

Why Use the ACGME OB/GYN Residency Minimum Thresholds of Vaginal and Cesarean Deliveries for Family Medicine Obstetrics Fellowships?

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The Accreditation Council for Graduate Medical Education (ACGME) is the agency in the United States that defines the standards of training and accredits approximately 9,500 residency programs (1). Most residency and fellowship training programs in the United States are accredited by the ACGME. The ACGME is the largest private accrediting agency in the world (1). Those programs that are not accredited are either in the process of achieving that goal or aspiring to do so in the near future. The one universal question that physicians always asks about a residency or fellowship program is whether or not it is ACGME accredited. There are other organizations that accredit training programs such as the American Board of Physician Specialties (ABPS) (2) and the American Osteopathic Association (AOA) (3). ABPS accredits many training programs that the ACGME does not yet recognize such as Family Medicine/Obstetrics, Disaster Medicine, Urgent Care Medicine and Administrative Medicine (2). ABPS also accredits some programs that ACGME already accredits such as Emergency Medicine, OB/GYN, Orthopedic Surgery, Family Medicine and Radiology (2). AOA is the only agency that currently accredits osteopathic training programs (5). ACGME, AOA and the American Association of Colleges of Osteopathic Medicine (AACOM) anticipate ACGME accreditation for AOA training programs in the future (5).

Family Medicine/Obstetrics Fellowship training was developed in 1986 at the College of Community Health Sciences at the University of Alabama in Tuscaloosa, Alabama. The first fellows attempted to perform as many deliveries as possible, concentrating on instrumental deliveries, cesarean sections and high risk obstetrics. The initial premise was that family medicine residents who then became obstetrics fellows were required to perform a certain number of deliveries during both residency and fellowship. The deliveries during a family medicine residency and an Obstetrics fellowship year would approximate the number of deliveries including cesarean sections performed by a graduate of a four year OB/GYN residency.

ACGME has determined that there are the minimum numbers of deliveries and cesarean sections for the development of competency for graduating OB/GYN residents. In 2012, the Accreditation Council for Graduate Medical Education (ACGME) determined minimum thresholds of deliveries and cesarean sections for residents in Obstetrics and Gynecology Residencies which were near the 10th percentile (4). These thresholds have been used as “merely acceptable minimal exposure during residency.” (4). The 10th percentile has been used in the past for citation of programs for insufficient surgical experience (4). In other words, there is minimal number of deliveries and cesarean sections that a graduating OB/GYN resident must complete during residency in order to be competent to perform deliveries and cesarean sections. Those numbers are 200 vaginal deliveries and 145 cesarean sections.

Graduating Family Medicine residents from ACGME accredited programs try to complete 40 deliveries of which 30 must be vaginal deliveries. Some graduating family medicine residents will perform deliveries as part of their practice; many will not. Most who choose to practice obstetrics will pursue Family Medicine Obstetrics Fellowships which are usually one year in length. There is a list of Family Medicine Obstetrics Fellowships at the American Academy of Family Medicine website. There is also a list of recognized Family Medicine Obstetrics Fellowships at the American Board of Physician Specialties (ABPS) website. These fellowships meet certain minimal training requirements that will prepare them to sit for the Board of Certification in Family Medicine Obstetrics following fellowship training. For board eligibility ABPS

requires the completion of 150 deliveries of which 50 must be cesarean sections over the previous three years.

There is interest among family medicine groups that the American Board of Family Medicine may develop a Certificate of Added Qualification in Obstetrics which may lend itself to the accreditation of Family Medicine Obstetrics Fellowships by ACGME. Since the ACGME has determined that these are the minimums of numbers of deliveries and cesarean sections for the development of competency, they may require the same numbers for Family Medicine Obstetrics Fellowships. It seems reasonable to have *one standard of competency for deliveries and cesarean sections* for any residency that teaches obstetrics. As it stands a graduating OB/GYN resident must have performed 200 deliveries and 145 cesarean sections over four years. A graduating family medicine resident who completes an obstetrics fellowship must have 40 deliveries (30 vaginal and 10 cesarean sections) during residency plus 100 vaginal deliveries and 50 cesarean sections or 130 vaginal deliveries and 60 cesarean sections total for four years. An Obstetrics Fellowship would need to add 70 more vaginal deliveries and 85 more cesarean sections to the fellowship year if the only the bare minimum numbers were obtained during the Family Medicine Residency. It seems prudent to anticipate this possibility.

The considerations of the fellowship would be if the numbers were available to the fellow(s) within the constraints of work hour restrictions and other clinical and academic responsibilities. Certainly, increased numbers of deliveries may provide better training and exposure to more situations. While completion of 200 deliveries and 145 cesarean sections are not the requirement for graduating Family Medicine Obstetrics Fellows to sit for the board, obtain hospital privileges and practice, it may become so in the near future.

REFERENCES

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