

# Specialty Update: Obstetrics and Gynecology

*Meredith Alston, MD, Chair, Review Committee for Obstetrics and Gynecology*

*Laura Huth, MBA, Executive Director, Review Committee for Obstetrics and Gynecology*

# Conflict of Interest Disclosure

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Speaker(s):

*Meredith Alston, MD, Chair*

*Laura Huth, MBA, Executive Director*

## 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

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

# Review Committee – Who/What/When



# Who: Review Committee Membership

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- All volunteers: six-year terms
- Diversity valued (e.g., gender, geography, subspecialty)
- 16 voting members:
  - 14 members nominated by American Board of Obstetrics and Gynecology (ABOG), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), and American Osteopathic Association (AOA)
  - One resident/fellow member (two-year term)
  - One public member
- Three non-voting ex-officio members (one each from ABOG, ACOG, and AOA)

# Review Committee Voting Members

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- **Meredith Alston, MD, Chair**  
*Saint Joseph Hospital/Intermountain Health*
- **Tony Ogburn, MD, Vice Chair**  
*University of Texas Health San Antonio*
- **May Blanchard, MD**  
*University of Maryland*
- **Seine Chiang, MD**  
*University of Washington*
- **Bill Cliby, MD**  
*Mayo Clinic*
- **Marlene Corton, MD**  
*University of Texas Southwestern*
- **Adrienne Dade, MD**  
*Rush University*
- **Felicia Lane, MD**  
*University of California, Irvine*
- **Men-Jean Lee, MD**  
*University of Hawaii*
- **Kurt Ludwig, DO**  
*Henry Ford Macomb Hospital*
- **Kathleen Morrell, MD, MPH**  
*Maimonides Medical Center*
- **Michelle Owens, MD**  
*Ascension St. Vincent's Hospital*
- **Randal Robinson, MD**  
*University of Texas Health San Antonio*
- **Paul Sparzak, DO**  
*Duke University*
- **Eric Schmitt, Col., MD (Resident Member)**  
*Tripler Army Medical Center*
- **Allyson Sonenshine, JD (Public Member)**

# Executive Committee

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Meredith Alston, MD  
Chair

Tony Ogburn, MD  
Vice Chair

Laura Huth, MBA  
Executive Director

Emma Breibart-White, MALS  
Associate Executive Director

Carleigh Wyatt  
Senior Accreditation  
Administrator

# What: Review Committees

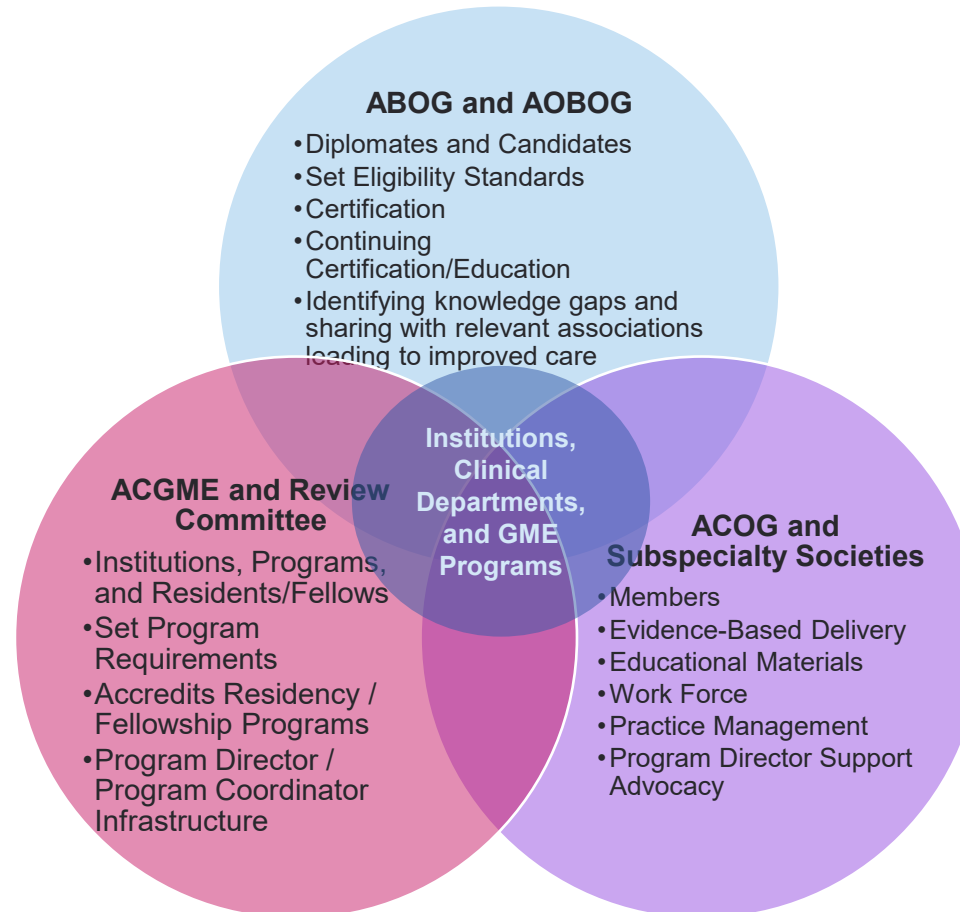
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- The function of Review Committees is to set accreditation standards (i.e., requirements) and to provide peer evaluation of Sponsoring Institutions or residency and fellowship programs.
- The purpose of the evaluation is to assess whether a Sponsoring Institution or program is in substantial compliance with the applicable Institutional and/or Specialty Program Requirements, and to confer an accreditation status.



# What: Teamwork Makes the Dream Work!

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# When: Review Committee Meetings

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**Three meetings per calendar year:**

*February, April, and September*

***Upcoming Meetings:***

**April 24-25, 2025 – agenda closed February 7**

**September 18-19, 2025 – agenda closes July 7**

**February 4-6, 2026 – agenda closes November 25**

# Review Committee Meetings Reminder

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- Meeting agenda closes about **two months** before meeting
- **Permanent** complement increase requests must be submitted by the **designated institutional official (DIO)** by agenda closing date to make the next meeting



# Programs by the Numbers

# Obstetrics and Gynecology Residency

Accreditation Status	Count
Initial Accreditation	12
Initial Accreditation with Warning	1
Continued Accreditation without Outcomes	16
Continued Accreditation	264
Continued Accreditation with Warning	8
Probation	1
<b>Total</b>	<b>302</b>



# Fellowships

	CFP	URPS	GO	MFM	REI
Initial Accreditation	7	5	9	11	4
Initial Accreditation with Warning	0	0	0	0	0
Continued Accred. without Outcomes	12	4	8	4	3
Continued Accreditation	17	50	58	98	45
Continued Accred. with Warning	0	0	0	0	0
<b>Total Programs</b>	<b>36</b>	<b>59</b>	<b>75</b>	<b>113</b>	<b>52</b>

# Review Committee News

# FPEP - VH/OVD

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- The Flexible Procedural Experience Pilot (FPEP) is in effect for 2025 graduates and beyond.
- The volume of operative vaginal delivery (OVD) and vaginal hysterectomy (VH) procedures has declined nationally although they remain very important in the care of the patients the specialty serves.
- All programs may participate in the pilot program, and do not need to enroll. Programs are asked to self-identify participation in the pilot and share specific resident education experiences related to the pilot in the “Major Changes” section of the ADS Annual Update.
- The goal of the pilot is to consolidate these procedures into the hands of those who will most likely continue to do them in practice. **Total program minimums will not change.** A program with four residents per year will be required to show 60 OVD/VHs annually, however based on the new pilot guidelines, the distribution of cases per resident may vary. Programs not meeting these total program minimums will be cited. All residents are expected to have equitable educational experiences until The Match®.

# FPEP - VH/OVD

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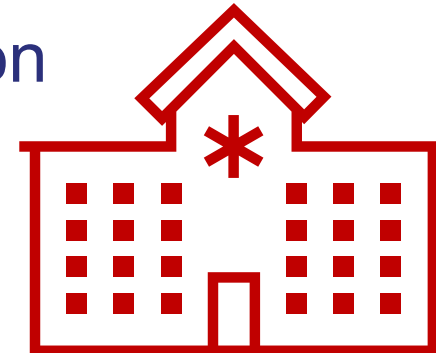
- Additionally, resident experience cannot be “zero” in OVD or VH, regardless of The Match®.
- For those residents who match into maternal-fetal medicine, gynecologic oncology, reproductive endocrinology and infertility, and urogynecology and reconstructive pelvic surgery programs, fewer than 15 procedures will be allowable as follows:
  - Residents matched into gynecologic oncology, reproductive endocrinology and infertility, and urogynecology and reconstructive pelvic surgery programs can have fewer than 15 OVDs without citation.
  - Residents matched into gynecologic oncology, maternal-fetal medicine, and reproductive endocrinology and infertility programs can have fewer than 15 VHs without citation.

# Total Abdominal Hysterectomy (TAH)

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Abdominal hysterectomy minimum has been raised to 20 from 15

- Effective in ADS with 2025 graduates
- 2025 graduate data reviewed but not subject to citation / Area for Improvement (AFI)
- 2026 graduate data subject to AFI
- 2027 graduate data subject to citation





# Teaching and Supervision of Residents

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- Residents may be taught/supervised by a Certified Nurse Midwife (CNM), physician assistant (PA), or other mid-level provider
  - Must be a solid education to be gained
  - Program director must determine that the person in question has sufficient qualifications
  - Programs should confirm with their GME office and/or compliance office regarding billing/other concerns
- Physician faculty must be certified by ABOG/AOBG or have their qualifications approved by the Review Committee





# Subspecialty Updates

*Complex Family Planning, Gynecologic Oncology, Maternal-Fetal Medicine, Reproductive Endocrinology and Infertility, and Urogynecology and Reconstructive Pelvic Surgery*

# Complex Family Planning

- Newly ACGME-accredited
- Programs are now coming off Initial Accreditation
- Program Requirements need to be revised/updated
- Need input from complex family planning community!
- Hot topics – master's degree and rotations in low-resource areas



# Gynecologic Oncology: *Case Log Minimums*



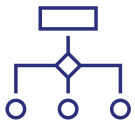
**Needs assessment**



**Data gathering**



**Convene relevant stakeholders**



**Group deliberates and makes recommendations**



**Propose revised minimums to RC for input and refinement**

*February meeting*



**Public comment**

*Next step at Society of Gynecologic Oncology...*



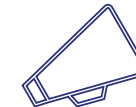
**Feedback to stakeholder group**

*... prior to April meeting*



**Proposed minimums to Committee for approval**

*April meeting*



**Communicate changes**

*Ongoing through implementation*

# Gynecologic Oncology:

## *Proposed Case Log Minimums*

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Hysterectomy	Current Guideline	Proposed Minimum
Simple	75	Not counted
Complex (enbloc ovca, post-radiation, percreta, etc.)	N/A	Begin tracking
Radical (include radical trachelectomy)	10	10
Total radical hysterectomy + complex	N/A	40



# Gynecologic Oncology:

## *Proposed Case Log Minimums*

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Other	Current Guideline	Proposed Minimum
Exent*	2	2
Conduit*	2	2
Brachytherapy*	N/A	3
Vulvectomy (for invasive cancer, not VIN)*	10	10
Urologic procedures	N/A	Not tracking

*\*Assistant counts*

# Gynecologic Oncology:

## *Proposed Case Log Minimums*

Lymph	Current Guideline	Proposed Minimum
<b>Pelvic</b>		
LND/SLN (not separately tracked currently)	50	N/A
Pe LND (count sides)	N/A	15
Pe SLN (count patients)	N/A	50
<b>Para-aortic</b>		
PA LND	10	15
<b>Inguinal</b>		
LND/SLN (not separately tracked currently)	10	N/A
Ing LND* (count sides)	N/A	5
Ing SLN* (count sides)	N/A	10

*\*Assistant counts*

# Gynecologic Oncology:

## *Proposed Case Log Minimums*

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Debulking	Current Guideline	Proposed Minimum
Complex/Upper abdominal debulking (incl. diaphragm/spleen/stomach)	N/A	20
Diaphragm/liver mobilization	N/A	Begin tracking
Splenectomy	N/A	Begin tracking
Total debulkings (incl. complex)	N/A	40

# Gynecologic Oncology:

## *Proposed Case Log Minimums*

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Gastrointestinal Procedures	Current Guideline	Proposed Minimum
Large bowel including LAR	N/A	10
Total-bowel resections	20	20
Ostomies	N/A	5

# Gynecologic Oncology:

## *Proposed Case Log Minimums*

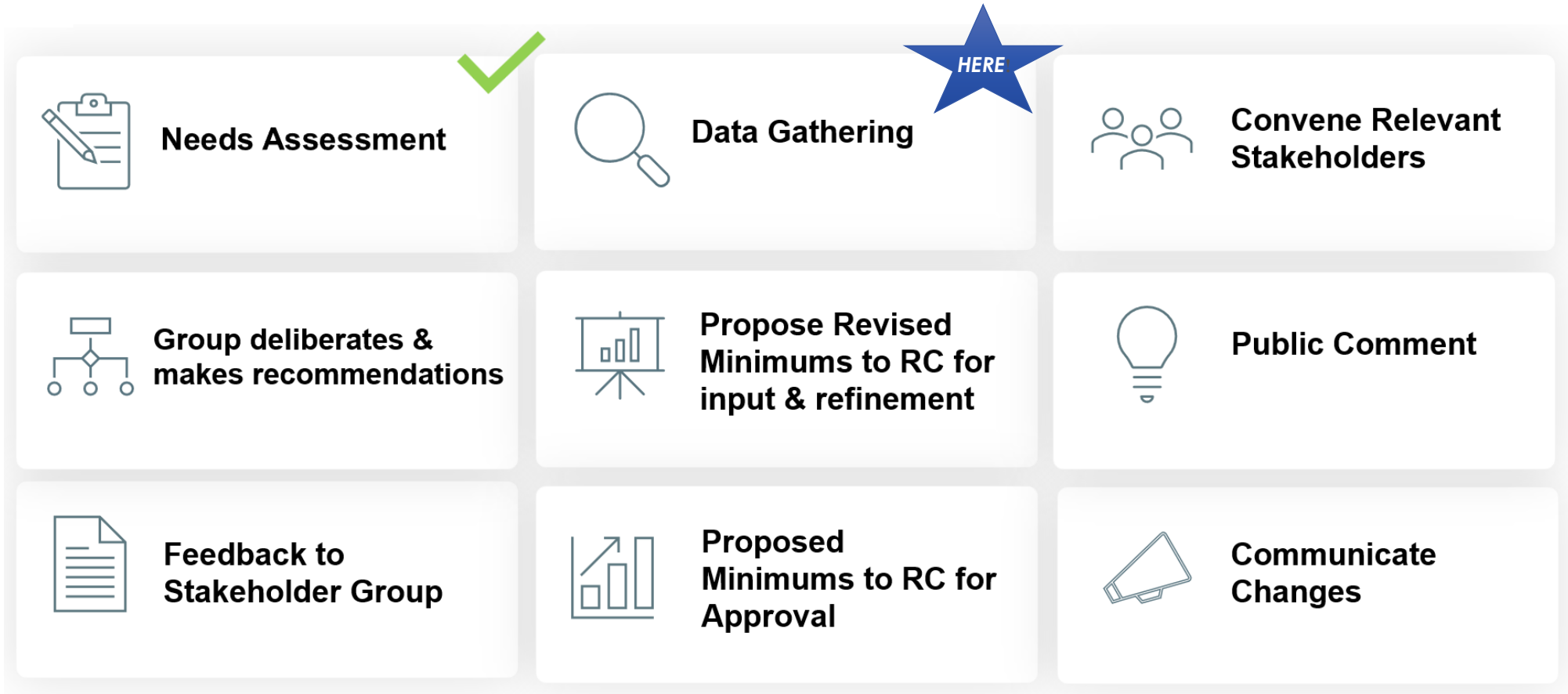
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Chemo/Targeted	Current Guideline	Proposed Minimum
Chemo/targeted	100 cycles	100 cycles



# Maternal-Fetal Medicine:

## *Case Log Minimums*

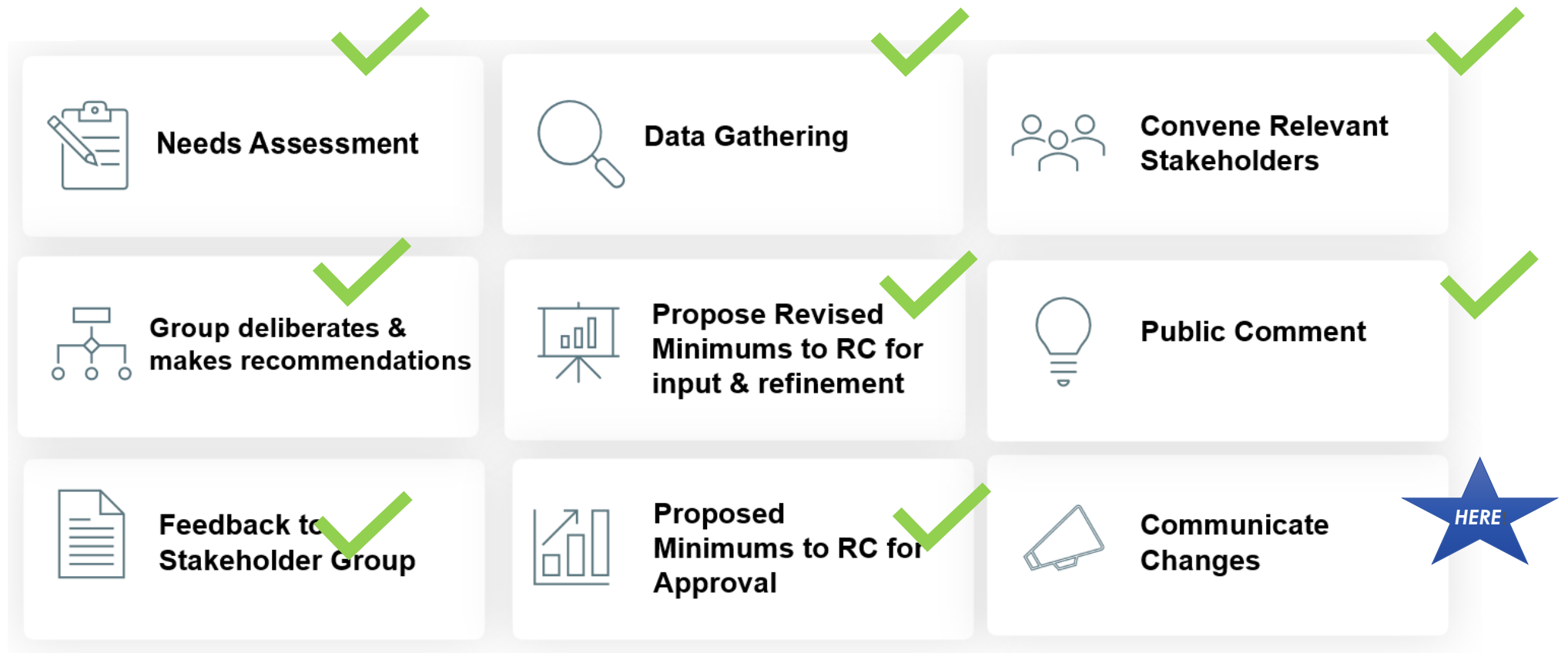


# Reproductive Endocrinology and Infertility: *Case Log Updates*

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- Revised to focus on fellowship-level activities and reduce the burden of logging
- Stakeholders met last summer to provide input, and at American Society for Reproductive Medicine (ASRM) in the fall
- New minimums approved at the February Review Committee meeting!
  - Enforcement of new minimums will roll out to allow programs time to adjust
- Continue to ensure fellows are consistently and accurately logging to facilitate data-driven Case Log minimum decisions
- Fellowship Case Log information available at [acgme.org](https://acgme.org) > Specialties > Obstetrics and Gynecology > Documents and Resources

# Reproductive Endocrinology and Infertility: *Minimums Change Process*



# Reproductive Endocrinology and Infertility: *Case Log Minimums*

Category	Minimum
US – complete gynecological scans	30
US – follicle scans	65
US – early pregnancy scans	15
Total - uterine cavity and tubal evaluations	40
Intrauterine inseminations	35
Oocyte retrievals	80
Total embryo transfers	50
Embryo transfers – live	10
Operative hysteroscopies	15
Laparoscopies (diagnostic and operative)	15
Myomectomies (laparoscopic and laparotomy)	5

# Urogynecology and Reconstructive Pelvic Surgery

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*New minimums are now in effect for 2025 graduates*

- Existing entries for fellows currently in a program were updated as appropriate to reflect the new categorization
- 2025 graduate data reviewed but not subject to citation/AFI
- 2026 graduate data subject to AFI
- 2027 graduate data subject to citation

# Urogynecology and Reconstructive Pelvic Surgery: *Case Log Minimums*

Category	Minimum
<b>Diagnostic Studies*</b>	100
Complex urodynamics	25
<b>Procedures for Urinary Incontinence</b>	95
Stress incontinence	65
Periurethral injection	5
Sling procedures	50
Urgency incontinence	25
Sacral nerve modulation	10
Botox injection	10
<b>Surgery for Prolapse</b>	130
Sacrocolpopexy	20
Colpocleisis	10
Vaginal colpopexy	40
Extraperitoneal	10
Intraperitoneal	10
Posterior repair	20

*\*Batch logging available*



# Urogynecology and Reconstructive Pelvic Surgery: *Case Log Minimums*

Category	Minimum
<b>Surgery on Urinary System**</b>	25
Urinary fistula repair	2
Urethral diverticulectomy	2
Ureteral stent placement	3
Retrograde pyelogram	1
Removal or revision of sling	5
Urethrolysis	0
Closure of cystotomy	1
<b>Surgery on Genital System**</b>	30
Vaginal hysterectomy	15
Lap hysterectomy (total and supracervical)	10
Revision/removal prosthetic vaginal graft	2
<b>Surgery on Gastrointestinal System**</b>	4
Repair of anal sphincter laceration	1
Rectovaginal fistula repair	1

*\*\*Surgeon + Assistant will be counted for all subcategories*

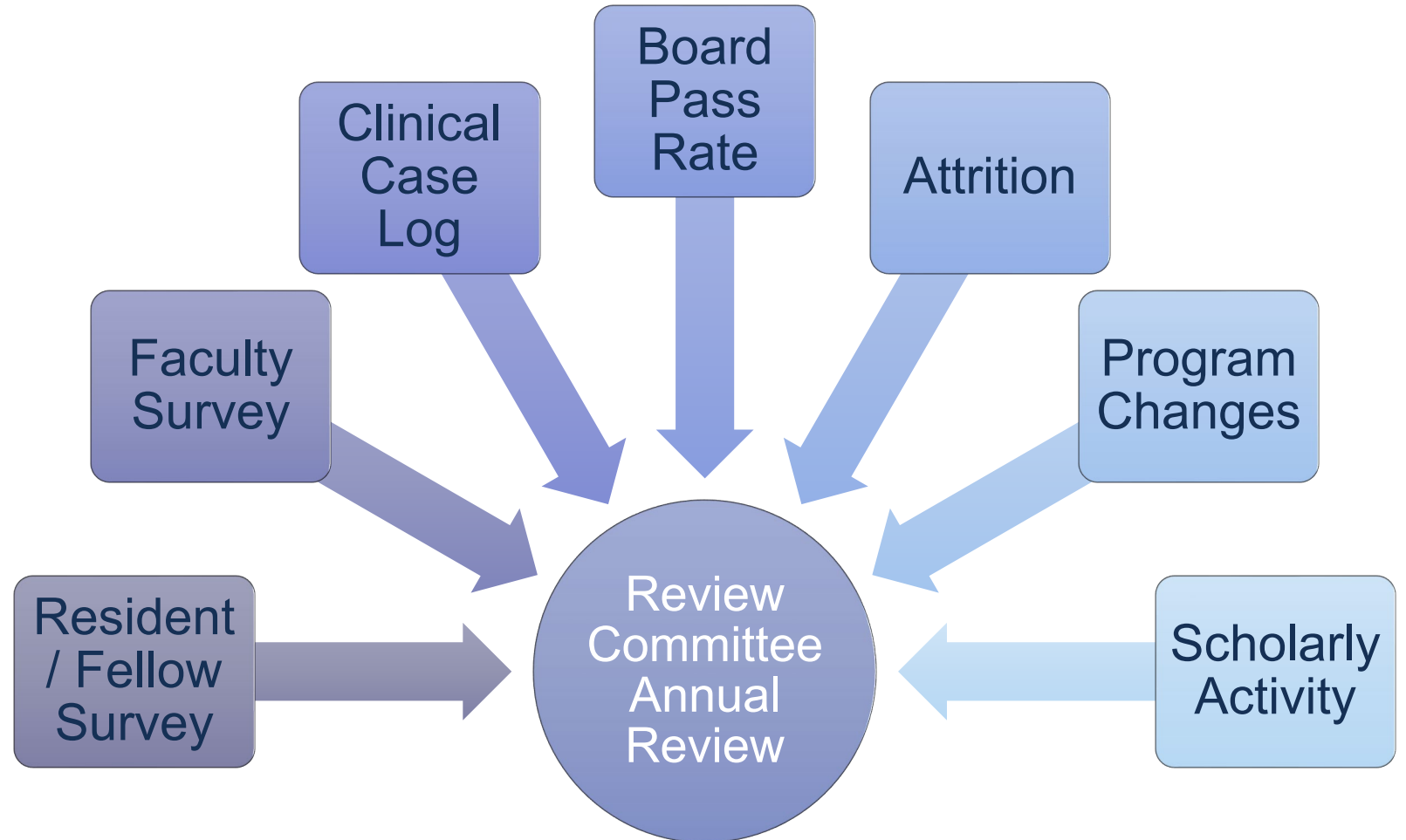
# ADS and Other Tips

# Annual Program Review

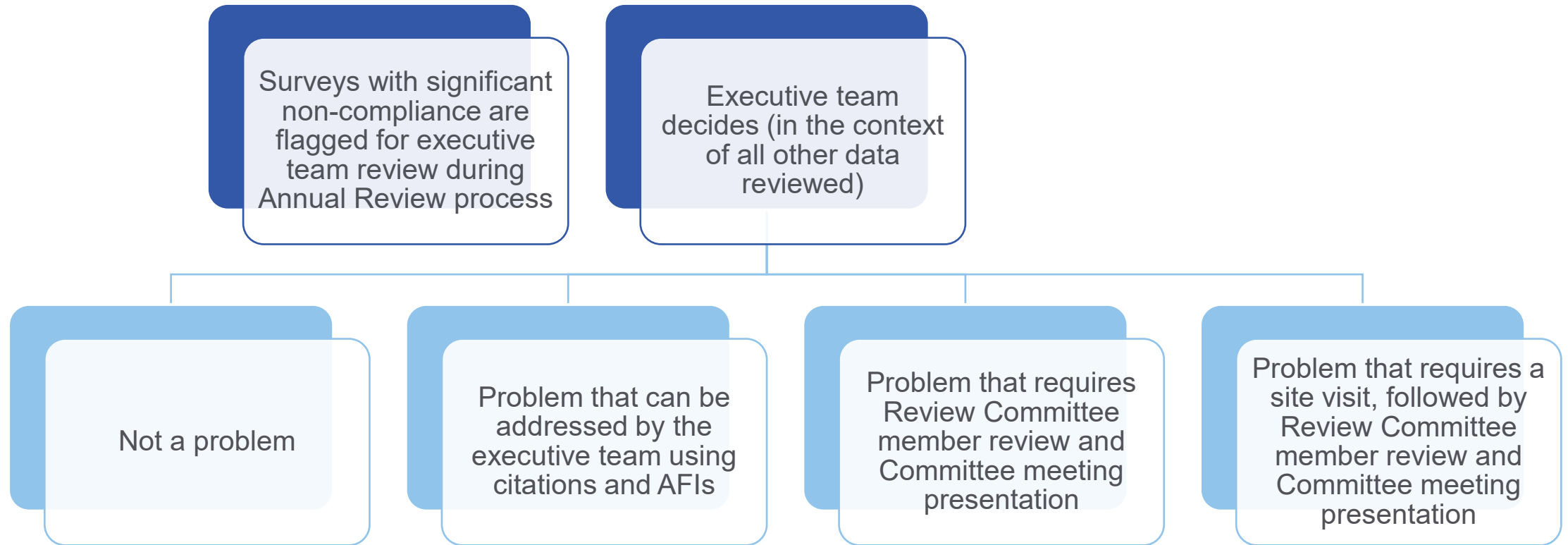


# Annual Program Review

**January - September:**  
Program data gathered  
and stored in ADS



# What does the Review Committee do with your surveys?



# ACGME Surveys

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- Review Committee looks for patterns of dissatisfaction in survey responses
- Low items may receive a citation or AFI
- Review Committee reviews information in “Major Changes” and other program data in conjunction with survey responses





# ADS Annual Update

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- 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 update easier to complete

# Major Changes and Other Updates



# Major Changes and Other Updates

## **Communicate to the Review Committee about:**

- Low ACGME survey ratings ★
- How the program has addressed any AFIs
- Issues with clinical volume and how the program is addressing
- Program changes (e.g., rotations, faculty)
- Program innovations
- Impact of federal rulings/state laws

**Program highlights** ➡ **Rotations, Faculty Growth, Celebrating Success**  
**Program challenges** ➡ **Situations, Actions Taken, Results**

# Common Citations/ Areas for Improvement (AFI)

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- Procedural experience/volume
- Board exam performance
- Block diagram
- Program director responsibilities
- Professionalism
- Service to education imbalance
- Appropriate amount of teaching
- Evaluations

# Responding to Citations

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- Keep in mind the audience: physician GME leaders who do not know your program or 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



# Have Program Changes? – *Tips!*

- The following changes are submitted in ADS:
  - Complement (*temporary and permanent*)
  - Program director
  - Participating site
- **All** three changes require Review Committee approval



# Complement Increase Request

## *Temporary*

- **Up to 90-days:**
  - Do **not** need to submit request in ADS
- **Over 90 days:**
  - Residency: submit if over **total** complement or complement for **any given program year**
  - Fellowship: submit if over **total** complement
  - Reviewed on a rolling basis by the Executive Committee

## *Permanent*

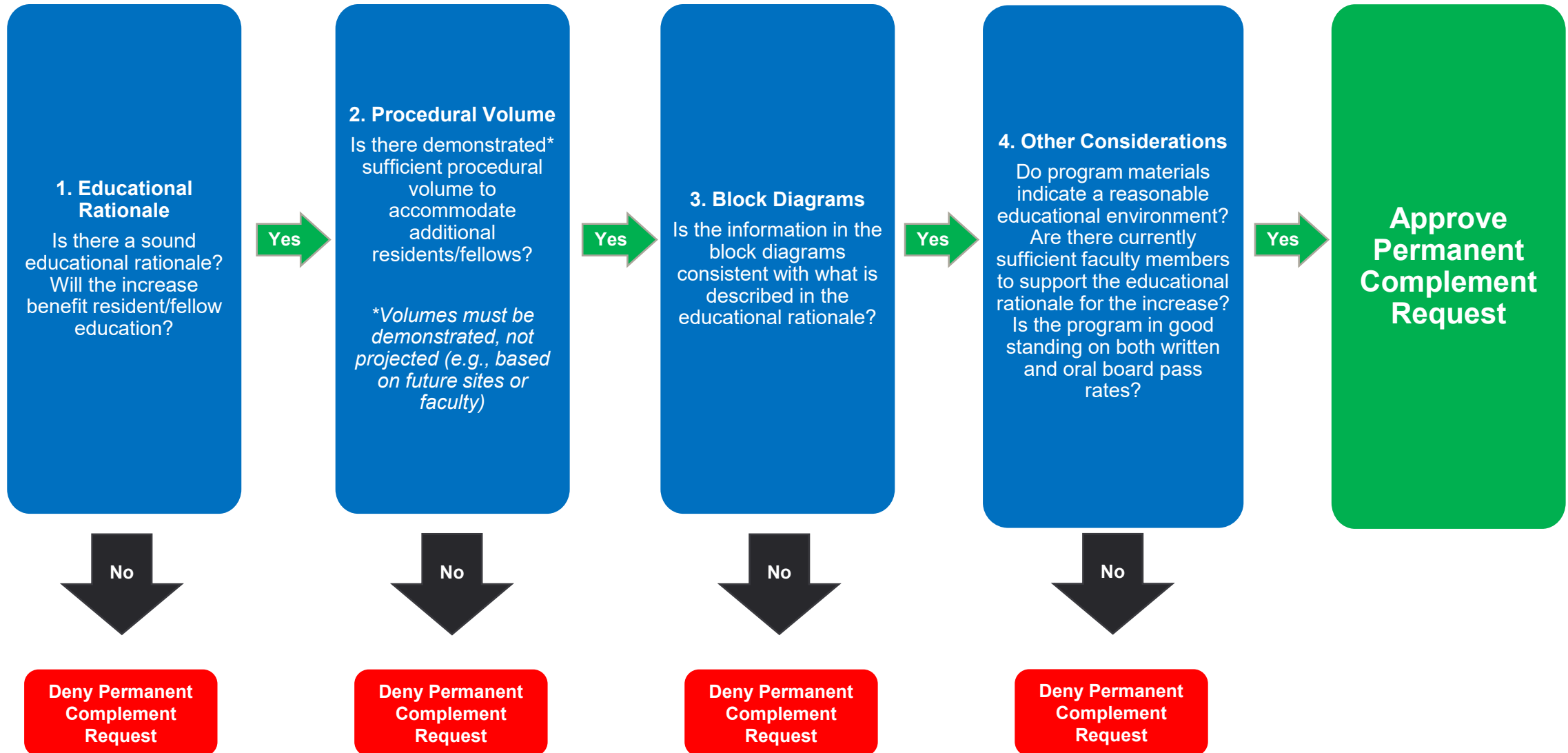
- Submit request in ADS
- Reviewed by full Review Committee at a scheduled meeting
  - Request must be approved **by DIO** in ADS by agenda closing deadline

# Increase Request – *Reminders*

- **Sound educational rationale:** outline how your increase will benefit resident/fellow education
- **Clinical Data Form:** report the institutional procedural volume at all sites
  - Actual data (not projected data)
- **Patient/procedural volume:** must be sufficient
  - Most recent graduate Case Log data (established minimums) or Graduate Case Log Report (no established minimums)
  - Institutional procedural/patient data
- **Block diagram:** Use color or highlighted areas to identify changes in proposed block diagram
- Instructions available at [acgme.org](https://acgme.org) > Specialties > Obstetrics and Gynecology > Documents and Resources > [Request for Changes in Resident/Fellow Complement](#)



# Permanent Complement Increase Request Flowchart



# When a Program Closes: Resident/Fellow Transfers

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- Programs **with** an open position do not need Review Committee permission, **except**:
  - If newly accredited program or permanent complement increase, email Review Committee staff with request to fill additional spots
- Programs **without** an open position:
  - Request temporary complement increase
  - Review Committee staff will expedite review of request
  - Request even if not certain the resident/fellow will choose your program
  - Approval is only for a displaced resident/fellow from closing program

# Program Director Changes

- **Protected Administrative Time:**
  - Residency: 20 hours
  - Fellowship: 8 hours
- **Board Certification:**
  - Residency and fellowships: ABOG certification or qualifications acceptable to the Review Committee
    - *Urogynecology and reconstructive pelvic surgery: ABOG or American Board of Urology (ABU) certification*
- **Scholarly Activity:**
  - Obstetrics and gynecology: scholarship required
  - Fellowships:
    - Urogynecology and reconstructive pelvic surgery / gynecologic oncology / maternal-fetal medicine / complex family planning - In past three years, at least one original research/review article published in peer-reviewed journal AND one of the following: peer-reviewed funding, presentation at meeting, participation in national organizations
    - Reproductive endocrinology and infertility - In past three years, at least one original research/review article published in peer-reviewed journal AND **two** of the following **annually**: grants with leadership role, presentation at meeting, leadership in national organization/reviewer or editorial board member for peer-reviewed pub
- **Experience:**
  - Obstetrics and gynecology: minimum of three years' experience in obstetrics and gynecology after completion of residency (excluding fellowship years)
  - Fellowships: completion of subspecialty fellowship; minimum of five years' experience in subspecialty after completion of fellowship; active engagement in the care of patients in subspecialty



# Participating Site Changes

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- Must be submitted in ADS
- Sites must be added if at least one month and a required experience for all residents and fellows
  - However, you *can* add other sites, to help the Review Committee understand the residents'/fellows' experience
- Information needed before the request can be reviewed:
  - **Content of educational experience -**
    - Include if residents/fellows are commuting or staying at the rotation site. Is their transportation (and potential lodging) covered for travel associated to this site?
  - **Number of rotation months spent at each site -**
    - Should reflect average *over the year* of how much time is spent at that site





# ACGME News

# Assurance Site Visits

## *Updated Model for Site Visits for Programs on Continued Accreditation Statuses*

- The ACGME has developed an updated sustainable model for improvement and assurance for its more than 11,000 accredited programs on Continued Accreditation statuses.
- In 2024, the ACGME conducted site visits for 149 programs on Continued Accreditation that have not had a site visit in approximately nine years or more. These site visits were identified through a sampling process and will support the ACGME's assurance responsibility to the public.
- For 2025, the ACGME chose 200 programs for these randomly selected site visits and notifications were sent out in November with future approximate site visit target dates ranging from April to October 2025.
- For these programs, Field Activities initiates the scheduling process by requesting site visit blackout dates.
- Separately, Review Committees may request site visits for programs on Continued Accreditation statuses at their discretion after the annual review of data or in response to a complaint.



# Data-Driven Site Visits

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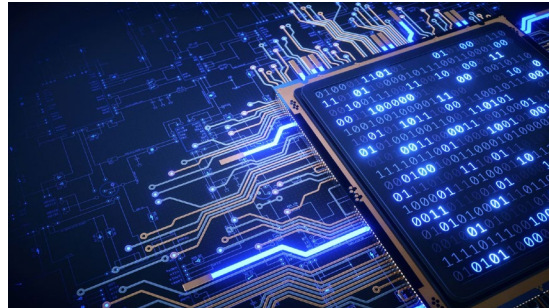
- Virtual or in-person site visit format
- In-person site visits for complex visits (e.g., complaint, probation)
- Site visit announcement letter identifies format
- Neither programs nor Review Committees can select the modality of the site visit



# The ACGME's Digital Transformation

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- ACGME actively working on a multi-year digital transformation project
- **ACGME Cloud – 2025**
- Establish a modern data estate to improve analytics capabilities
- Create infrastructure for an outcomes-based accreditation model





# Common Program Requirements Revisions

## ACGME Process for Revisions



**ACGME has a 3-year timeline**



**Board appointed the Task Force in the Fall**



**Task Force meets early 2025 with new CEO**



**Article defining goals, process, timeline in JGME**



**Commissioned papers\* received – goal is to publish in 2025**



**AEC Session 2025**

### **\*Commissioned papers:**

- **Work Hours**
- **Rotational Transitions**
- **Time to Competence**





# Coming Soon!

## Reformatted ACGME Requirements

As part of the ACGME's Digital Transformation, all Requirements documents are being reformatted.

- Common Program Requirements, Institutional Requirements, specialty-/subspecialty-specific Program Requirements, and Recognition Requirements
- This is a first step that will ultimately facilitate additional benefits and features not previously available.
- Except for documents already undergoing revision, **the content of the requirements is not changing**, just the formatting and numbering structure.





# Reformatted ACGME Requirements (continued)

- The reformatting includes a new numbering construct, eliminating the roman numeral outline structure. **It adopts the familiar structure of the *ACGME Manual of Policies and Procedures*.**
- The new format **consolidates standards, reducing the number of sub-levels within a requirement.**
- The ACGME will provide **crosswalk documents** mapping the old reference numbers to the new ones for each set of Requirements, and update **Frequently Asked Questions (FAQs)** and other related documents, such as applications.



# Reformatted ACGME Requirements: Timing

- February 10, 2025: Reformatted Common Program Requirements (Residency and Fellowship versions); Institutional Requirements; most specialty-/subspecialty-specific Program Requirements; and associated crosswalk documents posted on [acgme.org](https://www.acgme.org)
- March 2025: Reformatted Common Program Requirements (One-Year Fellowship and Post-Doctoral Educational Program versions); remaining specialty-/subspecialty-specific Program Requirements; Recognition Requirements; and associated crosswalk and application documents posted on [acgme.org](https://www.acgme.org)
- In conjunction with academic year rollover (June 30/July 1, 2025): updated FAQ documents for reformatted Requirements; Selected Topics Across Requirements documents; and Faculty/Resident Survey Crosswalk documents posted on [acgme.org](https://www.acgme.org)

# Available Now

## ACGME Self-Empowerment Workshop for Coordinators

Be on the lookout (ACGME *e-Communication* announcement)

Focus:

- acting as a **leader** in the coordinator role
- recognizing effective **networking** practices
- overcoming challenges to **professionalism**
- distinguishing between productive and unproductive strategies for promoting your **achievements**
- effectively navigating complex **interpersonal situations**



# Available Now

## ACGME Program Coordinator Handbook Companion

### Focus:

- developing a comprehensive understanding of the coordinator role
- expanding knowledge of **accreditation processes** and **requirements to ensure compliance**
- improving skills to **support recruitment, orientation, onboarding**, and other relevant tasks
- selecting appropriate **professional development** and **continuous growth** strategies





# Available Now

## ACGME Language Equity in Health Care Toolkit

### Focus:

- defining **language equity** and describing the evidence linking the lack of language-appropriate care to health disparities, cost, and dissatisfaction
- reviewing **legal requirements** for providing language-appropriate health care services
- outlining a step-by-step approach to **collaborating with a qualified medical interpreter** for patient-centered care



# Coming Soon

## ACGME Coordinator's Guide to Effective Abstract Writing

### Focus:

- outlining the **structure of an abstract**
- assessing abstracts for their **adherence to accepted standards** and overall effectiveness
- discussing **issues that arise** when writing an abstract and developing **strategies to overcome them**
- exploring available resources and identifying those that are still needed to support abstract writing
- applying information about proper abstract structure and content to **compose a sample abstract**





# Where to go for help?

## Review Committee Staff

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

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

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

- 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





# Open Dialogue with the Review Committee



# Thank you!