COFTOG Meeting
RC Update FPMRS
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Vice Chair
Obstetrics & Gynecology RC
February 2014

Update RC OB/GYN (FPMRS)
Jessica Bienstock, MD MPH

Disclosure
• None of the above speakers have any conflicts of interest to report

NAS: What happens at my program?
maybe keep the names off.
rmiller, 2/11/2013
The Next Accreditation System

• RC screens all programs based on annual data-
  • ADS annual update, Resident & Faculty Survey
  • Milestones Data, Case Log, Board Pass rate (5 yr rolling average)

• All programs reviewed by set performance indicators and thresholds
  • Identified programs with potential problems require more information with a progress report or site visit
  • High performing programs-informed of continued accreditation

What Happens at My Program?

FPMRS
• Milestones implementation date: July 2014
• 1st Milestones reporting date: Nov 2014

Key Points: Milestones

• Articulate shared understanding of expectations
• Describe trajectory from beginner in the specialty to exceptional practitioner
• Organized under six domains of clinical competency
• Represent a subset of all sub-competencies
• Set aspirational goals of excellence
FPMRS Milestones

- Based on Core Competencies:
  - Patient Care - 7
  - Medical Knowledge - 8
  - Systems-based Practice - 3
  - Practice-based Learning and Improvement – 2
  - Professionalism – 1
  - Interpersonal and Communication Skills – 2

A total of 23 Milestones

Pelvic Organ Prolapse Treatment – Patient Care

Milestone Assessment

- Goal is to develop objective methods of assessment
- Value of direct observation - whether in simulation, use of standardized patients, or clinical care
- ACGME avoiding too proscriptive of an approach
Milestones: Reporting

- All programs within a specialty use the specialty’s milestones
- Programs will report semi-annually
- Milestone data will be reported to ACGME through direct entry into ADS

Milestones Summary

- Goal of the Milestones Project is to articulate a shared understanding of expectations
- Describe the process of how an individual fellow moves from beginner to expert
- Assure that programs are enabling fellows to develop expertise
Case Logs

- ACGME FPMRS Case Log system developed July 2013.
- The RC will set minimums in a few years. Data currently being collected in the system will be used to develop threshold numbers.
- Important - Achievement of the minimum numbers of listed procedures does not signify achievement of competence in a particular listed procedure.

RC Decisions in NAS

What happens at MY Program?

- "Cycle Lengths" will not be used
- Programs will receive feedback from RRC each time they are reviewed
- Status:
  - Initial Accreditation
  - Continued Accreditation +/- request for more information
  - Accreditation with Warning
  - Probationary Accreditation
  - Withdrawal of Accreditation
### OBG RC Accreditation Statistics
October 2013

<table>
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<th>Accreditation Status</th>
<th>FPMRS</th>
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<td>Initial Accreditation</td>
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<tr>
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<td>Continued Accreditation with Warning</td>
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<tr>
<td>Probation</td>
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<td>Request for Progress Reports</td>
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The Fellowship in Family Planning is the only subspecialty training program in the United States focused on research and clinical skills in contraception and abortion.

I have no disclosures.

28 Current Fellowship Programs

28 Ob-Gyn Fellowship Sites

Baystate Medical Center
Boston University
Columbia University
Emory University
Harvard Medical School
Johns Hopkins University
Mt. Sinai School of Medicine
New York University
Northwestern University
Oregon Health & Science University
Stanford University
University of California, Davis
University of California, Los Angeles
University of California, San Francisco
University of Colorado
University of Hawaii
University of Illinois, Chicago
University of Michigan
University of New Mexico
University of North Carolina, Chapel Hill
University of Pennsylvania
University of Pittsburgh
University of Southern California
University of Utah
University of Washington
Washington Hospital Center
Washington University

Albert Einstein College of Medicine
Standards and Guidelines

• General and Special Requirements, 2008
• Guide to Learning, 2008

2014 Match

• 31 applicants for 30 positions
• 48% of sites matched with their 1st or 2nd choice candidate
• 58% of applicants matched with their 1st or 2nd choice site
• 77% of applicants were from Ryan or Fellowship sites

Research Requirement

“The fellow must have the ability to design and conduct a study that produces a publishable thesis.”
- Guide to Learning, 2008
**Research Requirement**
- One Primary Funded Research Project
- Formal Submission and Review Process
- Reviewed by 2 Experts of a 35-Member Research Consultant Panel
- Research Presented at the Fellowship in Family Planning Annual Meeting
- Presentations at Grand Rounds and Conferences

**Fellows’ Research Topics 2011-2015**

<table>
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<th>Year</th>
<th>Project Category</th>
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<td>2012</td>
<td>Contraception</td>
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<td>2013</td>
<td>LARC</td>
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<td>2014</td>
<td>Reproductive Health</td>
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N=74 projects

**Research Trends**

**LARC (post-partum, post-abortion)**
- Comparison of the Levonorgestrel IUD and the Copper IUD Placed in the Immediate Postpartum Period: A Randomized Controlled Trial, Lisa Goldthwaite, MD, University of Colorado
- Intrauterine Contraceptive Fundal Location after Insertion at 2-3 Weeks Postpartum Compared to Interval Insertion: A Non-Inferiority Randomized-Controlled Trial, Matthew Zerden, MD, MPH, University of North Carolina

**Cervical Preparation**
- Dilapan-5 with Adjunctive Misoprostol for Same-Day Second Trimester Dilation and Evacuation: A Randomized, Double-Blind, Placebo-Controlled Trial, Chrity Boraas, MD, MPH, University of Pittsburgh
- A Randomized Controlled Trial Comparing Dilation and Evacuation Outcomes with and without Oxytocin Use, Kate Whitehouse, DO, University of Hawai’i
- A Factorial-Design Randomized Controlled Trial Comparing Mifepristone to Dilapan and Comparing Buccal to Vaginal Misoprostol for Same-day Cervical Preparation prior to Dilation & Evacuation, Jamilah Shakir, MD, Washington Hospital Center
Fellows Recent Published Research


Seminal research


Global Health Requirement

“The fellow must have knowledge of the public health, legal and service delivery aspects of family planning, abortion and reproductive health in less developed nations.”

- Guide to Learning, 2008
Global Health Experience

- 3-8 Weeks in a Developing Country
- 34 Placements 2012-2013
- Clinical Training, Didactics, Protocol Development, Research, Courses in Evidence-Based Medicine

Public Policy Requirement

“The fellow must have knowledge of the influences of public policy and the means of influencing government agencies, policy makers and the media with respect to contraception and abortion issues.”

- Guide to Learning, 2008

Fellowship Advocacy

- ACOG Policy Rotation
- ACOG Congressional Leadership Conference
- Physicians for Reproductive Health Leadership Training Academy
- National Office Senior Public Policy Associate, Callie Langton, PhD
Post-Fellowship Careers 2006-2013

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tr>
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<td>HMO/Private Practice</td>
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<td>Gov't/Planned Parenthood</td>
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N=139

Fellowship in Family Planning Accomplishments

- 257 Current and Graduated Fellows
- 237 Publications in Peer-Reviewed Journals by Current, Graduated Fellows and Fellowship Directors in 2013
- 49 Graduated Fellows Direct Ryan Residency Training Programs

Fellowship in Family Planning Family
Fellowship in Minimally Invasive Gynecologic Surgery

Franklin D. Loffer, M.D., FACOG
Executive Vice President – Fellowship in Minimally Invasive Gynecologic Surgery
Medical Director AAGL “Advancing Minimally Invasive Gynecology Worldwide”

Disclosure:
No Conflicts of Interest

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Charles L. Miller, M.D.
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Is a Gynecologic MIS Fellowship Necessary?

Sources: 2004 – 2007 Thomson
Factors = 200 Industry Estimates
Conclusion of the AAGL Position Paper on Route of Hysterectomy

- Most hysterectomies for benign disease should be performed either vaginally or laparoscopically
- Continued efforts should be taken to facilitate these approaches.
- Surgeons without the requisite training and skills required for the safe performance of VH or LH should enlist the aid of colleagues who do or should refer patients requiring hysterectomy to such individuals for their surgical care.

Program Faculty

- Gynecologic preceptor
- Reproductive surgeon
- Gynecologic oncologist
- General and/or colo-rectal surgeon
- Vaginal surgeon
- Robotic surgeon (optional)
EDUCATIONAL OBJECTIVES

I. Anatomy
II. Instrumentation for Operative Laparoscopy
III. Operative Laparoscopy
IV. Complications of Laparoscopy – Prevention, Recognition and Management
V. Instrumentation for Operative Hysteroscopy
VI. Operative Hysteroscopy:
VII. Complications of Hysteroscopy – Prevention, Recognition and Management

VIII. Vaginal Surgery
IX. Coding (if applicable)
X. Medico-legal Issues
XI. Research
XII. Benign Gynecology
XIII. Reproductive Surgery
XIV. Urogynecology
XV. General Surgery

IV Complications of Laparoscopy – Prevention, Recognition and Management

The fellow should be able to manage
• Complications of peritoneal access
• Injury to pelvic and abdominal viscera
• Injury to major blood vessels
• Injury to genitourinary tract
• Neurologic injury
• Postoperative infection
• Risks related to patient positioning and anesthesia
• Thromboembolism
Major Changes in Fellowship Structure

- All 2 year programs beginning July 2014
- A minimum number of cases required
- Updated Surgical Competency List
- Adding video site reviews
- National Resident’s Matching Program
- Web based case recording

Laparoscopic Procedures
(At least 75% of these minimum cases must be performed by conventional laparoscopy)

- Hysterectomy +/- BSO 60
  (12 have to be either total or supracervical)
- Myomectomy 10
- Adnexal Surgery 30
- Retroperitoneal Dissection 10
  (including ureterolysis)
- Adhesiolysis/enterolysis 20
- Endometriosis Stage III and IV 10

Hysteroscopic Procedures
Minimum Requirement

- Endometrial Ablation (not global) 9
- Myomectomy 6
- Polypectomy, Essure, Septum Lysis of Adhesions, 10
- Office-based 10
### Urogynecologic Procedures Minimum Requirement

- Pelvic Floor Reconstructive/Repair Procedures 15
- Diagnostic or Operative Cystoscopy 25
- Vaginal Hysterectomy 5

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### Interpreting Minimal Case Requirements

- Fellow must be primary surgeon
- Primary surgeon is defined as having done > 50% of the case
- Unbundling is permitted
- "Office" requirements do not refer to location but to procedure

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### Surgical Competency List

<table>
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<tr>
<th>Case Type</th>
<th>Understand and Perform</th>
<th>Supplemental Competency</th>
<th>Pre-Fellowship Competency</th>
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<tr>
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<tr>
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<tr>
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<td>Preoperative Cystoscopy</td>
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Growth of Fellowship Programs

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Fellowship History
AAGL’s “Funds for the Future” Program

- Patterned after the general surgery Foundation for Surgical Fellowships program
- Administered by the Foundation of the AAGL
- All sites received some but not equal help

The FMIGS “to do” List

- Continue implementing uniformity of training between sites
- Comparing the surgical loads of sites and reevaluating minimal number of cases
- Secure better funding for sites
- Secure “Focused Practice Designation” for better economic value for graduates
- Mentoring the formation of international sites
Conclusions Regarding MIS

- Laparoscopy still provides primary approach for many procedures
- Many patients are still not offered MIS care
- Not adequate training in all residencies
- Fellowships help populate training centers
- The question remains if there is a need to create pathways for OB Gyn training

Franklin D. Loffer, M.D.
Thank You For Your Attention

Franklin D. Loffer, M.D.