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**Fellowship in Minimally Invasive Gynecologic Surgery**

**Effective August 1, 2024**

***PROGRAM REQUIREMENTS FOR  
FELLOWSHIP IN MINIMALLY INVASIVE GYNECOLOGIC SURGERY***

**Direct Correspondence To:**

AAGL Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) Administrative Office  
6757 Katella Avenue, Cypress, CA 90630-5105, USA  
Ph: (800) 554-2245 or (714) 503-6200 \* Fax: (714) 503-6202  
E-mail: [FMIGS@aagl.org](mailto:FMIGS@aagl.org). Website: [www.fmigs.org](http://www.fmigs.org)

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69 **REQUIREMENTS FOR A POST-GRADUATE FELLOWSHIP IN THE SUBSPECIALTY AREA OF**  
70 **MINIMALLY INVASIVE GYNECOLOGIC SURGERY**

71

72 **A. Introduction**

73 Fellowships in Minimally Invasive Gynecologic Surgery (FMIGS) in the US and  
74 outside the US (FMIGS-International, FMIGS-I) are intensive training programs  
75 preparing the graduate for the medical and surgical management of benign,  
76 complex gynecologic conditions. The FMIGS Board is a Professional Interest  
77 Partner under the auspices of the AAGL and accredits all FMIGS and FMIGS-I  
78 programs.

79

80 **B. Mission**

81 The mission of the fellowship is to provide a uniform training program for  
82 gynecologists who have completed residency in obstetrics and gynecology and  
83 desire additional knowledge and surgical skills in complex gynecology so they may:  
84 serve as a scholarly and surgical resource for patients and referring physicians;  
85 have the ability to care for patients with complex gynecologic surgical disease via  
86 minimally invasive techniques; establish sites that will serve a leadership role in  
87 advanced endoscopic and reproductive surgery; and further research in complex  
88 gynecologic surgery.

89

90 **C. Goals**

91 The overall goal of the fellowship is for the graduate to serve as an independent  
92 specialist and consultant in the medical and surgical management and techniques  
93 of advanced, benign, complex gynecologic conditions at a level surpassing  
94 competence expected by completion of a categorical residency.

95

96 **D. Fellowship Training Program Requirements**

97 The FMIGS consists of a minimum of two years of continuous education, training,  
98 and research following completion of an obstetrics and gynecology residency.

99

100 **1. Fellowship Program Director**

101 The fellowship director is ultimately responsible for the design and  
102 implementation of the fellowship-training program. There must be a single  
103 fellowship director with authority and accountability for the operation of the  
104 program. The sponsoring institution (e.g., Designated Institutional Official,  
105 CMO), department chairperson and the FMIGS Board must approve the

106 fellowship director. The fellowship director must have adequate time and  
 107 salary support for a minimum of 8 hours per week on average to oversee and  
 108 prioritize the training and have no conflicts of interest that could interfere with  
 109 this responsibility (e.g., serve as PD for another fellowship, CMO).

110

111 A dedicated program coordinator must be designated and have time  
 112 (minimum of 8 hours per week on average) to assist with administrative  
 113 aspects of the program receive compensation for time spent.

114

115 The fellowship director must:

- 116 1. Have surgical training and clinical experience
- 117 2. Have educational and administrative experience
- 118 3. Have documented scholarly expertise in complex gynecology by:
  - 119 1. publication of at least one original research or systematic review
  - 120 article in a peer-reviewed journal every year and at least two of the
  - 121 three items within the past two years:
    - 122 a. peer-reviewed funding
    - 123 b. presentation at regional or national professional and
    - 124 scientific society meetings
    - 125 c. serve as a reviewer for a major journal
  - 126 4. Maintain current certification in the obstetrics and gynecology specialty by
  - 127 the applicable country of practice e.g., ABOG
  - 128 5. Have completed an AAGL-accredited Minimally Invasive Gynecologic
  - 129 Surgery FMIGS or possess qualifications that are acceptable to
  - 130 the Fellowship Board<sup>1</sup>
  - 131 6. Have current medical licensure and appropriate medical staff appointment
  - 132 7. Have a minimum of 4 years' independent practice post-FMIGS experience
  - 133 8. Directly supervise the education and mentoring of fellows to ensure that
  - 134 they receive the appropriate clinical instruction and training to provide
  - 135 safe patient care
  - 136 9. Ensure that each fellow completes the research requirements by assigning
  - 137 a research mentor and monitoring compliance
  - 138 10. Evaluate and document the fellow's performance as described below
  - 139 11. File an Annual Report with the MIGS Board

---

<sup>1</sup> FMIGS -I program directors may demonstrate competency based on case list/experience

- 140 12. Respond in a timely fashion (within ten days) to any inquiry made by the  
 141 FMIGS Board or Site Review and Compliance committee  
 142 13. Ensure a safe learning environment  
 143 14. Ensure that the annual fees and any additional fees related to the  
 144 fellowship program are paid within 60 days of being due  
 145 15. Be an active member of the AAGL and in good standing  
 146

## 147 **2. Associated Program Director (APD) Requirements**

148 The fellowship director must identify at minimum one Associate Program  
 149 Director with defined responsibilities that includes acting on behalf of the  
 150 fellowship director if they are not available. Fellowship programs can identify  
 151 additional Associate Program Directors for oversight at additional training  
 152 sites (see below).  
 153

154 The APD(s) at the primary site must:

- 155 1. Be an AAGL member in good standing  
 156 2. Have a minimum of 2 years independent practice post - FMIGS experience  
 157 3. Maintain current certification in the obstetrics and gynecology specialty by the  
 158 applicable country of practice e.g., ABOG  
 159 4. Have current medical licensure and appropriate medical staff appointment  
 160 5. Have responsibilities educating and instructing the fellows either at the primary  
 161 or satellite training sites to ensure they receive the appropriate clinical exposure  
 162 and training to provide safe patient care  
 163 6. Participate in the semiannual evaluation process  
 164 7. Demonstrate two of three additional criteria below:  
 165 a. Document four pedagogical/teaching activities per year (e.g.,  
 166 resident/fellow didactics, presentation at meeting, grand rounds)  
 167 b. Document one scholarly/research activity per year (e.g., video or  
 168 research abstract, peer reviewed or non - peer reviewed publication,  
 169 mentorship of or collaboration with fellow research project)  
 170 c. Document one leadership initiative per year on either a local, regional, or  
 171 national level (e.g., member of hospital or society committee)

172

173 If the fellowship director and Associate Program Director(s) are not able to provide  
 174 training oversight, it will be the responsibility of the sponsoring institution and  
 175 department to identify a qualified fellowship director who is available and willing to  
 176 provide the fellow with the required training.

177

### 178 ***Fellowship Director Changes***

179 The FMIGS Board must approve a change in fellowship director. A letter must be  
 180 sent electronically to the FMIGS office (within 30 days) and indicate the  
 181 resignation of the fellowship director and the appointment of an interim  
 182 fellowship director until the matter has been considered by the Board. An  
 183 application form (available upon request) must be completed that outlines the  
 184 qualifications of the proposed fellowship director and potential changes to the  
 185 educational environment. The Board reserves the right to require decline the  
 186 request, ask for additional information and/or require a site visit.

187

### 188 **3. Core Faculty**

189 There must be adequate faculty that participate in the care of patients and the  
 190 education of fellows with special interest, expertise, and scholarly activity  
 191 related to complex, benign gynecology.

192

### 193 **4. Facilities**

- 194 1. All US-based FMIGS programs (except for military programs) must be  
 195 affiliated with an accredited training program(s) as required by the  
 196 National Resident Matching Program (NRMP; [www.nrmp.org](http://www.nrmp.org)). The  
 197 educational program must be sponsored by an ACGME-accredited  
 198 institution or participating site.<sup>2</sup>
- 199 2. The primary hospital facilities must be equipped to provide state-of-the-  
 200 art inpatient and outpatient minimally invasive surgical experiences.
- 201 3. Sites must provide a private and clean location other than a restroom  
 202 where fellows may lactate and store breast milk (i.e., refrigerator). These  
 203 locations should be in close proximity to clinical responsibilities.
- 204 4. Clinical information systems or libraries and/or online information  
 205 systems, including those relevant to the subspecialty, must be readily

---

<sup>2</sup> This requirement does not apply to FMIGS -I programs.

- 206 available as resources for patient care and clinical research at the host  
 207 institution.
- 208 5. A breadth of skills and simulation training must be integrated into  
 209 fellowship instruction.
- 210 6. Research support must be readily available.
- 211 7. Fellows must be provided with dedicated, secluded academic space (i.e.,  
 212 fellow office) that is accessible and appropriately located within the clinical  
 213 environment
- 214 8. A program may utilize more than one patient–care facility. If more than  
 215 one site is used, there must be a Program Letter of Agreement (PLA) with  
 216 the ancillary site(s) and appropriate faculty, updated every 10 years. An  
 217 Associate Program Director may be designated to oversee fellow training  
 218 at each ancillary site. The ancillary site(s) will receive the same approval  
 219 period accredited to the program unless there are changes to the ancillary  
 220 site.

221 The Program Letter of Agreement (PLA) must:

- 222 A) Identify the faculty and possibly Associate Program Director who will  
 223 assume both educational and supervisory responsibilities for fellows
- 224 B) Specify responsibilities of the above faculty for teaching, supervision, and  
 225 formal evaluation of fellows
- 226 C) Specify the duration and content of the educational experience
- 227 D) Specify the fellow’s responsibilities at the ancillary institution.

## 228

### 229 **E. Educational Objectives**

230 All Educational Objectives are directed toward the standardization of training in  
 231 complex gynecology. These objectives must be addressed in a structured and  
 232 systematic manner during the training period. The fellowship director must  
 233 ensure that fellows are provided and encouraged to complete the FMIGS Core-  
 234 Reading List and surgical video curriculum.

### 235

### 236 **F. Curriculum**

- 237 1. Didactic. Education of fellows must include dedicated, structured, and  
 238 documented teaching conferences that review both the basic science and  
 239 clinical aspects of the specialty as outlined in the Educational Objectives and  
 240 facilitated by faculty. The fellow’s schedule and responsibilities must be  
 241 structured and protected (i.e., free of clinical duties) to allow regular  
 242 attendance at didactics, simulation training, and national conferences. Fellows

- 243 must have progressive teaching responsibilities for resident physicians and  
244 ideally with all types of learners (e.g., medical and/or nursing students).  
245
- 246 2. Clinical. The clinical experience of inpatient and outpatient care must include  
247 a sufficient number and variety of cases to fulfill the Educational Objectives.  
248
- 249 A) The fellow must be involved with the preoperative planning and care, the  
250 surgical care, and the postoperative management of surgical patients.
- 251 B) Surgical experience is particularly important and must be carefully  
252 organized and supervised by the fellowship director and clinical faculty.  
253 The fellow must be capable of performing all appropriate diagnostic and  
254 therapeutic procedures relevant to the clinical practice of the subspecialty.  
255 During the educational program, the fellow must be supervised in all  
256 clinical activities, including surgical procedures. The FMIGS Surgical  
257 Competency List must be used and completed for each fellow by the end  
258 of the fellowship training. Surgical procedures available for the fellow  
259 must include but are not limited to: diagnostic and operative hysteroscopy,  
260 diagnostic and operative laparoscopy, laparotomy, robotic surgery, and  
261 ambulatory procedures. Additionally, the program must ensure fellow  
262 competency by experience and/or simulation in multiple types of vaginal  
263 surgery (e.g., prolapse repair, vaginal tissue extraction, vaginal septums,  
264 vNOTES) including vaginal hysterectomy, the management of small and  
265 large bowel concerns as it relates to complex gynecologic disease, and  
266 gynecologic conditions that may impact fertility (e.g., uterine septum,  
267 intrauterine adhesions, and uterine leiomyomas).
- 268 C) Fellowships must ensure that graduates perform the minimum number  
269 and types of surgical cases prior to graduation as specified in the case  
270 minimum list. Fellowship leadership must confirm on a biweekly basis that  
271 cases are being appropriately entered into the case log system.
- 272 D) The majority of the fellow's clinical experience must be in complex, benign  
273 gynecology. The first-year fellowship surgical experience should be broad  
274 based, as outlined in the surgical competency list.
- 275 E) Programs may emphasize specific areas of specialization (e.g., pelvic pain)  
276 as an augmentation to the core curriculum.
- 277 F) Programs must have an education over service educational milieu.  
278  
279

280 **Schedule**

281 The core 2-year fellowship must be structured and demonstrate a progression  
 282 in clinical and teaching responsibilities during the span of the program. A  
 283 weekly, monthly, and yearly clinical and educational schedule must be  
 284 prepared for both year -1 and -2 and available when requested. A third year  
 285 of training can be approved by the FMIGS Board on a case-by-case basis but  
 286 must contain a unique educational experience with defined goals and  
 287 objectives.

288

289 **G. Research**

290 1. Research Training

291 It is required that the fellow complete a minimum of one course in clinical  
 292 research, research design, biostatistics, or epidemiology unless the fellow has  
 293 documentation of recent (i.e., within 10 years) graduate level coursework in  
 294 one or more of these topics or holds a graduate level degree in the required  
 295 area(s). This can be accomplished in a classroom setting or through a  
 296 fellowship director-approved online course. The institution must provide  
 297 financial support for a minimum of one research-related course.  
 298 Documentation of completion must be available upon request. Ideally, the  
 299 fellow may be given the opportunity to work towards an advanced degree  
 300 (e.g., MPH) or certificate in clinical research.

301

302 Research training must:

- 303 A) Provide structured translational, clinical or surgical research as applied to
- 304 complex, benign gynecology
- 305 B) Enhance the fellow's understanding of the latest scientific surgical
- 306 techniques
- 307 C) Promote the fellow's academic contributions to the specialty
- 308 D) Further the ability of the fellow to be an independent investigator

309

310 2. Research Projects

311 During training, the fellow will undertake an independent original research  
 312 project approved by the fellowship director. The sequence in which research  
 313 experience is integrated with clinical training will vary with each program but  
 314 should be initiated in the first year of fellowship training. A research mentor  
 315 who has expertise (i.e., proven track record of recent hypothesis-based  
 316 research publications) in clinical research and is available and regularly meets

317 (i.e., monthly) with and mentors the fellow must be appointed. Under the  
 318 supervision of the research mentor, the fellow must complete, by the end of  
 319 the final academic year, at least one IRB approved (if applicable) research  
 320 project relevant to complex gynecology. This research project must be an  
 321 original data-driven project, meta-analysis or a systematic review that  
 322 conforms to PRISMA guidelines and ultimately must be submitted for  
 323 publication to a peer-reviewed journal by the end of fellowship. Writing a  
 324 textbook chapter, clinical opinion review article, or production of an  
 325 educational/scientific video does not meet criteria for an approved research  
 326 project. It is the expectation that the fellow thesis will result in a first-author  
 327 publication.

#### 328 **H. Competencies**

329 The fellowship director will provide training and evaluate the fellow according to  
 330 the following competencies: patient care-clinical and surgical skills, knowledge  
 331 base, practice-based learning, communication skills, professionalism, system-  
 332 based practice (see Appendix 1), teaching skills, and scholarly research project  
 333 development.

334

#### 335 **I. FELLOWSHIP DATES, LEAVE AND TRANSFER**

336 Programs are commonly approved for a maximum of 2 fellows at any given time  
 337 unless an expansion has been requested and granted by the FMIGS Board. An  
 338 increase in fellow complement will be considered if there exists adequate surgical  
 339 volume, clinical experience, and research mentorship to support this expansion  
 340 and that the current fellow experience will be enhanced. Additionally, the  
 341 program cannot host competing non-FMIGS trainees without FMIGS Board  
 342 approval.

343

#### 344 **START DATE**

345 All fellows will be required to start on August 1<sup>st</sup>. Alternate start dates will be given  
 346 individual consideration by the FMIGS Board and may incur an administrative fee.  
 347 If the start date is delayed for any reason, the fellow's program must still  
 348 adhere to the minimum 20-month unrestricted clinical training requirements as  
 349 described below.<sup>3</sup>

350

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<sup>3</sup> Fellowships outside the US may have a different start date.

351

352 **Leaves of Absence or Interruption in Training**

353 Leaves of absence and vacation may be granted at the discretion of the Program  
354 Director consistent with local institutional policy and applicable laws. The  
355 number of days that equals a "week" is a local issue that is determined by the  
356 institution and Program Director, not the Fellowship Board or AAGL. Vacation  
357 weeks may be taken as part of approved leave or in addition to approved leave.

358

359 **Yearly leave:** The total of such vacation and leaves for any reason – including but  
360 not limited to, vacation, medical parenting, caregiver, or personal leave - may  
361 not exceed 12 weeks in any single year of fellowship. If the maximum weeks of  
362 leave per fellowship year are exceeded, the fellowship must be extended for a  
363 duration of time equal to that which the fellow was absent in excess of 12  
364 weeks.

365

366 **Total leave:** In addition to the yearly leave limits, a fellow must not take a total  
367 of more than:

368

- 369 1. 20 weeks (five months) of leave over three years for a 3-year fellowship.
- 370 2. 16 weeks (four months) of leave over two years for a 2-year fellowship.

371

372 If this limit is exceeded, the fellowship must be extended for a duration of time  
373 equal to that which the fellow was absent in excess of 16 or 20 weeks. Such  
374 extensions of training must have an educational plan outlined for the continued  
375 training with specific educational and clinical experience goals and objectives to  
376 be achieved.

377

378 Unaccrued personal time may not be used to reduce the actual time spent in a  
379 fellowship, nor to "make up" for time lost due to medical or other leave. Time  
380 missed for educational conferences does not count toward the leave thresholds.

381 **J. Transfer Policy**

382 A fellow may transfer from one FMIGS program to another. To approve the  
383 transfer, the FMIGS Board must receive:

- 384 a) A letter from the fellow requesting the transfer  
385 b) A letter from the current Fellowship Director:
- 386 i. Approving the transfer
  - 387 ii. Outlining the number of completed months and the date the fellow will  
388 leave the program
  - 389 iii. Describing the rotations completed
  - 390 iv. Assessing the level of competency to date
- 391 c) A letter from the Program Director of the potential (new) program:
- 392 i. Approving the transfer
  - 393 ii. Outlining the dates the fellow is expected to commence and complete the  
394 program

395 The fellow must still meet the 22-month clinical training requirement even if  
396 portions of that interval are spent in more than one location. If the approved total  
397 fellow positions will be exceeded at any time due to a transfer, an increase must  
398 be approved prior to the transfer occurring.

399

400 **K. Requirements for Graduation**

401 Upon successful completion of the fellowship, each fellow will receive a certificate  
402 of completion from the FMIGS Board. If these requirements have not been met  
403 by graduation, certification will be withheld until all requirements are fulfilled.

404

405 Requirements for graduation will include:

- 406 1. Satisfactory unrestricted clinical and surgical training as outlined by the FMIGS  
407 Board
- 408 2. Completion of an original research project as described above.
- 409 3. Submit a scientific contribution to a national or international meeting. The  
410 contribution can be a video, oral or poster presentation.
- 411 4. Completion of at least twenty-two months of training.

412

413 **L. EVALUATIONS**

414 The fellows, faculty, program director and program must be evaluated. All the  
415 evaluations performed must be documented in writing, and evidence must be  
416 available upon request.

417

418

**1. Fellow Evaluations**

419

The Fellowship Director must formally evaluate a fellow's progress.

420

Assessment must include the regular and timely feedback to the fellow that

421

includes the evaluations of knowledge, skills, research, and professional

422

growth using appropriate criteria and procedures.

423

424

**Formative Evaluation** The supervising faculty must regularly evaluate (i.e.,

425

minimum of 5 evaluations/month per fellow) fellow performance in a timely

426

manner after clinical or surgical encounters and document this evaluation using

427

myTIPreport. The Program Director must perform an evaluation on each fellow

428

at least every six months. The evaluation must:

429

- Provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice

430

431

432

- Use multiple evaluators (i.e., faculty, patients, self, and other professional staff)

433

434

- Document progressive fellow performance improvement appropriate to education level

435

436

437

**Summative Evaluation** The Program Director must perform a summative

438

evaluation on each fellow at the completion of the fellowship. This may replace

439

the final semi-annual evaluation. The evaluation must:

440

- Document the fellow's performance during the final period of education.

441

This document must be accessible the FMIGS Board or its designee.

442

- Verify that the fellow has demonstrated sufficient competence to practice without direct supervision

443

444

445

**2. Program Director and Faculty Evaluation**

446

The performance of each faculty member and Program Director must be

447

confidentially evaluated in written (typically electronic) format at least annually by each

448

fellow. This must include a review of the faculty's clinical teaching abilities, commitment

449

to the educational program, clinical knowledge, and professionalism.

450

451

**3. Annual Program Evaluation**

452

A meeting to discuss the educational and research mentoring effectiveness of the

453 program and the curriculum must be held at least annually. The Fellowship  
 454 Director, program faculty, and at least one fellow must attend the meeting. The  
 455 discussion of the issues must be documented, and the results used to improve the  
 456 program. This document must be accessible the FMIGS Board or its designee.

457

458 During the evaluation process, the attendees must consider:

- 459 • Written comments by faculty and fellows
- 460 • Fellow performance
- 461 • Faculty performance
- 462 • The most recent GME report of the sponsoring institution (if applicable or  
 463 available)
- 464 • The recommended improvements generated from the previous annual  
 465 program evaluation
- 466 • Any additional material that can be used to judge the achievement of the  
 467 program's educational objectives

468

469

#### 470 **M. INSTITUTIONAL COMMITMENT**

471 The fellowship director must provide evidence of institutional commitment to  
 472 support the fellowship. This is to include financial support, clinical environment  
 473 for education and adequate research facilities to fulfill FMIGS requirements.

474

#### 475 **N. POLICIES**

##### 476 **1. Anti-Harassment Policy**

477 All faculty involved with fellowship training must be in compliance with AAGL's  
 478 policies to interact with each other for the purposes of professional  
 479 development and scholarly interchange so that all members may learn,  
 480 network, and enjoy the company of colleagues in a professional atmosphere.  
 481 Every individual associated with the AAGL has a duty to maintain this  
 482 environment free of harassment and intimidation. The program director must  
 483 indicate that they have read and will comply with AAGL's Anti-Harassment  
 484 policy in the annual report. If a complaint is made by a trainee, it shall be  
 485 addressed as set forth in the AAGL Anti-Harassment policy referenced above.  
 486 The complaint will be investigated and adjudicated by a committee appointed  
 487 according to the Grievance Committee Policy. Any reported allegations of  
 488 harassment, discrimination, and/or retaliation will be taken seriously and

489 investigated promptly, thoroughly, and impartially as outlined in the Anti-  
490 Harassment policy.

491

492 All program directors and associate program directors must complete  
493 sensitivity training every other year and document compliance in the annual  
494 report and at the site visit.

495

496 **2. FMIGS Grievance Policy (other than anti-harassment)**

497 Fellows that are concerned about their training experience may contact the  
498 FMIGS grievance committee and are referred to the FMIGS Grievance Policy.

499 If a formal grievance is waged, it will be pursued and acted by the AAGL  
500 Grievance Committee and/or the FMIGS Grievance Committee.

501 **O. Disciplinary Action / Due Process**

502

503 **Types of Disciplinary Actions**

504 Official disciplinary actions are probation, non-reappointment, or termination. In  
505 general, disciplinary action should follow the due process identified by the primary  
506 training site as is commonly distributed by the Department of Graduate Education.  
507 If any type of disciplinary action is taken, the FMIGS Board must be notified. The  
508 FMIGS Board requires the following sequence:

509

510 Evaluation and feedback

511 The fellow must be advised about deficiencies and the expectations for  
512 improvement must be clearly delineated. This must occur every semi-annual  
513 evaluation, but also may occur in an interval meeting if needed. The ability to  
514 provide useful feedback is contingent upon regularly completed written  
515 evaluations of the trainee. The fellowship director needs to provide clear guidance  
516 to the training faculty as to the types and frequencies of evaluations expected  
517 from them. Verbal feedback from a faculty member to the fellowship director  
518 regarding a trainee, either positive or negative, must be followed up with a written  
519 communication for the trainee's file.

520

521 Warning

522 When a trainee has been advised about deficiencies but fails to make sufficient  
523 improvement, he/she may be warned that continued lack of improvement may  
524 result in probation. This information must be provided to the trainee in person

525 and in writing.

526

527 Probation

528 Clearly suboptimal academic and/or clinical performance may warrant probation.

529 The action must be explained to the fellow in person and in writing. Expectations

530 for improvement, the methods for evaluating improvement, the anticipated

531 duration of probation, and possible future actions must be delineated. The trainee

532 must be advised that their academic file is always available for review and that

533 he/she may appeal the decision. The trainee should be offered counseling. A

534 sample probationary letter is available from the FMIGS Board but is subject to

535 local variation.

536

537 Non-reappointment/Termination

538 A trainee's failure to remediate suboptimal academic and/or clinical performance

539 may warrant a decision not to reappoint the trainee at the end of the current

540 training year, or, in unusual circumstances, to terminate the contract immediately.

541 The action must be explained to the fellow member in person and in writing. As

542 with a probationary letter, the trainee must be advised that their academic file is

543 always available for review and that he/she may appeal the decision. The trainee

544 must be offered counseling. A sample non-reappointment or termination letter is

545 available from the FMIGS Board but is subject to local variation.

546

547 Termination without an intervening period of probation should be reserved for a

548 serious deviation from acceptable academic and clinical performance (e.g.,

549 dereliction of duty) that endangers patient care.

550

551 **The Purpose of Disciplinary Actions**

552 The objective of academic discipline is remediation. Thus, the terms of probation

553 should always be carefully devised to ensure that the trainee can attain the

554 desired improvement and that methods for evaluating that improvement are

555 robust and as objective as possible.

556

557 Timing issues

558 A probationary period must be long enough to permit a thorough evaluation of

559 progress. Except in unusual circumstances, a period of at least 3-4 months is

560 required. The date on which the trainee's status will be reconsidered should be

561 picked considering possible future actions, such as non-reappointment, so that  
562 ideally the trainee will have ample opportunity to find a different training program  
563 before the end of the training year. Alternatively, if a trainee's lack of progress  
564 requires a period of probation late in the training year, there should be  
565 consideration of extending the current training year until a decision regarding  
566 adequacy of remediation can be made.

567

568 **P. Accreditation of Fellowship Programs**

569 All new fellowship programs must apply to the FMIGS Board. Programs that have  
570 demonstrated substantial compliance with the program requirements will receive  
571 accreditation.

572

573 Fellowship programs will be evaluated continuously for compliance with the  
574 program requirements. If a program is found to have areas of non-compliance  
575 (i.e., deficiencies or areas of concern), the FMIGS Board will list these citations and  
576 expect the program to come into compliance in the period designated. Based on  
577 the number, severity and/or persistence of these citations, a program may be  
578 given a warning, placed on probation or accreditation may be withdrawn.  
579 Fellowships on probation may not recruit for fellows and must notify the current  
580 fellows.

581

582 If there are any significant or unexpected changes in the program or status of the  
583 fellow (e.g., change in the number of fellow positions, fellowship director, key  
584 faculty members, patient volume and procedures; changes in clinical sites or  
585 closure of major research programs), the FMIGS Board must be notified  
586 electronically within 30 days (fmigs@aagl.org).

587

588 **Q. Fatigue Monitoring and Mitigation/Duty Hours**

589 The FMIGS Board requires that the ACGME Fatigue Mitigation and duty hour  
590 guidelines are followed. Detailed information can be accessed at:

591 [https://www.acgme.org/programs-and-institutions/programs/common-](https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/Summary-of-Proposed-Changes-to-ACGME-Common-Program-Requirements-Section-VI/)  
592 [program-requirements/Summary-of-Proposed-Changes-to-ACGME-Common-](https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/Summary-of-Proposed-Changes-to-ACGME-Common-Program-Requirements-Section-VI/)  
593 [Program-Requirements-Section-VI/](https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/Summary-of-Proposed-Changes-to-ACGME-Common-Program-Requirements-Section-VI/)

594

- 595 .
- 596 Policies and procedures related to duty hours for fellows must be distributed to
- 597 the fellows and faculty and the program must:
- 598 1. Monitor according to the program policy, with a frequency sufficient to
  - 599 ensure duty hour compliance
  - 600 2. Ensure the provision of back up support systems for patient care
  - 601 3. Educate core faculty members and fellows to recognize the signs of fatigue
  - 602 and sleep deprivation
  - 603 4. Monitor the demands of day, night, OB (if applicable), moonlighting and/or
  - 604 at-home call and intervene as necessary to mitigate excessive service
  - 605 and/or fatigue

606 **R. *Stipend and Benefits***<sup>4</sup>

607 Fellows must be provided a stipend which must be at the minimum equivalent to

608 a PGY-5, -6 or -7 house staff officer in the geographic region of the program.

609 Candidates invited for an interview are to be informed, in writing or by electronic

610 means, of the terms, conditions, and benefits of their appointment, including

611 stipend and other financial support; vacations; parental, sick, and other leaves of

612 absence.

613

614 The following benefits are required:

- 615 1. The fellowship must provide fellows with health, disability and professional
- 616 liability coverage at all sites and all pertinent information regarding this
- 617 coverage. Liability coverage must include legal defense and protection against

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<sup>4</sup> *FMIGS-I Stipend and Benefits*

Prior to an interview, candidates invited for an interview are to be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including possible stipend and other financial support; vacations; parental, sick and other leaves of absence. The FMIGS-I training program must ensure that irrespective of the rotation site, the fellow has the financial means to support themselves during training, will not be liable should a legal defense be required, has the means and support to perform research, has health insurance.

The FMIGS-I program must inform the candidate about whether the following recommended benefits are provided travel to the Global Congress of the AAGL, Bootcamp and attendance at the FMIGS webinars.

618 awards from claims reported or filed after the completion of the program(s) if  
 619 the alleged acts or omissions of the fellows are within the scope of the  
 620 program(s). Specify if liability coverage is provided for external  
 621 rotations/electives. Research associated costs (e.g., IRB, equipment,  
 622 publication) must be covered.

623

624 The program must provide time and support for:

- 625 1. Travel to the Global Congress of the AAGL
- 626 2. FMIGS Bootcamp
- 627 3. “live” attendance at the FMIGS webinars (i.e., >75%)

628

629 It is the expectation that programs will not require their fellows to sign a non-  
 630 compete agreement or restrictive covenant. If the program does require a  
 631 restrictive covenant clause, they must notify both the FMIGS Board and notify (in  
 632 writing) all applicants before an initial interview is scheduled.

633

634

## 635 **S. Application Process**

636 The FMIGS Board actively encourages applications from Obstetrician-Gynecologist  
 637 physicians aspiring to develop their surgical skills in complex, benign gynecology.  
 638 Please see the website for details of the deadline dates. Application will be  
 639 available online at the Fellowship webpage.

640

641 Applications for programs interested in becoming a fellowship training site, are  
 642 also available on the Fellowship webpage, or by contacting the Fellowship  
 643 Administrative Assistant at the Fellowship office.

644

## 645 **T. Match<sup>5</sup>**

646 The US Fellowship match is conducted through an objective computer matching  
 647 program (NRMP). Programs and applicants are required to use the match  
 648 process. No candidate at any time can be offered a position outside the NRMP  
 649 match without prior approval from the FMIGS Board. If a fellowship program  
 650 intends to accept a specific candidate outside the match (e.g., graduating resident  
 651 from their program), they must contact the FMIGS NRMP representative, obtain

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<sup>5</sup> FMIGS non-US programs are not required to participate in the NRMP match process.

652 FMIGS Board approval for the match waiver and avoid subjecting other candidates  
653 to the unnecessary burdens of interviewing.

654

655 The match provides a uniform time for both applicants and fellowship programs  
656 to make selection decisions without coercion, undue or unwarranted pressure.  
657 Both applicants and fellowship programs may express their interest in each other;  
658 however, they shall not solicit verbal or written statements implying a  
659 commitment. Applicants shall always be free to keep confidential the names or  
660 identities of programs to which they have or may apply. Any violations will be  
661 addressed by the FMIGS Board and will be subject to consequences as determined  
662 by the FMIGS Board.

663

664 **U. Further Information**

665 For further inquiries, please contact the FMIGS Administrative Office:  
666 6757 Katella Avenue, Cypress, CA 90630 - 5105 USA.  
667 Ph: (800) 554 - 2245 or (714) 503 - 6200 · Fax: (714) 503 - 6202  
668 E-Mail: [fmigs@aagl.org](mailto:fmigs@aagl.org) • Website: [www.aagl.org](http://www.aagl.org)

669

670

671

**V. Appendix 1: Competencies**

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673

**1. Patient Care**

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Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate competence in:

675

676

677

A) Evaluating a patient's complaint, providing an accurate examination, employing appropriate diagnostic tests, arriving at a correct diagnosis, and recommending the appropriate treatment

678

679

680

B) The essential areas of benign gynecology including:

681

- normal physiology of reproductive tract

682

- gynecologic management during pregnancy

683

- gynecologic surgery and complications management

684

- management of critically ill patients

685

- gynecologic pathology

686

- the full range of commonly employed diagnostic procedures, including ultrasonography, Computed Tomographic (CT) Magnetic Resonance Imaging (MRI) and other relevant imaging techniques

687

688

689

690

**2. Medical Knowledge**

691

Fellows must demonstrate knowledge of established and evolving medical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

692

693

Fellows must demonstrate knowledge in:

694

695

A) Reproductive health care, diagnosis, management, consultation, and referral

696

697

B) The fundamentals of basic science as applied to complex, benign gynecology

698

699

C) Applied surgical anatomy and pathology

700

D) Basics of risk-benefit analysis, epidemiology, statistics, data collection and management, and use of medical literature and assessment of its value

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702

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706

- 707           3. Practice-based Learning and Improvement
- 708           Fellows must demonstrate the ability to investigate and evaluate their care of
- 709           patients, to appraise and assimilate scientific evidence, and to continuously
- 710           improve patient care based on constant self-evaluation and life-long learning.
- 711           Fellows are expected to develop skills and habits to be able to meet the
- 712           following goals:
- 713           A) Identify strengths, deficiencies, and limits in one’s knowledge and
- 714           expertise
- 715           B) Set learning and improvement goals
- 716           C) Identify and perform appropriate learning activities
- 717           D) Systematically analyze practice using quality improvement methods, and
- 718           implement changes with the goal of practice improvement
- 719           E) Incorporate formative evaluation feedback into daily practice
- 720           F) Locate, appraise, and assimilate evidence from scientific studies related to
- 721           their patient’s health problems
- 722           G) Use information technology to optimize learning
- 723           H) Participate in the education of patients, families, students, residents and
- 724           other health professionals
- 725
- 726           4. Interpersonal and Communication Skills
- 727           Fellows must demonstrate interpersonal and communication skills that result
- 728           in the effective exchange of information and collaboration with patients, their
- 729           families, and health professionals.
- 730           Fellows are expected to:
- 731           A) Communicate effectively with patients, families, and the public, as
- 732           appropriate, across a broad range of socioeconomic and cultural
- 733           backgrounds
- 734           B) Communicate effectively with physicians, other health professionals,
- 735           and health related agencies
- 736           C) Work effectively as a member or leader of a health care team or other
- 737           professional group
- 738           D) Act in a consultative role to other physicians and health professionals;
- 739           E) Maintain comprehensive, timely, and legible medical records, if
- 740           applicable
- 741           F) Have the fundamentals of good medical history taking and thoughtful,
- 742           meticulous physical examination
- 743           5. Professionalism

744 Fellows must demonstrate a commitment to carrying out professional  
745 responsibilities and an adherence to ethical principles. Fellows are expected  
746 to demonstrate:

- 747 A) Compassion, integrity, and respect for others
- 748 B) Responsiveness to patient needs that supersedes self-interest
- 749 C) Respect for patient privacy and autonomy
- 750 D) Accountability to patients, society and the profession
- 751 E) Sensitivity and responsiveness to a diverse patient population,  
752 including but not limited to diversity in gender, age, culture, race,  
753 religion, disabilities, and sexual orientation
- 754 F) Ethics and medical jurisprudence

755

756 6. Systems-based Practice

757 Fellows must demonstrate an awareness of and responsiveness to the larger  
758 context and system of health care, as well as the ability to call effectively on  
759 other resources in the system to provide optimal health care.

760 Fellows are expected to:

- 761 A) Work effectively in various health care delivery settings and systems  
762 relevant to their clinical specialty
- 763 B) Coordinate patient care within the health care system relevant to their  
764 clinical specialty
- 765 C) Incorporate considerations of cost awareness and risk-benefit analysis  
766 in patient and/or population-based care as appropriate
- 767 D) Advocate for quality patient care and optimal patient care systems
- 768 E) Work in inter-professional teams to enhance patient safety and  
769 improve patient care quality
- 770 F) Participate in identifying system errors and implementing potential  
771 systems solutions

772

773