

**ACGME Program Requirements for Graduate Medical Education
in Female Pelvic Medicine and Reconstructive Surgery
Summary and Impact of Focused Requirement Revisions**

Requirement #: **II.C.2.a)**

Requirement Revision (significant change only):

II.C.2.a) At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: ^(Core)

<u>Number of Approved Fellow Positions</u>	<u>Minimum FTE</u>
<u>1-2</u>	<u>0.2</u>
<u>3 or more</u>	<u>0.3</u>

- Describe the Review Committee’s rationale for this revision:
The proposed change is in alignment with the ACGME’s new guidance related to dedicated administrative time.
- How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The program coordinator plays a key role in developing and maintaining a high-quality educational program, and the Common and specialty-specific Program Requirements are intended to ensure that the full-time equivalent (FTE) support for the coordinator is sufficient to meet the administrative needs of the program.
- How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
- 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 requirements define the required minimum dedicated time for administration of the program. For some programs, the new requirements represent a decrease in the required FTE support for the coordinator, while for others they represent an increase. It is important to note that the FTE support defined in the requirements must be devoted exclusively to responsibilities related to the accredited program. Time spent by a coordinator related to other duties, such as providing support for unaccredited fellowships or other departmental responsibilities, must not be counted toward the required FTE. Coordinators may support more than one accredited program only if the total FTE required across programs does not exceed 1.0 FTE.

Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity, the administrative responsibilities delegated to the coordinator, and level of experience of the coordinator. It is anticipated that some programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative

requirements of the program. Other programs may determine that the time and support currently provided is optimal and elect not to make a change.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

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

Requirement #: **IV.C.3.-IV.C.3.c)**

Requirement Revision (significant change only):

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

IV.C.3.a) ~~48~~24 months of clinical activity; and. (Core)

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

IV.C.3.b).(1) ~~If fellows are assigned clinical duties during research months, this experience must be limited to four hours per week. Assigned clinical duties during regular office hours in research months must be limited to four hours per week (averaged over a four-week period).~~ (Core)

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

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

Subspecialty-Specific Background and Intent: The required 12 months of protected research time preserves uninterrupted research time during the week. The maximum four hours per week of assigned clinical duties, during regular office hours, are inclusive of assigned female pelvic medicine and reconstructive surgery and independent practice duties.

Regular office hours are defined as Monday through Friday, 8:00 a.m. to 5:00 p.m.

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

The proposed revisions are for 36-month programs and align required clinical time with changes to the American Board of Obstetrics and Gynecology (ABOG) certification standards. Revisions also clarify the limit of four hours of clinical duties during research rotations is during regular office hours and ensure standardization across all obstetrics and gynecology subspecialties that require dedicated research blocks. The Specialty-Specific Background and Intent provides the reasoning for the dedicated research requirement and practical information to facilitate compliance.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
In 36-month programs, fellows' clinical education will be enhanced with additional required time in clinical settings.
3. How will the proposed requirement or revision impact continuity of patient care?
In 36-month programs, fellows may have opportunities to care for the same patients over a longer period of time given increased time required in clinical settings.
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?
It is not anticipated additional resources will be necessary.
5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: IV.D.3.-IV.D.3.a).(5)	
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)	<u>The appointed faculty research mentor must review, with the fellow, the research curriculum and scholarly paper (thesis) resources, timeline, and expectations.</u> ^(Core)
IV.D.3.a).(2)	<u>The research curriculum must include:</u>
IV.D.3.a).(2).(a)	<u>structured delivery of education in research design, grant writing, research methodology, data analysis, and grant writing scientific writing, and presentation skills; and,</u> ^(Core)
IV.D.3.a).(2).(b)	<u>opportunities for basic, translational, and/or clinical research; and,</u> ^(Core)
IV.D.3.a).(2).(c)	<u>the opportunity for the fellows to present their academic contributions to the female pelvic medicine and reconstructive surgery community.</u> ^(Core)
IV.D.3.a).(3)	completion and defense of a scholarly paper (thesis). ^(Core)
IV.D.3.a).(3).(a)	<u>Under the direction of a faculty mentor, each fellow must complete a comprehensive written scholarly paper (thesis) during the program that demonstrates the following:</u> ^(Core)

IV.D.3.a).(3).(a).(i)	utilization of appropriate research design, methodology, and analysis; ^(Core)
IV.D.3.a).(3).(a).(ii)	collection and analysis of information obtained from a structured basic, translational and/or clinical research setting; and, ^(Core)
IV.D.3.a).(3).(a).(iii)	synthesis of the scientific literature, hypothesis testing, and description of findings and results. ^(Core)
IV.D.3.a).(4)	Prior to completion of the fellowship, each fellow must have <u>complete and defend a scholarly paper (thesis) that meets the certification standards set by the American Board of Obstetrics and Gynecology or American Osteopathic Board of Obstetrics and Gynecology;</u> ^(Core)
IV.D.3.a).(4).(a)	a thesis of such quality as to allow admittance to the American Board of Obstetrics and Gynecology or American Osteopathic Board of Obstetrics and Gynecology Certifying Examination; ^(Core)
IV.D.3.a).(4).(b)	completed and submitted a written manuscript to the program director; and, ^(Core)
IV.D.3.a).(4).(c)	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).(5)	A copy of the thesis and thesis defense documentation must be available upon request. ^(Core)
<p>1. Describe the Review Committee’s rationale for this revision: The scholarly activity requirements for obstetrics and gynecology graduates are largely based on ABOG’s research and thesis requirements. ABOG recently updated its requirements to allow a wider range of acceptable scholarly projects. Revisions to the requirements are needed to ensure consistency. The Committee also simplified this section of the Program Requirements to improve readability and ease-of-use. The proposed revisions ensure consistency with ABOG and the American Osteopathic Board of Obstetrics and Gynecology scholarly project requirements, focus on the key elements of a strong research curriculum, and standardize and simplify the language across the obstetrics and gynecology subspecialty requirements.</p> <p>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? The proposed revisions will improve obstetrics and gynecology graduates’ education by ensuring consistency between the Program Requirements and Board requirements for the required scholarly project.</p> <p>3. How will the proposed requirement or revision impact continuity of patient care? No impact is anticipated.</p>	

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?

It is not anticipated additional resources will be necessary.

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

N/A

Requirement #: **VI.A.2.c).(1).(b).(i)**

Requirement Revision (significant change only):

VI.A.2.c).(1).(b).(i)

The use of telecommunication technology for direct supervision must be limited to ambulatory and consultative services. (Core)

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

The proposed revision specifies when telecommunication technology can be used for direct supervision of fellows.

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

The proposed revision will ensure the use of telecommunication for direct supervision does not compromise patient safety.

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

No impact is anticipated.

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?

It is not anticipated additional resources will be necessary.

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

N/A