Review Committee for Obstetrics and Gynecology Update

Scott Sullivan, MD
Member, Review Committee for Obstetrics and Gynecology

SMFM Program Directors Meeting February 12, 2024
No conflicts of interest to report.
Topics

- Review Committee (RC) Members, Staff, Meetings and Programs
- RC Updates
- ACGME Updates
- Questions
2023-2024 RC Members

Gabriella Gosman, MD, Chair
UPMC Magee-Womens Hospital

Meredith Alston, MD, Vice Chair
University of Colorado

Erika Banks, MD
NYU Langone Health - Long Island

Seine Chiang, MD
University of Washington

William Cliby, MD
Mayo Clinic

Marlene Corton, MD
University of Texas Southwestern

Adrianne Dade, MD
Rush University

Felicia Lane, MD
University of California Irvine

Kurt Ludwig, DO
Henry Ford Macomb Hospital

Joseph (Tony) Ogburn, MD

Michelle Owens, MD
Ascension St. Vincent’s Hosp

Elizabeth Howlett, MBA (Public Member)

Randal Robinson, MD
University of Texas Health San Antonio

Shanice Robinson, MD (Resident Member)
VNA Health Care

Scott A. Sullivan, MD
Inova Health System

Paul Sparzak, DO
Duke University

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RC Staff

Laura Huth, MBA NEW!
Executive Director

Emma Breibart-White, MALS
Associate Executive Director

Shellie Bardgett, MPH
Senior Accreditation Administrator

TBD
Accreditation Administrator
# MFM Program Statistics  (as of 2/1/24)

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
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<tbody>
<tr>
<td>Initial Accreditation</td>
<td>6</td>
</tr>
<tr>
<td>Initial Accreditation with Warning</td>
<td>1</td>
</tr>
<tr>
<td>Continued Accreditation without Outcomes</td>
<td>11</td>
</tr>
<tr>
<td>Continued Accreditation</td>
<td>87</td>
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<tr>
<td>Continued Accreditation with Warning</td>
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</tr>
<tr>
<td><strong>Total Programs</strong></td>
<td><strong>106</strong></td>
</tr>
<tr>
<td><strong>Total Approved Fellow Positions</strong></td>
<td><strong>476</strong></td>
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</table>
Upcoming Meetings

- April 29-30, 2024 (Agenda closed February 1, 2024)
- September 18-19, 2024 (Agenda closes July 12, 2024)

Permanent complement increase reminder:
*The DIO must submit a request by the agenda closing date to be included in the meeting agenda*
Permanent Complement Increase Requests

- Educational rationale must outline how increase will benefit fellow education
- RC will want to see sufficient patient/procedural volume
  - Most recent Graduate Case Log Report
  - Institutional Procedural/Patient Data
- Use **color** to identify changes in proposed block diagram
- Detailed instructions available at acgme.org > Specialties > OB/GYN > Documents and Resources > **Complement Change Requests**
RC UPDATES
Annual Program Review

Data Collection (e.g., surveys, board exam, ADS Annual Update)
January-September

RC Executive Committee Review
November

RC Review & Decision
February or April meeting

Program Notification
Post meeting

RC is here
In 2022, RC significantly reduced what fellows need to log.

- Fellows must log:
  - Amniocentesis
  - Cervical cerclage
  - Cordocentesis
  - Chorionic villus sampling
  - Ultrasound: Transvaginal, Detailed anatomy, Doppler, Echocardiogram
  - Obstetric Critical Care
Ultrasounds

- To log, fellows must **perform** the ultrasound
- Fellows can “batch enter” ultrasounds
- Fellows choose role and CPT code, enter a date, and then enter the total number of that type of ultrasound over a given period of time
  - Maximum for one entry is 50
Case Log

Obstetric Critical Care

• Managing the care for an OB patient receiving ICU-level care
  • Fellows must be involved in decision-making
  • Care can take place on any unit
• Fellows should log each OB critical care patient once
  • RC understands may be some double counting
Q: When will MFM Case Log minimums be established?

A: It will take a few more years:

• Additional data needed given significant changes to the MFM Case Log
• RC wants to ensure minims are fair and evidence-based
  • Please ensure fellows are logging!
Case Log

- Accuracy of Case Log data variable - some fellows logging very few experiences
- Program director is responsible for monitoring Case Logs
- At a minimum, Case Logs should be reviewed twice a year as part of the semi-annual meeting

2023 Graduate Data

<table>
<thead>
<tr>
<th>RRC Area</th>
<th>RRC Type</th>
<th>Natl Res MIN</th>
<th>Natl Res MED</th>
<th>Natl Res MAX</th>
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<tbody>
<tr>
<td>CVS</td>
<td>CVS</td>
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<tr>
<td>Ultrasound</td>
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<td>Transvaginal</td>
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<td>Detailed anatomy</td>
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<td>0</td>
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<td>Doppler</td>
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<tr>
<td>Echocardiogram</td>
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<td>0</td>
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<tr>
<td>OB Critical Care</td>
<td>OB critical care</td>
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<td>2</td>
<td>296</td>
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</table>
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 > 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
Supervisory L&D

- Experience helps fellows gain knowledge and skills needed to care for critically ill obstetrics patients
- Minimum two-week blocks
- Fellow must be supervised by MFM faculty
  - MFM program determines level of supervision (i.e., direct, indirect, oversight)
Supervision Policy

- RC continues to see outdated supervision levels in Supervision Policies
- **Current** ACGME supervision levels outlined in Program Requirements VI.A.2.b).(1)-(3)
  - Direct Supervision definition revised and includes supervision via telecommunication technology
  - Indirect Supervision is **no longer** divided into “with direct supervision immediately available” and “with direct supervision available”
- Review program’s Supervision Policy and update if needed
Common Citations and Areas for Improvement (AFIs)

- Faculty commitment to fellow education (e.g., interest, amount of teaching)
- Service/education balance
- Interprofessional teamwork
- Ability for fellows to report concerns and feel safe doing so
- Fellow participation in patient safety analysis and investigation
ADS Annual Update*
is several months away, but sharing a few reminders now 😊

*July-September each year
• Faculty certification automatically populated in faculty profiles
  • Manual data entry option (e.g., recent graduate not yet board certified)
  • RC no longer expects MOC be used
• If a new faculty member is listed in another roster at institution, can copy most of their information into MFM program’s roster
• Faculty scholarly activity can be copied from another program by using the “Copy” tool
Major Changes and Other Updates

Communicate to the RC

- Low ratings on the most recent ACGME Surveys
- How the program has addressed any AFIs from last year
- Program changes (rotations, faculty)
Responding to Citations

• Respond as you would to a colleague outside your institution
• Be clear and concise
• Demonstrate understanding of non-compliant area
• Outline implemented action plan
• Describe verifiable outcomes (e.g., survey trending up)
• If goals not met, explain why and outline next steps
ACGME Updates
Dr. Nasca Stepping Down
January 1, 2025

• Dr. Nasca served as ACGME President and CEO for 17 years
• He will transition to leading the new ACGME Center for Professionalism and the Future of Medicine
• National search underway for a new President and CEO
Site Visits

- ACGME recently announced 2% of programs randomly chosen to undergo a site visit each year **NEW!**
  - Only programs beyond initial accreditation period
  - Chosen programs receive a Letter of Notification with an approximate date
    - Initial group of programs received notification in January
  - Site visits assess compliance with all program requirements
Site Visits

- 10-Year Site Visits officially discontinued
- A program self-study is still required per Common Program Requirements
  - Remain on hold for now
  - Will not be tied to a site visit
Site Visits

- Virtual vs. in-person site visit format
  - Most site visits will be virtual
  - In-person site visit required for complex visits (e.g., complaint)
  - Other in-person site visits randomly chosen
  - Site visit letter announcement identifies format
ACGME Surveys

• 2024 ACGME Fellow and Faculty Surveys
  • Surveys open February 7th- April 7th
  • **No changes** to the survey process—program leadership responsible for notifying fellows and faculty about the survey via ADS
  • Results available in early May
    • Small programs receive a Multi-Year Report a few weeks later
  • Reminder: 70% response rate required
TEMPORARY Complement Increases

- Up to 90 days: Do **not** need to submit request in ADS  **NEW!**
- Over 90 days: Submit if additional fellow will cause program to exceed approved total complement
- Again, instructions available at acgme.org > Specialties > OB/GYN > Documents and Resources > Complement Change Requests
Learn at ACGME Resources

dl.acgme.org

- ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation  **NEW!**
  - 13 modules for creating custom workshops
  - 50 videos in a growing training library
  - Six workshops curated by ACGME experts
- Diversity, Equity and Inclusion Resources
  - CME Learning Path (modules structured for self-paced CME)
  - Equity Practice Toolkit
ACGME Initiatives

• ABMS and ACGME have co-hosted meetings to discuss Competency Based Medical Education (CBME) in GME
  • Representatives from RC, ABOG, ACOG, and AOA
  • Working on action plan for each specialty
• ACGME undergoing a digital transformation
  • Improve ADS
  • Establish a modern data estate to improve analytics capabilities
  • Create infrastructure for an outcomes-based accreditation model
ACGME Initiatives

• Scheduled review of the **Common** Program Requirements
  • Multi-year project
  • Includes a reassessment of the work hour requirements
  • Specialty organizations and community will have opportunities to weigh in on proposed changes
Where to go for help?

**RC Staff**
OB/GYN section of website > Contact and Support
- Program requirements
- Notification letters
- Complement requests
- Case Log content

**Milestones Staff**
milestones@acgme.org
- Milestones

**ADS Staff**
ADS@acgme.org
- ADS
- Surveys
- Case Log System

**Field Activities Staff**
fieldrepresentatives@acgme.org
- Site Visit
Thank you!

Questions?