ACGME International

Advanced Specialty Program Requirements for Graduate Medical Education in 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

The surgical specialty of obstetrics and gynecology focuses on the medical and surgical care of the female reproductive system across the lifespan and across women's health conditions, such that it distinguishes the physicians who specialize in it from other physicians and enables them to serve as primary physicians for women, and as consultants to other non-obstetrician/gynecologic physicians.

Int. II. Duration of Education

Int. II.A. The educational program in obstetrics and gynecology must be 48 or 60 months in length.

I. Institution

I.A. Sponsoring Institution

I.A.1. The Sponsoring Institution must also sponsor ACGME-I-accredited programs in at least one of the following specialties: family medicine; internal medicine; pediatrics; or general surgery.

I.A.2. The Sponsoring Institution must ensure that every site participating in resident education has a process in place for clinical care that does not require resident availability after duty hour maximum time is reached or during time protected for resident conferences.

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 a minimum of five years of documented experience as a primary health care clinician for women, educator, and administrator following a residency or fellowship in obstetrics and gynecology.

II.A.2. The program director must:

II.A.2.a) conduct and document ongoing and final reviews of ACGME-I operative logs with residents to ensure an adequate distribution, volume, and variety of operative experiences; and,

II.A.2.b) ensure accurate and complete documentation of each resident's experience, and

II.A.2.c) retain the numbers and types of operative procedures performed by residents in the program for each year of the program.

II.B. Faculty

II.B.1. Faculty members must include at least one member in each of the following subspecialties of obstetrics and gynecology: female pelvic medicine and reconstructive surgery; gynecologic oncology; maternal-fetal medicine; and reproductive endocrinology and infertility.

II.B.2. Subspecialty faculty members should be:

II.B.2.a) currently certified in the pertinent subspecialty, or should possess other qualifications that are acceptable to the Review Committee; and,

II.B.2.b) accountable to the program director for coordination of the residents' educational experiences in order to support accomplishment of the goals and objectives of the required education in the given subspecialty area.

II.C. Other Program Personnel

See International Foundational Requirements, Section II.C.

II.D. Resources

II.D.1. The program must provide a medical record system that allows retrieval of clinical, laboratory, imaging, pathology, and outside investigation data to enable efficient, timely, and effective patient care.

II.D.2. The Sponsoring Institution must provide clinical support services, such as pathology and radiology, including laboratory and radiologic information retrieval systems, that allow rapid access to results.

II.D.3. There must be space and equipment for the educational program, including meeting rooms and classrooms with audio-visual and other educational aids, simulation capabilities, and office space for staff members.

II.D.4. Clinical facilities must include adequate inpatient and outpatient facilities, equipment, and office space accessible to residents.

III. Resident Appointment

III.A. Eligibility Criteria

See International Foundational Requirements, Section III.A.

III.B. Number of Residents

III.B.1. A minimum of four residents must be enrolled in each year of the program.

III.C. Resident Transfers

See International Foundational Requirements, Section III.C.

III.D. Appointment of Fellows and Other Learners

See International Foundational Requirements, Section III.D.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

See International Foundational Requirements, Section IV.A.

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) Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. Residents must demonstrate:

IV.A.1.a).(1).(a) compassion, integrity, and respect for others;

IV.A.1.a).(1).(b) responsiveness to patient needs that supersedes self-interest;

IV.A.1.a).(1).(c) respect for patient privacy and autonomy;

IV.A.1.a).(1).(d) accountability to patients, society, and the profession;

IV.A.1.a).(1).(e) sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation;

IV.A.1.a).(1).(f) commitment to self-improvement;

IV.A.1.a).(1).(g) ability to coach others to improve punctuality and responsiveness;

IV.A.1.a).(1).(h) ability to offer assistance so that patient care duties are completed in a timely fashion; and,

IV.A.1.a).(1).(i) self-awareness of fatigue and stress, and the ability to mitigate their effects.

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

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

IV.A.1.b).(1).(a) evaluating a patient's complaint, providing an accurate examination, employing appropriate diagnostic tests, arriving at a correct diagnosis, and recommending appropriate treatment;

IV.A.1.b).(1).(b) the essential areas of obstetrics and gynecology, including:

IV.A.1.b).(1).(b).(i) normal physiology of reproductive tract;

IV.A.1.b).(1).(b).(ii) high-risk behaviors, such as multiple sex partners, no contraception, no protection from sexually transmitted infection, or substance abuse;

IV.A.1.b).(1).(b).(iii) diagnosis and non-surgical management of breast disease;

IV.A.1.b).(1).(b).(iv) medical and surgical complications of pregnancy;

IV.A.1.b).(1).(b).(v) delivery, to include the use of obstetric forceps and/or the vacuum extractor;

IV.A.1.b).(1).(b).(vi) gynecologic surgery;

IV.A.1.b).(1).(b).(vii)	care of critically ill obstetric and gynecology patients;
IV.A.1.b).(1).(b).(viii)	obstetric and gynecologic pathology;
IV.A.1.b).(1).(b).(ix)	the care and management of care of menopausal women;
IV.A.1.b).(1).(b).(x)	diagnosis and management of pelvic floor dysfunction, to include surgical correction;
IV.A.1.b).(1).(b).(xi)	reproductive endocrinology and infertility;
IV.A.1.b).(1).(b).(xii)	family planning, genetics, and abortion;
IV.A.1.b).(1).(b).(xiii)	psychosomatic and psychosexual counseling;
IV.A.1.b).(1).(b).(xiv)	the management of complications of non-reversible methods of contraception and the performance of these procedures; and,
IV.A.1.b).(1).(b).(xv)	geriatric medicine, to include ambulatory primary care problems.
IV.A.1.b).(1).(c)	the full range of commonly employed obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques;
IV.A.1.b).(1).(d)	counseling women regarding nutrition, exercise, health maintenance, high-risk behaviors, and preparation for pregnancy and childbirth;
IV.A.1.b).(1).(e)	counseling women who have undergone genetic amniocentesis;
IV.A.1.b).(1).(f)	continuous management of the care of women of all ages;
IV.A.1.b).(1).(g)	appropriate use of community resources and other physicians through consultation when necessary;
IV.A.1.b).(1).(h)	behavioral medicine and psychosocial problems, including domestic violence, sexual assault, and substance abuse;
IV.A.1.b).(1).(i)	emergency care; and,
IV.A.1.b).(1).(j)	community medicine, including health promotion and disease prevention.

IV.A.1.c) Medical Knowledge

IV.A.1.c).(1) Residents 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. Residents must demonstrate knowledge of:

IV.A.1.c).(1).(a) reproductive health care and ambulatory primary health care for women, including health maintenance, disease prevention, diagnosis, treatment, consultation for co-management, and referral;

IV.A.1.c).(1).(b) health care, from puberty through adolescence, the reproductive years, menopause, and the geriatric years;

IV.A.1.c).(1).(c) the fundamentals of basic science as applied to clinical obstetrics and gynecology;

IV.A.1.c).(1).(d) applied surgical anatomy and pathology;

IV.A.1.c).(1).(e) physiology and pathophysiology related to reproductive function;

IV.A.1.c).(1).(f) the principles of genetic diagnosis;

IV.A.1.c).(1).(g) basics of risk-benefit analysis, epidemiology, statistics, data collection and management, and use of medical literature and assessment of its value; and,

IV.A.1.c).(1).(h) the behavioral and societal factors that influence health among women of differing socioeconomic and cultural backgrounds.

IV.A.1.d) Practice-based Learning and Improvement

IV.A.1.d).(1) Residents 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. Residents are expected to develop skills and habits to be able to meet the following goals:

IV.A.1.d).(1).(a) identify strengths, deficiencies, and limits in one’s knowledge and expertise;

IV.A.1.d).(1).(b) identify and perform appropriate learning activities;

IV.A.1.d).(1).(c) incorporate formative evaluation feedback into daily practice;

IV.A.1.d).(1).(d) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;

IV.A.1.d).(1).(e) participate in departmental or institutional quality processes or committees;

IV.A.1.d).(1).(f) participate in the education of patients, patients' families, students, other residents, and other health professionals;

IV.A.1.d).(1).(g) set learning and improvement goals;

IV.A.1.d).(1).(h) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; and,

IV.A.1.d).(1).(i) use information technology to optimize learning.

IV.A.1.e) Interpersonal and Communication Skills

IV.A.1.e).(1) Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must:

IV.A.1.e).(1).(a) communicate effectively with patients, patients' families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;

IV.A.1.e).(1).(b) communicate effectively with physicians, other health professionals, and health-related agencies;

IV.A.1.e).(1).(c) work effectively as a member or leader of a health care team or other professional group;

IV.A.1.e).(1).(d) act in a consultative role to other physicians and health professionals;

IV.A.1.e).(1).(e) maintain comprehensive, timely, and legible medical records, if applicable;

IV.A.1.e).(1).(f) provide counseling, engage in shared decision-making, and obtain informed consent for procedures, including alternative treatments, risks, benefits, complications, and the peri-operative course of those procedures;

IV.A.1.e).(1).(g) discuss adverse events;

IV.A.1.e).(1).(h) inform patients and their families about a medical error that caused harm, incorporating risk management in this process;

IV.A.1.e).(1).(i) lead interprofessional and interdisciplinary health care teams to achieve optimal outcomes;

IV.A.1.e).(1).(j) lead effective transitions of care and team debriefings;

IV.A.1.e).(1).(k) respond to requests for consultation in a timely manner and communicate recommendations to the requesting team; and,

IV.A.1.e).(1).(l) organize and participate in multidisciplinary family/patient/team member conferences.

IV.A.1.f) Systems-based Practice

IV.A.1.f).(1) Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents must:

IV.A.1.f).(1).(a) work effectively in various health care delivery settings and systems relevant to their clinical specialty;

IV.A.1.f).(1).(b) coordinate patient care within the health care system relevant to their clinical specialty;

IV.A.1.f).(1).(c) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

IV.A.1.f).(1).(d) advocate for quality patient care and optimal patient care systems;

IV.A.1.f).(1).(e) work in interprofessional teams to enhance patient safety and improve patient care quality;

IV.A.1.f).(1).(f) participate in identifying system errors and implementing potential systems solutions;

IV.A.1.f).(1).(g) report errors and near-misses to the institutional surveillance system and to superiors;

IV.A.1.f).(1).(h) analyze patient care options from a quality-of-life/cost-of-care perspective, and counsel patients on their care options ; and,

IV.A.1.f).(1).(i) actively participate in quality improvement/patient safety projects.

IV.B. Regularly Scheduled Educational Activities

IV.B.1. Educational sessions in obstetrics and gynecology must be structured and regularly scheduled and held.

IV.B.1.a) These sessions should consist of patient rounds, case conferences, simulation training, journal clubs, and protected time for educational activities covering all aspects of obstetrics and gynecology, including basic sciences pertinent to the specialty.

IV.B.2. Interdisciplinary sessions should occur and include health care providers from appropriate specialties.

IV.C. Clinical Experiences

IV.C.1. Chief Resident

IV.C.1.a) Within the final 16 months of education, residents must serve at least 12 months as a chief resident.

IV.C.1.b) The clinical and academic experience as a chief resident should be structured to prepare the resident for independent practice in obstetrics and gynecology.

IV.C.1.c) The chief resident experience, with appropriate supervision, should:

IV.C.1.c).(1) promote a high level of responsibility and independence; and,

IV.C.1.c).(2) include development of technical competence and proficiency in the management of patients with complex gynecological conditions, management of complicated pregnancies, and performance of advanced procedures.

IV.C.2. Longitudinal Ambulatory Care Experience

IV.C.2.a) Continuity of care must be a priority in each program.

IV.C.2.a).(1) Continuity should pertain to individuals, groups of residents, or to a team of practitioners in its entirety.

IV.C.2.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.

IV.C.2.c) Ambulatory care experiences must include up to 30 continuity experiences in which a resident provides longitudinal care for a group of patients whose obstetric, gynecologic, or primary care is the primary responsibility of the resident.

IV.C.2.d) Each resident's longitudinal ambulatory experience must include:

IV.C.2.d).(1) evaluation of performance data for the resident's patients relating to problem-orientated and preventative health care;

IV.C.2.d).(2) 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;

IV.C.2.d).(3) resident participation in coordination of care within and across hospital-based and outpatient health care settings; and,

IV.C.2.d).(4) availability to participate in the management of their continuity patients between outpatient visits.

IV.C.3. Peri-Operative Management

IV.C.3.a) Residents must have the opportunity to demonstrate competence in peri-operative management during the course of their clinical experience.

IV.C.3.b) The program must ensure that residents' clinical experience emphasizes 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.

IV.C.4. Family Planning and Contraception

IV.C.4.a) Residents must have training or access to training in the provision of abortions, and this must be part of the planned curriculum.

IV.C.4.b) Residents who have a religious or moral objection may opt out of and must not be required to assist with or perform induced abortions.

IV.C.4.c) Residents must have experience in managing complications of abortions and training in all forms of contraception, including reversible methods and sterilization.

IV.D. Scholarly Activity

See International Foundational Requirements, Section IV.D.

V. Evaluation

See International Foundational Requirements, Section V.A.

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

See International Foundational Requirements, Section VI.C.

VI.D. Supervision and Accountability

VI.D.1. The members of the physician faculty must be immediately available to the residents if clinical activity is taking place in the operating rooms and/or labor and delivery areas.

VI.D.2. There must be on-site supervision for clinical services provided in ambulatory (office) locations.

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.