



# **Review Committee for Obstetrics and Gynecology**

Meredith Alston, MD, Review Committee Chair  
Men-Jean Lee, MD, Review Committee Member



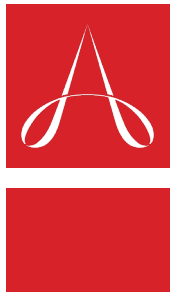
# Disclosure

- No conflicts to report



# Talking Points

- Review Committee Structure
- Accreditation Status of Programs
- Specialty Updates, FPEP, and Important Reminders
- Annual Update and ADS Information
- ACGME News



# Review Committee Structure



# RC Membership

- **All volunteers: 6-year terms**
- **Diversity valued (e.g., gender, geography, subspecialty)**
- **16 voting members:**
  - **14 members nominated by ABOG, ACOG, AMA, & AOA**
  - **1 resident/fellow member (2-year term)**
  - **1 public member**
- **3 non-voting ex-officio members (1 - ABOG, 1 - ACOG, & 1 - AOA)**

# RC Voting Members

- **Meredith Alston, MD, Chair**  
*Saint Joseph Hospital/Intermountain Health*
- **Tony Ogburn, MD, Vice Chair**  
*University of Texas Health San Antonio*
- **May Blanchard, MD**  
*University of Maryland*
- **Seine Chiang, MD**  
*University of Washington*
- **Bill Cliby, MD**  
*Mayo Clinic*
- **Marlene Corton, MD**  
*University of Texas Southwestern*
- **Adrienne Dade, MD**  
*Rush University*
- **Felicia Lane, MD**  
*University of California, Irvine*
- **Men-Jean Lee, MD**  
*University of Hawaii*
- **Kurt Ludwig, DO**  
*Henry Ford Macomb Hospital*
- **Kathleen Morrell, MD, MPH**  
*Maimonides Medical Center*
- **Michelle Owens, MD**  
*Ascension St. Vincent's Hospital*
- **Randal Robinson, MD**  
*University of Texas Health San Antonio*
- **Paul Spartzak, DO**  
*Duke University*
- **Eric Schmitt, Col., MD (Resident Member)**  
*Tripler Army Medical Center*
- **Allyson Sonenshine, JD (Public Member)**





# New RC Executive Committee

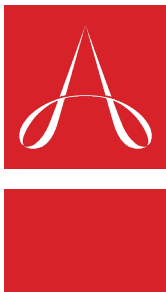
Meredith Alston, MD  
Chair

Tony Ogburn, MD  
Vice Chair

Laura Huth, MBA  
Executive Director

Emma Breibart-White, MALS  
Associate Executive Director

Carleigh Wyatt  
Senior Accreditation  
Administrator



# RC Meetings

Three meetings per calendar year:  
*February, April, and September*

## Upcoming Meetings:

February 5-7, 2025 – agenda closed November 11

April 24-25, 2025 – agenda closes February 7

September 18-19, 2025 – agenda closes July 7

### Upcoming Events

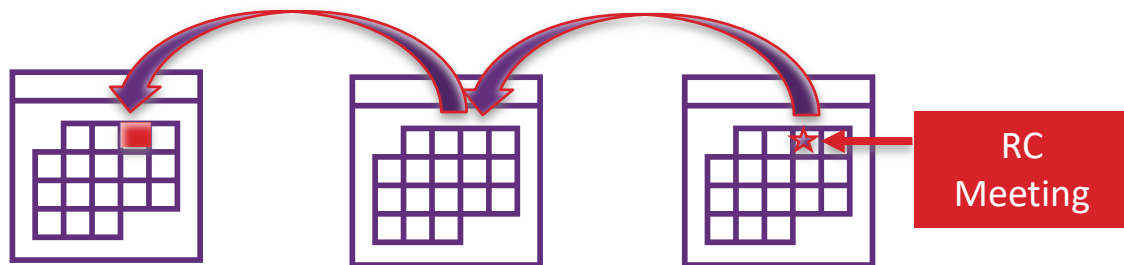


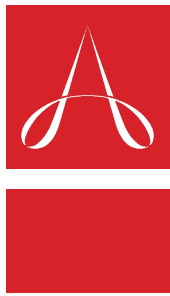




# RC Meetings Reminder

- Meeting agenda closes about **two months** before meeting
- **Permanent** complement increase requests must be submitted by the **DIO** by agenda closing date to make the next meeting





# **Accreditation Status of Programs**



# MFM Fellowships (as of 1/1/25)

Accreditation Status	Count
Initial Accreditation	10
Initial Accreditation with Warning	1
Continued Accreditation without Outcomes	10
Continued Accreditation	89
Continued Accreditation with Warning	1
<b>Total Programs</b>	<b>111</b>
<b>Total Approved Fellowship Positions</b>	<b>509</b>



# **Specialty Updates, FPEP, and Important Reminders**



# MFM Case Log Minimums

ACGME PROCESS FOR MINIMUMS CHANGE



**Needs Assessment**



**Data Gathering**



**Convene Relevant Stakeholders**



**Group deliberates & makes recommendations**



**Propose Revised Minimums to RC for input & refinement**



**Public Comment**



**Feedback to Stakeholder Group**



**Proposed Minimums to RC for Approval**



**Communicate Changes**



# MFM Case Log Minimums

## *RELEVANCE*

- Responsibility to future patients and trainees
- Facilitates evaluation of new and current programs for adequate clinical experiences
- Continue to ensure fellows are consistently and accurately logging to facilitate data driven Case Log minimum decisions



# Block Diagram

18 months core MFM, including:

- 3 months ultrasound
- 2 months outpatient
- 2 months genetics
- 2 months supervisory L&D
- 1 month ICU

- Block diagram must show how program meets core MFM clinical requirements
- **Longitudinal** experiences **must** be included in block diagram and/or explained in note below
- Block diagram instructions available at [acgme.org](https://www.acgme.org) > Specialties > OB/GYN > [Documents and Resources](#)



# Genetics Experience

- Genetics coursework can **supplement**, but not replace, the required two months of clinical experience
- A genetics counselor **can** be the program's genetics faculty member
  - Optional to include in Non-Physician Faculty Roster
    - Reminder: If include, program will need to report their scholarly activity, and they will be expected to participate in ACGME Faculty Survey





# FPEP - VH/OVD

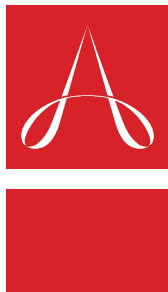


- The Flexible Procedural Experience Pilot is in effect for 2025 graduates and beyond
- The volume of operative vaginal delivery (OVD) and vaginal hysterectomy (VH) procedures has declined nationally although they remain very important in the care of the patients the specialty serves.
- All programs may participate in the pilot program, and do not need to enroll. Programs are asked to self-identify participation in the pilot and share specific resident education experiences related to the pilot in the “Major Changes” section of the ADS Annual Update.
- The goal of the pilot is to consolidate these procedures into the hands of those who will most likely continue to do them in practice. **Total program minimums will not change.** A program with four residents per year will be required to show 60 OVD/VHs annually, however based on the new pilot guidelines, the distribution of cases per resident may vary. Programs not meeting these total program minimums will be cited. All residents are expected to have equitable educational experiences until The Match®.



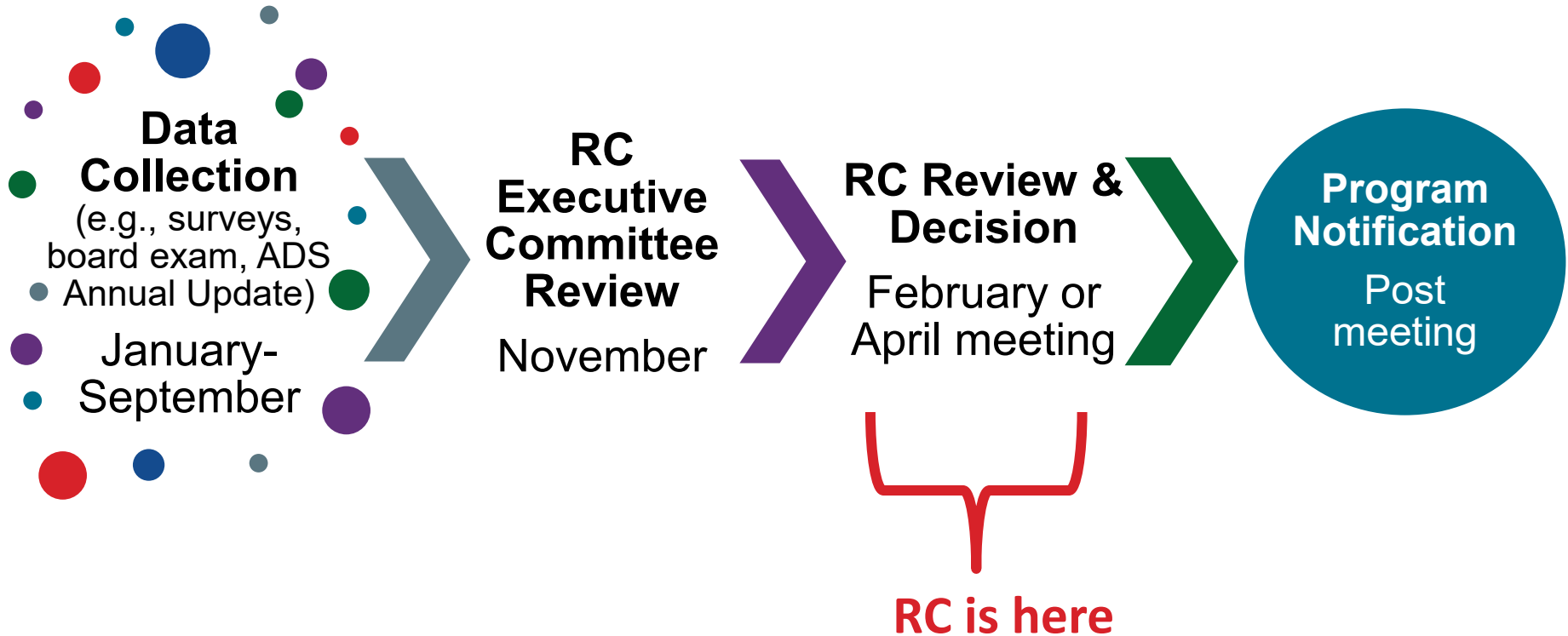
# FPEP - VH/OVD

- Additionally, resident experience cannot be “zero” in OVD or VH, regardless of The Match®.
- For those residents who match into **maternal-fetal medicine**, gynecologic oncology, reproductive endocrinology and infertility, and urogynecology and reconstructive pelvic surgery programs, fewer than 15 procedures will be allowable as follows:
  - Residents matched into gynecologic oncology, reproductive endocrinology and infertility, and urogynecology and reconstructive pelvic surgery programs can have fewer than 15 OVDs without citation.
  - Residents matched into gynecologic oncology, **maternal fetal medicine**, and reproductive endocrinology and infertility programs can have fewer than 15 VHs without citation.



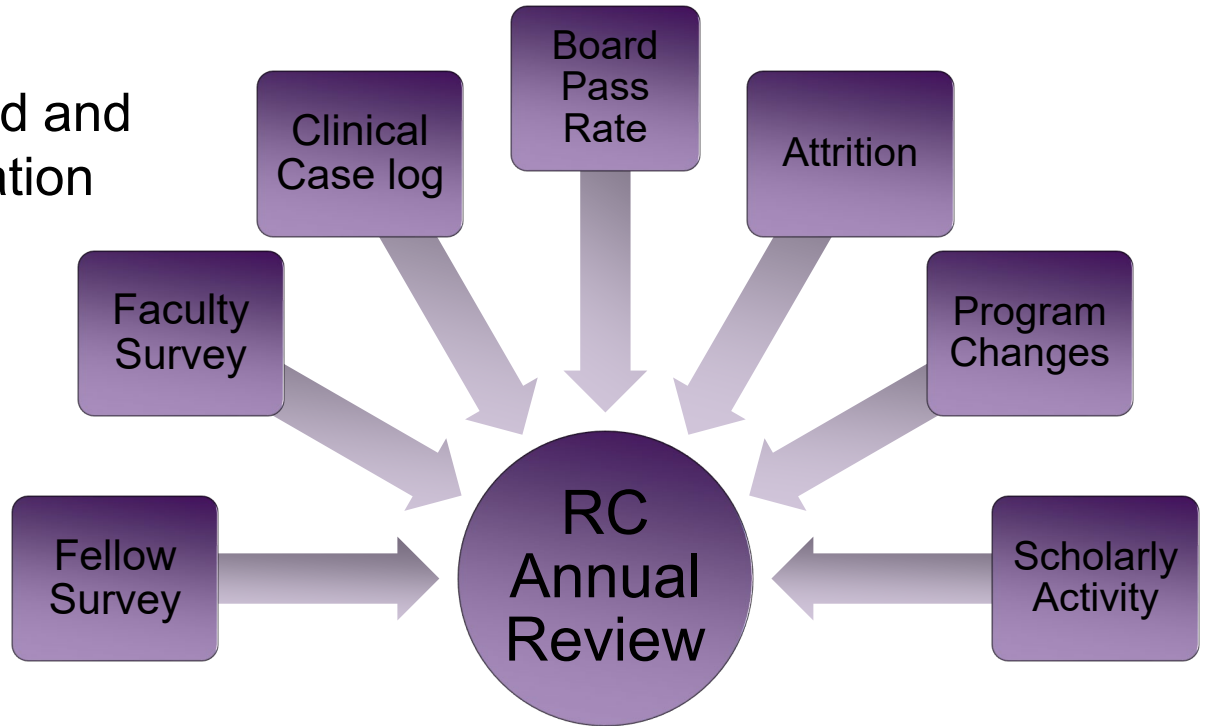
# **Annual Update and ADS Information**

# Annual Program Review

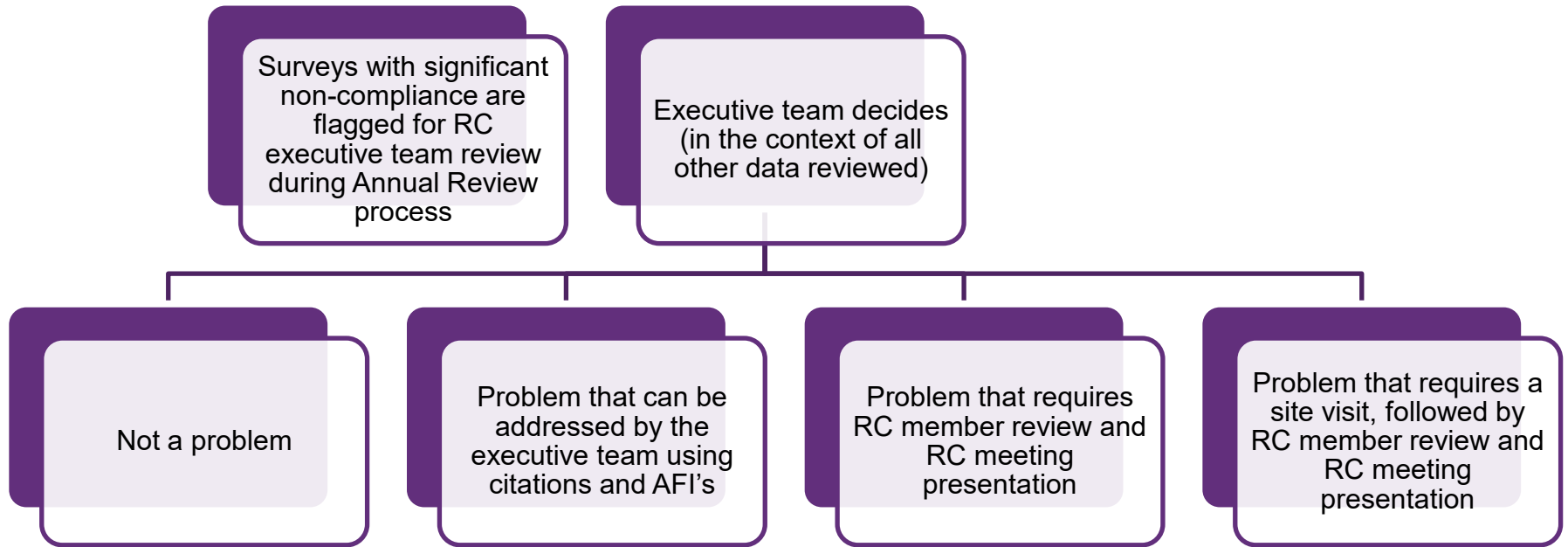


# Annual Program Review

January - September:  
Program data gathered and  
stored in the Accreditation  
Data System (ADS)



# What does the RC do with your surveys?





# Major Changes and Other Updates

## Communicate to the RC about:

- Low ratings on the ACGME Surveys
- How the program has addressed any Areas for Improvement (AFIs)
- Issues with clinical volume and how the program is addressing
- Program changes (e.g. rotations, faculty)
- Program innovations
- Impact of Federal Rulings/State Laws



# Responding to Citations

- Keep in mind the audience: physician GME leader who does not know your program or institution
- Be clear, concise, and frank
- Demonstrate that you have gotten to the root of the non-compliant area
- Outline implemented action plan
- Describe outcomes (e.g., survey trending up, Case Log minimums met)
- If goals not met, explain why and outline next steps





# Process of Thesis Example

*Briefly Describe the process by which each fellow will complete a thesis. [PR IV.D.3.c]  
(Limit response to 200 words)*

The fellow will complete their scientific work in the first year of fellowship (12 months, 90%+ dedicated research time). The project is assigned right at the start of the year with options of projects offered remotely prior to start of the fellowship. Frequent meetings are held with the direct research mentor and fellowship PD to assure progress. Data is presented at laboratory meetings to assess progress. Project progress is also assessed at the department wide Resident/Fellow research program meetings. Findings are presented at the Annual Research Day for the Ob/Gyn department. Thesis is finalized and presented in July of year 2; if this is not feasible, a later date will be set. Our first fellow has followed this paradigm and defended the thesis. The Fellow is encouraged to have a back up project, in case the main thesis project runs into unforeseen issues.



# Fellow Evaluations

- Longitudinal experiences must be evaluated at least every three months
- Evaluations must be completed by faculty members **and others** (self, staff, residents, etc)
- Semi-annual and summative (end of year) evaluation:
  - Review progress along Milestones, progress on the thesis, clinical experience via Case Logs
  - Summative eval must document readiness to progress to the next year



# Fellow Evaluations

- Final evaluation (at end of training)
  - Document progress on the Milestones, clinical experience via Case Logs, and completion of thesis
  - Include the statement: " Dr. [NAME] has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice."



# Program Changes

- The following changes are submitted in ADS:
  - **Complement**
  - **Program Director**
  - **Participating Site**
    - Sites must be added if at least one month and a required experience for all fellows
    - However, you *can* add other sites, to help the RC understand the fellow's experience
- **All three changes require RC approval**



# Temporary Complement Increase Requests

- **Up to 90-day extension needed:**
  - Do **not** need to submit request in ADS
- **Over 90 days:**
  - Submit if over **total** complement – no change



# Permanent Complement Increase Requests

- **Sound educational rationale:** outline how increase will benefit fellow education
- **Must** be sufficient patient/procedural volume
  - Most recent Graduate Case Log Report
  - Institutional Procedural/Patient Data
- Favorable learning environment
- Use **color** to identify changes in proposed block diagram
- Instructions available at [acgme.org](https://www.acgme.org) > Specialties > OB/GYN > Documents and Resources > [Complement Change Requests](#)



# Program Director Changes

- Proposed fellowship program directors must have at least **five years** experience as subspecialist *or qualifications acceptable to the RC*
- RC will consider **four** years of experience if exceptionally qualified
  - Program Requirement Background and Intent box outlines expectations
  - When submitting a new program director in ADS, email a letter to the RC outlining the plan to meet these expectations
- RC unlikely to consider fewer than four years of subspecialty experience



# ACGME Updates



# ACGME President and CEO – January 1, 2025



**Debra F. Weinstein, MD**

- **Education**

- Undergraduate: Wellesley College
- Medical School: Harvard Medical School
- Clinical education and training: Internal medicine and gastroenterology, Massachusetts General Hospital (MGH)

- **Previous Roles**

- Executive Vice Dean for Academic Affairs, University of Michigan Medical School
- Chief Academic Officer, Michigan Medicine
- Professor of Learning Health Sciences and Internal Medicine, University of Michigan Medical School
- Program director for internal medicine, MGH
- Designated institutional official, MGH and Brigham and Women's Hospitals
- Vice President for Graduate Medical Education, Mass General Brigham, Boston
- Associate Professor of Medicine, Harvard Medical School



# 2025 ACGME Surveys

Surveys open February 10 - April 4

**No changes** to the survey process – program leadership responsible for notifying fellows and faculty about the survey via ADS

Programs should review/update their Fellow and Faculty Rosters as needed in ADS before the surveys open, to ensure accurate scheduling of participants.

Results available in early May

Small programs receive a Multi-Year Report a few weeks later

Reminder: 70% response rate required



# CPR Revisions

## ACGME PROCESS FOR REVISIONS



**ACGME has a 3-year  
timeline**



**Board appointed the  
Task Force in the Fall**



**Task Force meets  
early 2025 with new  
CEO**



**Article defining  
goals, process,  
timeline in JGME**



**Commissioned  
papers\* received –  
goal is to publish  
in 2025**



**AEC Session 2025**

**\*Commissioned papers:**

- **Work Hours**
- **Rotational Transitions**
- **Time to Competence**

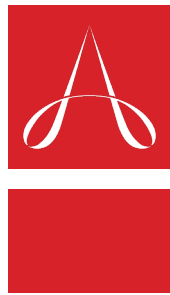


# Assurance Site Visits

## *Updated Model for Site Visits for Programs on Continued Accreditation statuses*

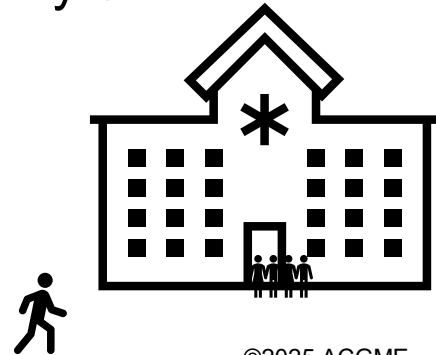
The ACGME has developed an updated sustainable model for improvement and assurance for its more than 11,000 accredited programs on Continued Accreditation statuses.

- In 2024, the ACGME conducted site visits for 149 programs on Continued Accreditation that have not had a site visit in approximately 9 years or more. These site visits were identified through a sampling process and will support the ACGME's assurance responsibility to the public.
- For 2025, ACGME selected 200 programs for these randomly selected site visits and notifications were sent out in November with future approximate site visit target dates ranging from April to October 2025. **No MFM Programs for 2025**
- For these programs, Field Activities initiates the scheduling process by requesting site visit blackout dates.
- Separately, Review Committees may request site visits for programs on Continued Accreditation statuses at their discretion after the annual review of data or in response to a complaint.



# Data Driven Site Visits

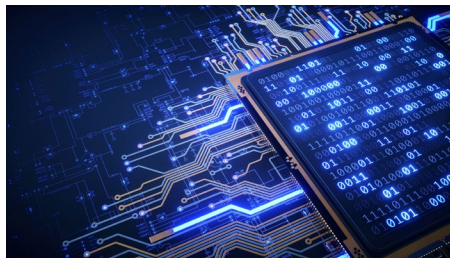
- Virtual or in-person site visit format
- In-person site visits for complex visits (e.g., complaint, probation)
- Site visit letter announcement identifies format
- Neither programs nor RCs can select the modality of the site visit





# ACGME Digital Transformation

- ACGME actively working on a multi-year digital transformation project
- **ACGME Cloud – 2025**
- Establish a modern data estate to improve analytics capabilities
- Create infrastructure for an outcomes-based accreditation model



# Where to go for help?

## RC Staff

[lhuth@acgme.org](mailto:lhuth@acgme.org)

[ebreibartwhite@acgme.org](mailto:ebreibartwhite@acgme.org)

[cwyatt@acgme.org](mailto:cwyatt@acgme.org)

- Program requirements
- Notification letters
- Complement requests
- Case Log content

## Milestones Staff

[milestones@acgme.org](mailto:milestones@acgme.org)

- Milestones

## ADS Staff

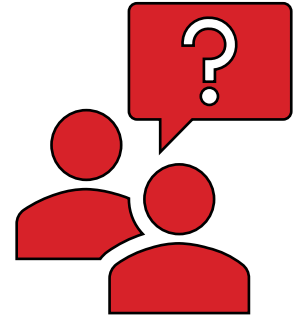
[ADS@acgme.org](mailto:ADS@acgme.org)

- ADS
- Surveys
- Case Log System

## Field Activities Staff

[fieldrepresentatives@acgme.org](mailto:fieldrepresentatives@acgme.org)

- Site Visits





**Thank You!**  
**Questions?**