ACGME Program Requirements for Graduate Medical Education
in Reproductive Endocrinology and Infertility
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:

Number of Approved Fellow Positions	Minimum FTE
6 or fewer	30 percent
7-8	45 percent
9 or more	50 percent

1. 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.

2. 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.

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?
   The requirements define the required minimum dedicated time for administration of the program based on program size. For some programs, the new requirements represent a decrease in the required FTE support for the coordinator, while for other programs the new requirements 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.B.1.b).(1).(a).(ii)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in the management of clinical problems affecting the development, function, and aging of the female and male reproductive system, including: (Core)]

IV.B.1.b).(1).(a).(ii) genetic issues related to the evaluation and management of patients and their partners; (Core)

1. Describe the Review Committee's rationale for this revision:
   The proposed revision reflects the increasing importance of genetics in the practice of reproductive endocrinology and infertility.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The proposed revision will improve fellow education and patient care by ensuring fellows' clinical education and training include addressing the genetic issues associated with reproductive disorders.

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 as there is a requirement that fellows demonstrate knowledge of genetics and thus there should be faculty members to provide clinical teaching in this area. In addition, many programs currently include significant clinical experience in this area in their curriculum.

5. How will the proposed revision impact other accredited programs?
   No impact is anticipated.

Requirement #: **IV.C.5.a)-IV.C.5.a).(1)**

Requirement Revision (significant change only):

IV.C.5.a)	Assisted reproductive technology (ART) experiences must take place at a site(s) that report(s) all ART cycles to the Centers for Disease Control and Prevention (CDC) on an annual basis. (Core)
IV.C.5.a).(1)	Each site should be a member of the Society for Assisted Reproductive Technology (SART). (Core)

Specialty-Specific Background and Intent: Annual reporting of all cycles to the CDC and membership in SART ensure fellow education in ART takes place at sites that meet quality and ethical standards.

1. Describe the Review Committee's rationale for this revision:
   The Committee believes the proposed requirements are needed to ensure fellows receive ART education at sites that are monitored by the CDC and meet quality and ethical standards.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The proposed revision will improve fellow education, patient safety, and patient care by preparing fellows to practice ART in an ethical manner that meets agreed upon quality standards. SART membership requires annual submission of cycle-specific clinical outcome data, accreditation of the embryology laboratory every two years by the College of American Pathologists or Joint Commission, the medial director and lab director meet specific criteria, and adherence to ethical, practice, advertising, and laboratory guidelines.

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. Annual reporting of ART cycles to the CDC and membership in SART are industry standards for sites engaged in ethical, evidence-based, and safe practices. To the Committee's knowledge, all current programs provide ART education to fellows at sites with membership in SART. Membership in SART requires an application fee and annual dues. Of note, membership in SART is a "should" requirement and a program can choose not to be a SART member but must provide a justification to the Committee.

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

Requirement #: **IV.C.5.b)-IV.C.5.b).(3)**

Requirement Revision (significant change only):

IV.C.5.b)	The program must ensure that the educational program for each fellow is allocated as follows:

IV.C.5.b).(1)	a minimum of ~~12~~ 18 months of clinical reproductive endocrinology and infertility, which may consist of either block time and/or structured longitudinal experiences distributed throughout one or more blocks; (Core)
IV.C.5.b).(2)	a minimum of ~~18~~ 12 months of ~~protected time for~~ research; and, (Core)
IV.C.5.b).(2).(a)	The ~~R~~research rotations experience must ~~be~~ include 12 months of protected time scheduled in monthly blocks. (Core)
IV.C.5.b).(2).(a).(i)	If fellows are assigned clinical duties during protected research months, this experience must be limited to four hours per week during regular office hours (averaged over a four-week period). (Core)
IV.C.5.b).(2).(a).(i).(a)	Fellows' moonlighting hours must not count toward these four hours. (Core)
IV.C.5.b).(2).(b)	~~At least 12 months of the required 18 months of research must be contiguous. (Core)~~

Specialty-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 reproductive endocrinology and infertility and independent practice duties.

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

IV.C.5.b).(3)	a maximum of six months of elective time consistent with the program aims, and at the discretion of the program director. (Core)

1. Describe the Review Committee's rationale for this revision:
   The proposed revisions align required clinical and research 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?
   Fellows' clinical education will be enhanced with additional time in clinical settings.

3. How will the proposed requirement or revision impact continuity of patient care?
   With increased time required in clinical settings, fellows may have opportunities to care for the same patients over a longer period of time.

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 as programs have in place clinical and research settings and support for reproductive endocrinology and infertility education.

5. How will the proposed revision impact other accredited programs?
   Other programs with reproductive and endocrinology clinical rotations may find an increased presence of reproductive and endocrinology fellows, which will enhance the others' education.

Requirement #: **IV.D.3.-IV.D.3.e)**

Requirement Revision (significant change only):

IV.D.3. Fellow Scholarly Activity

IV.D.3.a) The appointed faculty research mentor must review with the fellow~~s~~ the research curriculum and scholarly paper (thesis) resources, timeline, and expectations. (Core)

IV.D.3.b) The research curriculum must include:

IV.D.3.b).(1) structured delivery of education in research design, research methodology, data analysis, and grant writing; (Core)

IV.D.3.b).(2) opportunities for ~~structured~~ basic, translational, and/or clinical research; and, (Core)

IV.D.3.b).(3) ~~enhancement of the fellows' understanding of the latest scientific techniques and encouragement of interaction with other scientists; (Core)~~

IV.D.3.b).(4) the opportunity for the fellows to present their academic contributions to the ~~national~~ reproductive endocrinology and infertility ~~scientific~~ community;. (Core)

IV.D.3.b).(5) ~~preparation of the fellows to obtain research funding and academic positions; and, (Core)~~

IV.D.3.b).(6) ~~preparation of the fellows to be independent investigators. (Core)~~

IV.D.3.c) ~~Scholarly Paper (Thesis)~~

IV.D.3.d) ~~The program must ensure that each fellow completes a thesis and defends it during the fellowship program. (Core)~~

IV.D.3.d).(1)	~~Under the direction of a faculty mentor, the fellow must complete a comprehensive written scholarly paper (thesis) during the program that demonstrates the following: (Core)~~
IV.D.3.d).(1).(a)	~~utilization of appropriate research design, methodology, and analysis; (Core)~~
IV.D.3.d).(1).(b)	~~collection and statistical analysis of information obtained from a structured basic, translational, and/or clinical research setting; and, (Core)~~
IV.D.3.d).(1).(c)	~~synthesis of the scientific literature, hypothesis testing, and description of findings and results. (Core)~~
IV.D.3.d).(2)	~~The faculty research mentor must be available to support and guide each fellow in the development and execution of the thesis. (Core)~~
IV.D.3.e)	Prior to completion of the fellowship, each fellow must ~~have~~ 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~~:~~. (Core)
IV.D.3.e).(1).(a)	~~a thesis that meets the certification standards set by the American Board of Obstetrics and Gynecology or American Osteopathic Board of Obstetrics and Gynecology; (Core)~~
IV.D.3.e).(1).(b)	~~completed work on the thesis and submitted a written manuscript to the program director; (Core)~~
IV.D.3.e).(1).(c)	~~defended the thesis to the program director, research mentor, and other members of the division at the discretion of the program director; and, (Core)~~
IV.D.3.e).(3).(d)	~~a formal written assessment of the thesis defense. (Outcome)~~
IV.D.3.e).(2)	~~A copy of the manuscript and the thesis defense documentation must be available upon request. (Core)~~

1. Describe the Review Committee's rationale for this revision:
   The scholarly activity requirements 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 program requirement are needed to ensure consistency. The Committee also simplified 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.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The proposed revisions will improve fellow education by ensuring consistency between the program requirements and board requirements for the required scholarly project.

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

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

Requirement Revision (significant change only):

VI.A.2.c).(1).(b).(i)	Telecommunication technology for direct supervision must not be used with invasive procedures and must comply with VI.A.2.b).(2). (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