

**ACGME Program Requirements for Graduate Medical Education
in Obstetrics and Gynecology
Summary and Impact of Focused Requirement Revisions**

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| Requirement #: I.B.1.a) | |
| Requirement Revision (significant change only): | |
| I.B.1.a) | The sponsoring institution must also sponsor Accreditation for Graduate Medical Education (ACGME)-accredited programs in at least one of the following specialties: family medicine, internal medicine, pediatrics, or surgery. (Core) |
| 1. | Describe the Review Committee’s rationale for this revision: The Committee determined that the presence of a program in one of these specialties at the Sponsoring Institution is not necessary to establish a high-quality obstetrics and gynecology program. Rather, it is essential that the program and participating sites have appropriate resources for resident education and safe patient care. The resources section has been revised to clearly outline the resources that must be in place for obstetrics and gynecology education. |
| 2. | How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? N/A |
| 3. | How will the proposed requirement or revision impact continuity of patient care? N/A |
| 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? N/A |
| 5. | How will the proposed revision impact other accredited programs? N/A |

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| Requirement #: I.D.1.a)-I.D.1.g) | |
| Requirement Revision (significant change only): | |
| I.D.1.a) | There must be medical and laboratory data retrieval capabilities accessible from all outpatient and inpatient facilities to enable efficient and effective patient care. (Core) |
| I.D.1.b) | Clinical support services must include pathology and radiology with laboratory and radiologic information retrieval systems that allow rapid access to results. (Core) |
| I.D.1.c) | <u>Inpatient facilities, including a labor and delivery unit, operating rooms, recovery room(s), intensive care unit(s), blood bank(s), diagnostic laboratories, and imaging services, must be regularly available and accessible on an emergency basis. (Core)</u> |

I.D.1.d) Ambulatory care facilities must be regularly available and adequately equipped.
(Core)

I.D.1.e) Residents must have access to hospital-based consultative services in the major medical and surgical disciplines. (Core)

Specialty-Specific Background and Intent: It is expected that programs that depend on nearby facility(ies) to provide medical and surgical critical care have established a clear threshold for the transfer of patient care, plans for the transfer of patient care, and have current written agreement(s) in place with the accepting facility(ies).

I.D.1.f) There must be space and equipment for the educational program, including office space for residents, including meeting rooms and classrooms with audiovisual and other educational aids, simulation capabilities, and office space for staff members. (Core)

Specialty-Specific Background and Intent: Adequate resident office space in the ambulatory and hospital settings includes computer workstations that provide access to electronic health records and space for interprofessional discussions regarding patient care to maintain patient confidentiality.

I.D.1.g) ~~Clinical facilities must include adequate inpatient and outpatient facilities, and office space accessible to residents.~~ (Core)

1. Describe the Review Committee's rationale for this revision:
For the most part, the proposed revisions clarify and consolidate requirements regarding program resources. Program Requirement I.D.1.e) and the Specialty-Specific Background and Intent were added to ensure appropriate consultative services are in place should a patient care emergency occur. Program Requirement I.D.1.f) and Specialty-Specific Background and Intent specifically address resident office space, as the Committee believes this is an essential component of high-quality resident education and patient care.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed revisions will improve resident education, patient safety, and patient care by ensuring programs have in place the necessary resources for resident education and safe patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
N/A
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?
There may be some programs that do not currently have adequate resident office space and they will need to identify or upgrade an area.
5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: **II.A.2.**

Requirement Revision (significant change only):

II.A.2. At a minimum, the program director must be provided with the salary support required to devote 50 percent FTE of non-clinical time to the administration of the program. ^(Core)

II.A.2.a) Additional support for the program director and associate program director(s) must be provided based on program size as follows: ^(Core)

| <u>Number of Approved Resident Positions</u> | <u>Minimum FTE Program Director Support</u> | <u>Minimum FTE Aggregate Program Director/Associate Program Director Support</u> |
|--|---|--|
| <u>1-19</u> | <u>0.50</u> | <u>--</u> |
| <u>20-27</u> | <u>0.50</u> | <u>0.60</u> |
| <u>28-36</u> | <u>0.50</u> | <u>0.70</u> |
| <u>37 or more</u> | <u>0.50</u> | <u>0.80</u> |

1. Describe the Review Committee's rationale for this revision:
Obstetrics and gynecology programs vary in size from a total of eight residents to 80. The proposed revision acknowledges that the amount of protected administrative time needed to successfully lead an obstetrics and gynecology program is related to program size. Recognizing that many programs use associate program directors to meet the program director's administrative responsibilities, the revisions provide program directors with the option of sharing the allotted FTE with an associate program director. The percent FTEs proposed for obstetrics and gynecology are similar to those outlined in the Program Requirements for other specialties that have a wide range of program sizes.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed revisions will improve resident education by ensuring program leadership has sufficient protected time for administrative responsibilities.
3. How will the proposed requirement or revision impact continuity of patient care?
N/A
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?
Institutions with medium to large programs may need to increase the salary support of the obstetrics and gynecology program director and/or provide salary support for an associate program director.
5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: **II.B.1.a)-II.B.1.a).(1).(b)**

Requirement Revision (significant change only):

II.B.1.a) The program director should identify a qualified individual as a Subspecialty Faculty Educator in each of the following subspecialties of obstetrics and gynecology: complex family planning; female pelvic medicine and reconstructive surgery; gynecologic oncology; maternal-fetal medicine; and reproductive endocrinology and infertility. ^(Detail)

II.B.1.a).(1) The Subspecialty Faculty Educator should be:

II.B.1.a).(1).(a) currently certified in the subspecialty by ABOG, or AOBOG, or possess qualifications that are acceptable to the Review Committee, and, ^(Detail)

II.B.1.a).(1).(b) ~~accountable to the program director for the coordination of the residents' educational experiences in the respective in order to accomplish the goals and objectives in the subspecialty, in collaboration with the program director.~~ ^(Detail)

1. Describe the Review Committee's rationale for this revision:
The proposed revisions reflect the fact that complex family planning is now an ACGME-accredited subspecialty. The Committee recognizes some programs do not have a faculty member who completed a complex family planning fellowship. There will be an FAQ addressing how programs can ask the Committee to review a faculty member's qualifications per Program Requirement II.B.1.a).(1).(a). The Subspecialty Faculty Educator requirements remain categorized as "Detail" requirements and as such, programs that have an accreditation status of Continued Accreditation may innovate in how they are met.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed revisions will ensure programs have a designated faculty member with appropriate credentials to work with the program director on the family planning curriculum.
3. How will the proposed requirement or revision impact continuity of patient care?
N/A
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 revision should not necessitate additional resources as one of the faculty members who provides family planning education can be designated as the Subspecialty Faculty Educator in this area.
5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: **II.B.2.h)-II.B.2.h).(1)**

Requirement Revision (significant change only):

[Faculty members must:]

II.B.2.h) provide on-site physician faculty member physician supervision when residents are on duty in the inpatient hospital or ambulatory site. ^(Core)

II.B.2.h).(1) On the labor and delivery unit, on-site physician faculty member supervision must be provided by an obstetrics and gynecology physician. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The Committee determined that the requirements should focus on the 24/7 on-site faculty member supervision needed in inpatient hospital settings. The proposed revisions also reflect the Committee's belief that on the labor and delivery unit, on-site faculty member supervision must be provided by an obstetrics and gynecology physician.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
It is not expected that resident education or patient care will be impacted as programs are likely already meeting these requirements.
3. How will the proposed requirement or revision impact continuity of patient care?
N/A
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 expected that additional resources are needed as programs are likely already meeting these requirements.
5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: **II.B.4.c)-II.B.4.d)**

Requirement Revision (significant change only):

II.B.4.c) Programs with 12 or fewer residents must have a minimum of three core physician faculty members in addition to the program director. ^(Core)

II.B.4.d) Programs with more than 12 residents must have a minimum of one core physician faculty member, in addition to the program director, for every four residents. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The Common Program Requirements require the Review Committee to specify the minimum number of core faculty members and/or the core faculty member-to-resident ratio. To ensure there are a sufficient number of faculty members dedicated

to having a significant role in resident education, the Committee determined that all programs must have at least three core physician faculty members (in addition to the program director) and medium/large programs need an additional core physician faculty member for every four residents beyond 12.

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

The proposed revisions will improve resident education by ensuring each program has a sufficient number of physician faculty members who dedicate a significant portion of their time to teaching and supervising residents.

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

N/A

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 expected that this revision will necessitate additional faculty members as most if not all programs already meet this requirement. If a program has too few physician faculty members designated as core, the program will need to identify additional faculty members who dedicate a significant portion of their time to the program.

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

N/A

Requirement #: **II.C.1.-II.C.2.a)**

Requirement Revision (significant change only):

II.C.1. There must be a program coordinator. ^(Core)

II.C.2. At a minimum, the program coordinator must be supported at ~~100~~ 75 percent FTE for administration of the program. ^(Core)

II.C.2.a) Additional support must be provided based on program size as follows:
^(Core)

| <u>Number of Approved Resident Positions</u> | <u>Minimum FTE of Coordinator Support</u> |
|--|---|
| <u>1-12</u> | <u>0.75</u> |
| <u>13-27</u> | <u>1.00</u> |
| <u>28-36</u> | <u>1.25</u> |
| <u>37 or more</u> | <u>1.50</u> |

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

Obstetrics and gynecology programs vary in size from a total of eight residents to 80. The proposed revisions acknowledge that the amount of administrative time needed to support an obstetrics and gynecology program is related to program size. The percent FTEs proposed for obstetrics and gynecology are similar to those

outlined in the Program Requirements for other specialties that have a wide range of program sizes.

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

The proposed revisions will improve resident education by ensuring there is sufficient administrative support for programs.

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

N/A

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?

Some programs may need to hire additional administrative staff members or adjust the responsibilities of current administrative staff members to meet the required FTE.

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

N/A

Requirement #: **IV.C.1.-IV.C.1.c)**

Requirement Revision (significant change only):

IV.C.1. The curriculum must be structured to optimize resident educational experiences, the length of these experiences, and supervisory continuity.
(Core)

IV.C.1.a) Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)

IV.C.1.b) Clinical experiences should be structured to facilitate learning in a manner that allows the residents to function as part of an effective interprofessional team that works together towards the shared goals of patient safety and quality improvement. (Core)

IV.C.1.c) Programs must have schedules that minimize conflicting inpatient and outpatient responsibilities. (Core)

1. Describe the Review Committee's rationale for this revision:
The Common Program Requirements require the Review Committee to specify how the curriculum will optimize resident educational experiences, their length, and continuity of supervision. To maximize learning opportunities, the Committee believes it is important that residents experience continuity of faculty member supervision/teaching and patient care.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed revisions help improve resident education, patient safety, and patient care quality as these factors will be required to be key considerations in planning residents' schedules.
3. How will the proposed requirement or revision impact continuity of patient care?
The proposed revisions help ensure resident assignments are defined by continuity of patient care.
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 expected that the proposed revisions will require additional institutional resources.
5. How will the proposed revision impact other accredited programs?
N/A

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

Requirement Revision (significant change only):

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| IV.C.5. | Ambulatory Longitudinal Care Experience |
| IV.C.5.a) | Continuity of care is a recognized core value of the specialty of obstetrics and gynecology and must be a priority in each program. Continuity may pertain to individuals, groups of residents, or to a team of providers in its entirety. ^(Core) |
| IV.C.5.b) | Resident experience in the provision of ambulatory care must be structured to include a minimum of 120 distinct half-day sessions over the course of the program. ^(Core) |
| IV.C.5.c) | Ambulatory care experiences must include longitudinal care for a group of patients whose obstetric, gynecologic, or primary care is the primary responsibility of the residents. (Core) |
| IV.C.5.d) | Each resident's ambulatory <u>care</u> longitudinal experience must include: |
| IV.C.5.d).(1) | <u>continuity clinics, and/or maternal-fetal medicine clinics, and/or gynecologic clinics that provide appropriate continuity of patient care, and these clinics must include a resident-specific patient panel;</u> ^(Core) |
| IV.C.5.d).(1).(a) | <u>The distance between residents' ambulatory care assignment(s) and concurrent rotation(s) should not be so great as to impede residents' ability to easily travel between these educational experiences.</u> ^(Core) |

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| IV.C.5.d).(2) | <u>sufficient longitudinal experiences to allow residents to learn to bring acute problems to completion and stabilize chronic problems;</u> ^(Core) |
| IV.C.5.d).(3) | evaluation of performance data for the resident's patients relating to problem-orientated <u>oriented</u> and preventative health care; ^(Core) |
| IV.C.5.d).(3).(a) | <u>There must be</u> faculty member guidance for developing an action plan to improve patient care outcomes based on performance data, and evaluation of this plan at least twice per year; ^(Core) |
| IV.C.5.d).(4) | resident participation in coordination of care within and across hospital-based and outpatient health care settings; and, ^(Core) |
| IV.C.5.d).(5) | availability to participate in the management of their continuity patients between outpatient visits. ^(Core) |
| IV.C.5.d).(5).(a) | There must be systems of care to provide coverage of urgent problems when a resident is not readily available. ^(Core) |

1. Describe the Review Committee's rationale for this revision:
The proposed revisions provide programs with greater flexibility in terms of the types of clinical experiences that can be counted towards the required 120 ambulatory care sessions. While rotations need not be longitudinal per se, residents must have assignments that provide them with the essential learning opportunities inherent in caring for patients over time.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed revisions may improve resident education by providing residents with more diverse opportunities to care for patients in ambulatory clinic settings.
3. How will the proposed requirement or revision impact continuity of patient care?
The proposed revisions specify that residents must have the opportunity to care for patients over 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 expected that the proposed revisions will require additional institutional resources.
5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: **IV.C.6.-IV.C.6.d).(1).(b)**

Requirement Revision (significant change only):

IV.C.6. Peri-operative Management Procedural Experience

IV.C.6.a) ~~The opportunity to demonstrate proficiency in peri-operative management must be included in the residents' clinical experience. (Core)~~

IV.C.6.b) ~~The program must ensure that residents' clinical~~ Residents' procedural experience emphasizes must include appropriate involvement in the ~~process that leads to~~ selection of the surgical or therapeutic option, the pre-operative assessment, and the post-operative care of the patients for whom they share ~~surgical responsibility.~~ (Core)

IV.C.6.c) Each graduating resident must perform the minimum number of cases as established by the Review Committee. (Core)

IV.C.6.c).(1) Performance of the minimum number of cases by a graduating resident must not be interpreted as equivalent to the achievement of competence. (Core)

IV.C.6.d) PGY-1 Gynecology Experiences

IV.C.6.d).(1) PGY-1 residents must have formal training in basic surgical skills, which may be provided longitudinally or as a dedicated rotation. The basic surgical skills curriculum must teach: (Core)

IV.C.6.d).(1).(a) basic operative skills, including incision management, soft tissue management, and suturing; and, (Core)

IV.C.6.d).(1).(b) the fundamentals of endoscopic surgical equipment, and safe use of electrosurgical equipment. (Core)

Specialty-Specific Background and Intent: The basic surgical skills curriculum during the PGY-1 is expected to provide a foundation for skills training in subsequent PGYs and prepare residents to participate in major gynecologic surgery cases in PGY-2.

1. Describe the Review Committee's rationale for this revision:
The Committee believes is it important that residents receive a strong foundation in basic surgical skills early in residency from which to build on throughout the educational program. This foundation helps ensure their ability to enter autonomous practice at the conclusion of the program. The proposed revisions also clarify expectations regarding the minimum procedural 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 resident education, patient safety, and patient care by ensuring that residents receive a strong foundation in basic surgical skills early in residency.
3. How will the proposed requirement or revision impact continuity of patient care?
It is not anticipated that the proposed revisions will impact continuity of patient care as there is no change to the expectation that residents must experience caring for patients through each procedural phase.

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?
Programs that do not have a basic surgical skills curriculum will need to establish one.
5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: **IV.C.7.-IV.C.7.e)**

Requirement Revision (significant change only):

IV.C.7. ~~Family Planning and Contraception~~

- IV.C.7.a) Programs must provide training or access to training in the provision of abortions, and this must be part of the planned curriculum. ^(Core)
- IV.C.7.b) Residents who have a religious or moral objection may opt-out, and must not be required to participate in training in or performing induced abortions. ^(Core)
- IV.C.7.c) Programs must ensure residents' clinical experience includes involvement in counseling patients on the surgical and medical therapeutic options related to the provision of abortions. ^(Core)
- IV.C.7.d) Residents must ~~have experience in managing~~ participate in the management of complications of abortions and training in all forms of contraception, including reversible methods and sterilization. ^(OutcomeCore)
- IV.C.7.e) Residents must have training in all forms of contraception. ^(Core)

1. Describe the Review Committee's rationale for this revision:
Resident involvement in counseling patients regarding the surgical and therapeutic options related to the provision of abortions was added as it is an important aspect of family planning education. The proposed revisions separate the requirements for management of complications and contraception training as they are different aspects of family planning education. The Committee shortened the requirement related to training in *all types of contraception* as the phrasing makes it clear it is inclusive.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed revisions help ensure residents have experiences that lead to counseling patients in the surgical and therapeutic options related to the provision of abortions.
3. How will the proposed requirement or revision impact continuity of patient care?
N/A

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 expected that the proposed revisions will require additional institutional resources.
5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: **IV.C.10.c)**

Requirement Revision (significant change only):

IV.C.10.c) Educational sessions in racial and ethnic health disparities must be held and include disparate maternal morbidity and mortality causes and prevention, and impact of social determinants of health and understanding of racism, privilege, and bias. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The Committee believes education in obstetrics and gynecology health disparities is a critical component to improving women's health care.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed revisions will better prepare residents to care for a diverse patient population and improve the care given to patients from racial and ethnic minority groups.
3. How will the proposed requirement or revision impact continuity of patient care?
N/A
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?
Programs may need to create a curriculum on these topics.
5. How will the proposed revision impact other accredited programs?
N/A

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

Requirement Revision (significant change only):

[Direct Supervision]

VI.A.2.c).(1).(b) the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. ^(Core)

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| VI.A.2.c).(1).(b).(i) | <u>The use of telecommunication technology for direct supervision must be limited to non-procedural patient evaluations and examinations.</u> <small>(Core)</small> |
| <p>1. Describe the Review Committee's rationale for this revision: The Committee believes there are some circumstances when direct supervision via telecommunication technology is appropriate.</p> <p>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? Residents may be given the opportunity to care for a more diverse population of patients. Residents may also gain valuable experience providing care for patients with the use to technology which will help them successfully integrate telehealth into their practice once they complete the residency. Excluding supervision via telecommunication for procedures helps ensure patient safety.</p> <p>3. How will the proposed requirement or revision impact continuity of patient care? The use of telecommunication technology may allow resident physicians to see their patients more frequently.</p> <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? The proposed requirement will not necessitate additional resources. Supervision via telecommunication technology is an option but not required, except in the case of procedures, for which supervision via telecommunication is not permitted.</p> <p>5. How will the proposed revision impact other accredited programs? N/A</p> | |