



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Reproductive Endocrinology and Infertility
(Obstetrics and Gynecology)**

Initial approval:

1 **ACGME International Specialty Program Requirements for**
2 **Graduate Medical Education**
3 **in Reproductive Endocrinology and Infertility**
4 **(Obstetrics and Gynecology)**

5
6 **Int. Introduction**

7
8 *Background and Intent: Programs must achieve and maintain Foundational Accreditation*
9 *according to the ACGME-I Foundational Requirements prior to receiving Advanced*
10 *Specialty Accreditation. The Advanced Specialty Requirements noted below*
11 *complement the ACGME-I Foundational Requirements. For each section, the Advanced*
12 *Specialty Requirements should be considered together with the Foundational*
13 *Requirements.*

14
15 **Int. I. Definition and Scope of the Specialty**

16
17 Reproductive endocrinology and infertility physicians provide consultative
18 services and comprehensive management of patients with reproductive
19 endocrinology and infertility problems throughout the life cycle. This includes the
20 preventive, diagnostic, and therapeutic procedures necessary for the total care of
21 patients with endocrine, structural, genetic, and fertility problems. This requires
22 additional education and training to acquire advanced knowledge of the most
23 current diagnostic and therapeutic approaches available. The subspecialist
24 should be able to function effectively in the arena of basic and applied
25 investigation in reproductive endocrinology and infertility.

26
27 **Int. II. Duration of Education**

28
29 Int. II.A. The educational program in reproductive endocrinology and infertility must be 36
30 or 48 months in length.

31
32 **I. Institution**

33
34 **I.A. Sponsoring Institution**

35
36 I.A.1. A fellowship in reproductive endocrinology and infertility must function as
37 an integral part of an ACGME-I-accredited residency in obstetrics and
38 gynecology.

39
40 I.A.1.a) The Sponsoring Institution should also sponsor an ACGME-I-
41 accredited residency program in obstetrics and gynecology.

42
43 I.A.2. The fellowship program and residency program must complement and
44 enrich one another.

45
46 I.A.2.a) The educational opportunities for the fellows and residents in
47 obstetrics and gynecology must be separate and clearly
48 delineated.

49

50 **I.B. Participating Sites**

51
52 See International Foundational Requirements, Section I.B.

53
54 **II. Program Personnel and Resources**

55
56 **II.A. Program Director**

57
58 II.A.1. The program director must have five years of experience as a
59 reproductive endocrinology and infertility subspecialist following
60 completion of a reproductive endocrinology and infertility fellowship, or
61 possess other qualifications that are acceptable to the Review
62 Committee.

63
64 II.A.2. The program director must actively care for patients in the subspecialty.

65
66 II.A.3. The program director must demonstrate a record of ongoing involvement
67 in scholarly activity in reproductive endocrinology and infertility.

68
69 II.A.4. The program director must monitor the impact of other learners on the
70 experience of the fellows.

71
72 **II.B. Faculty**

73
74 II.B.1. In addition to the program director, there must be at least one core
75 physician faculty member.

76
77 II.B.2. In addition to the program director, there must be at least one core faculty
78 member who is qualified and available to serve as a research mentor to
79 the fellows.

80
81 II.B.2.a) The appointed faculty research mentor must review the research
82 curriculum and scholarly resources, timeline, and expectations
83 with the fellows.

84
85 II.B.3. In addition to the faculty members in reproductive endocrinology and
86 infertility, there must be faculty members in the following specialty areas
87 who participate in the care of patients, have mutually complementary and
88 continuing interaction with the fellows, and are involved in the education
89 of the fellows:

90
91 II.B.3.a) genetics;

92
93 II.B.3.b) male infertility;

94
95 II.B.3.c) medical endocrinology; and,

96
97 II.B.3.d) pediatric endocrinology.

98

- 99 **II.C. Other Program Personnel**
100
101 See International Foundational Requirements, Section II.C.
102
- 103 **II.D. Resources**
104
- 105 **II.D.1.** The volume and diversity of cases must be sufficient to provide adequate
106 experiences in the comprehensive management of reproductive
107 endocrinology and infertility, including surgical and medical care, to meet
108 the educational objectives of the program.
109
- 110 **II.D.1.a)** There must be adequate patient volume and diversity to educate
111 the approved number of fellows without adversely impacting the
112 education of residents in the obstetrics and gynecology residency
113 program.
114
- 115 **II.D.2.** Operating rooms and ambulatory care facilities must be available on a
116 regularly scheduled basis and must always be available on an emergency
117 basis, including:
118
- 119 **II.D.2.a)** ambulatory facilities, to include ultrasound imaging;
120
- 121 **II.D.2.b)** blood bank(s);
122
- 123 **II.D.2.c)** diagnostic laboratories;
124
- 125 **II.D.2.d)** facilities to perform bone densitometry, computerized axial
126 tomography, hysterosalpingography, magnetic resonance
127 imaging, and sonohysterography;
128
- 129 **II.D.2.e)** laboratories equipped to conduct hormone assays and andrology
130 testing;
131
- 132 **II.D.2.e).(1)** Such laboratories must be equipped to conduct oocyte
133 identification, fertilization, and embryo culture and
134 diagnostic procedures.
135
- 136 **II.D.2.f)** operating rooms equipped for open and endoscopic procedures;
137 and,
138
- 139 **II.D.2.g)** recovery rooms.
140
- 141 **II.D.3.** Research infrastructure must be adequate in scope, equipment, statistical
142 support, and personnel to conduct research training.
143
- 144 **II.D.4.** Individual patient medical records must be readily available for clinical
145 research, mandated outcome reporting, patient care, and quality
146 improvement projects.
147

- 148 II.D.5. The program must ensure that fellows have access to consultative
149 services in the areas of:
150
- 151 II.D.5.a) genetics;
152
- 153 II.D.5.b) male infertility;
154
- 155 II.D.5.c) medical endocrinology; and,
156
- 157 II.D.5.d) pediatric endocrinology.
158
- 159 **III. Fellow Appointment**
160
- 161 **III.A. Eligibility Criteria**
162
- 163 III.A.1. Prior to appointment in the program, fellows should have completed an
164 ACGME-I-accredited residency program in obstetrics and gynecology, or
165 an obstetrics and gynecology residency program acceptable to the
166 Sponsoring Institution's Graduate Medical Education Committee.
167
- 168 **III.B. Number of Fellows**
169
- 170 III.B.1. There must be a minimum of two fellows in the program at all times.
171
- 172 **IV. Specialty-Specific Educational Program**
173
- 174 **IV.A. ACGME-I Competencies**
175
- 176 IV.A.1. The program must integrate the following ACGME-I Competencies into
177 the curriculum.
178
- 179 IV.A.1.a) Professionalism
180
- 181 IV.A.1.a).(1) Fellows must demonstrate a commitment to
182 professionalism and an adherence to ethical principles.
183
- 184 IV.A.1.b) Patient Care and Procedural Skills
185
- 186 IV.A.1.b).(1) Fellows must provide patient care that is compassionate,
187 appropriate, and effective for the treatment of health
188 problems and the promotion of health.
189
- 190 IV.A.1.b).(2) Fellows must demonstrate competence in the
191 management of clinical problems affecting the
192 development, function, and aging of the female and male
193 reproductive system, including:
194
- 195 IV.A.1.b).(2).(a) fertility disorders, to include: ovarian stimulation for
196 the purposes of fertility enhancement and
197 techniques of assisted reproduction;
198

199	IV.A.1.b).(2).(b)	genetic issues related to the evaluation and management of patients and their partners;
200		
201		
202	IV.A.1.b).(2).(c)	oncofertility and fertility preservation;
203		
204	IV.A.1.b).(2).(d)	psychological, sexual, legal, and ethical implications of reproductive and gender issues; and,
205		
206		
207	IV.A.1.b).(2).(e)	reproductive disorders, to include: abnormal uterine bleeding; climacteric; contraception; endometriosis; fibroids; hypothalamic, ovarian, pituitary, and adrenal axis disorders; and structural abnormalities of the reproductive tract.
208		
209		
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211		
212		
213	IV.A.1.b).(3)	Fellows must demonstrate a commitment to the fundamental ethical and legal principles as practiced in their country or jurisdiction, including;
214		
215		
216		
217	IV.A.1.b).(3).(a)	comprehensive family planning; and,
218		
219	IV.A.1.b).(3).(b)	gender and reproductive care.
220		
221	IV.A.1.b).(4)	Fellows must demonstrate sensitivity to the ethical, legal, psychological, and sexual implications of reproductive issues, including gamete donation, fertility preservation, and third-party reproduction.
222		
223		
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225		
226	IV.A.1.b).(5)	Fellows must demonstrate competence in the use of cost-effective approaches to the management of infertility.
227		
228		
229	IV.A.1.c)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the practice of reproductive endocrinology and infertility.
230		
231		
232		
233	IV.A.1.c).(1)	Fellows must demonstrate competence in specialized surgical procedures, including:
234		
235		
236	IV.A.1.c).(1).(a)	embryo transfer (live, mock, or simulation);
237		
238	IV.A.1.c).(1).(b)	hysteroscopy, laparoscopy, and operative procedures for the management of acquired and developmental abnormalities of the reproductive tract, to include endometriosis, fibroids, müllerian anomalies, and tubal disease; and,
239		
240		
241		
242		
243		
244	IV.A.1.c).(1).(c)	oocyte retrieval.
245		
246	IV.A.1.c).(2)	Fellows must demonstrate competence in:
247		
248	IV.A.1.c).(2).(a)	the performance of transvaginal and transabdominal ultrasound, sonohysterography,
249		

250		hysterosalpingography; and,
251		
252	IV.A.1.c).(2).(b)	the interpretation of all imaging modalities used in
253		the practice of reproductive endocrinology and
254		infertility.
255		
256	IV.A.1.d)	Medical Knowledge
257		
258	IV.A.1.d).(1)	Fellows must demonstrate knowledge of established and
259		evolving biomedical clinical, epidemiological, and social-
260		behavioral sciences, as well as the application of this
261		knowledge to patient care. Fellows must demonstrate
262		knowledge of the following topics as they relate to
263		reproductive endocrinology and infertility:
264		
265	IV.A.1.d).(1).(a)	abnormal uterine bleeding;
266		
267	IV.A.1.d).(1).(b)	adrenal function and disease states;
268		
269	IV.A.1.d).(1).(c)	amenorrhea;
270		
271	IV.A.1.d).(1).(d)	clinical diagnostic techniques;
272		
273	IV.A.1.d).(1).(e)	contraception;
274		
275	IV.A.1.d).(1).(f)	embryology;
276		
277	IV.A.1.d).(1).(g)	endocrinology of pregnancy;
278		
279	IV.A.1.d).(1).(h)	endometriosis;
280		
281	IV.A.1.d).(1).(i)	female infertility;
282		
283	IV.A.1.d).(1).(j)	genetics;
284		
285	IV.A.1.d).(1).(k)	male infertility;
286		
287	IV.A.1.d).(1).(l)	neuroendocrine function and disease states;
288		
289	IV.A.1.d).(1).(m)	oncofertility and fertility preservation;
290		
291	IV.A.1.d).(1).(n)	ovarian function and disease states;
292		
293	IV.A.1.d).(1).(o)	physiology and endocrinology of the climacteric;
294		
295	IV.A.1.d).(1).(p)	psychological, sexual, legal, and ethical implications
296		of reproductive and gender issues;
297		
298	IV.A.1.d).(1).(q)	puberty;
299		
300	IV.A.1.d).(1).(r)	recurrent pregnancy loss;

301		
302	IV.A.1.d).(1).(s)	statistics;
303		
304	IV.A.1.d).(1).(t)	techniques of assisted reproduction;
305		
306	IV.A.1.d).(1).(u)	thyroid function and disease states;
307		
308	IV.A.1.d).(1).(v)	use of cost-effective approaches to the
309		management of infertility; and,
310		
311	IV.A.1.d).(1).(w)	use of laboratory methodology, applications, and
312		techniques of reproductive endocrinology.
313		
314	IV.A.1.d).(2)	Fellows must demonstrate knowledge of the indications,
315		techniques, complications, follow-up, and limitations of the
316		diagnostic and surgical procedures used in clinical
317		reproductive endocrinology and infertility.
318		
319	IV.A.1.e)	Practice-based Learning and Improvement
320		
321	IV.A.1.e).(1)	Fellows must demonstrate the ability to investigate and
322		evaluate their care of patients, to appraise and assimilate
323		scientific evidence, and to continuously improve patient
324		care based on constant self-evaluation and lifelong
325		learning.
326		
327	IV.A.1.f)	Interpersonal and Communication Skills
328		
329	IV.A.1.f).(1)	Fellows must demonstrate interpersonal and
330		communication skills that result in the effective exchange
331		of information and collaboration with patients, patients'
332		families, and other health professionals.
333		
334	IV.A.1.g)	Systems-based Practice
335		
336	IV.A.1.g).(1)	Fellows must demonstrate an awareness of and
337		responsiveness to the larger context and system of health
338		care, including the social determinates of health, as well as
339		the ability to call effectively on other resources in the
340		system to produce optimal care.
341		
342	IV.B.	Regularly Scheduled Educational Activities
343		
344	IV.B.1.	The program must provide regularly scheduled didactic instruction in both
345		basic science and the clinical aspects of the subspecialty.
346		
347	IV.B.1.a)	These sessions must comprise a minimum of one hour per week
348		(averaged over four weeks), be conducted at a fellowship level, be
349		presented by faculty members a majority of the time, and be
350		presented at the primary clinical site.
351		

- 352 IV.B.1.b) Fellows' schedules and responsibilities should be structured to
353 allow attendance at the great majority of these sessions.
354
- 355 IV.B.2. Fellows must actively participate in multidisciplinary inter-professional
356 conferences devoted to care of reproductive endocrinology and infertility
357 patients.
358
- 359 **IV.C. Clinical Experiences**
360
- 361 IV.C.1. The program must ensure that the educational program for each fellow is
362 allocated as follows:
363
- 364 IV.C.1.a) experience in clinical reproductive endocrinology and infertility,
365 which may consist of either block time and/or structured
366 longitudinal experiences distributed throughout one or more
367 blocks; and,
368
- 369 IV.C.1.a).(1) For a 36-month program, these experiences must be a
370 minimum of 18 months.
371
- 372 IV.C.1.a).(2) For a 48-month program, these experiences must be a
373 minimum of 24 months.
374
- 375 IV.C.1.b) elective experiences.
376
- 377 IV.C.1.b).(1) These experiences must be consistent with the program's
378 aims, and planned in consultation with the program
379 director.
380
- 381 **IV.D. Scholarly Activity**
382
- 383 IV.D.1. Fellow Scholarly Activity
384
- 385 IV.D.1.a) The research curriculum must include:
386
- 387 IV.D.1.a).(1) structured delivery of education in research design,
388 research methodology, data analysis, and grant writing;
389
- 390 IV.D.1.a).(2) opportunities for basic, translational, and/or clinical
391 research; and,
392
- 393 IV.D.1.a).(3) the opportunity for the fellows to present their academic
394 contributions to the reproductive endocrinology and
395 infertility community.
396
- 397 IV.D.1.b) Fellows' scholarly experience must begin in the first year and
398 continue for the entire length of the educational program.
399
- 400 IV.D.1.b).(1) The experience must be structured to allow development
401 of requisite skills in research and scholarship, and to
402 provide sufficient time for completion of a scholarly project

403		and presentation of the results of that project.
404		
405	IV.D.2.	Faculty Scholarly Activity
406		
407		See International Foundational Requirements, Section. IV.D.2.
408		
409	V.	Evaluation
410		
411		See International Foundational Requirements, Section V.
412		
413	VI.	The Learning and Working Environment
414		
415	VI.A.	Principles
416		
417		See International Foundational Requirements, Section VI.A.
418		
419	VI.B.	Patient Safety
420		
421		See International Foundational Requirements, Section VI.B.
422		
423	VI.C.	Quality Improvement
424		
425	VI.C.1.	Fellows must develop the skills and habits necessary to regularly review individual, program, and other assisted reproductive technologies outcome data in order to assess and improve patient outcomes.
426		
427		
428		
429	VI.C.2.	The program must document its active participation in clinical databases used to assess and improve patient outcomes.
430		
431		
432	VI.D.	Supervision and Accountability
433		
434	VI.D.1.	Fellows must not be regularly relied upon to provide a clinical service that exceeds the educational value of the activity, such as follicular monitoring.
435		
436		
437	VI.E.	Professionalism
438		
439		See International Foundational Requirements, Section VI.E.
440		
441	VI.F.	Well-Being
442		
443		See International Foundational Requirements, Section VI.F.
444		
445	VI.G.	Fatigue
446		
447		See International Foundational Requirements, Section VI.G.
448		
449	VI.H.	Transitions of Care
450		
451		See International Foundational Requirements, Section VI.H.
452		
453	VI.I.	Clinical Experience and Education

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VI.J.

See International Foundational Requirements, Section VI.I.

On-Call Activities

See International Foundational Requirements, Section VI.J.

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