

Subspecialty Institutional Volume Guidelines Review Committee for Obstetrics and Gynecology

The Review Committee for Obstetrics and Gynecology has established guidelines for determining the procedural and patient strength of programs in gynecologic oncology, maternal-fetal medicine, and reproductive endocrinology and infertility. The Review Committee uses the guidelines when reviewing the **institutional** procedural and patient data provided by programs in specialty-specific applications* and complement increase requests. The guidelines help the Review Committee determine if there is adequate available procedural and patient volume at the participating sites for fellow education. Guideline counts are based on one fellow per year, and programs may need to adjust the counts depending on their respective complement.

The guidelines are **not** minimum Case Log requirements for **individual fellows**. Procedural and patient minimums for program graduates will be established once there is sufficient Case Log data. Programs will be informed when the minimum requirements are established.

Contact Review Committee Associate Executive Director Emma Breibart-White, MALS (ebreibartwhite@acgme.org) with questions.

* The specialty-specific application is part of the accreditation application and is completed again when the program is reviewed after the Initial Accreditation period.

**Gynecologic Oncology
Procedural and Therapy Volume Guidelines***

Category	Program Count** (at least)
Simple Hysterectomy	75
Radical Hysterectomy/Simple Trachelectomy/Radical Trachelectomy	10
Exenteration	2
Conduit	2
Brachytherapy Applicator Placement	No guideline
Lymphadenectomy/Sentinel Node Biopsies (Includes: pelvic lymphadenectomy, paraaortic lymphadenectomy, inguinal lymphadenectomy, inguinal sentinel lymph node biopsy, pelvic sentinel lymph node biopsy)	50
Debulking	40
Diaphragmatic Stripping/Resection	No guideline
Splenectomy	No guideline
Intestinal Surgery (Includes small bowel resection +/- re-anastomosis; large bowel resection +/- re-anastomosis; ostomy, NOS; rectal or rectosigmoid resection +/- re-anastomosis)	20
Vulva Resection for Invasive Cancer	10
Vaginal Resection for Invasive Cancer	No guideline
Other Urologic Procedures (Includes: bladder fistula repair, ureteral neocystostomy surgical procedure)	No guideline
Number of Cycles of Chemotherapy and Targeted Therapeutics	100

*Procedures and therapies *in the gynecologic oncology practice/division* (does not include those performed in other departments/divisions)

**Programs with one fellow *per year*

Maternal-Fetal Medicine Procedural and Patient Volume Guidelines

Category	Program Count* (at least)
Patient Population	
Deliveries at primary clinical site	1,500
Cesarean rate	No guideline
Multiple gestations	50
NICU admissions > 37 weeks	No guideline
Infants < 1500 grams	50
Infants 1501-2499 grams	100
Antepartum admissions	100
Maternal transports (incoming only)	No guideline
Cervical cerclage	7
Procedures	
Genetic amniocentesis	25
Fetal blood sampling/transfusion	No guideline
CVS (do not include mocks)	No guideline
Ultrasounds	
Transvaginal	50
Detailed Anatomy	300
Doppler	100
Echocardiogram	No guideline
Post birth hysterectomy	No guideline
Obstetric Critical Care Patients	17
Obstetrical Complications	
Placental abruption	10
Placental previa	10
Medical Complications of Pregnancy	
Preexisting diabetes mellitus	25
Autoimmune connective tissue disease	10
Cardiac disease	No guideline
Hypertensive diseases	100
Pulmonary disease	No guideline
Hematologic disorders	25
Renal disease	10
Substance abuse	10
Psychiatric disease	No guideline
Neurologic disease	No guideline
GI disease	No guideline
Endocrine disease other than diabetes	No guideline
Fetal Disorders and Fetuses at Increased Risk for In-Utero Disease	
Isoimmunization	5
Fetal malformations	100
Evaluation for genetic disorder	100
Evaluation for congenital infection	25

*Programs with one fellow *per year*

**Reproductive Endocrinology and Infertility
Procedural Volume Guidelines**

Category	Program Count* (at least)
In Vitro Fertilization (IVF)	
Retrievals	100
Transfers (includes mock)	80
Intrauterine Insemination	40
Ultrasound	
First trimester pregnancies	40
Complete gynecologic scan	50
Follicle scan	100
Saline sonogram	40
Operative Hysteroscopy (includes myomectomies)	40
Operative Laparoscopy (includes non-robotic/robotic)	30
Myomectomy (via laparoscopy, laparotomy)	10
Laparotomy	
Tubal anastomosis	No guideline
Endometriosis	No guideline
Surgery for Developmental Abnormalities	15

*Programs with one fellow *per year*