Basic Standards for Fellowship Training in Female Pelvic Medicine & Reconstructive Surgery

American Osteopathic Association
and
American College of Osteopathic Obstetricians & Gynecologists

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BASIC STANDARDS FOR
FELLOWSHIP TRAINING IN
FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY

ARTICLE I – INTRODUCTION
These are the basic standards for subspecialty fellowship training in Female Pelvic Medicine and Reconstructive Surgery (FPMRS), approved by the American Osteopathic Association (AOA) and developed by the American College of Osteopathic Obstetricians & Gynecologists (ACOOG). These standards are designed to provide the osteopathic subspecialty fellow with advanced and concentrated training in FPMRS and to prepare the fellow for examination for certification in FPMRS.

ARTICLE II – MISSION
The mission of the osteopathic FPMRS fellowship program is to provide fellows with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic specialists in Female Pelvic Medicine & Reconstructive Surgery.

ARTICLE III – EDUCATIONAL PROGRAM GOALS
The fellowship program is required to provide a curriculum that promotes and assesses competencies in the following seven areas:

1. **Osteopathic Philosophy and Osteopathic Manipulative Treatment**
   Fellows are expected to demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment (OMT) in the discipline of FPMRS. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

2. **Medical Knowledge**
   Fellows must demonstrate and apply integrative knowledge of accepted standards of clinical medicine and osteopathic principles and practice (OPP) in the discipline of FPMRS, remain current with new developments in medicine, and participate in life-long learning activities, including research.
   a. Demonstrate competency in the understanding and application of clinical medicine to osteopathic patient care.

3. **Osteopathic Patient Care**
   Osteopathic fellows must demonstrate the ability to treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine and health promotion.
   a. Gather accurate, essential information FROM all sources, including medical interviews, osteopathic physical and structural examinations as indicated, medical records, and diagnostic/therapeutic plans and treatments.
   b. Validate competency in the performance of diagnosis, osteopathic and other treatment and procedures in the discipline of FPMRS.
c. Provide health care services consistent with osteopathic philosophy, including preventative medicine and health promotion based on current scientific evidence.

4. **Interpersonal and Communication Skills in Osteopathic Medical Practice**

Fellows are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

a. Demonstrate effectiveness in developing doctor-patient relationships.

b. Exhibit listening, written and oral communication skills in professional interactions with patients, families and other health professionals.

5. **Professionalism in Osteopathic Medical Practice**

Fellows are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Fellows should be cognizant of their own physical and mental health in order to care for patients.

a. Demonstrate respect for patients and families and advocate for the primacy of patient’s welfare and autonomy.

b. Adhere to ethical principles in the practice of osteopathic medicine.

c. Demonstrate awareness and attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.

d. Demonstrate awareness of one’s mental and physical health.

6. **Osteopathic Medical Practice-Based Learning and Improvement**

Fellows must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based traditional and osteopathic medical principles into patient care, show an understanding of research methods, and improve patient care practices.

a. Treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness (traditional and osteopathic)


c. Understand research methods, medical informatics, and the application of technology as applied to medicine.

7. **Systems-Based Osteopathic Medical Practice**

Fellows are expected to demonstrate an understanding of health care delivery systems, provide qualitative osteopathic patient care within the system, and practice cost-effective medicine.

a. Understand national and local health care delivery systems and medical societies and how they affect patient care, professional practice and relate to advocacy.

b. Advocate for quality health care on behalf of patients and assist them in their interactions with the complexities of the medical system.
ARTICLE IV – INSTITUTIONAL REQUIREMENTS

To be approved by the AOA for fellowship training in FPMRS, an institution must meet all the requirements as formulated in the fellowship training requirements of the AOA.

A. The institution must have an organized division of Urogynecology or FPMRS.

B. All organized departments and services shall be coordinated to provide fellows with the benefits of cooperation from all professional areas.

C. The institution must provide volume of major FPMRS cases of scope and variety to train a minimum of two subspecialty fellows.

D. The institution shall maintain a medical library containing selected texts, the latest editions of medical journals and other publications, in various branches pertaining to training in FPMRS medicine. Broad, on-line access to full-text versions of these journals will be acceptable.

E. The institution shall maintain a medical records system designed so that individual records are readily available to the fellow for patient care and research.

F. The institution must provide:
   1. A Urology Service to train the subspecialty fellow in the broad aspects of Urologic philosophy, diagnosis and treatment.
   2. A Colorectal Surgery Service to enable the subspecialty fellow to develop expertise in managing those patients under the direct supervision of the FPMRS or Urogynecology or Colorectal staff.
   3. A Department of Clinical Investigation (DCI) to enable the subspecialty fellow to have access to bench work research resources and personnel, get training in the ethical treatment of subjects in biomedical research and access to potential research mentors outside the FPMRS or Urogynecology Service.

G. The objectives of the educational program are facilitated by the presence of facilities and numbers of patients with a variety of pelvic floor disorders. Ambulatory facilities, including urodynamic suite, must be available.

H. The operating rooms must be equipped for endoscopic, vaginal and open procedures.

I. The training program shall provide content with regard to behavioral characteristics involved in the interaction between the fellow, the patient and the teaching staff.

J. The program must enhance the ability of the subspecialty fellow to understand the contingencies of health and illness and the development of a mature concern regarding the quality of patient care.

K. Investigational research shall be a fundamental part of the training program.

ARTICLE V – EDUCATIONAL PROGRAM AND CONTENT

Graduate education programs in FPMRS programs should be developed along the following guidelines to ensure a clinical and research experience consistent with the educational objectives of the *Guide to Learning in Female Pelvic Medicine and Reconstructive Surgery* (Guide is reprinted in Appendix II of these standards).

A. All FPMRS fellowship programs must be thirty-six (36) months in duration. A minimum of eighteen (18) months is required for clinical FPMRS and a minimum of twelve (12) months is
required for research. The remaining six (6) months may be tailored to electives or be focused in a specific clinical or research area at the discretion of the program director.

B. The apportionment of time must be constructed to achieve five (5) major objectives including:

1. OPP -- Osteopathic philosophy, principles and practice as they relate to FPMRS shall be integrated into the training program.

2. Basic Science – Basic Science training shall emphasize the relationship of anatomy, pathology, physiology, biochemistry, bacteriology and genetic testing as they relate to FPMRS.

3. Continuing Education -- There shall be a postgraduate course in biostatistics relative to the gathering, dissemination and interpretation of biomedical information. A second postgraduate course relating to the practice of FPMRS shall be required (examples: computer science in biomedical data gathering, health care administration, ethics, grant writing, etc.) to enable the subspecialty fellow to integrate his/her skills into the present day medical health care system, upon approval by program director.

4. Inpatient & Outpatient Evaluation -- The program structure and contents shall include out-patient evaluation of FPMRS patients.
   a. The subspecialty fellow shall receive training and ultimately supervise Gynecologic clinics under the direction of an attending Pelvic Surgeon.
   b. The subspecialty fellow shall evaluate patients, perform or order diagnostic testing and therapeutic regimens as approved by the attending Pelvic Surgeon.
   c. The subspecialty fellow shall evaluate patients, perform or order diagnostic testing and therapeutic regimens as approved by the attending Pelvic Surgeon.
   d. The service shall provide a number of FPMRS patients, as well as follow-up visits, both on an in-patient and out-patient basis. The clinical problems shall include, but not be limited to the following: urinary and anal incontinence, pelvic floor dysfunction and prolapse, genitourinary (GU) and rectovaginal (RV) fistulae, urethral diverticula, injuries to the GU tract, congenital anomalies, infectious and non-infectious irritative conditions of the lower urinary tract and pelvic floor, female sexual dysfunction and management of GU complications of spinal cord injuries.
   e. The fellow should be trained in the performance of urodynamic and pelvic floor testing.

5. Surgical Training -- The subspecialty fellow shall be trained in cystoscopy, laparoscopy, reconstructive surgery for urinary and fecal incontinence and pelvic prolapse, in addition to other benign conditions occurring in the female pelvis. Programs will be reviewed for educational content and volume of both operative and non-operative management of these disorders.

C. Education in the basic science aspects of FPMRS must include the study of anatomy, physiology, biochemistry, physics, pathology, molecular biology, cell biology, experimental designs and biostatistics. Didactic instruction separate from the two required university graduate courses should be provided in both basic science and clinical learning aspects of FPMRS.

The Guide to Learning in Female Pelvic Medicine and Reconstructive Surgery should be used to provide the foundation and scope of this instruction.
D. Training in specialized cystourethroscopy, laparoscopy, vaginal and open surgical techniques is required. Direct, hands-on experience with urodynamics, transvaginal and/or transanal ultrasonography, and electroneurologic testing is required. The fellow must have direct experience in the interpretation of all imaging procedures and histologic material available from surgical specimens.

E. The fellow must become familiar with the relevant laboratory procedures in FPMRS.

F. The fellowship program director must provide evidence of scholarly activity and productivity by faculty and fellows in clinical and/or laboratory research. Research projects can be developed either within the department or in collaboration with other academic departments. The portion of each fellow’s education devoted to research must ultimately result in a scientific paper that may be worthy of publication in a peer-reviewed journal. It is expected that fellows will acquire a thorough knowledge and understanding of the methodologies and analyses used in research protocols that relate to research in their area of study. An in-depth understanding of the statistical analysis of research projects is mandatory.

**ARTICLE VI – PROGRAM DIRECTOR / FACULTY**

A. Program Director Requirements

1. The program director must be a diplomate of the American Osteopathic Board of Obstetrics & Gynecology (AOBOG) and shall, by training and teaching ability in FPMRS, qualify to implement and conduct the program.

   The Program Director shall endeavor at all times to set a benchmark of professional behavior consistent with, or exceeding, the Code of Ethics of the ACOOG and the AOA.

B. Program Director Duties

1. The program director shall submit an annual report on each fellow to the Director of Medical Education of the institution and to the ACOOG. These reports shall cover the fellows’ progress, acceptability as a prospective subspecialist and other factors pertinent to the continuance of training.

2. The Program Director shall annually retrieve his/her “Evaluation of the Program Director” and the “Program Faculty Summary” as performed by the fellows within sixty (60) days of the end of each training year and assure that these evaluations are reviewed annually with the Director of Medical Education.

3. In the event of a program director vacancy, another faculty member certified in FPMRS shall assume interim responsibility for oversight of the program. The Osteopathic DME will consult on the completion of all required reports and administrative functions. Status reports of the institution’s efforts to recruit a permanent AOBOG certified program director shall be provided to the PESC every 6 months. Failure to comply with recruitment policy and documented deficiencies in program administration will result in a request to the PTRC for an early inspection.

C. Faculty

1. There must be at least two qualified faculty members who are board certified by either the AOA/BOS American Osteopathic Board of Obstetrics and Gynecology (AOBOG) or the American Board of Obstetrics and Gynecology (ABOG) and trained in FPMRS.
2. Consultative services must be available in the areas of urology, radiology, geriatrics, and colorectal and general surgery. The presence of institutional training programs in these areas is beneficial, but not required.

ARTICLE VII – FELLOW REQUIREMENTS

A. The fellow must have satisfactorily completed an AOA - approved residency program in Obstetrics & gynecology.

B. The fellow shall have applied for the AOBOG General OB/GYN certification exam and shall have taken the written portion of the exam prior to matriculating the fellowship.

C. All fellows must maintain satisfactory records of work performed and submit these records on a monthly basis to the program director for review and verification. These records shall be filed with the administrator or Director of Medical Education of the institution.

D. All fellows shall submit annually, verified by the signature of the Program Director, a “Training Program Report” to the ACOOG within thirty (30) days of the end of the training year. The fellow must also complete an annual evaluation of the Program Director and Program Faculty in a format as required by the ACOOG.

E. The fellow will conduct investigative work leading to the production of a first authored thesis. The submission of an approved thesis is a requirement for entrance to the oral examination. The subject should be in the field of FPMRS, and the thesis should be on clinical or basic research and not a review of work by others.

F. The fellow will attend conferences relating to FPMRS as assigned by the program director.

G. Subspecialty fellows shall be permitted to act as consultants under the direct supervision of the program director or other qualified supervisor who may be part of the general program of FPMRS. Subspecialty fellows may serve at affiliated units in FPMRS at the discretion of the program director.

H. The subspecialty fellow shall attend meetings including the annual meeting of the ACOOG and any additional meetings that the program director may deem appropriate.

ARTICLE VIII – EVALUATION

A. Program Director and Faculty

1. The faculty and program director must regularly evaluate the fellow’s progress in the training program. The results of these evaluations must be reviewed in writing with the fellow at regular intervals by the program director.

2. The program director must communicate these reports to the director of medical education at least annually or sooner if the fellow’s progress is unsatisfactory as outlined below.

B. Remediation

1. The program director will inform the fellow verbally and in writing of unsatisfactory academic or clinical performance.

2. The fellow will be provided with a written plan to correct the deficiencies.

3. The fellow will receive a written evaluation following this period.
4. If after the above period deficiencies still exist, the fellow shall be placed on probation for a period of three to six months.

5. Following the probationary period, if the performance of the fellow is still judged to be unsatisfactory the fellow shall be dismissed.

C. The fellow shall be required to defend the thesis prior to completion of the program. A model examination form is shown in Appendix.
APPENDIX

A. An institution\(^1\) is a hospital, college, organization or other training facility.

B. The most current Educational Curriculum is listed in\(^2\) The Committee on Female Pelvic Medicine & Reconstructive Surgery. Guide to Learning in Female Pelvic Medicine & Reconstructive Surgery, 2003. ABOG: Dallas, TX; 1-31. The Guide to Learning is located in Appendix II.

C. Data on program director compensation will be collected and benchmarked by the ACOOG every two years. Aggregate data will be reported to osteopathic obstetrics and gynecology programs.

D. The institution should fund faculty development activities in addition to the minimum standard requirements to maintain proficiency and professionalism of all trainers, ultimately benefiting the fellow, program, and institution.

E. The PESC will not review end of year reports that are not submitted, as verified by postmark or electronic system data, within thirty (30) days of completion of training year, until the program pays a delinquency fee to ACOOG per delinquent year of training.

F. Program directors, fellows and faculty will maintain a standard of professionalism that meets or exceeds the code of ethics of the ACOOG, AOA and/or the American College of Obstetricians and Gynecologists if applicable to the individual.

G. If annual evaluation of the program director and faculty is received after the thirty (30) day deadline, reports will not be reviewed by the PESC until a late fee is paid to the ACOOG.

H. Fellow Research and Thesis Defense Summary will be utilized by institutional faculty to evaluate quality of investigative study and be submitted to PESC as a condition of program complete status (Form located in ACOOG Postgraduate Training Program Administrative Manual).

APPENDIX II

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