Residency Review Committee for Obstetrics and Gynecology (RRC) Report

David Jaspan, DO, FACOOG

Chair, Review Committee for Obstetrics and Gynecology
Chair, Department of Obstetrics and Gynecology, Albert Einstein Medical Center

2019 CREOG & APGO Annual Meeting   February 28, 2019
Disclosures

Fiduciary: Volunteer for ACGME

Financial: None
Topics

- Obstetrics & Gynecology Review Committee (RC)
- Program Update
- ACGME News
Review Committee
RC Membership

• All volunteers
• Diversity valued (e.g., gender, geography, subspecialty)
• 14 members nominated by ABOG, ACOG, AMA & AOA (6 year term)
• 1 resident/fellow member (2 year term)
• 1 public member (6 year term)
• 3 ex-officio members from ACOG, ABOG & AOA
RC Members

David M. Jaspan, DO (Chair)  
*Albert Einstein Medical Center*

Rajiv B. Gala, MD (Vice Chair)  
*Ochsner Medical Center*

Karen E. Adams, MD  
*Oregon Health and Science University*

Erika Banks, MD  
*Albert Einstein College of Medicine/ Montefiore Medical Center*

Anita K. Blanchard, MD  
*University of Chicago*

Donna Boucher, MD (Resident)  
*Winnie Palmer Hospital at Orlando Health*

David Chelmow, MD  
*Virginia Commonwealth University*

AnnaMarie Connolly, MD  
*University of North Carolina at Chapel Hill*

Gary N. Frishman, MD  
*Women & Infants’ Hospital*

Craig Glines, DO, MSBA  
*Oakwood Health Systems and Botsford Hospital*

Alice Reeves Goepfert, MD  
*University of Alabama at Birmingham*

Gabriella Gray Gosman, MD  
*Magee-Womens Hospital*

Gavin Jacobson, MD  
*Kaiser Permanente*

Kimberly S. Kenton, MD  
*Northwestern University*

Elizabeth Roberts, MBA (Public)  

Scott Sullivan, MD  
*Medical University of South Carolina*

George Wendel Jr, MD (Ex Officio)  
*ABOG*

David Boes, DO (Ex Officio)  
*AOA*

ACOG Ex Officio TBD
RC Staff

Kathleen Quinn-Leering, PhD
Executive Director

Jenny Campbell, MA
Associate Executive Director

Emma Breibart-White
Accreditation Administrator

John R. Potts, III, MD
Sr. Vice President, Surgical Accreditation
RC Meetings

- Meetings in September, February and April
  - Meeting dates and agenda closing dates posted on acgme.org
- February and September 2019 meetings extended to accommodate fellowships moving from Initial to Continued Accreditation
Program Update
# OB/Gyn Residency*

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th>Count</th>
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<tbody>
<tr>
<td>Initial Accreditation</td>
<td>29</td>
</tr>
<tr>
<td>Initial Accreditation with Warning</td>
<td>2</td>
</tr>
<tr>
<td>Continued Accreditation without Outcomes</td>
<td>9</td>
</tr>
<tr>
<td>Continued Accreditation</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>280</strong></td>
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* Some programs have not had their 2019 program review
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40 new programs
What is Continued Accreditation without Outcomes?

- Program has demonstrated *substantial compliance* with the program requirements
- BUT a resident/fellow has not completed the program since ACGME-accreditation was initially conferred
- Important “outcome” data is not available to the RC:
  - Case Logs
  - Board exam performance
- NOT an adverse accreditation status
- Site visit NOT required to move to Continued Accreditation
# Fellowships*

<table>
<thead>
<tr>
<th></th>
<th>FPMRS</th>
<th>Gyn Onc</th>
<th>MFM</th>
<th>REI</th>
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<tbody>
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<td><strong>52</strong></td>
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©2019 ACGME
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<td>90</td>
<td>50</td>
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Complex Family Planning (CFP)

- ABOG submitted a proposal for new ACGME-accredited subspecialty in CFP
- Public Comment Period December 2018-January 2019
- Ad hoc committee reviewing proposal and will make a recommendation to ACGME Board
Refresher

- Single GME Accreditation System began in 2014
- Osteopathic-accredited programs must achieve ACGME Accreditation by June 30, 2020
Single Accreditation System

- OB/Gyn Residency Programs
  - Of 27 applications, 25 programs have achieved accreditation
- Fellowship Programs
  - Of 8 applications, 5 programs have achieved accreditation
    - 2 MFM
    - 3 Gyn Onc
Case Log Update

• RC has formed standing Case Log Subcommittee

• New Hysterectomy minimums for OB/Gyn Residency effective 6/1/19
  • RC has heard programs’ concern about MIS minimum of 70
  • If not met: use “Major Changes” in Accreditation Data System (ADS) to describe:
    • Reasons not met
    • Steps being taken to increase resident experience
80-Hour Work Hour Requirement

- The ACGME Board of Directors has reaffirmed strict interpretation of the 80-hr requirement
- Programs will receive citations if data demonstrates violation of the 80-hour limit
- See Dr. Nasca’s January 9th letter to the community for details
Common Program Requirements

• Sections I-V revision effective 7/1/19
• Two steps to “harmonize” current requirements with new CPRs
  1. Basic incorporation of current requirements into new CPRs
     To be posted this spring
  2. Focused revisions 19-20 AY—*includes comment period*
     • Areas where RC MUST further specify
     • Other revisions RC would like to make
Focused Revision Comment Period

• Please comment - *your feedback is important!*
  • Easy to do — complete form and submit via email
• RC reviews ALL comments
  • RC must provide responses to all comments
  • Revisions may be made based on feedback
• Committee on Requirements (CoR) reviews ALL comments and RC’s response
  • CoR may request revisions prior to ACGME Board review
CPR Highlights

• Core Faculty: now defined, designated by the PD

Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (CPR II.B.4.)
CPR Highlights

- Faculty scholarly activity: assessed for the faculty in the program as a whole, not individual faculty
  - Programs must demonstrate dissemination
    - Including peer reviewed publications
    - Over a five year period
CPR Highlights

• Fellows may spend up to 20 percent FTE practicing in core specialty
  • RC engaged in discussions about whether to further specify this requirement
To help RCs assess compliance with new CPRs:

- Accreditation Data System (ADS) being updated
- Resident Survey being revised
New CPRs information & resources
Self-study & 10-Year Site Visit

• Self-study is an in-depth program review
• 10-year site visit
  • Site visitor gathers data on program compliance with requirements and provides feedback on self-study process
  • RC reviews program’s compliance with program requirements, NOT the self-study process
Self-study & 10-Year Site Visit

- Self-study/10-year site visit dates being updated to better identify approximate date and “smooth out” dates over the next decade
- If program’s **self-study** due date is **May 2019 or later**
  - Notification to begin self-study has been put on hold
  - Due date in ADS likely to change
  - Wait to start self-study until due date updated
  - Already started? Can continue or wait--up to program
Self-study & 10-Year Site Visit

- If 10-Year Site Visit has not yet been scheduled
  - Approximate date in ADS likely to change
  - Site visit likely to be 2 to 3 years after self-study
  - Continue to track program quality improvement efforts
Self-study & 10-Year Site Visit

Other changes to come?

STAY TUNED!

Keep up-to-date via ACGME’s weekly e-communication.
Thank you!
Dialogue with the Residency Review Committee for Obstetrics and Gynecology (RRC)

David Jaspan, DO, FACOOG
Chair, Review Committee for Obstetrics and Gynecology
Chair, Department of Obstetrics and Gynecology, Albert Einstein Medical Center

Kathleen Quinn-Leering, PhD
Executive Director, Review Committee for Obstetrics and Gynecology
Disclosures

Fiduciary

Jaspan: Volunteer for ACGME

Quinn-Leering: Full-time employee of ACGME

Financial

None
Topics

- Case Logs
- Program Review Process
- Common Citations and Areas for Improvement (AFIs)
- New Common Program Requirements
- Few Final Reminders
- Q & A
Case Logs
## OB/Gyn Programs: Hysterectomy Minimums

<table>
<thead>
<tr>
<th>Category</th>
<th>Minimum Graduates through June 30, 2018*</th>
<th>Minimum Graduates on or after June 1, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>35</td>
<td>15</td>
</tr>
<tr>
<td>Vaginal hysterectomy</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Laparoscopic hysterectomy</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Minimally invasive hysterectomy</td>
<td>(35)</td>
<td>70</td>
</tr>
<tr>
<td>(Includes vaginal hysterectomy, LAVH, laparoscopic hysterectomy, robotic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total hysterectomy</td>
<td>(70)</td>
<td>85</td>
</tr>
<tr>
<td>(includes minimally invasive and abdominal hysterectomy)</td>
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<td></td>
</tr>
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</table>

*Includes off-cycle residents
OB/Gyn Programs: Current Annual Review

- Program will receive one citation for missed minimums (vs. separate citation for each missed category)

- Abdominal Hysterectomies
  - ≥ 15 for each 2018 graduates: No citation or AFI (Area for Improvement)
  - <15 for one or more 2018 graduates: Citation
OB/Gyn Programs: Next Annual Review

- If new hysterectomy minimums for OB/Gyn Residency effective 6/1/19 are not met
  - Use “Major Changes” in Accreditation Data System (ADS) to describe:
    - Reason(s) not met
    - Step(s) being taken to increase resident experience
Fellowship Case Logs

- Female Pelvic Medicine and Reconstructive Surgery: Discussions about setting minimums, but not yet set
- Gynecologic Oncology, Maternal-Fetal Medicine, and Reproductive Endocrinology and Infertility
  - Case log revisions made based on feedback
  - As of July 1, 2018: Data collected will determine minimums
- To establish minimums: *Very Important that fellows log consistently and correctly*
Case Log Subcommittee Established

- Regularly review and update as needed:
  - Tracked CPT codes
  - CPT codes mapped to multiple categories
- Address programs’ case log questions
- Keep programs updated about changes
- Continue to improve case log education and resources
Reminders

- Some abdominal hysterectomy CPT codes are mapped to 1 or 2 minimum categories

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Area</th>
<th>Type</th>
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<tbody>
<tr>
<td>58150</td>
<td>Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);</td>
<td>Abdominal Hysterectomy</td>
<td>Total/subtotal w or w/o removal of tubes/ovaries</td>
</tr>
<tr>
<td></td>
<td><strong>Min Cat: AHYST</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58150</td>
<td>Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);</td>
<td>Abdominal Hysterectomy</td>
<td>Abdominal hysterectomy w/peMc floor repair</td>
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<tr>
<td></td>
<td><strong>Min Cat: AHYST, ISPF</strong></td>
<td></td>
<td></td>
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</table>

- Residents need to ensure the code chosen is consistent with procedure(s) performed
Reminders

- CPT code 59525 is mapped to two minimum categories: Abdominal hysterectomy and cesarean deliveries.

- CPT code wording suggests the procedures should be logged separately — this is a billing instruction, *not a case log instruction*.

Residents should only log this CPT code.
Reminders

In general, residents and fellows should be careful when using a “favorite” CPT code — *it is a time saver* BUT

- May be using one that does not map to the correct minimum category(ies) for that particular case

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<th>Area</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>56541</td>
<td>Laparoscopy, surgical, supravascular hysterectomy, for uterus 250 g or less; <strong>Min Cat: LHYST</strong></td>
<td>Laparoscopic Hysterectomy</td>
<td>Laparoscopic supravascular hysterectomy</td>
</tr>
<tr>
<td>56541</td>
<td>Laparoscopy, surgical, supravascular hysterectomy, for uterus 250 g or less; <strong>Min Cat: ISPF; LHYST</strong></td>
<td>Laparoscopic Hysterectomy</td>
<td>Laparoscopic hysterectomy <em>w/pelvic floor repair</em></td>
</tr>
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</table>
Reminders

- Program directors and manager can view the Case Log System

- Can enter information and check mapped minimums but cannot save

- ADS > Case Logs > Quick Links > Add Cases-View Only
Program Review Process
Programs with Initial Accreditation
Site Visit

- Approximate site visit date in Accreditation Data System (ADS) > Program Tab
  - Plan on a date 3 months on either side of that date
  - ~60 days notice via email
    - Notice will outline everything need to know to prepare
RC Review

- RC reviews program at next meeting
- Review focused on compliance with program requirements
- Programs emailed soon after meeting with accreditation status decision (e.g., Continued Accreditation without Outcomes)
- Letter of Notification with any citations or areas for improvement (AFIs) within 60 days
Possible Accreditation Statuses

- Initial Accreditation
- Initial Accreditation with Warning (up to 2 yrs)
- Continued Accreditation without Outcomes
- Withdraw Accreditation
Programs that have achieved Continued Accreditation (including “without Outcomes”)
RC Review of Programs

RC Annual Review

Data Collection ➔ RC Executive Committee Review ➔ RC Review & Decision ➔ Program Notification

Possible RC Request: Clarifying Information or Site Visit
Data Collected

- Clinical Case log
- Faculty Survey
- Resident Survey
- Board Pass Rate
- Attrition
- Program Change
- Scholarly Activity

RC Annual Review

Data collected January-September

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RC Annual Review

- RC Executive Committee examines
  - Programs that do not meet one or more of the RC’s established thresholds
  - Programs with existing citations
  - Programs with statuses of Continued Accreditation with Warning or Probation
- RC Executive Committee determines which programs require full RC review
RC REVIEW

• Most programs have no significant issues and are placed on a special agenda

• Remaining programs:
  • Each program assigned to two RC members for in-depth review
  • Program discussed at an RC meeting to render an accreditation decision

• All programs notified of accreditation decision
  • Email soon after with accreditation status
  • Letter of Notification (LoN) within 60 days --includes details
Self-study & 10-Year Site Visit

• Process provides opportunity for
  • Programs to conduct in-depth self-review
  • RC to conduct in-depth review of program
• Once the 10-year site visit schedule is updated, the site visit is expected to take place:
  • ~10 years after previous scheduled site visit
  • ~2 years after self-study due date
Possible Accreditation Statuses after Annual Review or 10-year Site Visit

- **Continued Accreditation** (initially: without outcomes)
  - Substantial compliance with requirements

- **Continued Accreditation with Warning**
  - Areas of non-compliance that may jeopardize accreditation

- **Probation**
  - Failure to demonstrate substantial compliance with requirements

- **Withdrawal**
  - Non-substantial compliance with requirements

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Common Citations and Areas for Improvement (AFIs)
Common Citations and AFIs

• Procedural Experience
  • Insufficient institutional procedural volume (fellowships and new residencies)
  • Minimum(s) not met (established residencies)
• Board Pass Rate
Common Citations and AFIs

• Scholarly Environment
  • Faculty scholarly activity
  • Resident/fellow scholarly activity
  • Faculty create environment of inquiry
  • Faculty work with residents/fellows on scholarly projects
  • Opportunities for resident scholarly activities
Common Citations and AFIs

- 80 hour work week
- Process to deal with problems and concerns & resident/fellow ability to raise concerns without fear
- Fatigue related issues
  - Fatigue management education
  - Transition care when fatigued
Common Citations and AFIs

- Service/education balance
- Feedback to residents/fellows
New Common Program Requirements (CPRs)
Common Program Requirements (CPRs)

• All Section VI CPRs subject to citation as of July 1, 2019

• Revised Section I-V CPRs go into effect July 1, 2019

• Table of Implementation Dates (i.e., when subject to citation) available on ACGME website
CPRs vs. PRs Reminder

- OB/Gyn Residency and Fellowship Program Requirements include:
  - Common Program Requirements (Bold Font): Common across all specialties
  - Program Requirements (Regular Font): Specific to (sub) specialty

Faculty should encourage and support fellows in scholarly activities. (Core)

In addition to the program director, there must be at least one core faculty member who is qualified and available to serve as research mentor to the fellows. (Core)
Highlights: Oversight

- Program Letters of Agreement: renewed every 10 years and approved by the DIO CPR I.B.2.a)(1)-2.b)
- Lactation facilities required CPR I.D.2.c)
Highlights: Personnel

- Program director must be provided with 20% FTE of administrative time for program CPR II.A.2.g) [Only Residency CPRs]
  - OB/Gyn Residency will remain unchanged at 20 hours per week
- Program director must have three year of experience CPR II.A.3.a) [Only Residency CPRs]
Highlights: Personnel

- Program directors must provide invited applicants information related to eligibility to specialty board exams \textit{CPR II.A.4.a).(9)}

- Faculty must pursue faculty development at least annually \textit{CPR II.B. 2.g)}

- Core Faculty: now defined, designated by the PD \textit{CPR II.B.4-4.a)}

- Program coordinators must be supported at 50% FTE \textit{CPR II.C.2. [Only Residency CPRs]}
  - OB/Gyn Residency will remain unchanged at 1.0 FTE
Highlights: Educational Program

- Program must establish program aims *CPR IV.A.1-1.a*)
- Pain management: instruction/experience required *CPR IV.C.2*
- Scholarly activity: assessed for the faculty in the program as a whole, not individual faculty *CPR IV.D.2-IV.D.2.b*)
Highlights: Evaluation

- Long block or longitudinal rotations: evaluate residents/fellows at least every three months *CPR V.A. 1.b).*(1)-(2)

- Residents/fellows must have an individualized learning plan *CPR V.A. 1.d).*(2)
Highlights: Evaluation

• Aggregate written and oral board pass rate must be:
  • Higher than the bottom fifth percentile of programs *CPR V.C. 3.a)*-3.e)
    • First-time takers; three year period
    • Exception: programs with 80% pass rate over the period

• Programs must report in ADS board certification status of graduates seven years ago *CPR V.C. 3.f)
  • ACGME hopes to obtain from board organizations
Fellowship-specific Highlights

• Eligibility: required clinical education for program entry can be completed in programs that are ACGME-accredited, AOA-approved, RCPSC-accredited or have ACGME-I Advanced Specialty Accreditation *CPR III.A.1.*

• Independent practice of core specialty: up to 20 percent of time *CPR IV.E.1.*
  • RC may further specify
Understanding the CPRs

- **Background and Intent** boxes throughout the CPRs

  II.A.3.d) must include ongoing clinical activity. *(Core)*

  Background and Intent: A program director is a role model for faculty members and residents. The program director must participate in clinical activity consistent with the specialty. This activity will allow the program director to role model the Core Competencies for the faculty members and residents.

- **Program Director’s Guide to the CPRs** being created
Few Final Reminders
OB/Gyn Block Diagram

- REQUIRED
- Fillable Form (Excel)
- Includes OB/Gyn-specific information
- Not intended for fellowships
ADS Faculty Roster: Certification

- For faculty members’ certification status
  - Use Maintenance of Certification/Continuous Certification or Osteopathic Continuous Certification options
  - NOT Original/Re-certified options
- List both specialty and subspecialty information
Non-certified Faculty Members

• Qualifications must be considered by the RC to serve as faculty member

• Submit a letter of support and CV
  • Letter signed by the program director and the Designated Institutional Official (DIO)
  • E-mail to Associate Executive Director Jenny Campbell

• Not necessary for active candidates

• See OB/Gyn FAQs for more details
And, ACGME staff is happy to help. . .
Let’s dialogue!
Thank you!