



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Reproductive Endocrinology and Infertility
(Obstetrics and Gynecology)**

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Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

Reproductive endocrinology and infertility physicians provide consultative services and comprehensive management of patients with reproductive endocrinology and infertility problems throughout the life cycle. This includes the preventive, diagnostic, and therapeutic procedures necessary for the total care of patients with endocrine, structural, genetic, and fertility problems. This requires additional education and training to acquire advanced knowledge of the most current diagnostic and therapeutic approaches available. The subspecialist should be able to function effectively in the arena of basic and applied investigation in reproductive endocrinology and infertility.

Int. II. Duration of Education

Int. II.A. The educational program in reproductive endocrinology and infertility must be 36 or 48 months in length.

I. Institution

I.A. Sponsoring Institution

I.A.1. A fellowship in reproductive endocrinology and infertility must function as an integral part of an ACGME-I-accredited residency in obstetrics and gynecology.

I.A.1.a) The Sponsoring Institution should also sponsor an ACGME-I-accredited residency program in obstetrics and gynecology.

I.A.2. The fellowship program and residency program must complement and enrich one another.

I.A.2.a) The educational opportunities for the fellows and residents in obstetrics and gynecology must be separate and clearly delineated.

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

- II.A.1. The program director must have five years of experience as a reproductive endocrinology and infertility subspecialist following completion of a reproductive endocrinology and infertility fellowship, or possess other qualifications that are acceptable to the Review Committee.
- II.A.2. The program director must actively care for patients in the subspecialty.
- II.A.3. The program director must demonstrate a record of ongoing involvement in scholarly activity in reproductive endocrinology and infertility.
- II.A.4. The program director must monitor the impact of other learners on the experience of the fellows.

II.B. Faculty

- II.B.1. In addition to the program director, there must be at least one core physician faculty member.
- II.B.2. In addition to the program director, there must be at least one core faculty member who is qualified and available to serve as a research mentor to the fellows.
 - II.B.2.a) The appointed faculty research mentor must review the research curriculum and scholarly resources, timeline, and expectations with the fellows.
- II.B.3. In addition to the faculty members in reproductive endocrinology and infertility, there must be faculty members who participate in the care of patients, have mutually complementary and continuing interaction with the fellows, and are involved in the education of the fellows in the following specialty areas:
 - II.B.3.a) embryology;
 - II.B.3.b) genetics;
 - II.B.3.c) male infertility;
 - II.B.3.d) medical endocrinology; and,
 - II.B.3.e) pediatric endocrinology.

II.C. Other Program Personnel

See International Foundational Requirements, Section II.C.

II.D. Resources

- II.D.1. The volume and diversity of cases must be sufficient to provide adequate experiences in the comprehensive management of reproductive endocrinology and infertility, including surgical and medical care, to meet the educational objectives of the program.
- II.D.1.a) There must be adequate patient volume and diversity to educate the approved number of fellows without adversely impacting the education of residents in the obstetrics and gynecology residency program.
- II.D.2. Operating rooms and ambulatory care facilities must be available on a regularly scheduled basis and must always be available on an emergency basis, including:
- II.D.2.a) ambulatory facilities, to include ultrasound imaging;
- II.D.2.b) blood bank(s);
- II.D.2.c) diagnostic laboratories;
- II.D.2.d) facilities to perform bone densitometry, computerized axial tomography, hysterosalpingography, magnetic resonance imaging, and sonohysterography;
- II.D.2.e) laboratories equipped to conduct hormone assays and andrology testing;
- II.D.2.e).(1) Such laboratories must be equipped to conduct oocyte identification, fertilization, and embryo culture and diagnostic procedures.
- II.D.2.f) operating rooms equipped for open and endoscopic procedures; and,
- II.D.2.g) recovery rooms.
- II.D.3. Research infrastructure must be adequate in scope, equipment, statistical support, and personnel to conduct research training.
- II.D.4. Individual patient medical records must be readily available for clinical research, mandated outcome reporting, patient care, and quality improvement projects.

II.D.5. The program must ensure that fellows have access to consultative services in the areas of:

- II.D.5.a) embryology;
- II.D.5.b) genetics;
- II.D.5.c) male infertility;
- II.D.5.d) medical endocrinology; and,
- II.D.5.e) pediatric endocrinology.

III. Fellow Appointment

III.A. Eligibility Criteria

III.A.1. Prior to appointment in the program, fellows should have completed an ACGME-I-accredited residency program in obstetrics and gynecology, or another obstetrics and gynecology residency program acceptable to the Sponsoring Institution's Graduate Medical Education Committee.

III.B. Number of Fellows

III.B.1. There must be a minimum of two fellows in the program at all times.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

IV.A.1.b) Patient Care and Procedural Skills

IV.A.1.b).(1) Fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

IV.A.1.b).(2) Fellows must demonstrate competence in the management of clinical problems affecting the development, function, and aging of the female and male reproductive system, including:

IV.A.1.b).(2).(a) fertility disorders, to include ovarian stimulation for

- the purposes of fertility enhancement and techniques of assisted reproduction;
- IV.A.1.b).(2).(b) genetic issues related to the evaluation and management of patients and their partners;
- IV.A.1.b).(2).(c) oncofertility and fertility preservation;
- IV.A.1.b).(2).(d) psychological, sexual, legal, and ethical implications of reproductive and gender issues; and,
- IV.A.1.b).(2).(e) reproductive disorders, to include abnormal uterine bleeding; climacteric; contraception; endometriosis; fibroids; hypothalamic, ovarian, pituitary, and adrenal axis disorders; and structural abnormalities of the reproductive tract.
- IV.A.1.b).(3) Fellows must demonstrate a commitment to the fundamental ethical and legal principles as practiced in their country or jurisdiction, including those pertaining to:
- IV.A.1.b).(3).(a) comprehensive family planning; and,
- IV.A.1.b).(3).(b) gender and reproductive care.
- IV.A.1.b).(4) Fellows must demonstrate sensitivity to the ethical, legal, psychological, and sexual implications of reproductive issues, including gamete donation, fertility preservation, and third-party reproduction.
- IV.A.1.b).(5) Fellows must demonstrate competence in the use of cost-effective approaches to the management of infertility.
- IV.A.1.c) Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the practice of reproductive endocrinology and infertility.
- IV.A.1.c).(1) Fellows must demonstrate competence in specialized surgical procedures, including:
- IV.A.1.c).(1).(a) embryo transfer (live, mock, or simulation);
- IV.A.1.c).(1).(b) hysteroscopy, laparoscopy, and operative procedures for the management of acquired and developmental abnormalities of the reproductive tract, to include endometriosis, fibroids, Müllerian anomalies, and tubal disease; and,
- IV.A.1.c).(1).(c) oocyte retrieval.
- IV.A.1.c).(2) Fellows must demonstrate competence in:

IV.A.1.c).(2).(a)	performance of transvaginal and transabdominal ultrasound, sonohysterography, hysterosalpingography; and,
IV.A.1.c).(2).(b)	interpretation of all imaging modalities used in the practice of reproductive endocrinology and infertility.
IV.A.1.d)	Medical Knowledge
IV.A.1.d).(1)	Fellows must demonstrate knowledge of established and evolving biomedical clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate knowledge of the following topics as they relate to reproductive endocrinology and infertility:
IV.A.1.d).(1).(a)	abnormal uterine bleeding;
IV.A.1.d).(1).(b)	adrenal function and disease states;
IV.A.1.d).(1).(c)	amenorrhea;
IV.A.1.d).(1).(d)	clinical diagnostic techniques;
IV.A.1.d).(1).(e)	contraception;
IV.A.1.d).(1).(f)	embryology;
IV.A.1.d).(1).(g)	endocrinology of pregnancy;
IV.A.1.d).(1).(h)	endometriosis;
IV.A.1.d).(1).(i)	female infertility;
IV.A.1.d).(1).(j)	genetics;
IV.A.1.d).(1).(k)	male infertility;
IV.A.1.d).(1).(l)	neuroendocrine function and disease states;
IV.A.1.d).(1).(m)	oncofertility and fertility preservation;
IV.A.1.d).(1).(n)	ovarian function and disease states;
IV.A.1.d).(1).(o)	psychological, sexual, legal, and ethical implications of reproductive and gender issues;
IV.A.1.d).(1).(p)	physiology and endocrinology of the climacteric;

- IV.A.1.d).(1).(q) puberty;
- IV.A.1.d).(1).(r) recurrent pregnancy loss;
- IV.A.1.d).(1).(s) statistics;
- IV.A.1.d).(1).(t) techniques of assisted reproduction;
- IV.A.1.d).(1).(u) thyroid function and disease states;
- IV.A.1.d).(1).(v) use of cost-effective approaches to the management of infertility; and,
- IV.A.1.d).(1).(w) use of laboratory methodology, applications, and techniques of reproductive endocrinology.
- IV.A.1.d).(2) Fellows must demonstrate knowledge of the indications, techniques, complications, follow-up, and limitations of the diagnostic and surgical procedures used in clinical reproductive endocrinology and infertility.
- IV.A.1.e) Practice-Based Learning and Improvement
- IV.A.1.e).(1) Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
- IV.A.1.f) Interpersonal and Communication Skills
- IV.A.1.f).(1) Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, patients' families, and other health professionals.
- IV.A.1.g) Systems-Based Practice
- IV.A.1.g).(1) Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinates of health, as well as the ability to call effectively on other resources in the system to produce optimal care.

IV.B. Regularly Scheduled Educational Activities

- IV.B.1. The program must provide regularly scheduled didactic instruction in both basic science and the clinical aspects of the subspecialty.
- IV.B.1.a) These sessions must comprise a minimum of one hour per week (averaged over four weeks), be conducted at a fellowship level, be

presented by faculty members a majority of the time, and be presented at the primary clinical site.

IV.B.1.b) Fellows' schedules and responsibilities should be structured to allow attendance at the majority of these sessions.

IV.B.2. Fellows must actively participate in multidisciplinary interprofessional conferences devoted to care of reproductive endocrinology and infertility patients.

IV.C. Clinical Experiences

IV.C.1. The program must ensure that the educational program for each fellow is allocated as follows:

IV.C.1.a) experience in clinical reproductive endocrinology and infertility, which may consist of either block time and/or structured longitudinal experiences distributed throughout one or more blocks; and,

IV.C.1.a).(1) For a 36-month program, these experiences must be a minimum of 18 months.

IV.C.1.a).(2) For a 48-month program, these experiences must be a minimum of 24 months.

IV.C.1.b) elective experiences.

IV.C.1.b).(1) These experiences must be consistent with the program's aims and be planned in consultation with the program director.

IV.D. Scholarly Activity

IV.D.1. Fellow Scholarly Activity

IV.D.1.a) The research curriculum must include:

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

IV.D.1.a).(2) opportunities for basic, translational, and/or clinical research; and,

IV.D.1.a).(3) the opportunity for fellows to present their academic contributions to the reproductive endocrinology and infertility community.

IV.D.1.b) Fellows' scholarly experience must begin in the first year and continue for the entire length of the educational program.

IV.D.1.b).(1) The experience must be structured to allow development of requisite skills in research and scholarship and to provide sufficient time for completion of a scholarly project, as well as presentation of the results of that project.

IV.D.2. Faculty Scholarly Activity

See International Foundational Requirements, Section. IV.D.2.

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

VI.A. Principles

See International Foundational Requirements, Section VI.A.

VI.B. Patient Safety

See International Foundational Requirements, Section VI.B.

VI.C. Quality Improvement

VI.C.1. Fellows must develop the skills and habits necessary to regularly review individual, program, and other assisted reproductive technologies outcome data in order to assess and improve patient outcomes.

VI.C.2. The program must document its active participation in clinical databases used to assess and improve patient outcomes.

VI.D. Supervision and Accountability

VI.D.1. Fellows must not be regularly relied upon to provide a clinical service that exceeds the educational value of the activity, such as follicular monitoring.

VI.E. Professionalism

See International Foundational Requirements, Section VI.E.

VI.F. Well-Being

See International Foundational Requirements, Section VI.F.

VI.G. Fatigue

See International Foundational Requirements, Section VI.G.

VI.H. Transitions of Care

See International Foundational Requirements, Section VI.H.

VI.I. Clinical Experience and Education

See International Foundational Requirements, Section VI.I.

VI.J. On-Call Activities

See International Foundational Requirements, Section VI.J.