Conflict of Interest Disclosure

Speaker(s):

Gabriella Gosman, MD
Laura Huth, MBA

Disclosure

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 healthcare products used by or on patients.
Talking Points

• Review Committee – Who/What/When
• Programs by the Numbers
• Review Committee News
• Accreditation Data System (ADS) and Other Tips
• ACGME News
• Open Dialogue with the Review Committee
Review Committee
– Who/What/When
Review Committee Membership

• All voting members are volunteers
• Diversity valued (e.g., gender, geography, subspecialty)
• 14 members nominated by ABOG, ACOG, AMA, and AOA (six-year term)
• 1 resident/fellow member (two-year term)
• 1 public member (six-year term)
• 1 ex-officio member from each ABOG, ACOG, and AOA
Review Committee Voting Members

Gabriella Gosman, MD, Chair
UPMC Magee-Womens Hospital

Meredith Alston, MD, Vice Chair
Intermountain Health/St. Joseph Hospital

Shanice Robinson, MD, Resident Member
VNA Healthcare

Elizabeth Howlett, MBA, Public Member
University of Rhode Island

Erika Banks, MD
NYU Langone Health – Long Island

Seine Chiang, MD
University of Washington

Bill Cliby, MD
Mayo Clinic

Marlene Corton, MD, University of Texas – Southwestern

Adrienne Dade, MBA
Rush University

Felicia Lane, MD
University of California, Irvine

Kurt Ludwig, DO
Henry Ford Macomb Hospital

Tony Ogburn, MD
University of Texas – San Antonio

Michelle Owens, MD
Ascension St. Vincent’s

Randal Robinson, MD
University of Texas – San Antonio

Scott Sullivan, MD
Inova Health System

Paul Sparzak, DO
Duke University
Welcome, Laura Huth!

- Executive Director, Review Committee for Obstetrics and Gynecology
- Joined the ACGME in January 2024
- Extensive Medical Education experience in CME, UME, and GME for the Department of Surgery at UPENN
- Director of Surgical Education Division at UPENN (20 GME programs, ~175 residents/fellows)
Review Committee Staff

Laura Huth, MBA NEW!
Executive Director

Emma Breibart-White, MALS
Associate Executive Director

Shellie Bardgett, MPH
Senior Accreditation Administrator

Angel Mathis NEW!
Accreditation Administrator
Incoming Chair, Dr. Alston

- Chair of the Review Committee beginning July 2024
- Vice Chair: 2022-2024
- Joined the Review Committee in 2021
- Director, Academic Department of Obstetrics and Gynecology, Intermountain Health/St. Joseph Hospital
- Program Director, Obstetrics and Gynecology Residency at St. Joseph Hospital
- Extensive GME experience, including associate program director, program director, and vice chair of Education at the University of Colorado
Review Committee Meetings

Three Meetings per Calendar Year

Upcoming Meetings

April 29-30, 2024
September 18-19, 2024
February 5-7, 2025
Review Committee Meetings Reminder

• Meeting agenda closes about **two months** before meeting
• **Permanent** complement increase requests must be submitted by the **DIO** by agenda closing date to make the next meeting
Programs by the Numbers
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<tr>
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<tr>
<td>Initial Accreditation with Warning</td>
<td>4</td>
</tr>
<tr>
<td>Continued Accreditation without Outcomes</td>
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<tr>
<td>Continued Accreditation</td>
<td>260</td>
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<tr>
<td>Continued Accreditation with Warning</td>
<td>9</td>
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<td><strong>Total</strong></td>
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# Obstetrics and Gynecology Fellowships

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<th></th>
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<th>FPMRS</th>
<th>GO</th>
<th>MFM</th>
<th>REI</th>
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<td>6</td>
<td>8</td>
<td>5</td>
</tr>
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<td>4</td>
<td>12</td>
<td>9</td>
<td>4</td>
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<tr>
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<td>0</td>
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<td>53</td>
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<td>Total Programs</td>
<td>35</td>
<td>58</td>
<td>71</td>
<td>106</td>
<td>52</td>
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</table>
Review Committee News
ACGME Surveys

• Surveys open until April 7, 2024

• No changes to the survey process—program leadership will notify residents/fellows and faculty members about the Surveys via ADS

• Results available in early May
  • Small programs (≤3 respondents) receive a Multi-Year Report a few weeks later

• 70% response rate required
ACGME Surveys

- Review Committee largely focuses on trends
- Items trending down may receive a citation or Area for Improvement (AFI)
- First time drop can lead to a citation or AFI if particularly worrisome
ACGME Resident Survey
Obstetrics and Gynecology-Specific Section

- Resident Survey Obstetrics and Gynecology-specific section for PGY-3-4
  - Items ask about preparedness for practice in specific procedural domains and progressive responsibility
  - Items added in 2023 about preparedness for operative vaginal delivery, induced abortion, and miscarriage management
ACGME Resident Survey
Obstetrics and Gynecology-Specific Section

What the survey taker sees:

• **Part 1** – "Are you in your final years of training?" (Y/N)
• **Part 2** – "The following questions are specific to the specialty of obstetrics and gynecology. These questions are intended for PGY-3 and PGY-4 residents. If you are a PGY-1 or PGY-2 resident, return to the beginning of the survey and indicate that you are not in your final years of training."
Obstetrics and Gynecology
Family Planning Requirements

- Review Committee’s guiding principle has been that residents must be trained to provide comprehensive reproductive health care
- Revised Program Requirements for Obstetrics and Gynecology 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
2023-2024 AY: Obstetrics and Gynecology Residency Case Log

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
2023-2024 AY: Fellowship Case Log Updates

- Gynecologic oncology, maternal fetal medicine, and reproductive endocrinology and infertility Case Logs revised to focus on fellowship-level activities and reduce the burden of logging
- Female pelvic medicine and reconstructive surgery minimums in final stages of revision, likely to be in effect for 2025 graduates
- Work is beginning to set reproductive endocrinology and infertility and oncology minimums
2023-2024 AY: Fellowship Case Log Updates

- Ensure fellows are consistently and accurately logging to facilitate data driven Case Log minimum decisions
- Maternal fetal medicine Case Logs underwent the biggest change, Review Committee seeing the lowest compliance with logging in this subspecialty
- Fellowship Case Log Information available at acgme.org > Specialties > Obstetrics and Gynecology > Documents and Resources
American Board of Obstetrics and Gynecology (ABOG) and the American Board of Urology (ABU) have announced the name change of the jointly sponsored subspecialty of female pelvic medicine and reconstructive surgery to urogynecology and reconstructive pelvic surgery, effective January 1, 2024.

Effective July 1, 2024, the ACGME will officially recognize urogynecology and reconstructive pelvic surgery (URPS) and discontinue using female pelvic medicine and reconstructive surgery.
Complement Increases

- Temporary complement increase request:
  - **Up to 90 days**: Do not need to submit request in ADS - **NEW!**
  - **Over 90 days**, submit if:
    - Residency: over approved total or within a year (e.g., PGY-3)
    - Fellowships: over total complement
Growth in Obstetrics and Gynecology Residencies and Fellowships

• Complement increase requests in the specialty and subspecialties
• Several programs had >50% rural tracks approved
• New programs: use the application to bring this alive for the Review Committee
Permanent Complement Increase Requests

- Sound educational Rationale: outline how increase will benefit resident/fellow education
- Sufficient patient/procedural volume both Case Log minimums met and institution procedure data
- Favorable learning environment
- Use color to identify changes in proposed block diagram
- Detailed instructions available at acgme.org > Specialties > Obstetrics and Gynecology > Documents and Resources > Complement Change Requests
Permanent Complement Increase Requests

Educational Rationale Example:

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 OB/GYN 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 Requests

- 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>
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<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>
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</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>
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 Review Committee will consider requests for a first- **and** second-year resident/fellow to start the initial year of approval
- Questions? See the Obstetrics and Gynecology FAQs or contact Review Committee staff members
When a Program Closes: Resident Transfers

• Programs with an open position do not need Review Committee permission, except:
  o If newly accredited program or permanent complement increase, email Review Committee staff members with request to fill additional spots

• Programs without an open position:
  o Request temporary complement increase
  o Review Committee staff members will expedite review of request
  o Request even if not certain resident will choose your program
  o Approval is only for a displaced resident from closing program
Rural Track Program (RTP) Designation

- ACGME Rural Track Complement Increase Questionnaire helps structure the educational rationale, structure of the track, interaction with current program, proposed block diagrams, clinical data

- acgme.org > Specialties > Obstetrics and Gynecology > Documents and Resources > ACGME Rural Track Complement Increase Questionnaire
International Rotations

Guidance for international rotations is available at acgme.org > Specialties > Obstetrics and Gynecology > Documents and Resources
Annual Program Review

Data Collection (e.g., surveys, board exam, ADS Annual Update)

January - September

Review Committee Executive Committee Review
November

Review Committee Review and Decision
January or April meeting

Program Notification
Post meeting

RC is here
ADS and Other Tips
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 Review Committee understand resident/fellow experience
  • **All** three changes require Review Committee approval!
Program Changes

• Review Committee carefully reviews all changes submitted in ADS to ensure they benefit resident/fellow education

• On behalf of the Review Committee staff: PLEASE enter all requested information completely and accurately

• Reach out to ADS@acgme.org with questions
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 Review Committee that may be used during the annual program review
- The ACGME continues efforts to make the Annual Update easier to complete
Resident/Fellow Evaluations

- Longitudinal experiences must be evaluated at least every three months
- Evaluations must be completed by faculty members and others
- Semi-annual and summative (end of year) 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 (at end of the educational program)
  - Document review of the Milestones and Case Logs
  - Fellowships: Document completion of the thesis
  - Includes the statement: "Dr. [NAME] has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice."
Supervision Policy

• Review Committee continues to see outdated supervision levels in Supervision Policies
• **Current** ACGME supervision levels outlined in Program Requirements VI.A.2.b).(1)-(3)
  • Direct Supervision definition revised and includes supervision via telecommunication technology
  • Indirect Supervision is no longer divided into “with direct supervision immediately available” and “with direct supervision available”
• Review program’s Supervision Policy and update if needed
Faculty Roster

• If a **new** faculty member is listed in another roster at the institution, you can copy most of the information into your program’s Faculty Roster

• Faculty scholarly activity can be copied from another program by using the “Copy” tool
Faculty Scholarly Activity
Faculty Certification

- ABMS and AOA faculty certification data is now automatically populated in faculty members' profiles.
- Programs are expected to review certification information and make corrections if needed.
- Manual entry available for faculty members who recently completed residency/fellowship ("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

List all faculty members (physician and non-physician) who have an important role in the education of residents. Please include:

- Program director
- Core faculty members
- Site directors (may be designated core or non-core)
- General Surgery Residency Program Director (may be designated core or non-core)
- Non-core faculty members who make important contributions to the program

The program is required to report scholarly activity for all faculty members listed on the roster.

Core faculty members are required to complete the annual ACGME Faculty Survey.

Information about faculty roles and responsibilities can be found in the Program Requirements for Graduate Medical Education in Urology (available at acgme.org > Specialties > Urology).

Programs do not need to include all faculty members with whom residents interact.

Download Faculty CV Template

Add Faculty Member

Search By: National Provider ID OR First Name Last Name AND E-mail Address

Add an asterisk (*) for a wildcard search.

Example: To search for John Smith or Jonathan Smith, enter "J*" for first name and "Smith" for last name.
Faculty Certification: Manual Entry
Subspecialty Faculty Educators

- Obstetrics and gynecology 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

• Oversee clinical experience of residents
• Oversee didactic experience of residents
• Partner with program director to optimize education in their subspecialty (troubleshoot rotations and resident experience, plan didactics, etc.)
• Very deliberate about developing the skills residents need as full scope specialist in practice
Major Changes and Other Updates

Communicate to the Review Committee action plans and initial results regarding:

• Low ACGME Survey ratings
• AFI's
• Missed Case Log minimums
• Abortion-related program requirements

Program changes: rotations, faculty growth, brags
Program challenges: situation, actions taken, any results
Major Changes and Other Updates

Don’t be afraid to air your program’s dirty laundry!
Common Citations/AFIs

- Faculty commitment to resident/fellow education (e.g., interest, amount of teaching)
- Satisfied with feedback; evaluation process
- Procedural experience/volume
- Clinical work to education imbalance
- Fellowships: description of process for thesis
Briefly describe the process by which each fellow will complete a thesis. [PR IV.D.3.c)] (Limit response to 200 words)

The fellow will complete their scientific work in the first year of fellowship (12 months, 90%+ dedicated research time). The project is assigned right at the start of the year with options of projects offered remotely prior to start of the fellowship. Frequent meetings are held with the direct research mentor and fellowship PD to assure progress. Data is presented at laboratory meetings to assess progress. Project progress is also assessed at the department wide Resident/Fellow research program meetings. Findings are presented at the Annual Research Day for the Ob/Gyn department. Thesis is finalized and presented in July of year 2; if this is not feasible, a later date will be set. Our first fellow has followed this paradigm and defended the thesis. The Fellow is encouraged to have a back up project, in case the main thesis project runs into unforeseen issues.
Responding to Citations

• Keep in mind the audience: physician GME leader who does not know your institution
• Be clear, concise, and frank
• Demonstrate that you have gotten to the root of the non-compliant area
• Outline implemented action plan
• Describe outcomes (e.g., survey trending up, Case Log minimums met)
• If goals not met, explain why and outline next steps
Resources

- Obstetrics and Gynecology FAQs UPDATED!
- Obstetrics and Gynecology Documents and Resources page
- Guide to the Common Program Requirements
- Learn at ACGME
  - Recommendation for new managers: An Overview of the ACGME
- Program Manager Timelines
- Milestones Resources includes guidebooks and faculty development materials
ACGME Updates

• **Common Program Requirements** undergoing scheduled review

  • Reassessment of all aspects of the requirements, including but not limited to program director, manager, and faculty time

  • Section VI (Well-Being, Work Hours, Professionalism, Culture of Safety, etc.)
ACGME Updates

• Site Visits
  • 10-Year Accreditation Site Visits officially discontinued
  • ACGME announced two percent of programs randomly chosen to undergo a site visit each year - **NEW!**
    • Only programs beyond Initial Accreditation period
    • Chosen programs receive a Letter of Notification with an approximate date
      • Initial group of programs received notification in January
    • Site visits assess compliance with all Program Requirements
ACGME Updates

- Site Visits
  - Virtual versus in-person site visit format
    - ~25% in person
  - In-person site visits for complex visits (e.g., complaint, probation)
  - Other in-person site visits randomly chosen
  - Site visit letter announcement identifies format
Competency-Based Medical Education (CBME)

• ABMS and ACGME have co-hosted four meetings to discuss CBME

• Representatives from Review Committee, ABOG, ACOG, and AOA

• Working on action plan for each specialty

• Obstetrics and gynecology continues to participate actively and is closely following the work of general surgery, orthopaedic surgery, pediatrics, and others to help determine what approach will be right for our specialty
What can programs do now?

• Evaluate your program for trust and psychological safety
• Reframe residency assessment from “grading” to “tool to achieve learner goals”
• Ensure rich in-the-moment feedback is happening between teacher and learner
• Capture some of this feedback if you can into the assessment system
• Use your semi-annual meetings to regroup with learners on their progress and delineate next steps together
Medically Underserved Areas and Populations (MUAP)

• The ACGME seeks nominations for resident and senior clinical executive leader (e.g., chief executive officers, chief medical officers, chief nursing officers) representatives on the MUA/P Advisory Group
• Nominations open until March 17, 2024
• For more information: MUA/P Advisory Group
The ACGME’s Digital Transformation

• The ACGME is actively working on a multi-year digital transformation project
• Improve ADS
• Establish a Modern Data Estate to improve analytics capabilities
• Create infrastructure for an outcomes-based accreditation model

STAY TUNED!
Learn at ACGME Resources

- ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation - **NEW!**
  - 13 modules for creating custom workshops
  - 50 videos in a growing training library
  - Six workshops curated by ACGME experts
- Diversity, Equity, and Inclusion Resources – **ACGME Equity Matters®**
  - CME Learning Path (modules structured for self-paced CME)
  - Equity Practice Toolkit

[dl.acgme.org](http://dl.acgme.org)
ACGME Updates

Dr. Nasca stepping down January 1, 2025

• Dr. Nasca served as ACGME President and Chief Executive Officer for 17 years
• He will transition to leading the new ACGME Center for Professionalism and the Future of Medicine
• National search underway for a new President and CEO
• Funding opportunity for resident/fellow-led teams
• Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

DEADLINE: APRIL 22, 2024
The ACGME is now accepting nominations for the 2025 ACGME Awards.

Deadline: Wednesday, March 27, 2024

For additional information and to download nomination materials: https://www.acgme.org/initiatives/awards/
Where to Go for Help?

Review Committee Staff
Obstetrics and Gynecology section of website > Contact and Support
• Program Requirements
• Letters of Notification
• Complement requests
• Case Log content

Milestones Staff
milestones@acgme.org
• Milestones

ADS Staff
ADS@acgme.org
• ADS
• Surveys
• Case Log System – technical support

Field Activities Staff
fieldrepresentatives@acgme.org
• Site Visit
• Self-Study
Open Dialogue with the Review Committee
Thank You!