



AMERICAN OSTEOPATHIC ASSOCIATION

**Basic Standards for
Fellowship Training in
Reproductive Endocrinology & Infertility**

**American Osteopathic Association
and
American College of Osteopathic Obstetricians & Gynecologists**

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**BASIC STANDARDS FOR FELLOWSHIP TRAINING
IN
REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY**

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ARTICLE I – INTRODUCTION

These are the basic standards for fellowship training in Reproductive Endocrinology and Infertility as approved by the American Osteopathic Association and developed by the American College of Osteopathic Obstetricians and Gynecologists. These standards are designed to provide the osteopathic fellow with advanced and concentrated training in Reproductive Endocrinology and Infertility and to prepare the fellow for examination for certification in Reproductive Endocrinology and Infertility by the American Osteopathic Board of Obstetrics and Gynecology (AOBOG).

ARTICLE II –MISSION

The mission of the osteopathic reproductive endocrinology & infertility 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 reproductive endocrinology & infertility.

ARTICLE III –EDUCATIONAL PROGRAM GOALS

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 reproductive endocrinology & infertility. 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 reproductive endocrinology & infertility, 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.
- b. Know and apply the foundations of clinical and behavioral medicine in the discipline of reproductive endocrinology & infertility with application of all osteopathic correlations.

3. Osteopathic Patient Care

Osteopathic fellows must demonstrate the ability to effectively 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 for 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 reproductive endocrinology & infertility.
- 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 effective 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 effectively 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)
- b. Perform self-evaluations of clinical practice patterns and practice-based improvement activities using a systematic methodology.
- 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 effective and 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

- A. The institution must have an organized division in reproductive endocrinology & infertility.
- B. The fellow shall have available a medical records system designed so that individual records are readily available for patient care and research.
- C. The institution must provide a volume of major REI cases of scope and variety to properly train a minimum of two fellows.
- D. The institution shall have outpatient clinics or provide for rotations at affiliated outpatient facilities. These clinics shall be under the supervision of the teaching staff of the division of reproductive endocrinology & infertility of the base institution.
- F. Ambulatory facilities, including ultrasound imaging, must be available.
- G. The operating rooms must be equipped for endoscopic and microsurgical procedures.
- H. Laboratories equipped to conduct hormone assays, andrology testing, and embryo culture must be available.
- I. The facilities also must be able to perform hysterosalpingography, computerized axial tomography, bone densitometry, and magnetic resonance imaging.

ARTICLE V-PROGRAM REQUIREMENTS AND CONTENT

Graduate educational programs in reproductive endocrinology & infertility must be developed consistent with the educational objectives of the *Guide to Learning in Reproductive Endocrinology & Infertility* (reprinted in Appendix II).

- A. All reproductive endocrinology & infertility fellowship programs must be thirty-six (36) months in duration. A minimum of eighteen (18) months is required for research/didactic efforts and a minimum of twelve (12) months is required in clinical reproductive endocrinology & infertility. 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. Experience in the management of clinical problems affecting the development, the function, and the aging of the human reproductive system. This experience must include disorders related to both men and women, as detailed in the *Guide to Learning in Reproductive Endocrinology & Infertility*.
 - 2. Diverse medical and surgical experience related to infertility and reproductive disorders (including management of ovulation defects and techniques of assisted reproduction, which must include an number and success rate), contraception, aging, and the surgical management of acquired and developmental abnormalities of the reproductive tract.
 - 3. Knowledge of the techniques and limitations of diagnostic, surgical, and laboratory procedures utilized in clinical reproductive endocrinology & infertility.

4. A research experience centered on an intensive specific area of investigation that will provide a thesis for the fellow and also stimulate future independent study.
 5. Osteopathic philosophy, principles and practices as they relate to reproductive endocrinology & infertility shall be integrated into the training program.
- C. Education in the basic science aspects of reproductive endocrinology & infertility must include the study of anatomy, biochemistry, pathology, physiology, molecular biology, cell biology, experimental designs and biostatistics.
- D. The fellowship program must include one university graduate level course. This course must be in quantitative techniques, biostatistics, epidemiology, or research design. If the course is listed in the university catalogue, the description in the catalogue must be submitted for approval. If the course is not listed, then credentials of the instructor must be submitted. In this circumstance, a transcript or letter from the office of education is required for verification of course completion. Subspecialty fellows that have already completed a graduate level course in statistics and other such courses may, at the discretion of the program director, and upon approval of PESC during the first year of training, satisfy this requirement by:
- a) Taking additional graduate level courses pertinent to the subspecialty of reproductive endocrinology & infertility, or
 - b) Using this protected time for the performance of the pertinent research related to the training program, or
 - c) Using this protected time for the acquisition of clinical skills pertinent to the subspecialty training program.
- E. Didactic instruction separate from the required university graduate course must be provided in either basic science or clinical learning aspects of reproductive endocrinology & infertility. *The Guide to Learning in Reproductive Endocrinology & Infertility* shall be used to provide the foundation and scope of this instruction.
- F. Training in specialized surgical techniques must include endoscopy, microsurgery, oocyte retrieval and embryo transfer is a prerequisite to the development and enhancement of surgical skills.
- G. Direct hands-on experience with transvaginal ultrasound imaging techniques must be provided.
- H. The fellow must have direct experience in the interpretation of all imaging procedures and histological material available from the surgical specimens.
- I. The fellow must become familiar with the relevant laboratory procedures in reproductive endocrinology & infertility. The fellow must acquire a thorough understanding of the theory and special methodology utilized to perform hormonal assays, tissue culture techniques, receptor assays, molecular biological procedures, chromosomal analyses, and gamete manipulation.
- J. The fellowship program director must provide evidence of strong scholarly activity and productivity by faculty and fellows in clinical and/or laboratory research.

Research projects shall 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 thesis that is worthy of publication in a peer-reviewed journal. Fellows must 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.

- K. Thesis defense will follow the format outlined in the appendix. The thesis defense form will be provided to PESC prior to completion of program.

ARTICLE VI- PROGRAM DIRECTOR /FACULTY

A. Program Director Requirements

1. The program director shall be a diplomate of the American Osteopathic Board of Obstetrics and Gynecology (AOBOG) and certified in reproductive endocrinology.
2. 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.
3. The program director shall insure that osteopathic theory and practice and its application to the specialty are emphasized.

B. Program Director Duties

1. The program director shall be required to submit annual progress reports on the fellows to the director of medical education of the hospital, and the American College of Osteopathic Obstetricians and Gynecologists (ACOOG). These reports shall cover the fellow's progress, acceptability as a prospective specialist, and other factors pertinent to the continuation 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. The program director is responsible for assuring each fellow in the program is actively pursuing a research program.
4. In the event of a program director vacancy, another faculty member certified in REI 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. Consultative services must be available in the areas of medical endocrinology, pediatric endocrinology, and genetics. There also must be evidence of mutually

complementary active and continuing interaction between these groups and the program's fellow.

2. A faculty member with special interest and expertise in the management of male infertility must be associated with the program, and this person must provide formal education for the fellows and consultative care for male infertility.
3. There must be at least two faculty members who are board certified by the AOA/BOS American Board of Osteopathic Obstetrics and Gynecology (AOBOG) and/or the American Board of Obstetrics and Gynecology (ABOG) in the subspecialty of reproductive endocrinology and infertility.

ARTICLE VII –FELLOW REQUIREMENTS

- A. The fellow must have completed an AOA approved residency in obstetrics and 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 shall maintain satisfactory records of work performed. These shall be submitted monthly to the program director for review and verification.
- D. The fellow shall not be permitted to act as a consultant; however, fellows may render services to affiliated clinics with the approval of the program director.
- E. The fellow 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 each year's training. The fellow must also complete an annual evaluation of the program director and faculty in a format as required by the ACOOG.
- F. 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 must be in the field of reproductive endocrinology & infertility, and the thesis must be on clinical or basic research and not a review of work by others. The fellow will follow the thesis defense process before graduating from the fellowship as outlined in the appendix.
- G. The fellow must attend conferences relating to reproductive endocrinology as scheduled by the program director.

ARTICLE VIII - EVALUATION

- A. Program Director and Faculty
 1. The program director must communicate regulate evaluation 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. 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.
- B. The institution should fund faculty development activities in addition to the minimum standard requirements to maintain proficiency and professionalism of all trainers, ultimately benefitting the fellow, program, and institution.
- C. The PESC will not review end of year reports which 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.
- D. 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 Gynecologist if applicable to the individual.
- E. 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 of \$150.00 per year is paid to the ACOOG.
- F. Fellow Research and Thesis Defense Summary will be utilized by institutional faculty to evaluate quality of investigative study and submitted to PESC as a condition of program complete status (Form located in ACOOG Postgraduate Training Program Administrative Manual)
- G. The most current Educational Curriculum is listed in The Guide to Learning in Reproductive Endocrinology and Infertility, 2004. ABOG: Dallas, TX; 1-45. The Guide is reprinted in Appendix II.