Specialty Update: Obstetrics and Gynecology

Gabriella Gosman, MD
Chair
Kathleen Quinn-Leering, PhD
Executive Director

SES090
Conflict of Interest Disclosure

Speakers:
Gabriella Gosman, MD
Kathleen Quinn-Leering, PhD

Disclosure to the Learner:
None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.
Topics

- Review Committee Members, Staff, and Meetings
- Review Committee News
- ADS Annual Update
- ACGME News
- Q&A
RC Membership

- All volunteers
- Diversity valued (e.g., gender, geography, subspecialty)
- 14 members nominated by ABOG, ACOG, AMA & AOA (6-year term)
- 1 resident member (2-year term)
- 1 public member (6-year term)*
- 3 ex-officio members from ABOG, ACOG and AOA

*RC seeking nominees for next public member
RC Voting Members

Gabriella Gosman, MD, Chair
*UPMC Magee-Womens Hospital*

Meredith Alston, MD, Vice Chair
*St. Joseph Hospital*

Erika H. Banks, MD
*NYU Langone Health-Long Island*

Seine Chiang, MD
*University of Washington*

William Cliby, MD
*Mayo Clinic*

Marlene Corton, MD
*University of Texas Southwestern*

Adrienne Dade, MD*
*Rush University*

Felicia Lane, MD
*University of California Irvine*

Kurt Ludwig, DO*
*Henry Ford Macomb Hospital*

Joseph (Tony) Ogburn, MD
*University of Texas Rio Grande Valley*

Michelle Owens, MD
*University of Mississippi*

Elizabeth H. Roberts, MBA
*(Public Member)*
*Rhode Island*

Randal Robinson, MD
*University of Texas Health San Antonio*

Shanice Robinson, MD*
*(Resident Member)*
*University of Missouri-Kansas City*

Scott A. Sullivan, MD
*Inova Health System*

Paul Sparzak, DO
*Cape Fear Valley Medical Center*

* New Member as of 7/1/2022
RC Staff

• Kathleen Quinn-Leering, PhD  Executive Director
• Emma Breibart-White, MALS  Associate Executive Director
• Yesenia Ruiz, MS  Accreditation Administrator
RC Meetings

• Three meetings a year: February, April, September
• Agendas close ~2 months before meeting
• Upcoming meetings
  • April 26-27, 2023
  • September 20-21, 2023
  • February 7-9, 2024
  • April 18-19, 2024
  • September 18-19, 2024
## OB/GYN Residency

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<thead>
<tr>
<th>Accreditation Status</th>
<th>Count</th>
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<tr>
<td>Continued Accreditation without Outcomes</td>
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<tr>
<td>Probation</td>
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<td><strong>Total</strong></td>
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## Fellowships

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<tr>
<th>Status</th>
<th>CFP</th>
<th>FPMRS</th>
<th>GO</th>
<th>MFM</th>
<th>REI</th>
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</thead>
<tbody>
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<td>5</td>
<td>6</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Initial Accreditation with Warning</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Continued Accr. without Outcomes</td>
<td>1</td>
<td>3</td>
<td>8</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Continued Accreditation</td>
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<td>49</td>
<td>53</td>
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<tr>
<td>Continued Accreditation with Warning</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Probation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Programs</strong></td>
<td>30</td>
<td>57</td>
<td>67</td>
<td>102</td>
<td>49</td>
</tr>
</tbody>
</table>
OB/GYN Family Planning Requirements

• RC’s guiding principle has been that residents must be trained to provide comprehensive reproductive health care
• Revised OB/GYN Program Requirements in effect September 17, 2022
  • Comprehensive family planning education
  • All programs must provide clinical experience or access to clinical experience in the provision of abortions—in state or elsewhere
  • Opt-out structure remains
• Thank you to those who provided an update on abortion training in your program in Major Changes and Other Updates
  • Next Annual Update to the Accreditation Data System (ADS) may include abortion training questions
ACGME Surveys

• Surveys opened **February 13, 2023 for 8 weeks**
• This year, programs remain responsible for notifying and reminding residents/fellows and faculty to complete survey
• Starting in **2024**, likely that ACGME will **notify** residents/fellows and faculty when the survey opens
ACGME Resident Survey
OB/GYN-specific Section

• **2022:** Revised Resident Survey **OB/GYN-specific** section
  • PGY 3 – 4
  • Items ask about preparedness for practice in specific procedural domains and progressive responsibility

• **2023:** Items added about preparedness for operative vaginal delivery, induced abortion, and miscarriage management

• This year’s annual program review: RC **not** giving citations or AFIs for low ratings
  • Next year: TBD
ACGME Surveys

Small Programs & ACGME Surveys

• Multi-year survey reports now available for small programs
• RC will use them in the annual review - may see citations or areas for improvement (AFI)
• Located in ADS > Survey Tab > View Reports
OB/GYN Residency Case Log

- No more MIH minimum
- RC still taking into consideration COVID explanation for missed minimum
- RC understands some programs face challenges meeting operative vaginal delivery minimum
- **TIP:** If minimum(s) missed, use Major Changes and Other Updates during the ADS Annual Update to provide explanation and outline program efforts to address deficiencies
Fellowship Case Logs: 2022-2023 AY

• CFP Case Log implemented
• GO, MFM and REI Case Logs revised to focus on fellowship-level activities and reduce the burden of logging
• On-going efforts to re-assess FPMRS Case Log with a plan to review minimums in 2023-2024
• **PLEASE** ensure fellows are consistently and accurately logging to facilitate data driven Case Log decisions
• Fellowship Case Log Information available at acgme.org > Specialties > OB/GYN > [Documents and Resources](https://www.acgme.org)
Program Changes
Program Changes

• The following changes are submitted in ADS:
  • Complement
  • Program Director
  • Participating Site
    • Sites must be added if at least one month and a required experience for all residents/fellows
    • However, *can* add other sites and it helps RC understand resident/fellow experience
  • All three changes require RC approval!
Program Changes

- RC carefully reviews all changes submitted in ADS to ensure they benefit resident/fellow education
- On behalf of the RC staff: **PLEASE** enter all requested information **completely** and **accurately** 😊
- Reach out to [ADS@acgme.org](mailto:ADS@acgme.org) with questions
Permanent Complement Increase Request

- RC will want to see sufficient patient/procedural volume
  - Most recent Graduate Case Log Report
  - Institutional Procedural/Patient Data
- Educational rationale should outline how increase will benefit resident/fellow education
  - Example of a strong rationale:
The primary reasons we are requesting complement expansion are to pursue new educational opportunities, take fuller advantage of existing educational opportunities, and better balance obstetric and gynecologic education. We need a seventh resident to maintain what we are currently doing well and expand our schedule to include these new opportunities. We have three new OB/GYNs, one new FPMRS, and one new GYN ONC faculty. Simultaneously, our geographic area has experienced significant growth, while our resident presence has remained stable. We have kept pace with obstetric needs (without increasing resident workload) by incorporating more Advanced Practice Providers (APPs) in our OB triage and postpartum floors and growing our academic hospitalist division. We have not kept pace with the growth in our GYN operative space, leading to underutilization of this important experience. Every week we have GYN OR cases uncovered by residents. This has created an ideal environment in which to train seven OBGYN residents annually in a very balanced program with exceptional obstetric and gynecologic experience.

Adding a seventh resident allows for the addition of one core rotation each year or the expansion of existing rotations. Specific plans for schedule changes, with rationale, are as follows:

1. Addition of a GYN surgery rotation: To make use of uncovered GYN case volume and optimize double-scrubbing when appropriate, an additional GYN surgery rotation will be added PGY-4 year. Overall time on benign
Permanent Complement Increase Request

- Ensure alignment between educational rationale and proposed block diagram
- Use color to identify changes in proposed block diagram, for example:

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Total Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Rotation Name</td>
<td>OB</td>
<td>OB</td>
<td>Ben Gyn</td>
<td>GYN</td>
<td>REI</td>
<td>N/A</td>
</tr>
<tr>
<td>Half-day ambulatory care sessions (Number)</td>
<td>10</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>10</td>
<td>47</td>
</tr>
<tr>
<td>Does rotation address family planning and contraception?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Does rotation provide training/access to training in provision of abortions?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

- See acgme.org > Specialties > OB/GYN > Documents and Resources > Request for Changes in Resident/Fellow Complement
New Programs and Permanent Complement Increases

• If approved, the number of residents/fellows is expected to rollout *year by year* until the full complement is reached.

• In some circumstances, the Committee will consider a first- and second-year resident/fellow start the initial year of approval.

• Questions? See [OB/GYN FAQs](#) or contact RC staff.
Reminders
International Rotations

Guidance for international rotations is available at acgme.org > Specialties > OB/GYN > Documents and Resources
Resident/Fellow Evaluations

• Longitudinal experiences must be evaluated at least every three months
• Evaluations must be completed by faculty members and others
• Semi-annual/summative evaluation:
  • Document review of the Milestones and Case Logs
  • Fellowships: Document progress on the thesis
  • At the end of the year, document readiness to progress to the next year
Resident/Fellow Evaluations

- Final evaluation
  - Document review of the Milestones and Case Logs
  - Fellowships: Document completion of the thesis
  - Includes the statement: ______ has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
PD, APD and PM Dedicated Time

- Program administration required FTE now based on program size
- OB/GYN residency programs
  - Minimum 40% FTE for PD: Programs with 7-10 approved positions
  - Minimum 50% FTE for PD: Programs with ≥ 11 approved positions
    - Programs with ≥ 16 approved positions have additional time for PD and/or APD
  - Minimum program manager FTE for is only for GME professional
    - Programs with ≥ 26 approved positions must have additional support from a PM and/or other administrative staff
PD, APD and PM Dedicated Time

- OB/GYN fellowship programs:
  - Minimum 20% PD FTE is only for PD
  - Minimum program manager FTE is only for GME professional
- This year’s annual program review: RC not giving citations or AFI s for non-compliance
- Next year: A citation or AFI may be issued for non-compliance
- TIP: Ensure accurate PD, APD and PM % FTE is entered into ADS during the Annual Update
Letters of Notification

Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

- Status: Continued Accreditation
- Maximum Number of Residents: 6
- Residents per Level: 2 - 2 - 2
- Effective Date: 02/02/2022

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME’s Program Requirements and/or Institutional Requirements without any new citations.

**OTHER COMMENTS**

The Review Committee for Obstetrics and Gynecology would like to inform all programs of the following four items regarding diversity, transitions in care, fellow scholarly activity, and block diagrams:

Diversity: Programs are reminded to involve fellows and faculty members in the program’s diversity efforts. The Committee uses the Fellow and Faculty Surveys’ Diversity and Inclusion domain to help determine program compliance in this area.

Transitions in Care: The 2021 Faculty Survey results suggest fellowship faculty members may not be aware of the program’s process for a fellow to transition care to another individual should the fellow be unable to perform their responsibilities due to fatigue, illness, or family emergency. Programs are reminded that there must be a process in place for transitioning care in these circumstances, and both fellows and faculty must be familiar with the process.

Fellow Scholarly Activity: Fellow scholarly work during the program that leads to a...
Helpful RC Resources

- OB/GYN Program Requirement FAQs UPDATED!
- Case Log instructions and other materials/links available on the RC’s Documents and Resources page
Looking ahead...
Competency-Based Medical Education (CBME)

- CBME is the future of GME
- What can programs do now?
  - Establish a **growth mindset** in your program
    - **Partner** with learners on their education
    - Assessment **with** (not to) learners
    - Create an Individualized Learning Plan **with** each learner
      - Identify strengths and areas for growth
      - Review and update semi-annually
ADS
Annual Update
**Annual Program Review**

- **Data Collection** (e.g., surveys, board exam, ADS Annual Update) - January - September
- **RC Executive Committee Review** - November
- **RC Review & Decision** - February or April meeting
- **Program Notification** - Post meeting

RC is here
ADS Annual Update

- Late summer/early fall each year
- **Very** important to provide complete and accurate program information during the annual update
- The information entered provides key information to the RC that may be used during the annual program review
- ACGME continues efforts to make the update easier to complete
Faculty Certification

• ABMS and AOA faculty certification data is now automatically populated in faculty profiles
• Programs are expected to review certification information and make corrections if needed
• Manual entry available for faculty who recently completed training (“board eligible”), missing, incorrect, or other certification data
  • TIP: If incorrect certification information, check NPI number using the “Search National Provider ID” link in ADS
Faculty Certification: Manual Entry

Only complete this section if the faculty member has additional certifications, is board eligible, is not certified or ABMS/AOA data above is inaccurate or missing.

- Certification Type:
- Duration Type:
- Initial Year:
- Certification Name:
- Other Certification:
Subspecialty Faculty Educators

- OB/GYN programs must have subspecialty faculty educators in each of the subspecialty areas, including Complex Family Planning
- **Must** identify these individuals in the faculty roster
Subspecialty Faculty Educators

If the identified subspecialty faculty educator is not certified in subspecialty, explain qualifications through the manual entry process, for example:

<table>
<thead>
<tr>
<th>Specialty Certification - Manual Entries</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://example.com/specialty_certification_form.jpg" alt="Image of Specialty Certification form" /></td>
</tr>
</tbody>
</table>

- **Certification Type:** ABMS Board Eligible
- **Certification Name:** Complex family planning
- **Other Certification:**
- **Initial Year:**
- **Duration Type:**
- **Year Completed GME:** 2022
- **Explain Equivalent Qualifications for RC Consideration (or missing information):** Will be taking the boards Fall 2023
Faculty Scholarly Activity

• Scholarly activity must be entered for all faculty members listed on the faculty roster
  • TIP: To lessen data entry burden, review faculty roster instructions to see if any faculty can be removed
  • TIP: Faculty scholarly activity can be copied from another program IF a record is available to copy
Fellow publications after graduation can be reported in the ADS Annual Update – must be based on work during fellowship.
Block Diagrams

OB/GYN RC-specific block diagram instructions available on ACGME website
Fellowship Block Diagrams

- Must demonstrate compliance with the Program Requirements
  - CFP: 12 months clinical, 6 months research, 6 months at the discretion of the PD
  - FPMRS 36-month program: 24 months clinical, 12 months research
  - GO: 24 months clinical, 12 months research
  - REI: 18 months clinical, 12 months research, 6 months at the discretion of the PD
  - MFM: 18 months clinical (including 3 months ultrasound, 2 months outpatient, 2 months genetics, 2 months L&D supervisor, 1 month ICU), 12 months research, 6 months at discretion of the PD
- **TIP:** Ensure *longitudinal* experiences are clearly shown in the blocks and/or in a note below—see block diagram instructions for options
Did somebody say Major Changes and Other Updates?
Major Changes and Other Updates

Use **Major Changes and Other Updates** to communicate to the RC about:

- Low ACGME Survey ratings
- How the program has addressed any Areas for Improvement
- Program changes (rotations, faculty)
- Innovations
- **TIP:** Keep a running document during the year of program highlights, changes, and challenges
Don’t be afraid to air your program’s dirty laundry!
Responding to Citations

- Be clear and concise
- Demonstrate understanding of non-compliant area
- Outline implemented action plan
- Describe verifiable outcomes (e.g., survey trending up, minimums met)
  - If goals not met, explain why and outline next steps
Bottom Line:
Provide the RC with complete and accurate information about your program’s compliance with the Program Requirements!
Applications

New application resource!
acgme.org > What We Do > Program Application Information
New “Upload” Tab in ADS

For program uploads

- Documents requested by a field representative
- Requests from the RC (e.g., Progress Report)
Self-Studies and 10-Year Site Visits

- Self-study and 10-year site visit process re-design still underway
- *What should programs do for now?* Continue to conduct and document high quality annual program evaluations

*Stay tuned!*
Common Program Requirements

Revised **Common** Program Requirements (CPRs) in effect July 1, **2023**

- Number of CPRs reduced
- A few revisions may impact programs, e.g., annual program evaluation requirements significantly reduced
- Review revisions on acgme.org > What We Do > Common Program Requirements
  - **TIP: Review Tracked Changes Copy**
Resident/Fellow Leaves of Absence

Effective July 1, 2022, the Institutional Requirements require Sponsoring Institutions to provide residents and fellows with at least six weeks of paid medical/parental/caregiver leave.

- Look to the Sponsoring Institution and Boards for guidance.
- RC requires a resident/fellow to be in program for a minimum amount of time from start to finish.
- RC does not have requirements about leaves or vacations.
  - No need to contact the RC about a leave.
Rural Track Program (RTP) Designation

• The ACGME has developed processes for programs that seek to create “rural tracks” as defined by Centers for Medicare and Medicaid Services (CMS)

• ACGME RTP designation options
  • Type 1 = separately accredited program
  • Type 2 = expansion of existing program with a new rural site

• Information available at acgme.org > What We Do > Rural Track Program Designation
Visit our learning portal at dl.acgme.org or scan the QR code below.

Have a question or need assistance? Contact desupport@acgme.org
Self-directed curricula provide the fundamentals of DEI and will enable participants to move through progressively more complex concepts.

CME credit available!
Faculty Development Courses
• Foundations of Competency-Based Medical Education
• Managing your Clinical Competency Committee
• Multi-Source Feedback
Live Event
Program Director Well-Being

April 11, 2023
Registration required

An ACGME listening session focused on creating a space for program directors to share experiences and hear from peers regarding issues related to program director well-being.

Join the event for an open discussion of challenges faced by program directors and potential solutions.
Milestones 2.0 Update

Celebrating the completion of Milestones 2.0 for all specialties this spring!

Multi-year Milestones Program Evaluation will begin this fall. Many opportunities to share your thoughts via focus groups, surveys, and interviews. Watch the Milestones Engagement page and the weekly ACGME Communications email!
Milestones Resources

Resources are added and updated throughout the year

Current resources include:

• CCC Guidebook
• Assessment Guidebook
• DOCC and TEAM Assessment Tools
• Clinician Educator Milestones
• Resident and Fellow Guidebook
Clinician Educator Milestones

• Joint effort of the ACGME, ACCME, AAMC, and AACOM
• Designed to help develop teaching skills
• **Not** an ACGME requirement
• Available at acgme.org > What We Do > Milestones > [Resources](#)
Where to go for help?

**RC Staff**

[Obstetrics and Gynecology section of website](#) > Contact Us

- Program requirements
- Notification letters
- Complement requests
- Case Log content

**Milestones Staff**

[milestones@acgme.org](mailto:milestones@acgme.org)

- Milestones

**ADS Staff**

[ADS@acgme.org](mailto:ADS@acgme.org)

- ADS
- Surveys
- Case Log System

**Field Activities Staff**

[fieldrepresentatives@acgme.org](mailto:fieldrepresentatives@acgme.org)

- Site Visit
- Self-Study
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Evaluations are tied to your registered sessions.

Register/un-register sessions in the mobile app.

Deadline – March 24, 2023

Questions? cme@acgme.org
Thank You