revisions

Requirement #: Int.C – Int.C.2.

Requirement Revision (significant change only):
Int.C. Length of Educational Program

The educational program in female pelvic medicine and reconstructive surgery must be 36 months in length. *(Core)*

Int.C.1. The educational program for obstetrics and gynecology graduates must be 36 months in length. *(Core)*

Int.C.2. The educational program for urology graduates must be at least 24 months in length. *(Core)*

1. Describe the Review Committee’s rationale for this revision:
The revision eliminates the use of F1, F2, and F3 to outline the required educational experience for fellows and differentiate between those who have completed an obstetrics and gynecology residency and those who have completed a urology residency. Use of F1-F3 was confusing and does not represent how female pelvic and reconstructive surgery programs actually structure much of their curriculum. The revision more clearly identifies how female pelvic and reconstructive surgery education will differ for fellows who plan to become certified by the American Board of Obstetrics and Gynecology (ABOG) or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG), and those who plan to become certified by the American Board of Urology (ABU).

As such, this revision clarifies that the fellowship length is 36 months for fellows who completed an obstetrics and gynecology residency and at least 24 months for fellows who completed a urology residency. The latter may have a 36-month fellowship should they enter an obstetrics and gynecology female pelvic and reconstructive surgery program that requires 36 months for all fellows, regardless of residency.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   N/A

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

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?
   N/A

5. How will the proposed revision impact other accredited programs?
Requirement #: II.A.3.c)

Requirement Revision (significant change only):
[Qualifications of the program director:]

II.A.3.c) must include completion of a female pelvic medicine and reconstructive surgery fellowship at least five years prior to appointment as the program director, or qualifications acceptable to the Review Committee; and (Core)

1. Describe the Review Committee’s rationale for this revision:
   While five years of experience as a female pelvic and reconstructive surgery subspecialist before becoming a program director is preferable, the revision allows the Committee to consider a program director with fewer years of experience. This provides the opportunity for programs to propose a faculty member with less experience if that individual is the best person for the role.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The revision may improve fellow education by giving programs some flexibility in who can serve as the program director.

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

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?
   N/A

5. How will the proposed revision impact other accredited programs?
   N/A


Requirement Revision (significant change only):
[Qualifications of the program director:]

II.A.3.d) must include demonstration of clinical and scholarly activity in female pelvic medicine and reconstructive surgery by publication of a minimum of one original research or review article in a peer-reviewed journal within the past three years and at least one of the following within the past three years: (Core)

II.A.3.d).(1) peer-reviewed funding; (Core)

II.A.3.d).(2) presentation(s) at regional/national professional or scientific society meeting(s); or, (Core)
<table>
<thead>
<tr>
<th>Requirement #: II.B.1.a)-II.B.1.a).(2)</th>
<th>Requirement Revision (significant change only):</th>
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<tbody>
<tr>
<td>II.B.1.a)</td>
<td>The program must have:</td>
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<tr>
<td>II.B.1.a).(1)</td>
<td>at least one faculty member who is a urologist certified by the American Board of Urology in female pelvic medicine and reconstructive surgery, or who possesses other qualifications acceptable to the Review Committee; and,</td>
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<tr>
<td>II.B.1.a).(2)</td>
<td>at least one faculty member who is an obstetrician-gynecologist certified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology in female pelvic medicine and reconstructive surgery, or who possesses other qualifications acceptable to the Review Committee.</td>
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</table>

1. Describe the Review Committee’s rationale for this revision: The revision simplifies the previous female pelvic and reconstructive surgery faculty requirement [see II.B.4.e]) and clarifies that regardless of whether the program is based in an obstetrics and gynecology department or a urology department, there must be at least one faculty member from each background (or who has other qualifications acceptable to the Committee). The requirement remains that there must be both in a program to foster collaboration between the communities in education and patient care. An important change is that to meet this requirement, the
faculty member with the different background can be a core or non-core faculty member to provide programs with flexibility given their specific circumstances.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   N/A

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

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?
   N/A

5. How will the proposed revision impact other accredited programs?
   N/A

Requirement #: II.B.3.d).(1)-II.B.3.d).(1).(a)

Requirement Revision (significant change only):
II.B.3.d).(1) Other There must be physician faculty members must include qualified colorectal surgeons and gastroenterologists or other physicians who possess qualifications acceptable to the Review Committee with special interest and expertise in anorectal disorders (fecal incontinence, functional anorectal pain, and functional defecation disorders), and rectovaginal and anovaginal fistulae. (DetailCore)

II.B.3.d).(1).(a) These faculty members may include a colorectal surgeon, gastroenterologist, and/or female pelvic medicine and reconstructive surgery subspecialist. A female pelvic medicine and reconstructive surgery subspecialist must have qualifications acceptable to the Review Committee. (Core)

1. Describe the Review Committee’s rationale for this revision:
The current version of the requirement caused confusion in terms of which other subspecialists must be involved in the program. The revision provides clarification, outlines the areas of expertise that are needed, and identifies which subspecialists can provide this education. If individual female pelvic and reconstructive surgery subspecialists have expertise in one or more of these areas, they may provide this education if their individual qualifications are acceptable to the Committee.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The revision will likely have little impact on fellow education, patient safety, or patient care quality as programs should already be providing this education. Fellow education will improve in programs that do not provide sufficient education in these topics due to a lack of clarity about what is required.

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A
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?
   The revision should not require additional resources as faculty members with expertise in these areas are likely involved in teaching female pelvic and reconstructive surgery fellows now.

5. How will the proposed revision impact other accredited programs?
   Programs that start to have a female pelvic and reconstructive surgery faculty member teach aspects of this education may no longer have their fellow rotate in colon and rectal surgery or gastroenterology.

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Requirement #: II.B.4.d)

Requirement Revision (significant change only):
II.B.4.d)  In addition to the program director, there must be at least one core faculty member who is qualified and available to mentor fellows’ research and scholarly activities. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The revision will ensure there are at least two faculty members who can help fellows with their required scholarly project. This ensures there is research support for fellows if the program director leaves the program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The revision will improve fellow education by ensuring fellows have more than one faculty member who can mentor their scholarly projects.

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

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?
   This revision should not require additional resources as programs should currently have more than one faculty member who can serve as a research mentor. However, if that is not the case, the program will need to identify a faculty member who can serve in this role. As written, this could be a physician or non-physician faculty member.

5. How will the proposed revision impact other accredited programs?
   N/A

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Requirement #: III.A.1.b)-III.A.1.b).(2)

Requirement Revision (significant change only):
III.A.1.b) Prerequisite Post-Graduate Clinical Education
### III.A.1.b).1)
To be eligible for appointment to a 24-month educational program, at the F2 level, a fellow must have satisfactorily completed a urology residency program that satisfies the requirements in III.A.1. (Core)

### III.A.1.b).2)
To be eligible for appointment to a 36-month educational program, at the F1 level, a fellow must have satisfactorily completed an obstetrics and gynecology or urology residency program that satisfies the requirements in III.A.1. (Core)

1. Describe the Review Committee’s rationale for this revision:
   As noted above, the revised requirements will no longer refer to F1, F2, and F3, as this was confusing and does not represent what is occurring in programs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   N/A

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

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?
   N/A

5. How will the proposed revision impact other accredited programs?
   N/A

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<th>Requirement #: III.A.1.c)-III.A.1.c).(2)</th>
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**Requirement Revision (significant change only):**

**III.A.1.c) Fellow Eligibility Exception**

*The Review Committee for Obstetrics and Gynecology will allow the following exception to the fellowship eligibility requirements:*

**III.A.1.c).(1) An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions:** (Core)

**III.A.1.c).(1).(a) evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and,** (Core)

**III.A.1.c).(1).(b) review and approval of the applicant's exceptional qualifications by the GMEC; and,** (Core)
III.A.1.c).(1).(c) verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)

III.A.1.c).(2) Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)

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

The Review Committee for Obstetrics and Gynecology determined that female pelvic and reconstructive surgery programs should be able to make an exception to the eligibility requirements for an exceptionally qualified candidate.

The Review Committee for Urology has determined it will not permit eligibility exceptions.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

N/A

3. How will the proposed requirement or revision impact continuity of patient care?

N/A

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?

Obstetrics and gynecology female pelvic and reconstructive surgery programs that choose to use the eligibility exception option may experience additional expenses associated with exceptionally qualified candidates (e.g., visa fees).

5. How will the proposed revision impact other accredited programs?

N/A

<p>| Requirement #: IV.B.1.b).(1).(a)-IV.B.1.b).(1).(d); IV.B.1.b).(2).(a)-IV.B.1.b).(2).(d); IV.B.1.c).(1)-IV.B.1.c).(3).(d) |
| Requirement Revision (significant change only): |
| IV.B.1.b).(1).(a) Fellows must demonstrate competence in performing a female pelvic exam, including quantification of pelvic organ prolapse; (Core) |
| IV.B.1.b).(1).(b) Fellows must demonstrate competence in the evaluation and management of patients with: |
| IV.B.1.b).(1).(b).(i) urinary incontinence; (Core) |
| IV.B.1.b).(1).(b).(ii) filling, storage, and emptying abnormalities of the lower urinary tract, and resulting abnormalities of the upper urinary tract; (Core) |
| IV.B.1.b).(1).(b).(iii) pelvic organ prolapse; (Core) |
| IV.B.1.b).(1).(b).(iv) genitourinary and rectovaginal fistulae; (Core) |</p>
<table>
<thead>
<tr>
<th>IV.B.1.b).(1).(b).(v)</th>
<th>anorectal disorders, including fecal incontinence, functional anorectal pain, and functional defecation disorders, such as inadequate defecatory propulsion and dyssynergic defecation;</th>
<th>(Core)</th>
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<tbody>
<tr>
<td>IV.B.1.b).(1).(b).(vi)</td>
<td>sexual dysfunction;</td>
<td>(Core)</td>
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<tr>
<td>IV.B.1.b).(1).(b).(vii)</td>
<td>urethral diverticula;</td>
<td>(Core)</td>
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<tr>
<td>IV.B.1.b).(1).(b).(viii)</td>
<td>genitourinary tract injuries;</td>
<td>(Core)</td>
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<tr>
<td>IV.B.1.b).(1).(b).(ix)</td>
<td>obstetrical injuries;</td>
<td>(Core)</td>
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<tr>
<td>IV.B.1.b).(1).(b).(x)</td>
<td>congenital anomalies;</td>
<td>(Core)</td>
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<tr>
<td>IV.B.1.b).(1).(b).(xi)</td>
<td>infectious and non-infectious irritative conditions of the lower urinary tract and pelvic floor;</td>
<td>(Core)</td>
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<tr>
<td>IV.B.1.b).(1).(b).(xii)</td>
<td>hematuria;</td>
<td>(Core)</td>
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<tr>
<td>IV.B.1.b).(1).(b).(xiii)</td>
<td>painful bladder, including painful bladder syndrome/interstitial cystitis, and pelvic pain;</td>
<td>(Core)</td>
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<tr>
<td>IV.B.1.b).(1).(b).(xiv)</td>
<td>neuromuscular dysfunction of the bladder and urethra; and</td>
<td>(Core)</td>
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<tr>
<td>IV.B.1.b).(1).(b).(xv)</td>
<td>urinary tract infection</td>
<td>(Core)</td>
</tr>
<tr>
<td>IV.B.1.b).(1).(b).(xvi)</td>
<td>assessing the effects of treatment, and recognizing and managing the complications of therapy;</td>
<td>(Core)</td>
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<tr>
<td>IV.B.1.b).(1).(b).(xvii)</td>
<td>diagnosing and managing patients with urinary incontinence, pelvic organ prolapse, genitourinary and rectovaginal fistulae, anal incontinence, urethral diverticula, injuries to the genitourinary tract, congenital anomalies, and infectious and non-infectious irritative conditions of the lower urinary tract and pelvic floor; and</td>
<td>(Core)</td>
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<tr>
<td>IV.B.1.b).(1).(b).(xviii)</td>
<td>evaluating the lower urinary and genital tract for abnormalities including neoplasms, and interpreting cytology and biopsy results;</td>
<td>(Core)</td>
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<thead>
<tr>
<th>IV.B.1.b).(1).(c)</th>
<th>Fellows completing the F1 year must demonstrate competence in:</th>
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<tbody>
<tr>
<td>IV.B.1.b).(1).(c).(i)</td>
<td>evaluating and managing hematuria;</td>
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<tr>
<td>IV.B.1.b).(1).(c).(ii)</td>
<td>evaluating and managing painful bladder, including interstitial cystitis;</td>
</tr>
<tr>
<td>IV.B.1.b).(1).(c).(iii)</td>
<td>evaluating and managing neurogenic voiding dysfunction;</td>
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<tr>
<td>IV.B.1.b).(1).(c).(iv)</td>
<td>evaluating and treating urinary tract infections; and</td>
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</table>
IV.B.1.b).(1).(c).(v) performing a female pelvic exam, including quantification of pelvic organ prolapse. *(Core)*

IV.B.1.b).(1).(d) Fellows must demonstrate competence in assessing the effects of treatment, and recognizing and managing the complications of therapy. *(Core)*

AND

IV.B.1.b).(2).(a) Fellows must demonstrate competence in performance and/or interpretation of diagnostic studies to include:

IV.B.1.b).(2).(a).(i) abdominal and pelvic imaging. *(Core)*

IV.B.1.b).(2).(a).(ii) cystoscopy. *(Core)*

IV.B.1.b).(2).(a).(iii) tests for anorectal disorders; and *(Core)*

IV.B.1.b).(2).(a).(iv) urodynamic testing. *(Core)*

IV.B.1.b).(2).(a).(v) performing advanced laparoscopic, abdominal, and vaginal surgery for uterovaginal prolapse and post-hysterectomy vaginal vault prolapse including reconstructive and obliterator procedures. *(Core)*

IV.B.1.b).(2).(a).(vi) performing cystoscopy and cystoscopic manipulations, including stent placement retrograde pyelograms and ureteral stent placement. *(Core)*

IV.B.1.b).(2).(a).(vii) performing urodynamic testing. *(Core)*

IV.B.1.b).(2).(a).(viii) performing surgery for urinary incontinence including native tissue and synthetic slings and periurethral bulking agents; and *(Core)*

IV.B.1.b).(2).(a).(ix) performing surgery for complicated obstetric lacerations and treatment of related benign conditions occurring in the female pelvis. *(Core)*

IV.B.1.b).(2).(b) Fellows completing the F2 year must demonstrate competence in the behavioral, pharmacological, functional, non-surgical, and surgical treatment of:

IV.B.1.b).(2).(b).(i) micturition and defecation disorders.* *(Core)*

IV.B.1.b).(2).(b).(ii) pelvic organ prolapse; and *(Core)*

IV.B.1.b).(2).(b).(iii) urinary incontinence. *(Core)*

IV.B.1.b).(2).(c) Fellows completing the F3 year must demonstrate competence in:
<table>
<thead>
<tr>
<th>IV.B.1.b).(2).(c).(i)</th>
<th>diagnosing and managing genitourinary and rectovaginal fistulae, urethral diverticula, injuries to the genitourinary tract, and congenital anomalies; and, <em>(Core)</em></th>
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<tbody>
<tr>
<td>IV.B.1.b).(2).(c).(ii)</td>
<td>managing genitourinary complications following vaginal delivery, spinal cord injuries, and similar health events. <em>(Core)</em></td>
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<tr>
<td>IV.B.1.b).(2).(d)</td>
<td>Fellows must demonstrate competence in surgical procedures for patients with the conditions outlined in IV.B.1.b).(1).(b).(i)-IV.B.1.b).(1).(b).(xv). <em>(Core)</em></td>
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<td><strong>AND</strong></td>
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<td>IV.B.1.c).(1)</td>
<td>Fellows completing the F1 year must demonstrate competence in their knowledge of:</td>
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<tr>
<td>IV.B.1.c).(1).(a)</td>
<td>the conditions outlined in IV.B.1.b).(1).(b).(i)-IV.B.1.b).(1).(b).(xv). <em>(Core)</em></td>
</tr>
<tr>
<td>IV.B.1.c).(1).(b)</td>
<td>the epidemiology of urinary incontinence, pelvic organ prolapse, and defecation disorders, including birth, aging, and neurologic disease; <em>(Core)</em></td>
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<tr>
<td>IV.B.1.c).(1).(c)</td>
<td>the impact of urinary incontinence, pelvic organ prolapse, and defecation disorders on quality of life; <em>(Core)</em></td>
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<tr>
<td>IV.B.1.c).(1).(d)</td>
<td>the use and interpretation of disease-specific and global health questionnaires to evaluate the impact of pelvic floor disorders on quality of life; <em>(Core)</em></td>
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<td>IV.B.1.c).(1).(e)</td>
<td>the scientific method of problem solving and evidence-based decision making; and, <em>(Core)</em></td>
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<td>IV.B.1.c).(1).(f)</td>
<td>indications, contraindications, limitations, complications, techniques, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, to include: <em>(Core)</em></td>
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<tr>
<td>IV.B.1.c).(1).(f).(i)</td>
<td>the indications for and use of screening tests and procedures including urinalysis, urine cytology, and pad test; and, <em>(Core)</em></td>
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<tr>
<td>IV.B.1.c).(1).(f).(ii)</td>
<td>use and interpretation of a voiding diary. <em>(Core)</em></td>
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<tr>
<td>IV.B.1.c).(2)</td>
<td>Fellows completing the F2 year must demonstrate competence in their knowledge of:</td>
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<tr>
<td>IV.B.1.c).(2).(a)</td>
<td>the anatomy, physiology, and pathophysiology of the pelvic floor, including the lower urinary tract, colon, rectum, anus, and vagina and colorectal-anal and vaginal functioning; <em>(Core)</em></td>
</tr>
<tr>
<td>IV.B.1.c).(2).(b)</td>
<td>clinically pertinent areas of pathology, infectious disease, geriatric medicine, physical therapy, pain management, sexual dysfunction, and psychosocial aspects of pelvic floor disorders; and, <em>(Core)</em></td>
</tr>
</tbody>
</table>
IV.B.1.c).(2).(c) indications, contraindications, limitations, complications, techniques, and interpretation of results of screening, diagnostic, and therapeutic procedures for the treatment and evaluation of pelvic floor disorders, to include: *(Core)*

IV.B.1.c).(2).(c).(i) pelvic imaging studies for the diagnostic evaluation of urinary and anal incontinence, pelvic floor dysfunction, and prolapse; and, *(Core)*

IV.B.1.c).(2).(c).(ii) urodynamic assessment. *(Core)*

IV.B.1.c).(3) Fellows completing the F3 year must demonstrate competence in their knowledge of:

IV.B.1.c).(3).(a) assessment and treatment of lower urinary tract dysfunction secondary to neurologic diseases; *(Core)*

IV.B.1.c).(3).(b) indications, contraindications, limitations, complications, techniques, and interpretation of results of screening, diagnostic, and therapeutic procedures including surgery for: *(Core)*

IV.B.1.c).(3).(b).(i) pelvic organ prolapse; *(Core)*

IV.B.1.c).(3).(b).(ii) urinary incontinence; *(Core)*

IV.B.1.c).(3).(b).(iii) rectovaginal fistula related to obstetric trauma; and, *(Core)*

IV.B.1.c).(3).(b).(iv) vesicovaginal, vesicouterine, and urethrovaginal fistula; *(Core)*

IV.B.1.c).(3).(b).(v) urethral diverticula; *(Core)*

IV.B.1.c).(3).(b).(vii) congenital anomalies of the urogenital tract; and, *(Core)*

IV.B.1.c).(3).(b).(vii) urogenital injuries. *(Core)*

IV.B.1.c).(3).(c) the scientific method of problem solving and evidence-based decision making; and *(Core)*

IV.B.1.c).(3).(d) quantitative techniques, including biostatistics, epidemiology, research design, and research methods. *(Core)*

1. Describe the Review Committee’s rationale for this revision: The Patient Care and Procedural Skills and Medical Knowledge sections have been revised to eliminate use of F1, F2, and F3, as use of these was confusing. The revised requirements are simplified and outline what all fellows need to demonstrate at the completion of the fellowship. The revision also ensures consistency in expectations by listing the relevant female pelvic and reconstructive surgery conditions once in PRs IV.B.1.b).(1).(b).(i)-IV.B.1.b).(1).(b).(xv) and subsequently referencing them thereafter. The requirements are also updated to reflect new terminology and practice patterns.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   N/A

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

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?
   There should not be a need for additional institutional resources as programs should be teaching this content already.

5. How will the proposed revision impact other accredited programs?
   N/A

Requirement #: IV.C.1.a)

Requirement Revision (significant change only):
IV.C.1.a) Clinical experiences must be of sufficient length to ensure continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)

1. Describe the Review Committee’s rationale for this revision:
The requirement reinforces that high quality fellow education and safe patient care depend on sufficient time with faculty members and patients.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   More time with fellows improves faculty feedback. Ensuring continuity of care experiences will have a positive effect on patient safety and quality of care.

3. How will the proposed requirement or revision impact continuity of patient care?
   Clinical experiences will be required to incorporate continuity of care.

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?
   N/A

5. How will the proposed revision impact other accredited programs?
   N/A

Requirement #: IV.C.4.-IV.C.8.

Requirement Revision (significant change only):
IV.C.4. The 36-month program must include: (Core)

IV.C.4.a) a minimum of 18 months of clinical activity in female pelvic medicine and reconstructive surgery; (Core)
<table>
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<tr>
<th>Section</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>IV.C.4.b)</td>
<td>a minimum of 12 months of research; and, (Core)</td>
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<tr>
<td>IV.C.4.b).(1)</td>
<td>If fellows are assigned clinical duties during research months, this experience must be limited to four hours per week. (Core)</td>
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<td>IV.C.4.b).(1).(a)</td>
<td>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. (Core)</td>
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<td>IV.C.4.c)</td>
<td>a maximum of six months of elective experiences consistent with the program aims, and at the discretion of the program director. (Core)</td>
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<td>IV.C.4.c)</td>
<td>Elective experiences may include additional clinical education, either in female pelvic medicine and reconstructive surgery or other relevant field, and/or research. (Core)</td>
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<tr>
<td>IV.C.5.</td>
<td>The 24-month program must include: (Core)</td>
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<td>IV.C.5.a)</td>
<td>a minimum of 12 months of clinical activity; and, (Core)</td>
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<td>IV.C.4.b)</td>
<td>a maximum of 12 months of clinical elective experience and/or scholarly activities consistent with the program aims and at the discretion of the program director. (Core)</td>
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<td>IV.C.6.</td>
<td>Fellows’ clinical activities must have include both inpatient and outpatient experiences. (Core)</td>
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<tr>
<td>IV.C.6.a)</td>
<td>Fellows should have supervised responsibility for the total care of the patient, including initial evaluation, establishment of diagnosis, selection of appropriate therapy, and management of complications. (Core)</td>
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<tr>
<td>IV.C.6.b)</td>
<td>Fellows must participate in continuity of patient care through pre-operative and post-operative clinic settings and inpatient contact. (Core)</td>
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<tr>
<td>IV.C.6.c)</td>
<td>Fellows must record all surgical procedures in which they have a significant role in the ACGME Case Log System. (Core)</td>
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<td>IV.C.6.d)</td>
<td>The total time devoted to these experiences should not exceed 24 months. (Detail)</td>
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<tr>
<td>IV.C.7.</td>
<td>The 12 months of the program not devoted to inpatient and outpatient experiences should be devoted to research and/or other elective experiences. (Detail)</td>
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<tr>
<td>IV.C.8.</td>
<td>A fellow must not spend more than 10 percent of his or her time, when averaged over a four-week period, performing duties outside of female pelvic medicine and reconstructive surgery. (Detail)</td>
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<tr>
<td>IV.C.8.</td>
<td>Fellows should participate in the diagnosis and management of clinically pertinent areas of pathology, infectious disease, geriatric medicine, physical therapy, pain management, pre- and post-operative care, sexual dysfunction,</td>
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</table>
and psychosocial aspects of pelvic floor disorders.

1. Describe the Review Committee’s rationale for this revision:
   The revision more clearly outlines how the organization of FPMRS education will differ for those fellows who plan to become certified by the ABOG or the AOBOG and those who plan to become certified by the ABU. This will help ensure fellows meet certification requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The revision will improve fellow education by helping to ensure fellows meet board certification requirements.

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

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?
   There should not be a need for additional institutional resources as programs should already be structured in this manner.

5. How will the proposed revision impact other accredited programs?
   N/A

Requirement #: IV.C.10.-IV.C.10.i)

Requirement Revision (significant change only):

IV.C.10. There must be regularly scheduled journal clubs, seminars, didactics, and including morbidity and mortality conferences, must comprise a minimum of one hour per week (averaged over four weeks) and pertain to material relevant to the practice of female pelvic medicine and reconstructive surgery. (Core)

   Topics must include:

IV.C.10.a) anatomy and physiology of the pelvic floor, including the lower urinary tract, and colorectal-anal and vaginal function; (Detail)

IV.C.10.b) behavioral, pharmacological, functional, and surgical treatment of urinary incontinence, anal incontinence, and pelvic floor dysfunction, including micturition and defecation disorders, and pelvic organ prolapse; (Detail)

IV.C.10.c) diagnosis and evaluation of pelvic floor dysfunction, including urinary incontinence, voiding dysfunction, pelvic organ prolapse, defecation disorders, and sexual dysfunction; (Detail)

IV.C.10.d) diagnosis and management of genitourinary and rectovaginal fistulae, urethral diverticula, injuries to the genitourinary tract, congenital anomalies, and infectious and non-infectious irritative conditions of the lower urinary tract and pelvic floor; (Detail)
IV.C.10.e) management of genitourinary complications of vaginal delivery, spinal cord injuries, and medical, psychiatric, and geriatric conditions related to pelvic floor disorders; (Detail)

IV.C.10.f) pathophysiology of pelvic floor dysfunction including urinary incontinence, anal incontinence, voiding dysfunction, pelvic organ prolapse, defecation disorders and sexual dysfunction; and, (Detail)

IV.C.10.g) research design, grant writing, research methodology, scientific writing, and presentation skills; (Detail)

IV.C.10.h) Topics must include the content outlined in IV.B.1.b).(1).(b).(i)-IV.B.1.b).(1).(b).(xv). (Core)

IV.C.10.i) Morbidity and mortality conferences must take place at least once per quarter. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Committees believe that one hour per week (averaged over four weeks) is an appropriate amount of time, at a minimum, for fellows to participate in female pelvic and reconstructive surgery-specific didactics. The revision ensures consistency in expectations by referring to the relevant conditions outlined in PR IV.B.1.b).(1).(b).(i)-IV.B.1.b).(1).(b).(xv). The Committees have added a requirement about quarterly morbidity and mortality conferences given their importance to fellow education in female pelvic and reconstructive surgery.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The revision will improve fellow education by ensuring female pelvic and reconstructive surgery-specific didactics take place on a regular basis.

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

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?
   N/A

5. How will the proposed revision impact other accredited programs?
   N/A

Requirement #: IV.D.3-IV.D.3.d)

Requirement Revision (significant change only):
IV.D.3. Fellow Scholarly Activity

IV.D.3.a) The educational program for obstetrics and gynecology graduates must include:
| IV.D.3.a).(1) | education in research design, grant writing, research methodology, scientific writing, and presentation skills; and (Core) |
| IV.D.3.a).(2) | completion and defense of a scholarly paper (thesis). (Core) |
| IV.D.3.a).(2).(a) | Under the direction of a faculty mentor, each fellow must complete a comprehensive written scholarly paper (thesis) during the program that demonstrates the following: (Core) |
| IV.D.3.a).(2).(a).(i) | utilization of appropriate research design, methodology, and analysis; (Core) |
| IV.D.3.a).(2).(a).(ii) | collection and analysis of information obtained from a structured basic, translational and/or clinical research setting; and, (Core) |
| IV.D.3.a).(2).(a).(iii) | synthesis of the scientific literature, hypothesis testing, and description of findings and results. (Core) |
| IV.D.3.a).(2).(b) | Prior to completion of the fellowship, each fellow must have: (Core) |
| IV.D.3.a).(2).(b).(i) | a thesis of such quality as to allow admission to the American Board of Obstetrics and Gynecology or American Osteopathic Board of Obstetrics and Gynecology Certifying Examination; (Core) |
| IV.D.3.a).(2).(b).(ii) | completed and submitted a written manuscript to the program director; and, (Core) |
| IV.D.3.a).(2).(b).(iii) | defended the thesis to the program director and research mentor, and other members of the Division at the discretion of the program director. (Core) |
| IV.D.3.a).(2).(c) | A copy of the thesis and thesis defense documentation must be available upon request. (Core) |
| IV.D.3.b) | The educational program for urology graduates must include a scholarly manuscript or quality improvement project paper under the direction of a faculty mentor. (Core) |
| IV.D.3.b).(1) | Each fellow, under the direction of a faculty mentor, must complete a comprehensive written The scholarly paper manuscript or quality improvement project paper must (thesis) during the program that demonstrates the following: (Outcome-Core) |
| IV.D.3.b).(1).(a) | utilization of advanced appropriate research design, methodology, and techniques, including research design and quantitative analysis; (Outcome-Core) |
### IV.D.3.b).(1).(b)
Collection and statistical analysis of information obtained from a structured basic laboratory, translational, and/or clinical research setting; and, *(Outcome)*

### IV.D.3.b).(1).(c)
Synthesis of the scientific literature, hypothesis testing, and description of findings and results. *(Outcome)*

### IV.D.3.c)
Each fellow’s scholarly activity must be monitored by a faculty member and confirmed by a competency assessment committee that includes at least one physician scientist not affiliated with the program. *(Detail)*

### IV.D.3.d)
Each fellow must give an oral presentation of his or her scholarly project (thesis), which must be formally assessed by the faculty, including a written evaluation. *(Outcome)*

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1. **Describe the Review Committee’s rationale for this revision:**
   - The revision more clearly outlines the different scholarly activity requirements for fellows who plan to become certified by the ABOG or AOBOG and those who plan to become certified by the ABU. The revision will help to ensure fellows meet certification requirements.

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
   - The revision will improve fellow education by ensuring fellows meet board certification requirements during the fellowship.

3. **How will the proposed requirement or revision impact continuity of patient care?**
   - N/A

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?**
   - There should not be a need for additional institutional resources as programs should already be structured to ensure fellows can complete the required scholarly activity requirements.

5. **How will the proposed revision impact other accredited programs?**
   - N/A

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**Requirement #: IV.E.1.a)**

**Requirement Revision (significant change only):**

**IV.E.1.a)**
Female pelvic medicine and reproductive surgery programs are permitted to allow fellows to conduct independent practice in their primary specialty, but such practice must not exceed 10 percent of a fellow’s time per week, averaged over four weeks, up to a maximum of 24 hours per month. *(Core)*

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1. **Describe the Review Committee’s rationale for this revision:**
   - The Committees concluded that programs should be given the option of assigning fellows to independent practice, provided it is limited to 10 percent of a fellow’s time
so as not to interfere in education in female pelvic and reconstructive surgery. Twenty-four hours per month is approximately 10 percent of a 60-hour work week.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   Fellows may have the opportunity to practice their primary specialty.

3. How will the proposed requirement or revision impact continuity of patient care?  
   N/A

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?  
   N/A

5. How will the proposed revision impact other accredited programs?  
   At some institutions, fellows practicing in their primary specialty may be permitted to independently supervise residents.