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3 **Complex Benign Gynecology Fellowship (CBGF)**

4

5 **Effective August 1, 2024**

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7 ***PROGRAM REQUIREMENTS FOR***
8 ***COMPLEX BENIGN GYNECOLOGY FELLOWSHIP***

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REQUIREMENTS FOR A POST-GRADUATE FELLOWSHIP IN THE SUBSPECIALTY AREA OF COMPLEX BENIGN GYNECOLOGY

A. Introduction

CBG Fellowships in the US and outside the US (CBGF-International, CBGF-I) are intensive training programs preparing the graduate for the medical and surgical management of benign, complex gynecologic conditions. The CBG Fellowship Board is a Professional Interest Partner under the auspices of the AAGL and accredits all CBG and CBGF-I programs.

B. Mission

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

C. Goals

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

D. Fellowship Training Program Requirements

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

1. Fellowship Program Director (PD)

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

106 the 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 CBG Fellowship or possess
129 qualifications that are acceptable to the Fellowship Board¹
 - 130 6. Have current medical licensure and appropriate medical staff appointment
 - 131 7. Have a minimum of 4 years' independent practice post-CBGF experience
 - 132 8. Directly supervise the education and mentoring of fellows to ensure that
133 they receive the appropriate clinical instruction and training to provide
134 safe patient care
 - 135 9. Ensure that each fellow completes the research requirements by assigning
136 a research mentor and monitoring compliance
 - 137 10. Evaluate and document the fellow's performance as described below
 - 138 11. File an Annual Report with the MIGS Board
 - 139 12. Respond in a timely fashion (within ten days) to any inquiry made by the
140 CBG Fellowship Board or Site Review and Compliance committee

¹ CBGF -I program directors may demonstrate competency based on case list/experience

141 13. Ensure a safe learning environment
142 14. Ensure that the annual fees and any additional fees related to the
143 fellowship program are paid within 60 days of being due
144 15. Be an active member of the AAGL and in good standing
145 If under criminal or non-criminal investigation, you agree to temporarily step down from
146 your position as PD until the investigation is concluded. This is to minimize any potential
147 disruptions. If found guilty, you will step down from your position as PD permanently.

148 **2. Associated Program Director (APD) Requirements**

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

154

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

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

173

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

178

179 ***Fellowship Director Changes***

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

188

189 ***3. Core Faculty***

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

193

194 ***4. Facilities***

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

² This requirement does not apply to CBGF -I programs.

207 available as resources for patient care and clinical research at the host
208 institution.

209 5. A breadth of skills and simulation training must be integrated into
210 fellowship instruction.

211 6. Research support must be readily available.

212 7. Fellows must be provided with dedicated, secluded academic space (i.e.,
213 fellow office) that is accessible and appropriately located within the clinical
214 environment

215 8. A program may utilize more than one patient-care facility. If more than
216 one site is used, there must be a Program Letter of Agreement (PLA) with
217 the ancillary site(s) and appropriate faculty, updated every 10 years. An
218 Associate Program Director may be designated to oversee fellow training
219 at each ancillary site. The ancillary site(s) will receive the same approval
220 period accredited to the program unless there are changes to the ancillary
221 site.

222 The Program Letter of Agreement (PLA) must:

223 A) Identify the faculty and possibly Associate Program Director who will
224 assume both educational and supervisory responsibilities for fellows

225 B) Specify responsibilities of the above faculty for teaching, supervision, and
226 formal evaluation of fellows

227 C) Specify the duration and content of the educational experience

228 D) Specify the fellow's responsibilities at the ancillary institution.

229

230 **E. Educational Objectives**

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

236

237 **F. Curriculum**

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

244 must have progressive teaching responsibilities for resident physicians and
245 ideally with all types of learners (e.g., medical and/or nursing students).

246
247 2. Clinical. The clinical experience of inpatient and outpatient care must include
248 a sufficient number and variety of cases to fulfill the Educational Objectives.

249
250 A) The fellow must be involved with the preoperative planning and care, the
251 surgical care, and the postoperative management of surgical patients.

252 B) Surgical experience is particularly important and must be carefully
253 organized and supervised by the fellowship director and clinical faculty.
254 The fellow must be capable of performing all appropriate diagnostic and
255 therapeutic procedures relevant to the clinical practice of the subspecialty.
256 During the educational program, the fellow must be supervised in all
257 clinical activities, including surgical procedures. The CBGF Surgical
258 Competency List must be used and completed for each fellow by the end
259 of the fellowship training. Surgical procedures available for the fellow
260 must include but are not limited to: diagnostic and operative hysteroscopy,
261 diagnostic and operative laparoscopy, laparotomy, robotic surgery, and
262 ambulatory procedures. Additionally, the program must ensure fellow
263 competency by experience and/or simulation in multiple types of vaginal
264 surgery (e.g., prolapse repair, vaginal tissue extraction, vaginal septums,
265 vNOTES) including vaginal hysterectomy, the management of small and
266 large bowel concerns as it relates to complex gynecologic disease, and
267 gynecologic conditions that may impact fertility (e.g., uterine septum,
268 intrauterine adhesions, and uterine leiomyomas).

269 C) Fellowships must ensure that graduates perform the minimum number
270 and types of surgical cases prior to graduation as specified in the case
271 minimum list. Fellowship leadership must confirm on a biweekly basis that
272 cases are being appropriately entered into the case log system.

273 D) The majority of the fellow's clinical experience must be in complex, benign
274 gynecology. The first-year fellowship surgical experience should be broad
275 based, as outlined in the surgical competency list.

276 E) Programs may emphasize specific areas of specialization (e.g., pelvic pain)
277 as an augmentation to the core curriculum.

278 F) Programs must have an education over service educational milieu.

281 **Schedule**

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

289

290 **G. Research**291 **1. Research Training**

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

302

303 Research training must:

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

310

311 **2. Research Projects**

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

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

329 **H. Competencies**

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

335

336 **I. FELLOWSHIP DATES, LEAVE AND TRANSFER**

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

344

345 **START DATE**

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

351

³ Fellowships outside the US may have a different start date.

352

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

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

359

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

366

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

369

- 370 1. 20 weeks (five months) of leave over three years for a 3-year fellowship.
- 371 2. 16 weeks (four months) of leave over two years for a 2-year fellowship.

372

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

378

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

382 **J. Transfer Policy**

383 A fellow may transfer from one CBG Fellowship program to another. To approve
384 the transfer, the CBG Fellowship Board must receive:

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

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

400

401 **K. Requirements for Graduation**

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

406

407 Requirements for graduation will include:

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

414

415 **L. EVALUATIONS**

416 The fellows, faculty, program director and program must be evaluated. All the
417 evaluations performed must be documented in writing, and evidence must be

418 available upon request.

419

420 **1. Fellow Evaluations**

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

422 Assessment must include the regular and timely feedback to the fellow that
423 includes the evaluations of knowledge, skills, research, and professional
424 growth using appropriate criteria and procedures.

425

426 **Formative Evaluation** The supervising faculty must regularly evaluate (i.e.,
427 minimum of 5 evaluations/month per fellow) fellow performance in a timely
428 manner after clinical or surgical encounters and document this evaluation using
429 myTIPreport. The Program Director must perform an evaluation on each fellow
430 at least every six months. The evaluation must:

431

- 432 • Provide objective assessments of competence in patient care, medical
433 knowledge, practice-based learning and improvement, interpersonal and
434 communication skills, professionalism, and systems-based practice
- 435 • Use multiple evaluators (i.e., faculty, patients, self, and other professional
436 staff)
- 437 • Document progressive fellow performance improvement appropriate to
438 education level

439

440 **Summative Evaluation** The Program Director must perform a summative
441 evaluation on each fellow at the completion of the fellowship. This may replace
442 the final semi-annual evaluation. The evaluation must:

443

- 444 • Document the fellow's performance during the final period of education.
445 This document must be accessible the CBG Fellowship Board or its
446 designee.
- 447 • Verify that the fellow has demonstrated sufficient competence to practice
448 without direct supervision

449

450 **2. Program Director and Faculty Evaluation**

451 The performance of each faculty member and Program Director must be
452 confidentially evaluated in written (typically electronic) format at least annually by each
453 fellow. This must include a review of the faculty's clinical teaching abilities, commitment
454 to the educational program, clinical knowledge, and professionalism.

454 **3. Annual Program Evaluation**

455 A meeting to discuss the educational and research mentoring effectiveness of the
456 program and the curriculum must be held at least annually. The Fellowship
457 Director, program faculty, and at least one fellow must attend the meeting. The
458 discussion of the issues must be documented, and the results used to improve the
459 program. This document must be accessible the CBG Fellowship Board or its
460 designee.

461

462 During the evaluation process, the attendees must consider:

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

472

473

474 **M. INSTITUTIONAL COMMITMENT**

475 The fellowship director must provide evidence of institutional commitment to
476 support the fellowship. This is to include financial support, clinical environment
477 for education and adequate research facilities to fulfill CBGF requirements.

478

479 **N. POLICIES**

480 **1. Anti-Harassment Policy**

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

491 according to the Grievance Committee Policy. Any reported allegations of
492 harassment, discrimination, and/or retaliation will be taken seriously and
493 investigated promptly, thoroughly, and impartially as outlined in the Anti-
494 Harassment policy.

495

496 All program directors and associate program directors must complete
497 sensitivity training every other year and document compliance in the annual
498 report and at the site visit.

499

500 **2. *CBGF Grievance Policy (other than anti-harassment)***

501 Fellows that are concerned about their training experience may contact the
502 CBGF grievance committee and are referred to the CBGF Grievance Policy. If a
503 formal grievance is waged, it will be pursued and acted by the AAGL Grievance
504 Committee and/or the CBGF Grievance Committee.

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

506

507 **Types of Disciplinary Actions**

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

513

514 **Evaluation and feedback**

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

524

525 **Warning**

526 When a trainee has been advised about deficiencies but fails to make sufficient

527 improvement, he/she may be warned that continued lack of improvement may
528 result in probation. This information must be provided to the trainee in person
529 and in writing.

530

531 **Probation**

532 Clearly suboptimal academic and/or clinical performance may warrant probation.
533 The action must be explained to the fellow in person and in writing. Expectations
534 for improvement, the methods for evaluating improvement, the anticipated
535 duration of probation, and possible future actions must be delineated. The trainee
536 must be advised that their academic file is always available for review and that
537 he/she may appeal the decision. The trainee should be offered counseling. A
538 sample probationary letter is available from the CBG Fellowship Board but is
539 subject to local variation.

540

541 **Non-reappointment/Termination**

542 A trainee's failure to remediate suboptimal academic and/or clinical performance
543 may warrant a decision not to reappoint the trainee at the end of the current
544 training year, or, in unusual circumstances, to terminate the contract immediately.
545 The action must be explained to the fellow member in person and in writing. As
546 with a probationary letter, the trainee must be advised that their academic file is
547 always available for review and that he/she may appeal the decision. The trainee
548 must be offered counseling. A sample non-reappointment or termination letter is
549 available from the CBG Fellowship Board but is subject to local variation.

550

551 Termination without an intervening period of probation should be reserved for a
552 serious deviation from acceptable academic and clinical performance (e.g.,
553 dereliction of duty) that endangers patient care.

554

555 **The Purpose of Disciplinary Actions**

556 The objective of academic discipline is remediation. Thus, the terms of probation
557 should always be carefully devised to ensure that the trainee can attain the
558 desired improvement and that methods for evaluating that improvement are
559 robust and as objective as possible.

560

561 **Timing issues**

562 A probationary period must be long enough to permit a thorough evaluation of
563 progress. Except in unusual circumstances, a period of at least 3-4 months is
564 required. The date on which the trainee's status will be reconsidered should be
565 picked considering possible future actions, such as non-reappointment, so that
566 ideally the trainee will have ample opportunity to find a different training program
567 before the end of the training year. Alternatively, if a trainee's lack of progress
568 requires a period of probation late in the training year, there should be
569 consideration of extending the current training year until a decision regarding
570 adequacy of remediation can be made.
571

572 **P. Accreditation of Fellowship Programs**

573 All new fellowship programs must apply to the CBG Fellowship Board. Programs
574 that have demonstrated substantial compliance with the program requirements
575 will receive accreditation.
576

577 Fellowship programs will be evaluated continuously for compliance with the
578 program requirements. If a program is found to have areas of non-compliance
579 (i.e., deficiencies or areas of concern), the CBG Fellowship Board will list these
580 citations and expect the program to come into compliance in the period
581 designated. Based on the number, severity and/or persistence of these citations,
582 a program may be given a warning, placed on probation or accreditation may be
583 withdrawn. Fellowships on probation may not recruit for fellows and must notify
584 the current fellows.
585

586 If there are any significant or unexpected changes in the program or status of the
587 fellow (e.g., change in the number of fellow positions, fellowship director, key
588 faculty members, patient volume and procedures; changes in clinical sites or
589 closure of major research programs), the CBG Fellowship Board must be notified
590 electronically within 30 days (cbgf@aagl.org).
591

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

593 The CBG Fellowship Board requires that the ACGME Fatigue Mitigation and duty
594 hour guidelines are followed. Detailed information can be accessed at:
595 <https://www.acgme.org/programs-and-institutions/programs/common->

596 [program-requirements/Summary-of-Proposed-Changes-to-ACGME-Common-](#)
597 [Program-Requirements-Section-VI/](#)

598

599

600 Policies and procedures related to duty hours for fellows must be distributed to
601 the fellows and faculty and the program must:

- 602 1. Monitor according to the program policy, with a frequency sufficient to
603 ensure duty hour compliance
- 604 2. Ensure the provision of back up support systems for patient care
- 605 3. Educate core faculty members and fellows to recognize the signs of fatigue
606 and sleep deprivation
- 607 4. Monitor the demands of day, night, OB (if applicable), moonlighting and/or
608 at-home call and intervene as necessary to mitigate excessive service
609 and/or fatigue

610 **R. *Stipend and Benefits*⁴**

611 Fellows must be provided a stipend which must be at the minimum equivalent to
612 a PGY-5, -6 or -7 house staff officer in the geographic region of the program.
613 Candidates invited for an interview are to be informed, in writing or by electronic
614 means, of the terms, conditions, and benefits of their appointment, including
615 stipend and other financial support; vacations; parental, sick, and other leaves of
616 absence.

⁴ *CBGF-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 CBGF-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 CBGF-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 CBGF webinars.

618 The following benefits are required:

619 1. The fellowship must provide fellows with health, disability and professional
620 liability coverage at all sites and all pertinent information regarding this
621 coverage. Liability coverage must include legal defense and protection against
622 awards from claims reported or filed after the completion of the program(s) if
623 the alleged acts or omissions of the fellows are within the scope of the
624 program(s). Specify if liability coverage is provided for external
625 rotations/electives. Research associated costs (e.g., IRB, equipment,
626 publication) must be covered.

627

628 The program must provide time and support for:

629 1. Travel to the Global Congress of the AAGL
630 2. CBGF Bootcamp
631 3. "live" attendance at the CBGF webinars (i.e., >75%)

632

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

637

638

639 **S. Application Process**

640 The CBG Fellowship Board actively encourages applications from Obstetrician-
641 Gynecologist physicians aspiring to develop their surgical skills in complex, benign
642 gynecology. Please see the website for details of the deadline dates. Application
643 will be available online at the Fellowship webpage.

644

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

648

649 **T. Match⁵**

650 The US Fellowship match is conducted through an objective computer matching
651 program (NRMP). Programs and applicants are required to use the match
652 process. No candidate at any time can be offered a position outside the NRMP

⁵ CBGF non-US programs are not required to participate in the NRMP match process.

653 match without prior approval from the CBG Fellowship Board. If a fellowship
654 program intends to accept a specific candidate outside the match (e.g., graduating
655 resident from their program), they must contact the CBGF NRMP representative,
656 obtain CBG Fellowship Board approval for the match waiver and avoid subjecting
657 other candidates to the unnecessary burdens of interviewing.

658

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

667

668 **U. Further Information**

669 For further inquiries, please contact the CBGF Administrative Office:
670 6757 Katella Avenue, Cypress, CA 90630 - 5105 USA.
671 Ph: (800) 554 - 2245 or (714) 503 - 6200 · Fax: (714) 503 - 6202
672 E-Mail: cbgf@aag.org • Website: <https://aagl.org/cbgf>

673

674

675 **V. Appendix 1: Competencies**

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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:

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

684

B) The essential areas of benign gynecology including:

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- normal physiology of reproductive tract
- gynecologic management during pregnancy
- gynecologic surgery and complications management
- management of critically ill patients
- gynecologic pathology
- the full range of commonly employed diagnostic procedures, including ultrasonography, Computed Tomographic (CT) Magnetic Resonance Imaging (MRI) and other relevant imaging techniques

693

694

2. Medical Knowledge

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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.

698

Fellows must demonstrate knowledge in:

699

700

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

701

702

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

703

C) Applied surgical anatomy and pathology

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705

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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711 3. Practice-based Learning and Improvement

712 Fellows must demonstrate the ability to investigate and evaluate their care of
713 patients, to appraise and assimilate scientific evidence, and to continuously
714 improve patient care based on constant self-evaluation and life-long learning.
715 Fellows are expected to develop skills and habits to be able to meet the
716 following goals:

- 717 A) Identify strengths, deficiencies, and limits in one's knowledge and
718 expertise
- 719 B) Set learning and improvement goals
- 720 C) Identify and perform appropriate learning activities
- 721 D) Systematically analyze practice using quality improvement methods, and
722 implement changes with the goal of practice improvement
- 723 E) Incorporate formative evaluation feedback into daily practice
- 724 F) Locate, appraise, and assimilate evidence from scientific studies related to
725 their patient's health problems
- 726 G) Use information technology to optimize learning
- 727 H) Participate in the education of patients, families, students, residents and
728 other health professionals

729

730 4. Interpersonal and Communication Skills

731 Fellows must demonstrate interpersonal and communication skills that result
732 in the effective exchange of information and collaboration with patients, their
733 families, and health professionals.

734 Fellows are expected to:

- 735 A) Communicate effectively with patients, families, and the public, as
736 appropriate, across a broad range of socioeconomic and cultural
737 backgrounds
- 738 B) Communicate effectively with physicians, other health professionals,
739 and health related agencies
- 740 C) Work effectively as a member or leader of a health care team or other
741 professional group
- 742 D) Act in a consultative role to other physicians and health professionals;
- 743 E) Maintain comprehensive, timely, and legible medical records, if
744 applicable
- 745 F) Have the fundamentals of good medical history taking and thoughtful,
746 meticulous physical examination

747 5. Professionalism

748 Fellows must demonstrate a commitment to carrying out professional
749 responsibilities and an adherence to ethical principles. Fellows are expected
750 to demonstrate:

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

759

760 6. Systems-based Practice

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

764

Fellows are expected to:

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

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