

## International Advanced Specialty Program Requirements Summary of Requirements for a Newly Accredited Subspecialty

Advanced Specialty Requirements for: **Reproductive Endocrinology and Infertility**  
Proposed Effective Date: **1 October 2023**

Comments are currently being solicited on Program Requirements for a newly accredited subspecialty. To aid those providing comment, the following table summarizes and provides a rationale for the unique elements of these new requirements.

The Review Committee-International will use the comments provided to determine the final Program Requirements, which will be posted on the ACGME-I website once they are approved.

Requirement Number	Line Number	Rationale
<b>I.A.1.</b> The fellowship in reproductive endocrinology and infertility must function as an integral part of an ACGME-I-accredited residency in Obstetrics and Gynecology.	36-38	The relationship between the obstetrics and gynecology residency program and the fellowship can take many forms. The Review Committee-International does not expect a financial relationship, but does expect that there is a system to ensure effective communication, planning, and evaluation of educational experiences between the two programs. Examples include (1) faculty members from the residency and fellowship programs collaborating to plan rotations in reproductive endocrinology and infertility for residents; (2) faculty members of the reproductive endocrinology and infertility program being involved in teaching residents from the obstetrics and gynecology residency program; or (3) fellows being involved in teaching and providing education to obstetrics and gynecology residents.
<b>II.B.3. a) through d)</b> In addition to the faculty members in reproductive endocrinology and infertility, there must be faculty members in the following specialty areas who participate in the care of patients, have mutually complementary and continuing interaction with the	85-97	The requirement for other faculty members is tailored to fit the patient care and educational needs of the program. If a specialist is not employed at the primary clinical site, that individual may be available for consultative services, such as providing patient care through telehealth and providing fellow education via remote learning. If a specialist is not available, the program must document how patient care and

fellows, and are involved in the education of the fellows: a) genetics; b) male infertility; c) medical endocrinology; and d) pediatric endocrinology		fellow education in the subspecialty area is provided.
<b>IV.A.1.b).(3) a) and b)</b> Fellows must demonstrate commitment to the fundamental ethical and legal principles as practiced in their country or jurisdiction, including a) comprehensive family planning; and, b) gender and reproductive care.	213-219	The Review Committee-International acknowledges that laws and medical ethics surrounding the practice of reproductive endocrinology and infertility will vary; however, fellows must receive education and must demonstrate competence in providing care according to the ethical and legal requirements of the program's country or jurisdiction.
<b>IV.B.1.a)</b> These sessions must comprise a minimum of one hour per week (averaged over four weeks), be conducted at a fellowship level, be resented by faculty a majority of the time, and be presented on site	347-350	It is acceptable for fellows to view sessions remotely or access sessions using distance technology.
<b>IV.B.2.</b> Fellows must actively participate in multidisciplinary inter-professional conferences devoted to care of reproductive endocrinology and infertility patients.	355-357	The intent of this requirement is that fellows actively participate in conferences that include different physician specialists and other health care practitioners as appropriate and available at the clinical site.
<b>IV.D.1.b). (1)</b> Fellows' scholarly experience must begin in the first year and continue for the entire length of the educational program. (1) The experience must be structured to allow development of requisite skills in research and scholarship, and provide sufficient time for completion of a scholarly project and presentation of the results of that project.	397-402	Development of competence in research is considered fundamental to the education of specialists in reproductive endocrinology and infertility. Scholarly activity is interpreted broadly to include basic science, clinical care, education, health policy, health services, patient safety, and quality improvement.
<b>VI.D.1.</b> Fellows must not be regularly relied upon to provide a clinical service that exceeds the educational value of the activity, such as follicular monitoring.	434-435	The educational program must be structured to provide fellows with both a breadth and depth of experience in the subspecialty. Although minimum case requirements have not been established, fellows will be required to track certain procedures in ACGME-I's Accreditation Data System (ADS). Ultrasounds, uterine cavity and tubal evaluations, intrauterine inseminations, oocyte retrievals, embryo transfers, operative hysteroscopies, laparoscopies, and myomectomies will be required to be documented by the fellows in ADS.